				PUBLIC DI				
	Ω	00	Return of	Organizati	on Exem	pt From	Income Tax	OMB No. 1545-0047
Form	пУ	90	Under section 501(c), 5					<sup>ns)</sup> 2018
Depa	rtment o	of the Treasury	Do not ent	er social security r	numbers on this	s form as it may	be made public.	Open to Public
		nue Service	Go to w	ww.irs.gov/Form99		ons and the lates		Inspection
AF	or the	e 2018 calend	lar year, or tax year begi	nning JUL 1	, 2018	and ending	<u>JUN 30, 2019</u>	
Bc	heck if	C Name o	f organization				D Employer identifi	cation number
_	Addre		COLEMAN FAMII	V SERVICES	CORP			
F	321317							
	r							
	455-3873							
	termir ated ∖Amen	ded Can	own, state or province, co ON, OH 44705		Maior	ney+novotny <sub>LLC</sub>	G Gross receipts \$	1,778,143.
	_return Applic tion		ind address of principal of		MEDON		H(a) Is this a group re for subordinates	
	pendi		GRACE AVENUE			1705	H(b) Are all subordinates ir	
			X 501(c)(3) 501(c	c) ( ) ◀ (inse	ert no.) 📃 494	7(a)(1) or 📃 52	If "No," attach a	list. (see instructions)
			JRCCARES.ORG				H(c) Group exemptio	
KF	orm o		X Corporation Tru	ist Association	Other 🕨	L Yea	ar of formation: 1980 N	A State of legal domicile: OH
Pa	art I	Summary						
e	1		oe the organization's mission <b>OL</b> , <b>AND BEFOR</b>					ATION,
Activities & Governance	2	Check this bo					re than 25% of its net as	coto
veri	1		ting members of the gove			-	3	13
ĝ			dependent voting member	0,0,0	,			13
ა ა			of individuals employed ir					86
itie			of volunteers (estimate if					58
cti			d business revenue from l					0.
_<			business taxable income					0.
							Prior Year	Current Year
Ð	8	Contributions	and grants (Part VIII, line	1h)			257,881.	319,705.
enu	9	•	ice revenue (Part VIII, line	•			1,414,116.	1,378,504.
Revenue			come (Part VIII, column (A				6,530.	29,359.
			e (Part VIII, column (A), line				9,829.	31,671.
	12		- add lines 8 through 11 (				1,688,356.	1,759,239.
			milar amounts paid (Part I				0.	0.
	45		to or for members (Part IX r compensation, employed	, , , ,			1,350,283.	1,321,992.
Expenses	15		undraising fees (Part IX, c				0.	0.
Sen	h		ing expenses (Part IX, col		▶ 5	5,657.		
ň	17		es (Part IX, column (A), lin				410,821.	389,619.
			es. Add lines 13-17 (must e				1,761,104.	1,711,611.
			expenses. Subtract line 1				-72,748.	47,628.
or						I	Beginning of Current Year	End of Year
Net Assets or - und Balances	20	Total assets (I	Part X, line 16)				2,276,337.	2,321,925.
tAs	21	Total liabilities	s (Part X, line 26)				61,413.	59,267.
_			fund balances. Subtract li	ine 21 from line 20			2,214,924.	2,262,658.
	art II	Signatur						
			I declare that I have examine	-				/ knowledge and belief, it is
true,	, correc	ct, and complete	Declaration of preparer (oth COPY	er than officer) is base	ed on all informatio	on of which prepar	er nas any knowledge.	
0:	_						Date	
Sig			maloney+novotny <sub>LLC</sub>	TREASUREF	2		Dato	
Her	0				-			
		Print/Type pre	parer's name	Prenarei	r's signature		Date Check	PTIN
Paid	I						if self-employ	P00089072
	arer		MALONEY + N	OVOTNY LLO	2		Firm's EIN	34-0677006
	Only		4774 MUNSON			402		

May the IRS dis	scuss this return with the preparer shown above? (see instructions)	
832001 12-31-18	LHA For Paperwork Reduction Act Notice, see the separate	instructions.

CANTON, OH 44718-3634

4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	JRC, FUNDED BY THE OHIO DEPARTMENT OF EDUCATION, TO TEACH 3 AND 4
	YEARS OLD) AND FAMILIES. ALSO, 37 PRESCHOOL OPENINGS WERE PROVIDED TO
	THE JRC LEARNING CENTER IS AN EARLY HEAD START PROVIDER PROVIDING EARLY EDUCATION AND WRAP AROUND SERVICES FOR 38 CHILDREN (BIRTH TO THREE
	DEPARTMENT OF EDUCATION'S CHILD AND ADULT FOOD PROGRAM.
	LONG ENOUGH TO RECEIVE BREAKFAST, LUNCH, AND SNACKS. CHILDREN IN LOW INCOME FAMILIES QUALIFY FOR FREE MEALS REIMBURSED IN PART BY THE OHIO
	AVERAGE TO 112 CHILDREN PER DAY. SOME CHILDREN STAYED AT THE CENTER
	CHILDREN FROM 6 WEEKS TO 13 YEARS OLD. THIS REPRESENTS MEALS SERVED ON
	IN FY2019, THE JRC LEARNING CENTER SERVED 61,034 NUTRITIOUS MEALS TO
4b	(Code:) (Expenses \$ 118,170. including grants of \$ ) (Revenue \$ 116,547. SCHOOL - FREE AND REDUCED MEAL PROGRAM
41	FOR LOW TO MODERATE INCOME FAMILIES WHERE PARENTS AND CARETAKERS ARE
	NORTHEAST CANTON, OHIO. DEMOGRAPHICALLY, THE CENTER PROVIDES SERVICES
	1980. THE CENTER IS LOCATED AT 2213 14TH STREET NE IN THE HEART OF
	JRC LEARNING CENTER HAS PROVIDED QUALITY EARLY EDUCATION AND CARE SINCE
	HAVEN BY OUR PARENTS AND OUR COMMUNITY NEIGHBORS.
	MODERN, KID-FRIENDLY AND FAMILY ORIENTED FACILITY VIEWED AS A SAFE
	PREPARED TO SUCCEED IN LIFE. IN FY2019, 220 CHILDREN WERE TAUGHT IN A
	INTELLECTUALLY, PHYSICALLY, EMOTIONALLY, SOCIALLY AND COGNITIVELY
	THE JRC LEARNING CENTER IS AN EARLY EDUCATION CENTER WHERE PRIMARILY LOW TO MIDDLE INCOME CHILDREN FROM AGE 6 WEEKS TO 13 YEARS OLD ARE
	CHILD CARE AND PRESCHOOL
4a	(Code:) (Expenses \$1, 279, 533. including grants of \$) (Revenue \$1, 261, 957.
	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.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	If "Yes," describe these changes on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	prior Form 990 or 990-EZ?
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	PROGRAMS TO AT RISK CHILDREN.
	PROMOTE THE SUCCESSFUL GROWTH AND DEVELOPMENT OF CHILDREN BY PROVIDING EARLY LEARNING EDUCATION, CHILDCARE, DEVELOPMENTAL AND EDUCATIONAL
1	Briefly describe the organization's mission:
	Check if Schedule O contains a response or note to any line in this Part III

Form 990 (						SERVICES	CORF
Part IV	Checklist o	of Requ	iire	d Schedules	;		

