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

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

ΑF	or the	2020 calendar year, or tax year beginning JU	ь 1, 20	120 and ending	JUN 3	0, 2021	
B c	heck if oplicable	C Name of organization		MALONEY		ployer identific	eation number
X	Addres	J R COLEMAN FAMILY SERV	ICES CO	I NIOVOTNI	Y		
	Name change	Doing business as JRC LEARNING	CENTE	Сору	*	<u>*-***131</u>	L7
	Initial return Final return/	Number and street (or P.O. box if mail is not delived 3300 PARKWAY ST NW	ered to street	Сору		phone number <b>30 – 454</b> – 3	
	termin ated		IP or foreign p	ostal code		s receipts \$	1,493,663.
	Ameno					this a group re	
	Application		E ABIEC	UNAS		r subordinates'	
	pendin	SAME AS C ABOVE			1		cluded? Yes No
ΙT	ax-exe		(insert no.)	4947(a)(1) or 52			list. See instructions
		e: ► WWW.JRCCARES.ORG				roup exemptior	
			ociation	Other L Yea			State of legal domicile: OH
Pa	rt I	Summary		•		•	V
	1	Briefly describe the organization's mission or most s	ignificant activ	rities: TO PROVID	E EAR	LY EDUCA	TION,
Governance		PRESCHOOL, AND BEFORE/ AFT					
la	2	Check this box 🕨 🔲 if the organization discont	inued its oper	ations or disposed of mo	re than 259	% of its net ass	ets.
<u>ĕ</u>	3	Number of voting members of the governing body (F	art VI, line 1a)			з	11
Ğ	4	Number of independent voting members of the gove	rning body (Pa	art VI, line 1b)		4	11
တ္တ		Total number of individuals employed in calendar year					62
ļţi		Total number of volunteers (estimate if necessary)					32
Activities &		Total unrelated business revenue from Part VIII, colu					0.
^	b	Net unrelated business taxable income from Form 99	90-T, Part I, lin	e 11		7b	0.
					Prio	r Year	Current Year
اه	8	Contributions and grants (Part VIII, line 1h)			3	68,840.	500,929.
ğ	9	Program service revenue (Part VIII, line 2g)			1,2	21,667.	980,227.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, a	and 7d)			0.	615.
۳	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9	9c, 10c, and 1	1e)		21,699.	9,438.
	12	Total revenue - add lines 8 through 11 (must equal P	art VIII, colum	n (A), line 12)	1,6	12,206.	1,491,209.
	13	Grants and similar amounts paid (Part IX, column (A)	, lines 1-3)			0.	0.
		Benefits paid to or for members (Part IX, column (A),				0.	0.
န္		Salaries, other compensation, employee benefits (Pa			1,3	17,073.	1,333,542.
Expenses		Professional fundraising fees (Part IX, column (A), lin	e 11e)			0.	0.
ă		Total fundraising expenses (Part IX, column (D), line		38,301.		56 055	206 252
"ا		Other expenses (Part IX, column (A), lines 11a-11d, 1				56,057.	386,070.
		Total expenses. Add lines 13-17 (must equal Part IX,		ne 25)		73,130.	1,719,612.
٠ (		Revenue less expenses. Subtract line 18 from line 12	2			60,924.	-228,403.
Net Assets or Fund Balances				<u>  1</u>		f Current Year	End of Year
Sset	20	Total assets (Part X, line 16)				01,094.	2,265,774.
et Ind	21	Total liabilities (Part X, line 26)				99,360. 01,734.	292,443. 1,973,331.
	22 rt II	Net assets or fund balances. Subtract line 21 from lin	ne 20		4,4	01,/34•	1,913,331.
		ties of perjury, I declare tha <del>t I have examined this return, ir</del>	neludina accomr	nanying schedules and states	ments and t	to the hest of my	knowledge and helief it is
		and complete. Declaration of reparer (other (han lofficer)	-   '			-	knowledge and belief, it is
ii uo,	001100	+ NOVOTN	Y	morniation of which propart	or nuo uny n	linewiouge.	
Sign	,	Signature of officer	· EEC			Date	
Here		JULIE ABIE Client Copy	JTI	VE OFFICER			
		Type or print name and title	7.1.2	12 01110111			
		,	Preparer's signa	ture	Date	Check	PTIN
Paid		DANA PATTERSON	. spa. or o orgina			if self-employe	P01278758
Prep		Firm's name MALONEY + NOVOTNY	LLC				**-***7006
Use (		Firm's address 4774 MUNSON STREE		UITE 402		5 2	
		CANTON, OH 44718-				Phone no. (3	30) 966-9400
May	the IE	S discuss this return with the preparer shown above		tions			X Ves No

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

Total program service expenses ▶

(Expenses \$ including grants of \$

1,310,828.