<ul> <li>If "Y</li> <li>2 Is the public of t</li></ul>	the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Yes, " <i>complete Schedule A</i>	1 2 3 4 5 6 7	x x	x x x x x
<ul> <li>2 Is the second state of the second s</li></ul>	the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? If the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for blic office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i> <b>ction 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect ring the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or hilar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i> the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to ovide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i> the organization receive or hold a conservation easement, including easements to preserve open space, e environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> <i>hedule D, Part III</i>	2 3 4 5 6		x x x
<ul> <li>3 Did pub</li> <li>4 Sec duri</li> <li>5 Is th sim</li> <li>6 Did prov</li> <li>7 Did the</li> <li>8 Did Sch</li> <li>9 Did amore</li> </ul>	the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for blic office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3 4 5 6		x x x
4 Sec duri 5 Is th sim 6 Did prov 7 Did the 8 Did Sch 9 Did amo	blic office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i> <b>ction 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect ring the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or hilar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i> the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to by de advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i> the organization receive or hold a conservation easement, including easements to preserve open space, e environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> <i>hedule D, Part III</i>	4 5 6		x x x
<ul> <li>4 Sec duri</li> <li>5 Is the sim</li> <li>6 Did prov</li> <li>7 Did the</li> <li>8 Did Sch</li> <li>9 Did amod</li> </ul>	ction 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect ring the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4 5 6		x x x
5 Is the sim 6 Did prov 7 Did the 8 Did Sch 9 Did amo	ring the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	5		x x
<ul> <li>5 Is the sime</li> <li>6 Did provided p</li></ul>	the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or inilar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		x x
sim 6 Did prov 7 Did the 8 Did Sch 9 Did amo	hilar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	6		x
<ul> <li>6 Did prov</li> <li>7 Did the</li> <li>8 Did Sch</li> <li>9 Did amo</li> </ul>	d the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to by de advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i> d the organization receive or hold a conservation easement, including easements to preserve open space, e environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> d the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> <i>hedule D, Part III</i>	6		x
7 Did the 8 Did <i>Sch</i> 9 Did amo	by b			
<ul> <li>7 Did the</li> <li>8 Did Sch</li> <li>9 Did amo</li> </ul>	If the organization receive or hold a conservation easement, including easements to preserve open space, e environment, historic land areas, or historic structures? <i>If</i> " <i>Yes</i> ," <i>complete Schedule D, Part II</i> If the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> " <i>Yes</i> ," <i>complete</i> <i>hedule D, Part III</i>			
the B Did Sch 9 Did amo	e environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		x
<ul><li>8 Did</li><li>Sch</li><li>9 Did</li><li>amo</li></ul>	I the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete hedule D, Part III			
Sch 9 Did amo	hedule D, Part III			<u> </u>
9 Did amo		0		x
amo	the exercited constant on emount in Dert V line 01 for ecercul or custodial econount lightly come as a sustadian for	8		
	I the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	ounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		x
	Yes," <i>complete Schedule D, Part IV</i> I the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	<b>–</b>		
		10		x
	dowments, or quasi-endowments? If "Yes," complete Schedule D, Part V			
	applicable.			
	I the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
		11a	х	
	I the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	sets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
	I the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	sets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
	I the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	rt X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
	I the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	I the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	e organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
	the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	hedule D. Parts XI and XII	12a		x
<b>b</b> Wa	as the organization included in consolidated, independent audited financial statements for the tax year?			
<i>lf</i> "γ	Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
	he organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a Did	the organization maintain an office, employees, or agents outside of the United States?	14a		X
<b>b</b> Did	the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
inve	estment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	more? If "Yes," complete Schedule F, Parts I and IV	14b		X
<b>15</b> Did	the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			1
	eign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
	the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
	the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u>-</u> -
	umn (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
	the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			1
	and 8a? If "Yes," complete Schedule G, Part II	18	Х	<b> </b>
	the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	mplete Schedule G, Part III	19		X
	the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		├──
	the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
don 832003 12-3	mestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	990	

832003 12-31-18

3 2018.05020 J R COLEMAN FAMILY SERVIC C2021.01

 Form 990 (2018)
 J R COLEMAN FAMILY SERVICES CORP
 34-1321317
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 (continued)
 France
 Frande
 Fr

			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		
с	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, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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 Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	000		x
29	director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	28c 29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		- 23
00	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	Х	
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 in Schedule O for Part VI, lines 11b and 19?			
Dar	Note. All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Par	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	<b>V</b>	
4	Enter the number reported in Roy 3 of Form 1006. Enter 0, if not appliable 1		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1aEnter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c	х	
832004	12-31-18			(2018)
552004	12-51-10 <b>4</b>	1 0111		(=010)

#### 15560116 138919 C2021.01

2018.05020 J R COLEMAN FAMILY SERVIC C2021.01

Form 990						SERVICES		
Part V	Statements	Rega	ardi	ng Other IR	S Filings ar	nd Tax Compli	iance	(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	86			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ms? .		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
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 in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		-			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accoui	nt)?	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 A			<b>F</b> -		х
	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 transault "Yoo" to line Ea or 5b, did the organization file Form 8996 T2			5b 5c		<u>л</u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did th			50		
Ua	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 contribution			u		
	were not tax deductible?		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).			0.0		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices (	provided to the payor?	7a		х
b				7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontrac	:t?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	e	-		
•				8		
9	Sponsoring organizations maintaining donor advised funds.			0-		
a b				9a 9b		
ь 10	Section 501(c)(7) organizations. Enter:			30		
а	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:		•			
а		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 <sup>1</sup>	?	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.					
а				13a		
	<b>Note.</b> 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		1			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c		14-		Х
				14a 14b		A
о 15	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> " <i>No</i> ," <i>provide an explanation in Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			140		
13	excess parachute payment(s) during the year?			15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			10		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t inco	me?	16		х
	If "Yes," complete Form 4720, Schedule O.					
		_				

Form **990** (2018)

832005 12-31-18

Form 990	(2018)
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#### J R COLEMAN FAMILY SERVICES CORP

 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 in Schedule O. See instructions.

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

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13	4		
	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 in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13	_		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with any oth	ner			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct super	vision			
	of officers, directors, or 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 9	90 was filed?	•	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		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 ap	point 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, st	ockholders, o	or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea	r by the follow	ing:			
а	The governing body?			8a	Х	
	Each committee with authority to act on behalf of the governing body?			8b	Х	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O			9		x
ect	tion B. Policies (This Section B requests information about policies not required by the Internal Re					
					Yes	N
0a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	and branches to ensure their operations are consistent with the organization's exempt purposes?	•		10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,				
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y					
Ŭ	in Schedule O how this was done	,		12c	х	
13	Did the organization have a written whistleblower policy?			13	Х	
	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 approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
a	The organization's CEO, Executive Director, or top management official			15a	х	
	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			150		- 23
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	popt with a				
				16a		x
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			10a		- 23
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	exempt status with respect to such arrangements?			16b		
	ion C. Disclosure					
	List the states with which a copy of this Form 990 is required to be filed <b>OH</b>					
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, an	d 000 T (See	1 = 501(a)(2)(a)		availat	
0		u 990-1 (Sec		s of fry)	avallar	JE
	for public inspection. Indicate how you made these available. Check all that apply.           X         Own website         Another's website         X         Upon request         Other (explain)					
0				finana	ial	
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	mict of intere	st policy, and	inanc	ıdı	
0	statements available to the public during the tax year.		da 🕨			
20	State the name, address, and telephone number of the person who possesses the organization's boot TOM THOMPSON $-330-455-3873$	oks and recor	us 🕨			
	$\frac{1000}{1731} \text{ GRACE AVENUE NE, CANTON, OH } 44705$					
	I/JI GNACH AVENUE NE, CANIUN, UN 44/VJ					(20

Part VII	Compensation of Officers	Directors,	Trustees,	Key Employees,	Highest	Compensated
	Employees, and Independ	ent Contra	ctors			

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 (Ď), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A)	(B)	<b>(C)</b> Position						(D)	(E)	(F)
Name and Title	Average hours per	box	not cl , unles	heck ss per	more rson i	than o s both	n an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer D		Highest compensated Autor		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) CHRIS KABOTH PRESIDENT	4.00	x		x				0.	0.	0.
(2) TOM VENTURELLA	4.00	Δ		Λ				0.	0.	0.
DIRECTOR	4.00	х						0.	0.	0.
(3) DOUG VAN NOSTRAN	2.00									
TREASURER	2.00	X		Х				0.	0.	0.
(4) JON ASH	3.00									
SECRETARY	3.00	Х		Х				0.	0.	0.
(5) JACK BOGGINS	3.00									
DIRECTOR	3.00	Х						0.	0.	0.
(6) NATHAN BOYD	3.00									
DIRECTOR	3.00	Х						0.	0.	0.
(7) NANCY COCHRANE	3.00									
DIRECTOR	2.00	Х						0.	0.	0.
(8) MIKE DISCENZA	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(9) BEN KIRKSEY	1.00									
DIRECTOR		Х						0.	0.	0.
(10) RONALD MACALA	4.00									
VICE PRESIDENT	4.00	Х		Х				0.	0.	0.
(11) LINNEA OLBON	2.00									-
DIRECTOR	1.00	Х						0.	0.	0.
(12) RITA SCHANER	1.00									•
DIRECTOR	1.00	Х						0.	0.	0.
(13) WALTER F WAGOR	1.00								_	<u>^</u>
DIRECTOR	0.00	X						0.	0.	0.
(14) HILDA GANTZ	0.00								<u>^</u>	<u>^</u>
EMERITUS DIRECTOR	22.00	Х						0.	0.	0.
(15) TOM THOMPSON	23.00			77						
EXECUTIVE DIRECTOR (16) VICKI JIN	17.00			Х		-		0.	95,700.	0.
	23.00	•		v					64 200	<u>م</u>
CFO	U			Х				0.	64,290.	0.
		•								
	1							1		<b>–</b> 000 (as (a)

832007 12-31-18

Form 990 (2018)