) (Revenue \$

# Form 990 (2020) J R COLEMAN FAMILY SERVICES CORP Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b>		
0	, ,	8		x
0	Schedule D, Part III	-		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			<b>.</b>
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	L
13	Is the 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		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u></u>
"	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<b>⊢</b> ''		<del></del>
.0		12		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		<del>  ^</del>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<sub>V</sub>
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

032003 12-23-20

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Form	1990 (2020)  J R COLEMAN FAMILY SERVICES CORP  **-***  TIV Checklist of Required Schedules (continued)	L317	Р	age <b>4</b>
Fai	Checklist of Required Schedules (continued)		V	N.
22	Did the organization report more than \$5,000 of grants or other assistance to or for demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			1
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	•	23		x
24 a	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
	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
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ū	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		
	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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes." complete Schedule L. Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	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	l	77	
	Part V, line 1	34	Х	v
	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	0.51		
00	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?	26		x
27	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u> </u>
37	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?	31		1
55	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par		1 30		
	Check if Schedule O contains a response or note to any line in this Part V			

	Check if Schedule O contains a response or note to any line in this Part V						ı
					Yes	No	
la	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming				
	(gambling) winnings to prize winners?			10		1	

Form 990 (2020)

J R COLEMAN FAMILY SERVICES CORP

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued).

	to accompliance (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		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			v
_	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a		х
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country	<del>-1</del> a		
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.	•		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans  Enter the amount of receives an head			
C 1/10	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?	140		Х
14a b	, , , , , , , , , , , , , , , , , , , ,	14a 14b		
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	טדו		
.5	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
		Г	aan	(0000)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 11 1a Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 11 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶OH Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Another's website \_\_\_ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records JULIE ABIECUNAS - 330-454-3471

Form **990** (2020)

44708

3300 PARKWAY ST NW, CANTON,

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

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

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

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

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

See instructions for the order in which to list the persons above.

(A)  Name and title	(B) Average hours per week	(do box	not c	Pos heck	c) ition more rson i		one n an	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) TOM THOMPSON EXECUTIVE DIRECTOR	32.00			x				0.	98,776.	51.
(2) VICKI JIN	28.00								50,770.	<u> </u>
CFO CFO	12.00	1		x				0.	65,727.	4,960.
(3) CHRIS KABOTH	2.00							-	<b>,</b>	,
PRESIDENT	2.00	Х		Х				0.	0.	0.
(4) RONALD MACALA	2.00									
VICE PRESIDENT	2.00	Х		Х				0.	0.	0.
(5) BUTCH NUTTER	2.00									
TREASURER	2.00	Х		Х				0.	0.	0.
(6) JON ASH	2.00									
SECRETARY	2.00	Х		Х				0.	0.	0.
(7) DOUG VAN NOSTRAN	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(8) JACK BOGGINS	1.00	]								
DIRECTOR	1.00	Х						0.	0.	0.
(9) NATHAN BOYD	1.00	1								_
DIRECTOR	1.00	Х						0.	0.	0.
(10) NANCY COCHRANE	1.00	ļ								
DIRECTOR	1.00	Х						0.	0.	0.
(11) MIKE DISCENZA	1.00									•
DIRECTOR	1.00	Х						0.	0.	0.
(12) CHANDRA BRYANT	1.00	.,							_	•
OIRECTOR (13) LINNEA OLBON	1.00	Х						0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(14) WALTER F WAGOR	1.00	Α							0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(15) JOSEPH FRENCH	1.00	^							0.	<u> </u>
DIRECTOR	1.00	Х						0.	0.	0.
(16) DAN LEAHY	1.00									
DIRECTOR	1.00	Х				L		0.	0.	0.

	990 (2020) J R COLE									**_*	**1	317	Р	age 8
Par	t VII Section A. Officers, Directors, Trus (A) Name and title	(B) Average hours per	(do box	not c	Pos heck ss per	c) ition more rson i	<b>1</b> than dis both	one n an	(D)  Reportable compensation	(continued) (E) Reportable compensation	- 1		(F) stimate	
		week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer	Key employee	Highest compensated complexed smployee		from the organization (W-2/1099-MISC)	from relate organizatior (W-2/1099-MI	าร	fr org an	other pensa om th anizat d relat anizati	ation e tion ted
	Subtotal								0.	164,5	03.		5,0	11.
С	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0.	164,5	0.		5,0	0.
2	Total number of individuals (including but n							io re	•	· · · · · · · · · · · · · · · · · · ·			<del>-                                    </del>	
	compensation from the organization												Yes	No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	•		•	•	•		•	•	•		3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from t	he organization		4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com	accrue comper	nsati	on fi	rom	any	unre	elate	ed organization or individ	dual for services		5		х
	tion B. Independent Contractors	•												
	Complete this table for your five highest co the organization. Report compensation for	•	•							,	pensat			
	(A) Name and business	address	NC	ONE	3				(B) Description of s	services	С	ompe	<b>)</b> nsatio	n
2	Total number of independent contractors (in	ncluding but no	ot lin	nited	d to	thos	se lis	ted	above) who received me	ore than				
	\$100,000 of compensation from the organization	zation >				(	)					Form	990 (	2020)

032008 12-23-20

Form 990 (2020) J R COL
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
<b>ω</b> ω	1.	Federated campaigns 1a	56,050.				
anta		1 3	30,030.				
ij d							
fts, Ar		3	20,000.				
Contributions, Gifts, Grants and Other Similar Amounts		• • • • • • • • • • • • • • • • • • • •	353,009 <b>.</b>	-			
ns, Sim		ÿ \ , ,	333,009.	-			
utio er (	1	All other contributions, gifts, grants, and	71 070				
ĕŧ		similar amounts not included above 1f	71,870.	-			
ont od (		Noncash contributions included in lines 1a-1f		F00 000			
<u>0</u> <u>8</u>	ŀ	Total. Add lines 1a-1f	<b></b>	500,929.			
			Business Code	0.40 0.10	0.4.0 0.1.2		
Ce		GOVERNMENT SERVICE CON	624410	940,213.	940,213.		
e vi	k	PRIVATE FEES	624410	40,014.	40,014.		
Se	•						
eve	•	·					
Program Service Revenue	•						
P.	f	All other program service revenue					
	ç	Total. Add lines 2a-2f		980,227.			
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		615.			615.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss)					
		Net rental income or (loss)	<b>•</b>				
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>					
	ŀ	Less: cost or other basis					
<u>o</u>	-	and sales expenses <b>7b</b>					
her Revenue	,	Gain or (loss) 7c					
ě	ì	Net gain or (loss)	<b></b>				
౼		Gross income from fundraising events (not					
Ğ	٠.	including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a	0.				
		Less: direct expenses 8b	2,454.				
		Net income or (loss) from fundraising events		-2,454.			-2,454.
		Gross income from gaming activities. See		271311			271311
	5 6	Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a		-			
		Less: cost of goods sold					
$\rightarrow$		Net income or (loss) from sales of inventory	Pusings Ord				
જ		MICCELLANGOUG INCOME	Business Code	11 000			11 000
eor re	11 6	MISCELLANEOUS INCOME	900099	11,892.			11,892.
Miscellaneous Revenue	k						
Se.	(						
Ξ	(	All other revenue		11 000			
	•	Total. Add lines 11a-11d		11,892.	000 005	^	10 052
	12	Total revenue. See instructions	<u></u>	1,491,209.	980,227.	0.	10,053.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 9,594. 132,013. 122,419. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,021,970. 812,659. 178,330. 30,981. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 3,105. 111,350. 97,089. 11,156. Other employee benefits 9 68,209. 52,584. 13,642. 1,983. 10 Payroll taxes Fees for services (nonemployees): Management Legal 13,325. 13,325. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 30,861. 36,844. 5,983. column (A) amount, list line 11g expenses on Sch O.) 538. 538. Advertising and promotion 12 52,602. 52,026. 576. Office expenses 13 5,307. 3,075. 2,232. Information technology 14 15 Royalties 77,441. 77.441. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 7,712. 7,712. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 93,605. 93,605. Depreciation, depletion, and amortization 22 19,730. 19,730. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 52,467. 52,436. 31. FOOD EQUIPMENT RENTAL 16,952. 16,952. 4,607. 4,607. BAD DEBT EXPENSE 3,166. 3,166. DUES 1.774. 1.631. 143. All other expenses 1,719,612. 1,310,828. 370,483. 38,301. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization

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reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

Form 990 (2020)
Part X | Balance Sheet

Par	tΧ	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			321,013.	1	339,199.
	2	Savings and temporary cash investments			232,752.	2	232,996.
	3	Pledges and grants receivable, net			168,150.	3	15,000.
	4	Accounts receivable, net			114,617.	4	67,062.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, sub-	stantial co	ontributor, or 35%			
		controlled entity or family member of any of the	ese perso	ns		5	
	6	Loans and other receivables from other disqua	lified pers	sons (as defined			
		under section 4958(f)(1)), and persons describe		6			
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		8			
Ä	9	Prepaid expenses and deferred charges			1,567.	9	20.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	3,888,498.			
	b			2,277,001.	1,662,995.	10c	1,611,497.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line	I		13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			0 501 004	15	0.065.554
	16	Total assets. Add lines 1 through 15 (must eq			2,501,094.	16	2,265,774. 71,124.
	17	Accounts payable and accrued expenses		I	72,621.	17	/1,124.
	18	Grants payable	0 220	18	10 210		
	19	Deferred revenue			8,339.	19	18,319.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub-				00	
Lial	00	controlled entity or family member of any of the				22	
	23 24	Secured mortgages and notes payable to unre Unsecured notes and loans payable to unrelate			218,400.	24	203,000.
	25	Other liabilities (including federal income tax, p			210,400.	24	203,000.
	23	parties, and other liabilities not included on line					
		of Schedule D	•			25	
	26	Total liabilities. Add lines 17 through 25			299,360.	26	292,443.
		Organizations that follow FASB ASC 958, ch	eck here	X			,
es		and complete lines 27, 28, 32, and 33.					
auc	27	Net assets without donor restrictions			1,989,045.	27	1,908,699.
Bal	28				212,689.	28	64,632.
pu		Organizations that do not follow FASB ASC					
Fu		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current fund	S			29	
set	30	Paid-in or capital surplus, or land, building, or e				30	
As	31	Retained earnings, endowment, accumulated i				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			2,201,734.	32	1,973,331.
	33	Total liabilities and net assets/fund balances	<u></u>		2,501,094.	33	2,265,774. Form <b>990</b> (2020)