#### 15560116 138919 C2021.01

2018.05020 J R COLEMAN FAMILY SERVIC C2021.01

	990 (2018) J R COLE	MAN FAMI	LY	S	ER	VI	CE	S	CORP	34-1	3213	317	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average hours per		not c		more	than c		Reportable	Reportable			timate	
		week					s both r/trust		compensation from	compensatio			nount other	OT
		(list any	ctor						the	organization	I		pensa	tion
		hours for	r direc				ted		organization	(W-2/1099-MIS			om th	
		related	stee o	rustee			pensat		(W-2/1099-MISC)			•	anizat	
		organizations below	ual tru	ional t		ployee	t com						d relat	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	5115
		,			0	×	υE	ш						
			ĺ											
			1											
1b	Sub-total								0.	159,99	90.			0.
	Total from continuation sheets to Part V								0.		0.			0.
	Total (add lines 1b and 1c)								0.	159,99	90.			0.
2	Total number of individuals (including but r						) wh	o re	eceived more than \$100,	000 of reportable				
	compensation from the organization													0
											-		Yes	No
3	Did the organization list any former officer	, director, or tru	ustee	e, ke	y en	nplo	yee,	or I	highest compensated er	nployee on				
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the se													
	and related organizations greater than \$15			•								4		X
5	Did any person listed on line 1a receive or											_		77
Soc	rendered to the organization? If "Yes." con tion B. Independent Contractors	nplete Schedule	e J f	or sı	ıch ı	oers	on .					5		Х
1	Complete this table for your five highest co	mpapated ind	lono	ndo	ot or	ontro	otor	in th	at reacived more than <sup>¢</sup>	100 000 of com	onoot	ion fre		
•	the organization. Report compensation for	-									Jensal		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(A)	the balendar ye		- Turi	ig w		<u>, , , , , , , , , , , , , , , , , , , </u>		(B)			(0	;)	
	Name and business	address	N	ONE	Ξ				Description of s	ervices	C		nsatio	n
								-						
<u></u>	Total number of independent contractors (	naludina hut -	ot lie	nita	1 + ~ -	thee		tod	abova) who received	are then				
2	Total number of independent contractors ( \$100,000 of compensation from the organi		JUIT	me	1.0	tnos (		rea	above, who received mo					
	wroo,ooo or compensation nom the organ						•			I		Form	<b>990</b> (2	2018)
														)

832008 12-31-18

Part		Check if Schedule O cont		or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Fundraising events Related organizations Government grants (contributi All other contributions, gifts, gran similar amounts not included abor Noncash contributions included in lines	1b           1c           1d           ions)         1e           ts, and         It           ve         1f           1a-1f: \$		319,705.			
				Business Code	<b>,</b>			
Program Service Revenue	b c d e	GOVERNMENT SERV PRIVATE FEES		624410 624410		1,246,782. 131,722.		
-		Total. Add lines 2a-2f			1,378,504.			
	3 4	Investment income (including other similar amounts) Income from investment of tax	dividends, intere x-exempt bond p	est, and proceeds	8,659.			8,659.
	5	Royalties						
	b C	Rental income or (loss)		(ii) Personal				
	d 7a	Net rental income or (loss) Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other 20,700.				
		Less: cost or other basis and sales expenses Gain or (loss)		0.				
		Net gain or (loss)			20,700.			20,700
Other Revenue	8 a	Gross income from fundraising including \$19,5 contributions reported on line Part IV, line 18 Less: direct expenses	g events (not <u>17.</u> of 1c). See	50,575. 18,904.				
Ò		Net income or (loss) from func			31,671.			31,671
		Gross income from gaming ac Part IV, line 19 Less: direct expenses	а					
-	с	Net income or (loss) from gam Gross sales of inventory, less	ning activities . returns					
		and allowances Less: cost of goods sold Net income or (loss) from sale	s of inventory .	• <b>•</b> _				
┝		Miscellaneous Revenu		Business Code				
	11 a b c							
	d	All other revenue						
		Total. Add lines 11a-11d			1 750 000	1 270 504		61 020
332009	12 31	Total revenue. See instructions		🕨	1,139,239.	1,378,504.	0	61,030. Form <b>990</b> (2018

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J R COLEMAN FAMILY SERVICES CORP

Form 990 (2018)

2018.05020 J R COLEMAN FAMILY SERVIC C2021.01

Page **9** 

34-1321317

J R COLEMAN FAMILY SERVICES CORP Part IX Statement of Functional Expenses

#### Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 70,922. 122,274. 51,352. trustees, and key employees Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,000,145. 786,103. 170,260. 43,782. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 100,816. 115,855. 9,103. 5,936. Other employee benefits 9 83,718. 64,706. 14,021. 4,991. 10 Payroll taxes 11 Fees for services (non-employees): Management а b Legal 9,050. 9,050. С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 1,850. 8,030. 6,180. column (A) amount, list line 11g expenses on Sch O.) 340. 340. Advertising and promotion 12 66,386. 64,991. 935. 460. Office expenses 13 4,816. 4,585. 231. Information technology 14 15 Royalties 79,276. 79,276. 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 4,246. 3,989. 257. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 93,455. 91,775. 1,680. Depreciation, depletion, and amortization 22 16,213. 16,213. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 75,903. 75,903. FOOD а EQUIPMENT RENTAL 17,861. 17,861. b 2,989. 2,989. DUES С 2,189. TRANSPORTATION 2,189. d 8,865. 8,865. All other expenses е 1,711,611. 1,397,703. 258,251. 55,657. Total functional expenses. Add lines 1 through 24e 25 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)

10

832010 12-31-18

2018.05020 J R COLEMAN FAMILY SERVIC C2021.01

Form 990 (2018)

832011 12-31-18

15560116 138919 C2021.01

J	R	COLEMAN	FAMILY	SERVICES	CORP
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34-1321317 Page 11

		Check if Schedule O contains a response or note to any line in t	his Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		150,408.	1	309,883.
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		168,150.	3	168,150.
	4	Accounts receivable, net		129,381.	4	113,274.
	5	Loans and other receivables from current and former officers, di	rectors,			
		trustees, key employees, and highest compensated employees.	Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as	defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), a	nd contributing			
		employers and sponsoring organizations of section 501(c)(9) vol	untary			
ţ2		employees' beneficiary organizations (see instr). Complete Part	II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
Ä	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges	17,485.	9	6,002.	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a 3	<u>,815,936.</u>			
	b	Less: accumulated depreciation 10b 2	,091,320.	1,773,142.	10c	1,724,616.
	11	Investments - publicly traded securities		37,771.	11	0.
	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			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		2,276,337.	16	2,321,925.
	17	Accounts payable and accrued expenses		61,413.	17	59,267.
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Sched			21	
es	22	Loans and other payables to current and former officers, directo				
Liabilities		key employees, highest compensated employees, and disqualifi				
iab		Complete Part II of Schedule L			22	
-	23	Secured mortgages and notes payable to unrelated third parties	E E E E E E E E E E E E E E E E E E E		23	
	24	Unsecured notes and loans payable to unrelated third parties	Г		24	
	25	Other liabilities (including federal income tax, payables to related				
		parties, and other liabilities not included on lines 17-24). Comple	ete Part X of			
		Schedule D	F	61,413.	25	59,267.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here		01,413.	26	59,207.
sec	07	complete lines 27 through 29, and lines 33 and 34.		2,024,260.	27	2,057,523.
ano	27	Unrestricted net assets		190,664.	28	205,135
Ba	28 29	Temporarily restricted net assets Permanently restricted net assets		1,0010	20 29	205,155
pur	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check			23	
Ę		and complete lines 30 through 34.				
0 S	30	Capital stock or trust principal, or current funds			30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
tAŝ	32	Retained earnings, endowment, accumulated income, or other f	i ve el e		32	
Nei	33	Total net assets or fund balances		2,214,924.	33	2,262,658.
	34	Total liabilities and net assets/fund balances		2,276,337.	34	2,321,925.
			I	,=::,•••		Form <b>990</b> (2018

Form 990 (2018)
Part X Balance Sheet

	1990 (2018) J R COLEMAN FAMILY SERVICES CORP	34-132	21317	Pag	<sub>ge</sub> 12
Pa	rt 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	1,759	2	39.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,711		
3	Revenue less expenses. Subtract line 2 from line 1	3			28.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,214		
5	Net unrealized gains (losses) on investments	5			06.
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,262	2,6!	58.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>2</b> a		Х
	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	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	•		x	
	review, or compilation of its financial statements and selection of an independent accountant?		. <u>2c</u>	^	
0.5	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
Ja	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Act and OMR Circular A 1322	•			x
F	Act and OMB Circular A-133?		<u>3a</u>		
a	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
	יד מעמונס, פאראמוז איזיז או פטורפענוב ט מוע עבסטושב מוזין סנבאס נמוכוד נט עוועבועט סעטו מעעונס		Eorm		(2010)

Form **990** (2018)

832012 12-31-18

SCHE	EDUL	ΕA
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Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