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	1,49	<u>1,2</u>	<u>09.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,71	9,6	<u> 12.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	-22		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,20	1,7	34.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,97	3,3	31.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis 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	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2020)

032012 12-23-20

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section

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

Attach to Form 990 or Form 990-EZ.

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

J R COLEMAN FAMILY SERVICES CORP

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number \*\*-\*\*1317

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

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization (described on lines 1-10 above (see instructions))

organization (v) Amount of monetary support (see instructions)

Tyes No

Fotal

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III

its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21

organization(s). You must complete Part IV, Sections A and C.

Schedule A (Form 990 or 990-EZ) 2020

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(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.						
_	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	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 instruction	nns)			12	
	First 5 years. If the Form 990 is for the	•					
	organization, check this box and <b>stop</b>						
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2020 (I			column (f))		14	%
	Public support percentage from 2019					15	%
16a	33 1/3% support test - 2020. If the	organization did no				ore, check this box	k and
	stop here. The organization qualifies						<b>.</b> —
b	33 1/3% support test - 2019. If the	organization did no	t check a box on I				
	and <b>stop here.</b> The organization qual						<b>.</b> —
17a	10% -facts-and-circumstances test	•	• • •				
	and if the organization meets the fact						
	meets the facts-and-circumstances te				· ·		▶ □
b	10% -facts-and-circumstances test	-		*	-		
_	more, and if the organization meets the	-				•	•
	organization meets the facts-and-circle						ightharpoons
18	<b>Private foundation.</b> If the organization						· · · · · · · · · · · · · · · · · · ·
	<u> </u>		,			dule A (Form 990	

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

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

Se	ction A. Public Support	one m, produce comp					_
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business 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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8 Se	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	(-,	(2,==::	(5, = 5 · 5	(-,	(5,-5-5	(-)
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
(	Add lines 10a and 10b						
	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
							<b>&gt;</b>
	ction C. Computation of Publi					1 1	
	Public support percentage for 2020 (li		•			15	<u>%</u>
16	Public support percentage from 2019					16	<u>%</u>
	ction D. Computation of Inves					T T	
	Investment income percentage for 20					17	<u>%</u>
18	Investment income percentage from 2					18	7:
198	33 1/3% support tests - 2020. If the						<b>.</b> □
	more than 33 1/3%, check this box ar						
K	33 1/3% support tests - 2019. If the						. $\square$
20	line 18 is not more than 33 1/3%, che		· ·	•		-	

# Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	_		
	За		
	- Oa		
	2h		
	3b		
	3c		
	_		
	4a		
	4b		
	4c		
	5a		
	- Gu		
	5b		
	5c		
	50		
	_		
	6		
	_		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
_	_		

Pa	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	)-		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
р	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	01		
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	_		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
b		OI-		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			
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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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 Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see
	instructions).			•

Schedule A (Form 990 or 990-EZ) 2020

Pai	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations <sub>(continu</sub>	ıed)	
Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
_7_	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	ıs	(iii) Distributable Amount for 2020
_1_	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
_3_	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
<u>_i</u>	Carryover from 2015 not applied (see instructions)				
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2020 distributable amount				
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
_8_	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
С	Excess from 2018				

Schedule A (Form 990 or 990-EZ) 2020

d Excess from 2019e Excess from 2020

## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **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

2020

Name of the organization

J R COLEMAN FAMILY SERVICES CORP

\*\*-\*\*\*1317

Organiz	ation type (check of	16).
Filers of	f:	Section:
Form 99	0 or 990-EZ	X 501(c)( 3 ) (enter number) organization
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
		527 political organization
Form 99	0-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
Note: O	nly a section 501(c)(	covered by the <b>General Rule</b> or a <b>Special Rule</b> . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
X		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 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 f, 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; line 1. Complete Parts I and II.
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year
but it m	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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

 $\label{eq:local_local_local_local} \text{LHA} \quad \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

# J R COLEMAN FAMILY SERVICES CORP

\*\*-\*\*\*1317

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$56,050.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>10,000.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions  \$ 90,059.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$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
6		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# J R COLEMAN FAMILY SERVICES CORP

\*\*-\*\*\*1317

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$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
8_		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 218,400.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll 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.)