## **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
2018
Open to Public Inspection

Nar	ne of t	the organization				_			dentification number
	t I			MILY SERVICE					4-1321317
Pa	art I	Reason for Public (	Sharity Status (	All organizations must co	omplete th	is part.) Se	ee instructions	6.	
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only o	one box.)			
1		A church, convention of chu	urches, or associatio	n of churches described	l in <b>sectio</b>	n 170(b)( <sup>-</sup>	1)(A)(i).		
2	X	A school described in section	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in so	ection 170	(b)(1)(A)(i	ii).		
4		A medical research organization	ation operated in co	njunction with a hospital	described	in sectio	on 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	l or operate	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	$\square$	An organization that norma	-					ne general i	oublic described in
		section 170(b)(1)(A)(vi). (C	-						
8		A community trust describe		(1)(A)(vi), (Complete Par	t II.)				
9	$\square$	An agricultural research org			-	ed in coniu	unction with a	land-grant	college
·		or university or a non-land-g				-		-	-
		university:	grant conege of agric			name, eny	, and state of	the bollege	
10		An organization that norma	Ily receives: (1) more	than 33 1/3% of its sup	oort from c	ontributio	ns members	nin fees an	d gross receipts from
10		activities related to its exem	•					-	•
		income and unrelated busir							•
						ses acqui		janization a	
44		See section 509(a)(2). (Con	-	volu to toot for public oo	fatu Saa	contion El	O(a)(4)		
11	H	An organization organized a	-	•	•			ma out the	numeros of one or
12		An organization organized a	-	•	-			•	
		more publicly supported or	-						
		lines 12a through 12d that	• ·					-	
â		<b>Type I.</b> A supporting orga	-	-	• • •	-			
		the supported organization			majority o	of the aired	ctors or truste	es of the sl	ipporting
	_	organization. You must o	-						
k		<b>Type II.</b> A supporting org	-				•		•
		control or management o			ame perso	ns that co	ntrol or mana	ge the supp	oorted
		organization(s). You mus	-						
C		<b>Type III functionally inte</b>						ly integrate	ed with,
		its supported organization		-					
C		Type III non-functionally						-	
		that is not functionally int			•		-	l an attentiv	/eness
		requirement (see instructi	,	. ,	,				
e	•	Check this box if the orga					Туре I, Туре	II, Type III	
		functionally integrated, or	• •	nally integrated supporti	ng organiz	ation.			
1		er the number of supported o	•						
		vide the following information			(iv) is the oros	anization listed		(	
	(	<ul> <li>i) Name of supported organization</li> </ul>	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount o support (see ir	-	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	Support (See II	istruction isj	
Tot	al								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 13

# Schedule A (Form 990 or 990-EZ) 2018 J R COLEMAN FAMILY SERVICES CORP 34-1321 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

34-1321317 Page 2

(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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	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.						
See	ction B. Total Support		-	-	-	-	-
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(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 instructi	ons)			12	
13	First five years. If the Form 990 is for	r the organization'	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
<u>.</u>	organization, check this box and stop						<b>&gt;</b>
	ction C. Computation of Publi						
14	Public support percentage for 2018 (I					14	%
15						15	%
16a	<b>33 1/3% support test - 2018.</b> If the o						
	stop here. The organization qualifies						
b	<b>33 1/3% support test - 2017.</b> If the o						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the "fac			•	•	rt VI how the organ	nization
	meets the "facts-and-circumstances"	-	-	• • • •			
b	o 10% -facts-and-circumstances test	-	-				
	more, and if the organization meets the						e
	organization meets the "facts-and-circ		•		, ,, ,		▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17			
					Sche	edule A (Form 990	) or 990-EZ) 2018

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#### Schedule A (Form 990 or 990-EZ) 2018 J R COLEMAN FAMILY SERVICES CORP 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) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	• (a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses						
acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
11 Net income from unrelated business activities not included in 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.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is f	or the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	ation,
check this box and stop here	<u></u>					
Section C. Computation of Pub	lic Support Pe	rcentage				
15 Public support percentage for 2018	(line 8, column (f), c	divided by line 13,	column (f))		15	%
16 Public support percentage from 201	1	1			16	%
Section D. Computation of Inve	estment Income	e Percentage			,	
17 Investment income percentage for 2	<b>2018</b> (line 10c, colu	mn (f), divided by	ine 13, column (f))		17	%
<b>18</b> Investment income percentage from					18	%
19a 33 1/3% support tests - 2018. If the	ne organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box	and <b>stop here.</b> The	e organization qua	ifies as a publicly s	supported organiza	ation	▶∟
b 33 1/3% support tests - 2017. If th	•					
line 18 is not more than 33 1/3%, ch	neck this box and st	top here. The orga	anization qualifies	as a publicly suppo	orted organization	▶∐
20 Private foundation. If the organizat	ion did not check a	box on line 14, 19	a, or 19b, check t			
832023 10-11-18		15	5	Sch	edule A (Form 99	0 or 990-EZ) 2018

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#### Schedule A (Form 990 or 990-EZ) 2018 J R COLEMAN FAMILY SERVICES CORP

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Schedule A (Form 990 or 990-EZ) 2018

10b

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1

Yes No

16

#### Schedule A (Form 990 or 990-EZ) 2018 J R COLEMAN FAMILY SERVICES CORP Part IV Supporting Organizations (continued)

11         Heat he organization accepted a gift or combulation from any of the following person?         Image: Combulation of a person described in (b) and (c) between of a person described in (g) above?         Image: Combulation of a person described in (g) above?         Image: Combulation of a person described in (g) above?         Image: Combulation of a person described in (g) above?         Image: Combulation of a person described in (g) above?         Image: Combulation of a person described in (g) above?         Image: Combulation of a person described in (g) above?         Image: Combulation of a person described in (g) above?         Image: Combulation of a person described in (g) above?         Image: Combulation of a person described in (g) above?         Image: Combulation of a person described in (g) above?         Image: Combulation of a person described in (g) above?         Image: Combulation of a person described in (g) above?         Image: Combulation of a person described in (g) above?         Image: Combulation of a person described in (g) above?         Image: Combulation of a person described in (g) above?         Image: Combulation of a person described in (g) above?         Image: Combulation of a person described in (g) above?         Image: Combulation of a person described in (g) above ab diright operated, a combulation above above ab diright operated, accepterated, acc				Yes	No
<ul> <li>a A person who directly or indirectly controls, after a done or logather with persons described in (b) and (c)</li> <li>b A miny member of a person described in (b) above?</li> <li>c A Silk control dentify of a person described in (b) above?</li> <li>c A Silk control dentify of a person described in (b) above?</li> <li>c A Silk control dentify of a person described in (b) above?</li> <li>c A Silk control dentify of a person described in (b) above?</li> <li>c A Silk control dentify of a person described in (b) above?</li> <li>a May and the organization's directors or trustees at a limes during the tax year? (b) "two," escore in Person and the organization is directors or trustees, a guerreised, or controlled the organization's directors or trustees at a limes during the tax year? (b) and (c) above?</li> <li>b Did the organization satisfies of the organization is directors or trustees at a limes during the tax year? (b) and (c) above?</li> <li>c and the organization satisfies of the boref of any applied to such perves during the tax year.</li> <li>c and the provide to gradination or restrictors, if any applied to such perves during the tax year.</li> <li>c and the organization's directors or trustees during the tax year.</li> <li>d a supporting organization.</li> <li>Section C. Type II Supporting Organizations</li> <li>e the supporting organization.</li> <li>e trustees of a subporting organizations.</li> <li>v Were a majority of the organization's usported organization, b) the supported organization? if "Yes," explain in Part VI, now control or trustees of a support organization.</li> <li>e the supporting Organization supported organization. My the support or order organization are true to the support organization? if "Yes," explain in Part VI, now control or trustees of a line supporting organization.</li> <li>e the angolity of the organization's support organization, by the support organization are true to the support organization.</li> <li>e the angolity of the organization's support organization, th</li></ul>	11	Has the organization accented a gift or contribution from any of the following persons?		100	110
bed with the governing body of a supported organization?     bed A many member of a period described in (§) or (b) above?     J. Yes: to a. b. or c. provide detail in Part VI.     Section B. Type I Supporting Organizations     Yes in the directors, trustees, or membership of one or more supported organization at mether to megularity appoint or elect at least a majority of the organization additional membership of one or more supported organization, describe in Part VI how the supported organization addition one supported organization, describe in Part VI how the supported organization or directors or trustees at all times during the tax year?     J. Did the directors, trustees, or membership of one or more supported organization, describe in Part VI how the supported organization or directors or trustees were allocated among the supported organization, describe in Part VI how the supported organization organization, describe in Part VI how providing such benefit carled out the purposes of the supported organization (B) and portes Ling (B)					
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e. A 35% controlled entity of a person described in [a) or [b] above? /# 'Yes' to a. b. or c. provide detail in Part VI.     10     11     110	h				
Section B. Type I Supporting Organizations       Yes       No         1       Did the directors, trustee, or membership of one or more supported organizations that the power to regularly appoint or direct at least a majority of the organization's directors or trustees at all times during the tax year // No'. describe how the power to appoint and/or member directors or trustees were allocated among the supported organization, discribe how the power to appoint and/or member directors or trustees were allocated among the supported organization, describe how the power to appoint and/or member directors or trustees were allocated among the supported organization of the them the supported organization of the them the supported organization of the them the support of organization of the directors or trustees of the supporting organization of the directors or trustees of all the supporting organization of the them the support of organization of the them the support of organization of the them the support of organization or support provided during the prior tax year, (i) a copy of the form 000 that was mass treatently fill a director or trustees of the organization is a covering documents in effect on the date of notification, the extent not previously provided?       1         1       Did the organization between the directors or trustees at all times of the organization is supported organization? If 'Ne,' describe in Part N how correl of the organization of the the support organization. Supported organizations and with previntax year, (i) a copy of the form 000 that was mass tre					
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<ol> <li>Did the directors, futuates, or membership of one or more supported organization's directors or trustees at all times during the tax year' if ''No,'' describe in Part VI now the supported organization's directors or trustees at all times during the comparization of the organization of the organization's directors or trustees at all times during the supported organization's directors or trustees at all times during the supported organization's directors or trustees at all times during the supported organization of the organization's directors or trustees are allocated among the supported organization of the torus of the support and organization of the then the support of organization of the thenefit and year's supported organization of the thenefit and year's supported organization of the thenefit and year's support of organization of the support of the support of the purposes of the support of organization of the thenefit and year's support of organization of the thenefit and year's support of organization of the support of the comparisation support of organization of the support of the support of organization are uncertained organizations.</li> <li>Vee a majority of the organization is directors or trustees during the tax year also a majority of the autocrify organization was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled or managed the support organization are uncertained organizations. Use the support of organization is supported organizations, and till opties of the organization classes, directory, intrustees with (ease of the organization (ease) of the organization is supported organizations. The exect the organization is uncertained the support of organizations are vested in the support of organization is supported organizations.</li> <li>Did the organization and the order of the support of organization. Support of organization is support of organization are support of organization are vested in the dis</li></ol>				Vas	No
regularly appoint or elect at least a majority of the organization's directore or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to suppoint and the net support organization of the run the support organization of the support organization of the support organization of the support organization of the support organization appoint and the power organization is support of organization and water on the support of organization and the directors or trustees during the tax year alls or malger the tax year. (b) a copy of the form 300 that was most recently lide as of the directors or trustees and the support organization's any uses (b) a copy of the form 300 that was most recently lide as of the directors or trustees working directors, or trustees working relationship with the support or organization's officers, directors, or trustees working relationship with the support of organization's officers, directors, or trustees working relationship with the support of organization's law (b) copies of the organization's officers, directors, or trustees working relationship with the support of apprintation's support of apprintation's law (b) copies of the organization's officers, directors, or trustees working relationship with the support of apprintation's law (b) copies of the organization's officers, directors, or trustees working relationship with the	1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	
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<ul> <li>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).</li> <li>3 By reason of the relationship described in (2), 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.</li> <li>Section E. Type III Functionally Integrated Supporting Organizations</li> <li>1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</li> <li>a</li></ul>	2				
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		of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2018

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							SERVICES	
Part V	туре п	Non-Fu	Inctio	naiiy	Integrated	509(a)(3) St	pporting Orga	nizations

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.		

Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
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 1-1/2% 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 .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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).

Schedule A (Form 990 or 990-EZ) 2018

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# Schedule A (Form 990 or 990-EZ) 2018 J R COLEMAN FAMILY SERVICES CORP

Fai	I ype III Non-Functionally Integrated 509	(a)(s) Supporting Orga	inizations (continued)	1
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
	From 2015			
	From 2016			
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	anv. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
-				

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A	(Form 990 or 990-EZ)	2018 J R (	COLEMAN	FAMILY	SERVICES	S CORP	34-1321317 F	->age <b>8</b>
Part VI	Part IV, Section A, li line 1; Part IV, Secti Section D, lines 5, 6	ines 1, 2, 3b, 3c, on D, lines 2 and	4b, 4c, 5a, 6, I 3; Part IV, Se	9a, 9b, 9c, 11 ction E, lines <sup>-</sup>	a, 11b, and 11c; 1c, 2a, 2b, 3a, ar	; Part IV, Section B nd 3b; Part V, line <sup>·</sup>	e 17a or 17b; Part III, line 12; 8, lines 1 and 2; Part IV, Section C 1; Part V, Section B, line 1e; Part additional information.	), V,
	(See instructions.)					-		
832028 10-11-1	3					\$	Schedule A (Form 990 or 990-E2	Z) 2018
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#### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue <u>Service</u>

Name of the organization

#### \*\* PUBLIC DISCLOSURE COPY \*\*

## Schedule of Contributors

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

OMB No. 1545-0047

2018

Employer identification number

	J R COLEMAN FAMILY SERVICES CORP	34-1321317
Organization type (ch	heck one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 or 990-EZ), 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 for an *exclusively* set is the set in the set 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 for an *exclusively* set is the set of the parts unless the

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

Employer identification number

(d)

Type of contribution

34-1321317

#### J R COLEMAN FAMILY SERVICES CORP

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** 

 		\$224,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u></u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4   		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>    5                                </u>		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>  823452 11-08-18		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

22

Employer identification number

(d)

Type of contribution

X

34-1321317

#### J R COLEMAN FAMILY SERVICES CORP

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** 7

7_ (a)	  (b)	\$(c)	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d)
No.	Name, address, and ZIP + 4	(c) Total contributions	(u) Type of contribution
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		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupient I for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

823452 11-08-18

2018.05020 J R COLEMAN FAMILY SERVIC C2021.01

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Name of organization

Employer identification number

34-1<u>321317</u>

#### J R COLEMAN FAMILY SERVICES CORP

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	

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#### 15560116 138919 C2021.01

2018.05020 J R COLEMAN FAMILY SERVIC C2021.01

Sched	ule B (Form 990,	, 990-EZ, or 99	90-PF) (2018)	
Name	of organization			
T R	COLEMAN	FAMTLY	SERVICES	CORP

from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once)       \$	RC	OLEMAN FAMILY SERVICES C	CORP		34-1321317
overdeling beritt, there the build of exclusions, calculated, etc., contributions of 51,000 or less for the year, (thirth list, bits) P SUbits the provestight of the provestight	Part III				10) that total more than \$1,000 for the yea
JNo.     Ken     Job outpleate copies of Part III if additional space is needed.     Job output     (b) Purpose of gift     (c) Use of gift     (d) Description of how gift is held     (e) Transfer of gift     Transferee's name, address, and ZIP + 4     Relationship of transferor to transferee     (e) Transfer of gift     (d) Description of how gift is held     (e) Transfer of gift     (f) Description of how gift is held     (e) Transfer of gift     (f) Description of how gift is held     (e) Transfer of gift     (f) Description of how gift is held     (e) Transfer of gift     (f) Description of how gift is held     (e) Transfer of gift     (f) Description of how gift is held     (e) Transfer of gift     (f) Description of how gift is held     (e) Transfer of gift     (f) Description of how gift is held     (e) Transfer of gift     (f) Description of how gift is held     (e) Transfer of gift     (f) Description of how gift is held     (e) Transfer of gift     (f) Description of how gift is held     (e) Transfer of gift     (f) Description of how gift is held     (e) Transfer of gift     (f) Description of how gift is held     (e) Transfer of gift     (f) Description of how gift is held     (e) Transfer of gift     (g) Transfer of gift     (g) Transfer of gift     (g) Transfer of gift     (g) Description of how gift is held     (h) Purpose of gift     (c) Use of gift     (g) Transfer of gift     (g) Transfer of gift     (g) Description of how gift is held     (h) Purpose of gift     (g) Transfer of gift     (g) Transfer of gift     (g) Description of how gift is held     (h) Purpose of gift     (h) Purpose of gift     (g) Transfer of gift     (g) Description of how gift is held     (h) Purpose of gift     (g) Transfer of gift     (g) Description of how gift is held     (h) Purpose of gift     (g) Transfer of gift     (g) Description of how gift is held     (h) Purpose of gift     (h) Purpos		completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this in	nfo. once.) <b>&gt; \$</b>
Part		Use duplicate copies of Part III if additional	space is needed.		
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Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Page 4

Employer identification number

<sup>15560116 138919</sup> C2021.01

<sup>25</sup> 2018.05020 J R COLEMAN FAMILY SERVIC C2021.01

SCHEDULE D	)
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Department of the Treasury

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.