Name of organization Employer identification number

## J R COLEMAN FAMILY SERVICES CORP

\*\*-\*\*\*1317

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. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$	000 000 FZ av 000 PE\(0000\)		

Name of organization **Employer identification number** \*\*-\*\*\*1317 J R COLEMAN FAMILY SERVICES CORP Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

J R COLEMAN FAMILY SERVICES CORP

**Employer identification number** \*\*-\*\*\*1317

Pai			imilar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advise	d 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 w	riting that the assets he	ld in donor advised fu	nds
	are the organization's property, subject to the organization's e	~		
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?		•	Yes No
Pai	t II Conservation Easements. Complete if the organization	anization answered "Yes	s" on Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreati	ion or education)	Preservation of a his	storically important land area
	Protection of natural habitat	,	7	rtified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribu	ution in the form of a c	conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				l l
С	Number of conservation easements on a certified historic structure.			
	Number of conservation easements included in (c) acquired af			
	listed in the National Register	,		2d
3	Number of conservation easements modified, transferred, rele			nization during the tax
	year <b>&gt;</b>		, ,	•
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspect	ion, handling of	
	violations, and enforcement of the conservation easements it I	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
	<b>•</b>			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and en	forcing conservation e	asements during the year
	<b>▶</b> \$			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirement	s of section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's	financial statements t	hat describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of	Art, Historical Trea	asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its reve	enue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education,	or research in further	ance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that des	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue	statement and baland	ce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furtherand	ce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			• \$
	(m)			<b>.</b> .
2	If the organization received or held works of art, historical trea-	sures, or other similar as	ssets for financial gain	, provide
	the following amounts required to be reported under FASB AS	SC 958 relating to these	items:	
а	Revenue included on Form 990, Part VIII, line 1			• \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2020

032051 12-01-20

	dule D (Form 990) 2020	Collections of Ar				r Other	Similar	Assets	* 131 <i>1</i>	
	Using the organization's acquisition, accessi								(continu	uea)
3		on, and other records	s, check	any or the	iollowing tha	Lillake Si	griilicarit u	ise oi its		
	collection items (check all that apply):		. —							
a	Public exhibition	d			hange progra					
b	Scholarly research	е	• (	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co							se in Part	XIII.	
5	During the year, did the organization solicit o								7 v	
Pai	to be sold to raise funds rather than to be material <b>Escrow and Custodial Arran</b>								_ Yes	No
ı uı	reported an amount on Form 990, Pa		ete ii tile	organizatio	ni answered	res on	FOIIII 990	, rail iv,	iiile 9, oi	
12	Is the organization an agent, trustee, custodi		iany for c	contribution	e or other as	eate not i	ncluded			
ıa	on Form 990, Part X?								Yes	□ No
h	If "Yes," explain the arrangement in Part XIII								_ 103	
	ii res, explain the arrangement ii r art xiii	and complete the for	nowing to	abic.					Amount	
c	Beginning balance						1c		711104111	
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on F								Yes	No
	If "Yes," explain the arrangement in Part XIII.						•			
Pai										
	<u>'</u>	(a) Current year		rior year	(c) Two yea		(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance	,					.,			
	Contributions									
С	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		e (line 1a	ı. column (a	)) held as:	<u> </u>				
а	Board designated or quasi-endowment	•	%	,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
b	Permanent endowment		_							
		<del></del> %								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiza	ation that	t are held ar	nd administe	red for th	e organiza	tion	_	
	by:									Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	ed on So	chedule R?					3b	
4	Describe in Part XIII the intended uses of the		wment fu	unds.						
Pai	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answere	d "Yes" on Form 990	), Part IV	, line 11a. S	See Form 990	, Part X,	line 10.			
	Description of property	(a) Cost or o basis (investr		` '	t or other (other)		ccumulate oreciation	d	(d) Book	value
1a	Land			16	6,469.				166	,469
	Buildings				1,476.	1,6	519,98	35.	1,351	
	Leasehold improvements			-			-			
	Equipment			72	4,613.	(	545,00	)5.	79	,608
	Other				5,940.		12,01			,929
Tota	I. Add lines 1a through 1e. (Column (d) must e		X colum	n (B) line 1	0c.)			<b>•</b>	1,611	

Schedule D (Form 990) 2020

Schedule F	) (Form 990) 2020 J R COLEMAN	FAMILY SERVI	CES CORP	**-***1317 Page
	Investments - Other Securities.	TIMITAL BARVE	old coll	±0±7 Tage
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Descrip	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	r end-of-year market value
(1) Financi	al derivatives			
(2) Closely	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12.)			
	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 of	r end-of-year market value
(1)				·
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX				
1 0.11 1.11	Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part V line 15	
		Description	Tru. See Form 990, Fart X, line 13.	(b) Book value
(4)	(4)	Bookiption		(a) Book value
<u>(1)</u> (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part X	umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	,		
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	
<u>1.                                    </u>	(a) Description of liability			(b) Book value
(1) Fed	deral income taxes			
(2)				
(3)				