Internal Revenue Service Name of the organization

J R COLEMAN FAMILY SERVICES CORP

Employer identification number 34-1321317

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		·
		(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 v	writing that the assets held in donor advised	iunds
	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 a	dvisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose con	ferring
Par			t IV, line 7.
1	Purpose(s) of conservation easements held by the organization	· · · · · ·	
	Preservation of land for public use (e.g., recreation or e		
	Protection of natural habitat	Preservation of a certifie	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a	
_	day of the tax year.		Held at the End of the Tax Year
b	Total acreage restricted by conservation easements Number of conservation easements on a certified historic stru	ucture included in (a)	
c d	Number of conservation easements included in (c) acquired a		
u	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased extinguished or terminated by the or	anization during the tax
Ū	year		
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	▶		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	easements during the year
	►\$		
8	Does each conservation easement reported on line 2(d) abov	e 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	on easements in its revenue and expense sta	tement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes the	organization's accounting for
Dor	conservation easements.	Art Historical Tracquires or Othe	r Similar Acceto
Par			i Sillinar Assels.
4	Complete if the organization answered "Yes" on Form		
18	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh the text of the footnote to its financial statements that descri		of public service, provide, in Part XIII,
h	If the organization elected, as permitted under SFAS 116 (AS		halance sheet works of art historical
D.	treasures, or other similar assets held for public exhibition, ec		
	relating to these items:		service, provide the following amounts
	(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 treater		····· * · ·
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2018
832051	10-29-18		

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2018.05020 J R COLEMAN FAMILY SERVIC C2021.01

-		EMAN FAMIL						4-13			age <b>2</b>
Par	t III   Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	easures, o	r Other	<sup>·</sup> Similar	Assets	(contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check a	any of the f	following that	t are a sig	gnificant us	e of its c	ollection	items	
	(check all that apply):										
а	Public exhibition	c	1 🗌 L	oan or exc	hange progra	ams					
b	Scholarly research	e	• 🗌 C	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co							e in Part	XIII.		
5	During the year, did the organization solicit of								-		-
Der	to be sold to raise funds rather than to be ma							L	Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	on answered	"Yes" on	Form 990,	Part IV, I	ine 9, or		
4	reported an amount on Form 990, Pa										
а	Is the organization an agent, trustee, custodi										<b>.</b>
<b>L</b>	on Form 990, Part X?							∟	Yes		No
D	If "Yes," explain the arrangement in Part XIII	and complete the tol	llowing ta	DIE:					A.m.o.u.m		
•	Paginning balance						10		Amoun	ι	
	Beginning balance										
	Additions during the year										
	Ending balance										
	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.							·····			]
Par											-
	·	(a) Current year		ior year	(c) Two yea			ars back	(e) Four	vears	back
1a	Beginning of year balance									2	
	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g,	column (a	)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ession of the organiza	ation that	are held ar	nd administer	red for the	e organizat	ion	r		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza								3b		
4 Dar	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment fu	nds.							
I ai				line 11 - C			line 10				
	Complete if the organization answere							,	(d) D = -		•
	Description of property	(a) Cost or c basis (investr		• •	t or other (other)		ccumulated preciation	1	<b>(d)</b> Boo	k valu	e
4-	Land	· · · · ·			6,469.	ue			16	6,4	69
	Land				9,441.	1 /	163,80	5.	1,50		
	Buildings Leasehold improvements			2,50	~, = = + •	,=	100,00	<u></u>	-,50		
	Equipment			65	4,086.	F	521,93	3.	3	2,1	53.
	Other				5,940.		5,58			0,3	
	. Add lines 1a through 1e. (Column (d) must e		X colum		-		-		1,72		
		yuarı onn 330, Fall	A, COIUITII	וווופ ו				<u>*</u>	-,	.,	

Schedule D (Form 990) 2018

832052 10-29-18

Schedule D	(Form 990) 2018	J	R	COLEMAN	FAMILY	SERVICES	CORP
Part VII	Investments -	Other	· Se	ecurities.			

Complete if the organization answered "Ves" on Form 990	

Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	1b. 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. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		

#### Part VIII Investments - Program Related.

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

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

#### Other Assets. Part IX

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

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

#### 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>(b)</b> Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990. Part X. col. (B) line 25.)	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

_	edule D (Form 990) 2018 J R COLEMAN FAMILY SERVICE				1321317 Page <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With R	levenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.			
1	Total revenue, gains, and other support per audited financial statements			1	1,778,249.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	106.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	18,904.		
е	Add lines 2a through 2d			2e	19,010.
3	Subtract line 2e from line 1			3	1,759,239.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	. 4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	0.
				5	1,759,239.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			•	
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per R	•	
5 Pa	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> ) <b>rt XII</b> Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per F	•	n.
5 Ра 1	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per R	•	
_	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per R	leturi	n.
1	<b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a           Total expenses and losses per audited financial statements	ents With	Expenses per R	leturi	n.
1	<b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	ents With	Expenses per R	leturi	n.
1 2 a	<b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	ents With 2a 2b	Expenses per R	leturi	n.
1 2 a b	<b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a	Expenses per R	leturi	n. <u>1,730,515.</u>
1 2 a b c	<b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per R	leturi	n. <u>1,730,515.</u> 18,904.
1 2 b c d	<b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines <b>2a</b> through <b>2d</b>	2a 2b 2c 2d	Expenses per R	1	n. <u>1,730,515.</u>
1 2 b c d e	<b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per R	1 2e	n. <u>1,730,515.</u> 18,904.
1 2 b c d 3	<b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a           2b           2c           2d	Expenses per R	1 2e	n. <u>1,730,515.</u> 18,904.
1 2 6 6 6 8 3 4	<b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a           2b           2c           2d	Expenses per R	1 2e	n. <u>1,730,515.</u> 18,904.
1 2 3 4 3	<b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)         Add lines 4a and 4b	2a           2b           2c           2d	Expenses per R	1 2e 3 4c	n. <u>1,730,515.</u> <u>18,904.</u> <u>1,711,611.</u> 0.
1 2 d e 3 4 b c 5	<b>TXII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a           2b           2c           2d	Expenses per R	1 2e 3	n. <u>1,730,515.</u> <u>18,904.</u> <u>1,711,611.</u>

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

PART X, LINE 2:

THE ORGANIZATIONS ARE EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION
501(C)(3) OF THE INTERNAL REVENUE CODE EXCEPT FOR TAXES ON UNRELATED
BUSINESS INCOME. AS OF JUNE 30, 2019, THERE IS NO PROVISION FOR INCOME
TAXES. THE ORGANIZATIONS' FEDERAL RETURNS OF ORGANIZATION EXEMPT FROM
INCOME TAX (FORMS 990) ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE
SERVICE, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.

### THE ORGANIZATIONS BELIEVE THAT THEY HAVE APPROPRIATE SUPPORT FOR ANY TAX

POSITION TAKEN, AND AS SUCH, DO NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT

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#### ARE MATERIAL TO THE FINANCIAL STATEMENTS.

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Schedule D (Form 990) 2018         J R COLEMAN FAMILY SERVICES CORP           Part XIII         Supplemental Information (continued)	34-1321317 Page 5
Part XIII Supplemental Information (continued)	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
EXPENSES RELATED TO FUNDRAISING	18,904.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
EXPENSES RELATED TO FUNDRAISING	18,904.
	Schedule D (Form 990) 2018
832055 10.20 18	

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SCHEDULE E	
(Form 990 or 990-E2	Z)

### Schools

OMB No. 1545-0047

**Open to Public** 

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

 Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
 Attach to Form 990 or Form 990-EZ.

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

J R COLEMAN FAMILY SERVICES CORP

Emplo

	_
Part I	Г

 $\begin{array}{c} \text{Employer identification number} \\ 34 - 1321317 \end{array}$ 

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		v	
	other governing instrument, or in a resolution of its governing body?	1	X	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,		v	
-	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.		х	
	If you need more space, use Part II THE POLICY IS PUBLICIZED IN ALL BROCHURES, PRINTED ON ALL	3		
	REGISTRATION MATERIAL AND POSTED IN THE GENERAL REGISTRATION			
	AREA.			
4	Does the organization maintain the following?			
a		4a	х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
Ŭ	admissions, programs, and scholarships?	4c	х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
	··· j··· ·····························			
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		X
	Admissions policies?	5b		X
с	Employment of faculty or administrative staff?	5c		X
	Scholarships or other financial assistance?	5d		X
	Educational policies?	5e		X
	Use of facilities?	5f		X
	Athletic programs?	5g		X
h	Other extracurricular activities?	5h		x
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
			37	
6a		<u>6a</u>	X	37
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of		37	
	Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	Х	<u> </u>
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form	990 or 9	990-EZ	) 2018

**Part II** Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information.

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

FUNDS RECEIVED FROM THE GOVERNMENT AGENCIES ARE USED TO SUBSIDIZE THE

PORTION OF DAY CARE THAT ELIGIBLE PARENTS CANNOT AFFORD TO PAY.

Schedule E (Form 990 or 990-EZ) 2018

832062 10-15-18

SCHEDULE G	Suppleme	ntal Information Regardi	ng Func	raisi	ng or Gaming A	ctiv	rities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" organization entered more than				or 19,	or if the	2018
	e e e	Attach to Form						Open to Public
Department of the Treasury Internal Revenue Service	► Go	to www.irs.gov/Form990 for in				on.		Inspection
Name of the organization		-						ntification number
		EMAN FAMILY SERV					34-1321	
	ing Activities. complete this part	Complete if the organization an t.	swered "Y	es" or	n Form 990, Part IV, I	line 1	7. Form 990-EZ	filers are not
· · ·		ed funds through any of the follo	wing activ	ities. (	Check all that apply.			
a 🔄 Mail solicitat					overnment grants			
	email solicitations				nment grants			
c Phone solici d In-person so		<b>g</b> [] Spe	cial fundra	lising	events			
		or oral agreement with any individ	lual (inclue	lina of	ficers directors trus	tees	or	
•		art VII) or entity in connection wit	•	•		,	Yes	No
		viduals or entities (fundraisers) pu			•	he fu	ndraiser is to be	9
compensated at le	ast \$5,000 by the	organization.						
			(iii)	Did		(v)	Amount paid	() A mount paid
(i) Name and addres		(ii) Activity	(iii) fundi have c	ustody	(iv) Gross receipts from activity		or retained by) fundraiser	(vi) Amount paid to (or retained by)
or entity (func	iraiser)		or cor contrib	trol of utions?	ITOIT ACTIVITY	lis	ted in col. (i)	organization
			Yes	No				
Total								
<ol> <li>List all states in whi or licensing.</li> </ol>	ch the organizatio	n is registered or licensed to soli	cit contrib	utions	or has been notified	l it is	exempt from re	gistration
or neerioing.								
		an and the location of the T		000 -		0.1		
	eauction Act Noti	ce, see the Instructions for For	m 990 or	990-E	۲ <b>۲</b> .	sche	aule G (Form 9	990 or 990-EZ) 2018

832081 10-03-18

#### Schedule G (Form 990 or 990-EZ) 2018 J R COLEMAN FAMILY SERVICES CORP

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1 WOMEN IN HISTORY	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
J			(event type)	(event type)	(total number)	- col. <b>(c)</b> )
Hevenue	1	Gross receipts	70,092.			70,092
	2	Less: Contributions	19,517.			19,517
	3	Gross income (line 1 minus line 2)	50,575.			50,575
	4	Cash prizes				
S	5	Noncash prizes	3,143.			3,143
xpense	6	Rent/facility costs	600.			600
Ulrect Expenses	7	Food and beverages	10,560.			10,560
	8	Entertainment	1,000.			1,000
		Other direct expenses				3,601
	10	Direct expense summary. Add lines 4 through	h 9 in column (d)		►	18,904
	<u>11</u> rt I	Net income summary. Subtract line 10 from li           II         Gaming.           Complete if the organization				31,671
		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad col. (a) through col. (a
ć	1	Gross revenue				
2020	2	Cash prizes				
nirect Experises	3	Noncash prizes				
	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	│	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	í from line 1. column (d)		▶	
		er the state(s) in which the organization condune or the organization licensed to conduct gaming and the organization licensed		states?		Yes
		No," explain:				
b						
a		re any of the organization's gaming licenses re Yes," explain:			/ear?	Yes N
а					/ear?	Yes N

Sch	edule G (Form 990 or 990-EZ) 2018 J R COLEMAN FAMILY SERVICES CORP 34-3	1321317	Page 3
	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	%
k	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	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔛 Yes	└── No
Ľ	o If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount		
	of gaming revenue retained by the third party ►\$		
C	If "Yes," enter name and address of the third party:		
	Nama		
	Name		
	Address		
16	Gaming manager information:		
10	Carning manager mormation.		
	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
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year <b>s</b>		
Pa	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
8320	83 10-03-18 Schedule G (For	m 990 or 990	)-EZ) 2018
	35		

Schedule G	(Form 990 or 990-EZ)	J	R	COLEMAN	FAMILY	SERVICES	CORP
Part IV	Supplemental I	nformat	ion	(continued)			

Supplemental mornation (continued)	
	Schedule G (Form 990 or 990-EZ)

832084 04-01-18

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



J R COLEMAN FAMILY SERVICES CORP

Employer identification number 34 - 1321317

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

EITHER WORKING OR ATTENDING INSTITUTIONS OF HIGHER EDUCATION. THE

CHILDREN COME FROM VERY DIVERSE FAMILY STRUCTURES. THE MAJORITY OF

HOUSEHOLDS ARE HEADED BY YOUNG PARENTS HOLDING ENTRY-LEVEL JOBS WHO ARE

SEEKING A WAY OUT OF POVERTY. GRANDPARENTS, FOSTER PARENTS AND OTHER

RELATIVES HAVE ALSO TAKEN ON THE ROLE OF PARENTING.

TO SUPPORT AND ENCOURAGE FAMILIES' EFFORTS TO STAY EMPLOYED AND/OR

CONTINUE THEIR EDUCATION, THE JRC LEARNING CENTER IS OPEN YEAR ROUND,

WEEKDAYS FROM 6:30 A.M. TO 6:30 P.M. INFANT AND TODDLER CLASSROOMS,

PRESCHOOL, AND BEFORE AND AFTER SCHOOL ENRICHMENT PROGRAMS ARE DESIGNED

TO ENCOURAGE A PASSION FOR LIFE-LONG LEARNING.

IT IS PROVEN THAT INVESTING IN EARLY CHILDHOOD DEVELOPMENT GREATLY IMPACTS SUCCESS IN LIFE. THE BRAIN IS THE ONLY ORGAN NOT FULLY DEVELOPED AT BIRTH. NINETY PERCENT OF CRITICAL BRAIN DEVELOPMENT OCCURS DURING THE FIRST FIVE YEARS OF LIFE. THIS IS THE CRUCIAL TIME WHEN THE BUILDING BLOCKS OF LEARNING OCCUR. JRC PROVIDES THE QUALITY, FLEXIBLE EARLY EDUCATION AND CARE NEEDED AS A VITAL SUPPORT TO ENABLE A CHILD'S AND A FAMILY'S PROGRESS TOWARD ECONOMIC STABILITY AND SELF-SUFFICIENCY. IT IS WITHIN 2000 DAYS FROM THE TIME A BABY IS BORN TO THE TIME HE/SHE ENTERS KINDERGARTEN THE MOST IMPACT CAN BE MADE TO SET HIM/HER UP FOR THEIR FUTURE.

THE JRC LEARNING CENTER IS A (FIVE) 5 STAR QUALITY RATED CENTER

ACCORDING TO STATE OF OHIO STEP UP TO QUALITY STANDARDS. STEP UP TO

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2018)83221110-10-18

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Name of the organization J R COLEMAN FAMILY SERVICES CORP	Employer identification numbe
U K COLEMAN FAMILI SERVICES CORP	54-1521517
QUALITY IS A VOLUNTARY QUALITY RATING SYSTEM FOR EARLY (	CHILDHOOD
EDUCATION PROGRAMS LICENSED BY THE STATE OF OHIO. STEP	UP TO QUALITY
RECOGNIZES AND PROMOTES PROGRAMS THAT MEET QUALITY BENC	HMARKS AND BEST
PRACTICES FOR EARLY EDUCATION AND CARE. OF THE 117 LICE	NSED CENTERS IN
STARK COUNTY, JRC LEARNING CENTER IS ONE OF SEVEN (7) 5	STAR CENTERS
OFFERING QUALITY EARLY EDUCATION AND CARE FOR CHILDREN	BETWEEN 6 WEEKS
OLD AND 5 YEARS OF AGE.	
PROMOTING SUCCESSFUL GROWTH AND DEVELOPMENT OF CHILDREN	HAS BEEN A
STATED GOAL OF JRC FOR MANY YEARS. JRC TEACHERS EMPLOY (	CURRICULUM THAT
	CONTENT
ALIGNS WITH OHIO DEPARTMENT OF EDUCATION EARLY LEARNING	CONTENT

DEVELOPMENTALLY APPROPRIATE ACTIVITIES THAT REFLECT BEST PRACTICES IN

EARLY EDUCATION AND CARE IN A HIGH-QUALITY ENVIRONMENT. OUR PRIMARY

LONG-TERM OUTCOME IS THAT CHILDREN WHO CONSISTENTLY RECEIVE HIGH

QUALITY EDUCATION AND CARE WILL INCREASINGLY DISPLAY HIGH LEVELS OF

SCHOOL READINESS. IN FY2019, 168 INFANTS, TODDLERS AND PRESCHOOLERS

PARTICIPATED IN THESE EARLY EDUCATIONAL ACTIVITIES.

THE BEFORE AND AFTER SCHOOL PROGRAM AND SUMMER OF EXCELLENCE PROGRAM FOR ELEMENTARY SCHOOL CHILDREN OFFERS ACADEMIC AND ENRICHMENT ACTIVITIES THAT SUPPORT AND TEACH ACADEMIC ACHIEVEMENT, TEACH AND MODEL PERSONAL AND SOCIAL RESPONSIBILITY, EXPOSE CHILDREN TO A VARIETY OF INTELLECTUAL, PHYSICAL, EMOTIONAL, AND SOCIAL EXPERIENCES AND KEEP KIDS SAFE DURING PEAK RISKY BEHAVIOR HOURS AFTER SCHOOL AND THROUGHOUT THE SUMMER. IN FY2019, 52 CHILDREN PARTICIPATED IN THE SCHOOL AGE PROGRAM.