(4) (5) (6) (7)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

(8)

Pa	rt XI	Reconciliation of Revenue per Audited Financial Stateme	ents With R	evenue per Re	turn.	<u> </u>
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total r	revenue, gains, and other support per audited financial statements			1	1,493,663.
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net ur	nrealized gains (losses) on investments	2a			
b	Donat	ed services and use of facilities	2b			
С	Recov	veries of prior year grants	2c			
d	Other	(Describe in Part XIII.)	2d	2,454.		
е	Add lii	nes <b>2a</b> through <b>2d</b>			2e	2,454.
3	Subtra	act line <b>2e</b> from line <b>1</b>			3	1,491,209.
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			
С	Add lii	nes <b>4a</b> and <b>4b</b>			4c	0.
5		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,491,209.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Staten		Expenses per F	Returr	1.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12				
1		expenses and losses per audited financial statements			1	1,722,066.
2		nts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а		ed services and use of facilities				
b	Prior y	year adjustments	2b			
С	Other	losses				
d		(Describe in Part XIII.)	2d	2,454.		2 4-4
е		nes <b>2a</b> through <b>2d</b>			2e	2,454.
3	Subtra	ant line On frame line 4			3	1,719,612.
4		act line <b>2e</b> from line <b>1</b>			3	, , ,
	Amou	nts included on Form 990, Part IX, line 25, but not on line 1:			3	, -, -
а	Amou		4a		3	, -, -
a b	Amou Invest	nts included on Form 990, Part IX, line 25, but not on line 1:	4a		3	
b	Amou Invest Other	nts included on Form 990, Part IX, line 25, but not on line 1: ment expenses not included on Form 990, Part VIII, line 7b	4a 4b		4c	0.
b c 5	Amou Invest Other Add lii Total	nts included on Form 990, Part IX, line 25, but not on line 1: ment expenses not included on Form 990, Part VIII, line 7b (Describe in Part XIII.)	4a 4b			

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. FOR THE YEARS ENDED JUNE 30, 2021 AND 2020, 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 ARE MATERIAL TO THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2020 J R COLEMAN FAMILY SERVICES CORE	P **-**1317 Page 5
Schedule D (Form 990) 2020 J R COLEMAN FAMILY SERVICES CORE  Part XIII   Supplemental Information (continued)	
EXPENSES RELATED TO FUNDRAISING	2,454.
DADM VII IINE OD OMBED ADTHOMENMO.	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
EXPENSES RELATED TO FUNDRAISING	2,454.
THE DESCRIPTION OF THE PROPERTY OF THE PROPERT	2,131.
	_

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Schools**

► 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.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

J R COLEMAN FAMILY SERVICES CORP

Employer identification number \*\*-\*\*1317

rt I		
		YES
Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,		
bylaws, other governing instrument, or in a resolution of its governing body?	1	Х
Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,		
catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	х
Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet		
homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the		
homepage, or 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		x
community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3	
THE POLICY IS PUBLICIZED IN ALL BROCHURES, PRINTED ON ALL	-	
REGISTRATION MATERIALS AND POSTED IN THE GENERAL REGISTRATION	_	
AREA.	_	
	_	
	_	
Does the organization maintain the following?		
Records indicating the racial composition of the student body, faculty, and administrative staff?	. 4a	X
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 admissions, programs, and scholarships?	4c	Х
Copies of all material used by the organization or on its behalf to solicit contributions?		X
71 0 7		X
Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain. If you need more space, use Part II.		Х
Copies of all material used by the organization or on its behalf to solicit contributions?		X
Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain. If you need more space, use Part II.	. 4d	X
Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to:  Students' rights or privileges?		X
Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to:  Students' rights or privileges?  Admissions policies?	. 4d 5a 5b	X
Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to:  Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?	5a 5b 5c	X
Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to:  Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?	5a 5b 5c 5d	X
Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to:  Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?	5a 5b 5c 5d 5e	X
Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to:  Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of facilities?	5a 5b 5c 5d 5e 5f	X
Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5a 5b 5c 5d 5e 5f	X
Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies?  Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5a 5b 5c 5d 5e 5f	X
Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5a 5b 5c 5d 5e 5f	X
Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies?  Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5a 5b 5c 5d 5e 5f	X
Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies?  Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5a 5b 5c 5d 5e 5f 5g 5h	X
Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5a 5b 5c 5d 5e 5f 5g 5h	
Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.  Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	5a 5b 5c 5d 5e 5f 5g 5h	
Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5a 5b 5c 5d 5e 5f 5g 5h	

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

Schedule E (Form 990 or 990-EZ) 2020

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2020 Open to Public Inspection

OMB No. 1545-0047

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

Name of the organization

J R COLEMAN FAMILY SERVICES CORP

Employer identification number \*\*-\*\*1317

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.

THE COVID-19 PANDEMIC FORCED THE CENTER TO CLOSE IN MARCH OF 2020 AND RE-OPENED JUNE 1 TO SUPPORT AND ENCOURAGE FAMILIES' EFFORTS TO GO BACK TO WORK AND/OR CONTINUE THEIR EDUCATION. THE CENTER WAS OPEN WEEKDAYS FROM 7:30 A.M. TO 5:00 P.M. WITH LIMITED RATIOS, ADHERING TO SAFETY GUIDELINES.

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

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization

**Employer identification number** 

J R COLEMAN FAMILY SERVICES CORP \*\*-\*\*\*1317

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 BENCHMARKS AND BEST

PRACTICES FOR EARLY EDUCATION AND CARE.

PROMOTING SUCCESSFUL GROWTH AND DEVELOPMENT OF CHILDREN HAS BEEN A

STATED GOAL OF JRC FOR MANY YEARS. JRC TEACHERS EMPLOY CURRICULUM THAT

ALIGNS WITH OHIO DEPARTMENT OF EDUCATION EARLY LEARNING CONTENT

STANDARDS. OUR INITIAL OUTCOME IS THAT CHILDREN WILL ENGAGE IN

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 FY2021, 127 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. SUMMER TIME CARE CONTINUED FOR 30 SCHOOL AGE CHILDREN WHEN THE

CENTER RE-OPENED ON JUNE 1, 2020, ADHERING TO THE STRICT RATIOS

GUIDELINES. HOWEVER, IN THE FALL OF 2020 WHEN SCHOOL BEGAN, DUE TO THE

COVID-19 PANDEMIC AND THE CENTER'S LIMITED BUSINESS HOURS, THE SCHOOL

AGE PROGRAM WAS TEMPORARILY STOPPED THROUGH THE REMINDER OF THE FISCAL

YEAR.

Schedule O (Form 990 or 990-EZ) 2020

**Employer identification number** Name of the organization \*\*-\*\*\*1317 J R COLEMAN FAMILY SERVICES CORP JRC LEARNING CENTER IMPLEMENTS HEALTHY HABITS FOR A LIFETIME TO CARE FOR THE WHOLE CHILD. ONE OF THE GOALS OF THE PROGRAM IS TO ADDRESS CHILDHOOD OBESITY WHICH IS MORE PREVALENT IN LOWER INCOME COMMUNITIES. THE PROGRAM LESSENS THE AMOUNT OF PROCESSED FOODS FROM THE MONTHLY MENU. CHILDREN ARE SERVED FAMILY STYLE AND LEARN THE DIFFERENCE BETWEEN "SOMETIME" FOODS AND "ANYTIME" FOODS. THE PROGRAM ALSO INCLUDES 60 MINUTES OF FITNESS ACTIVITIES PER DAY AS PART OF THE CURRICULUM. TRAINING 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-ENDED PLAY OPTIONS ALLOWING CHILDREN TO BE CREATIVE AND USE THEIR IMAGINATION. IN ADDITION, THE CHILDREN ARE INTRODUCED TO FINANCIAL LITERACY, INTERGENERATIONAL PROGRAMMING AND ART ACTIVITIES AND EXPERIENCES. JRC LEARNING CENTER IS A UNITED WAY AGENCY AND A BBB ACCREDITED CHARITY. 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 CEO 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 YEAR OF SERVICE. THE PRESIDENT OF THE BOARD OF DIRECTORS CONDUCTS

J R COLEMAN FAMILY SERVICES CORP	**-***1317
INDIVIDUAL BOARD MEMBER INTERVIEWS WHICH INCLUDE REVIEWING	POTENTIAL
CONFLICT OF INTEREST ISSUES TO ENSURE THAT COMPLIANCE IS E	NFORCED.
FORM 990, PART VI, SECTION B, LINE 15A:	
THE BOARD OF DIRECTORS COMPLETES AN ANNUAL PERFORMANCE REV	IEW OF THE CEO
AND DETERMINES COMPENSATION ACCORDINGLY. AS PART OF THE PR	OCESS, THE BOARD
OF DIRECTORS REVIEWS THE NON-PROFIT TIMES SALARY SURVEY, U	NITED WAY
REGIONAL COMPENSATION STRUCTURE, AND COMPARES SIMILAR AND	LIKE
ORGANIZATIONS' 990 FOR CEO 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.