JRC LEARNING	CENTER IMPLEMENT	'S HEALTHY	HABITS	FOR	. Α	LIFETIME	E TO	ADDRESS	5	
832212 10-10-18						Schedule	e O (Fo	rm 990 or 990-	EZ) (2018)	-
			38							
15560116 138919	C2021.01	2018	8.05020	JR	CO	LEMAN FAI	MILY	SERVIC	C2021	.01

Schedule O (Form 990 or 990-EZ) (2018)	Page <b>2</b>
Name of the organization J R COLEMAN FAMILY SERVICES CORP	Employer identification number $34 - 1321317$
CHILDHOOD OBESITY WHICH IS MORE PREVALENT IN LOWER INCOME	COMMUNITIES.
90% OF PROCESSED FOODS HAVE BEEN ELIMINATED FROM THE MONTH	LY MENU.
CHILDREN ARE SERVED FAMILY STYLE AND LEARN THE DIFFERENCE	BETWEEN
"SOMETIME" FOODS AND "ANYTIME" FOODS. THE PROGRAM INCLUD	ES 60 MINUTES
OF FITNESS ACTIVITIES PER DAY AS PART OF THE CURRICULUM. T	RAINING
MATERIALS ARE PROVIDED FOR TEACHERS IN ORDER TO LEAD THEIR	STUDENTS IN
FITNESS ACTIVITIES. JRC LEARNING CENTER HAS CONVERTED TWO	(2)
PLAYGROUNDS INTO NATURAL PLAYSCAPES. THESE ARE PLAYGROUNDS	WITH AS
LITTLE MAN-MADE COMPONENTS AS POSSIBLE, ENCOURAGING OPEN-E	NDED PLAY
OPTIONS ALLOWING CHILDREN TO BE CREATIVE AND USE THEIR IMA	GINATION.
JRC LEARNING CENTER IS A UNITED WAY AGENCY AND A BBB ACCRE	DITED
CHARITY.	

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: YEAR-OLDS IN A COLLABORATION BETWEEN THE CANTON CITY SCHOOL DISTRICT, JRC AND THE CANTON YWCA THAT CONTINUES IN FY2019.

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

THE EXECUTIVE BOARD IS GIVEN A COPY OF THE FORM 990 TO REVIEW. ANY

QUESTIONS ARE TO BE DIRECTED TO THE EXECUTIVE DIRECTOR FOR CLARIFICATION OR CORRECTION.

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

EACH BOARD MEMBER IS REQUIRED TO SIGN AN ETHICS POLICY IN JANUARY OF EACH

39

YEAR OF SERVICE. THE PRESIDENT OF THE BOARD OF DIRECTORS CONDUCTS

INDIVIDUAL BOARD MEMBER INTERVIEWS WHICH INCLUDE REVIEWING POTENTIAL

CONFLICT OF INTEREST ISSUES TO ENSURE THAT COMPLIANCE IS ENFORCED.

832212 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)	Page <b>2</b>
Name of the organization J R COLEMAN FAMILY SERVICES CORP	Employer identification number 34-1321317
FORM 990, PART VI, SECTION B, LINE 15A:	
THE BOARD OF DIRECTORS COMPLETES AN ANNUAL PERFORMANCE REV	IEW OF THE
EXECUTIVE DIRECTOR AND DETERMINES COMPENSATION ACCORDINGLY	. AS PART OF THE
PROCESS, THE BOARD OF DIRECTORS REVIEWS THE NON-PROFIT TIM	ES SALARY SURVEY,
UNITED WAY REGIONAL COMPENSATION STRUCTURE, AND COMPARES S	IMILAR AND LIKE
ORGANIZATIONS' 990 FOR EXECUTIVE DIRECTOR COMPENSATION.	
FORM 990, PART VI, SECTION C, LINE 19:	
JRC LEANING CENTER'S GOVERNING DOCUMENTS, CONFLICT OF INTE	REST POLICY AND
FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON	WRITTEN REQUEST.

832161 10-02-18 LHA

#### **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

# Department of the Treasury Internal Revenue Service

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

Name of the organization

#### J R COLEMAN FAMILY SERVICES CORP

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

#### Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
JR COLEMAN SENIOR OUTREACH - 34-1204932							
1731 GRACE AVENUE NE							
CANTON, OH 44705	SENIOR CARE	оніо	501(C)(3)	LINE 10	N/A		Х
ST. PAUL'S SENIOR HOUSING, INC 34-1399903							
2335 NORTH BANK DRIVE							
COLUMBUS, OH 43220	LOW INCOME HOUSING	онто	501(C)(3)	LINE 10	N/A		х
	1						
	1						
	1						

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

Schedule R (Form 990) 2018

2018 Open to Public Inspection

Employer identification number 34-1321317

#### Schedule R (Form 990) 2018 J R COLEMAN FAMILY SERVICES CORP

34-1321317 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		, <b>,</b>										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j	)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	ant income Share of total unrelated, income end-of-year assets 20 of Schedu		Code V-UBI amount in box 20 of Schedule	Gener mana partn	al or F ging er?	Percentage ownership		
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	No	
	1											
	-											
	-											
	-											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	Sec 512(I contr ent	(i) ction (b)(13) trolled tity?
		country)						Yes	No
		4							
									<u> </u>
									<del> </del>
									<u> </u>

#### Schedule R (Form 990) 2018 J R COLEMAN FAMILY SERVICES CORP

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

			T	
Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b		X
с	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
-				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p	X	
q	Reimbursement paid by related organization(s) for expenses	1q		Х
r	Other transfer of cash or property to related organization(s)	1r		х
	Other transfer of cash or property from related organization(s)	1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	·		

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
_(6)			

Т

#### Schedule R (Form 990) 2018 J R COLEMAN FAMILY SERVICES CORP

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	6	~	(f)	(g)	(۲		(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are	<b>∋)</b> e all				• <b>•</b> opor-	Code V-UBI	(J) Genera	
of entity	Frindry activity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partne 501( org	rs sec. c)(3)	total	end-of-year	Dispr tior allocat	iate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag	
or onaly		country)	excluded from tax under	org					10115 ?	of Schedule K-1	partne	
			360110113 3 12-3 14)	Yes	No			Yes	No	(1011111003)	Yes I	
												+
											$\vdash$	

Schedule R (Form 990) 2018

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2018

832165 10-02-18

(Rev. January 2019)

### Application for Automatic Extension of Time To File an Exempt Organization Return

Enter filer's identifying number

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.* 

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

					a sidenunyi	ng number		
Type or	Name of exempt organization or other filer, see instru	uctions.		Employe	r identificatio	on number (EIN) or		
print	J R COLEMAN FAMILY SERVICE	S CORF	)	34-1321317				
File by the due date fo filing your return. See	Number, street, and room or suite no. If a P.O. box, s 1731 GRACE AVENUE NE	see instruct	tions.	Social security number (SSN)				
instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. CANTON, OH 44705								
Enter the	e Return Code for the return that this application is for (fi	le a separa	te application for each return)					
Applicat	tion	Return	Application			Return		
Is For		Code	Is For			Code		
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 99	0-BL	02	Form 1041-A			08		
Form 47	20 (individual)	03	Form 4720 (other than individual)			09		
Form 99	0-PF	04	Form 5227			10		
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 99	0-T (trust other than above)	06	Form 8870			12		
	TOM THOMPSON							
• The b	books are in the care of $\blacktriangleright$ 1731 GRACE AVE	NUE NE	<u>E - CANTON, OH 4470</u>	)5				
Telep	hone No. ► 330-455-3873		Fax No. 🕨					
• If the	organization does not have an office or place of busines	s in the Un	ited States, check this box					
• If this	is for a Group Return, enter the organization's four digit	Group Exe	mption Number (GEN)	If this is fo	r the whole g	group, check this		
box 🕨	. If it is for part of the group, check this box	and atta	ach a list with the names and EINs of	all memb	ers the exter	nsion is for.		
<b>1</b> In	equest an automatic 6-month extension of time until	MA	Y 15, 2020 , to file	e the exem	npt organizat	tion return for		
th	e organization named above. The extension is for the org	ganization's	return for:					
►	calendar year or							
►	X tax year beginning JUL 1, 2018	, ar	id ending JUN 30, 2019					
					_			
<b>2</b> If f	the tax year entered in line 1 is for less than 12 months, a	check reaso	on: Initial return	Final retur	n			
3a If	his application is for Forms 990-BL, 990-PF, 990-T, 4720	), or 6069, o	enter the tentative tax, less			0.		
an	any nonrefundable credits. See instructions. 3a							
b If t	<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							
es	timated tax payments made. Include any prior year over	payment all	owed as a credit.	3b	\$	0.		
c Ba	alance due. Subtract line 3b from line 3a. Include your p	ayment wit	h this form, if required, by					
	ing EFTPS (Electronic Federal Tax Payment System). Se			3c	\$	0.		
Caution instruction	: If you are going to make an electronic funds withdrawa ons.	I (direct del	bit) with this Form 8868, see Form 84	453-EO an	d Form 8879	9-EO for payment		
LHA	For Privacy Act and Paperwork Reduction Act Notice	, see instru	uctions.		Form 8	3868 (Rev. 1-2019)		