#### **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships

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

J R COLEMAN FAMILY SERVICES CORP

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule R (Form 990) 2020

\*\*-\*\*\*1317

(a)	(b)	(c)	(d)	(e)	)	(f)			
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	me End-of-yea	ır assets			g	
Part II Identification of Related Tax-Exempt Organizations during the tax year.	zations. Complete if the organizat	ion answered "Yes" on Form 990	), Part IV, line 34, I	pecause it had one	or more	related tax-exer	npt		
(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 501(c)(3))	ion entity		ent	rolled tity?	
J R COLEMAN SENIOR OUTREACH - 34-1204932				33.(0)(0)/			Yes	No	
3300 PARKWAY ST NW CANTON, OH 44708	SENIOR CARE	OHIO	501(C)(3)	LINE 10	N/A			x	
Jan 11700			301(0)(3)					21	

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

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.

		,	ı	•			_										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)						
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Predominant income	Predominant income	Predominant income	Predominant income	Predominant income	Predominant income	t income Share of total	Share of	1	ortionate	Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets		itions?	amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership						
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0						
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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.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country						Yes	No

1a

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

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

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?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				1b		<u> </u>		
С	Gift, grant, or capital contribution from related organization(s)				1c	Х			
						Х			
е	Loans or loan guarantees by related organization(s)				1e		_X_		
f	Dividends from related organization(s)				1f		_X		
g	Sale of assets to related organization(s)				1g		_X		
	Purchase of assets from related organization(s)						_X		
i	Exchange of assets with related organization(s)				1i		X		
j	Lease of facilities, equipment, or other assets to related organization(s)				. <u>1j</u>		_X_		
k	Lease of facilities, equipment, or other assets from related organization(s)				. 1k		<u>X</u>		
I Performance of services or membership or fundraising solicitations for related organization(s)									
	Performance of services or membership or fundraising solicitations by related organ					Х			
	Sharing of facilities, equipment, mailing lists, or other assets with related organization					X			
0	Sharing of paid employees with related organization(s)				1o	X			
	Reimbursement paid to related organization(s) for expenses					X			
q	Reimbursement paid by related organization(s) for expenses				1q		_X_		
							<u>X</u>		
	Other transfer of cash or property from related organization(s)				. 1s		<u>X</u>		
2	If the answer to any of the above is "Yes," see the instructions for information on w	<u>ho must complete th</u> T	is line, including covered rela	tionships and transaction thresholds.					
	(a) Name of related organization	_ (b)	(c)	(d)					
	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount	nvolved				
		type (a s)							
(1)									
<b>'</b> 0\									
(2)									
(2)									
(3)									
(4)									
(4)									
(5)									
( <i>U</i> )									
(6)									
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Schedule R (Form 990) 2020

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	Genera manag partn Yes	(k) Al or Percentage ging ownership
									000) 0000

Schedule R (Form 990) 2020

#### Form **8868**

(Rev. January 2020)

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

OMB No. 1545-0047

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 <a href="https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits">www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.</a>

#### 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.

must u	se Form 7004 to request an extension of time to file incom-	e tax retur	ns.					
Type o	Name of exempt organization or other filer, see instru-	ctions.		Taxpayer identification number (TI				
print	J R COLEMAN FAMILY SERVICES	CORP		**-***1317				
File by the due date filing your return. Se	for Number, street, and room or suite no. If a P.O. box, so	ee instruct	ions.					
instructio	ns. City, town or post office, state, and ZIP code. For a for CANTON, OH 44708							
Enter tl	ne Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1 1		
Applica	ation	Return	Application			Return		
Is For		Code	Is For			Code		
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 9	90-BL	02	Form 1041-A			08		
Form 4	720 (individual)	03	Form 4720 (other than individual)			09		
Form 9	90-PF	04	Form 5227			10		
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 9	90-T (trust other than above)  JULIE ABIECUNAS	06	Form 8870			12		
Tele  If th	books are in the care of $\blacktriangleright$ 3300 PARKWAY ST phone No. $\blacktriangleright$ 330-454-3471  e organization does not have an office or place of business is for a Group Return, enter the organization's four digit ( $ \blacksquare $ ). If it is for part of the group, check this box $ \blacktriangleright $	s in the Uni	Fax No. ▶ited States, check this box	If this is fo	r the whole gr			
t D	request an automatic 6-month extension of time until	anization's	return for: d ending JUN 30, 2021	e the exem	npt organizatio	n return for		
	this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, 6	enter the tentative tax, less			0		
_	ny nonrefundable credits. See instructions.			3a	\$	0.		
	this application is for Forms 990-PF, 990-T, 4720, or 6069 estimated tax payments made. Include any prior year overp	•		3b	<b>\$</b>	0.		
_	Balance due. Subtract line 3b from line 3a. Include your pa			100	7	•		
	sing EFTPS (Electronic Federal Tax Payment System). See			Зс	\$	0.		
Cautio	n: If you are going to make an electronic funds withdrawal	(direct del	oit) with this Form 8868, see Form 8	453-EO an	d Form 8879-E	EO for payment		

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

instructions.