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Form **990**

**Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

**A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009**

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

**Please use IRS label or print or type. See Specific Instructions.**

**C** Name of organization  
GULF COAST JEWISH FAMILY SERVICES INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite  
14041 ICOT BLVD

City or town, state or country, and ZIP + 4  
CLEARWATER, FL 33760

**D** Employer identification number  
59-1229354

**E** Telephone number  
(727) 479-1800

**G** Gross receipts \$ 31,704,316

**F** Name and address of Principal Officer  
DAVID ABELSON  
14041 ICOT BLVD  
CLEARWATER, FL 33760

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** Are all affiliates included?  Yes  No  
(If "No," attach a list See instructions )

**H(c)** Group Exemption Number ▶

**I** Tax-exempt status  501(c) ( 3 ) ◀ (insert no )  4947(a)(1) or  527

**J** Web site: ▶ WWW GCJFS ORG

**K** Type of organization  Corporation  trust  association  other ▶

**L** Year of Formation 1974 **M** State of legal domicile FL

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities TO PROVIDE ADULTS, CHILDREN, FAMILIES AND ELDERS OF THE JEWISH AND GENERAL COMMUNITY WITH QUALITY, COST-EFFECTIVE, COMMUNITY-BASED SERVICES TO ENHANCE THEIR INDEPENDENCE, ECONOMIC SELF-SUFFICIENCY, AND EMOTIONAL AND PHYSICAL WELL BEING		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	31
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	31
	<b>5</b> Total number of employees (Part V, line 2a) . . . . .	<b>5</b>	904
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	475
	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C) . . . . .	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	0	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	29,813,967	29,118,474
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	2,803,703	2,296,343
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	64,553	-28,088
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	93,882	143,340
		32,776,105	31,530,069
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,291,732	1,239,246
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	20,431,693	22,353,616
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
	<b>b</b> (Total fundraising expenses, Part IX, column (D), line 25 <u>94,963</u> )		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	10,241,689	9,018,336
	<b>18</b> Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	31,965,114	32,611,198
<b>19</b> Revenue less expenses Subtract line 18 from line 12	810,991	-1,081,129	
<b>Net Assets or Fund Balances</b>		<b>Beginning of Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16)	17,525,796	16,034,702
	<b>21</b> Total liabilities (Part X, line 26)	4,136,080	4,071,475
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	13,389,716	11,963,227

**Part II Signature Block**

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

Signature of officer: \*\*\*\*\* Date: 2010-05-16

CARLA WASHINKO CFO  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4: LEWIS BIRCH & RICARDO LLC  
1401 COURT STREET  
CLEARWATER, FL 33756

Preparer's PTIN (See Gen Inst )  
EIN ▶  
Phone no ▶ (727) 446-3058

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

**Part III Statement of Program Service Accomplishments** (See the instructions.)

**1** Briefly describe the organization's mission  
 TO PROVIDE ADULTS, CHILDREN, FAMILIES AND ELDERS OF THE JEWISH AND GENERAL COMMUNITY WITH QUALITY, COST-EFFECTIVE, COMMUNITY-BASED SERVICES TO ENHANCE THEIR INDEPENDENCE, ECONOMIC SELF-SUFFICIENCY, AND EMOTIONAL AND PHYSICAL WELL BEING

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
 If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting or make significant changes in how it conducts any program services?  Yes  No  
 If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses  
 Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 7,211,127 including grants of \$ 1,239,246 ) (Revenue \$ 880,525 )  
 COMMUNITY MENTAL HEALTH SERVICESGeriatric Residential Treatment System was one of the first pilot projects in the State of Florida to focus on the deinstitutionalization of seniors 55 years of age and older with serious and persistent mental illness The Darlington and Chatlin Homes, located in New Port Richey, are two 16-bed intensive residential programs with medical and psychiatric services, medications, life skills training, case management and a range of other supports, which serves older adults and seniors referred from state and local mental hospitals, and the community 66th Street Group Home is a 14-bed residential treatment program for adults age 18-45 who are chronically mentally ill and also may have concurrent substance abuse issues Services include medical and psychiatric services, day treatment, life skills training, substance abuse counseling, case management, and other supports Extended Geriatric Residential Treatment Program (E-GRTS) is a 16-bed intensive residential program for seriously mentally ill elders in Broward County that opened in April 2003 The program provides psychiatric services, psychosocial rehabilitation, life skills training and other supports Alternative Family Program is based upon the therapeutic foster home concept trained volunteer sponsors open their homes to up to three adults or seniors with mental illness and welcome them into their families The sponsors provide client supervision, care and support in exchange for a monthly stipend This program has 180 beds in 93 homes in 10 counties Day Treatment is a community-based program which teaches and strengthens the skills needed for independent living Adults and seniors with mental illness attend the program to learn such things as medication management, how to access community resources, meal preparation, banking and budgeting, recreational activities, and others Services are provided in Hillsborough and Broward Counties The Hope Club is a club house program that supports recovery for adults and elders with mental illness through a combination of consumer-directed activities and part-time employment Services are offered in Hillsborough County Jail Diversion for Mentally Ill Offenders provides assessment and community placements for 500 mentally ill non-violent offenders in the Pinellas County Jail Mental Health Overlay serves nursing home and assisted living (ALF) residents who have secondary psychiatric diagnoses Training for nursing home and ALF staff, and planning and treatment services for residents make it possible for nursing homes to admit patients with mental illness Special services target mental health consumers living in assisted living facilities who are served in the local mental health system This program currently provides services to 16 facilities Geriatric Crisis Response Team and Older Adults Crisis Support Team provide specialized intervention for elders at risk of suicide Conducted in close coordination with state Adult Protective Services, this holistic program provides in-home assessment, crisis intervention counseling, psychiatric evaluation, follow-up and case management with the overall goal of reducing suicide risk Services are provided in Pasco, Pinellas and Broward Counties Case Management services are provided to individuals in order to coordinate and access needed services, such as home health care, respite care, home delivered meals, and others Case managers determine the needs of the client through an assessment process, then assist clients to receive needed services and monitor service provision to ensure that client needs are being met Elder Substance Abuse Intervention program provides short-term intervention for elders with alcohol and other drug problems in Pinellas County Elder Ed program provides substance abuse community education focusing on the prevention of medication mismanagement and alcohol abuse among the elderly Program serves more than 6,000 seniors annually in Pinellas and Pasco Counties

**4b** (Code ) (Expenses \$ 11,654,019 including grants of \$ 0 ) (Revenue \$ 132,305 )  
 CHILDREN AND FAMILY SERVICESProtective Services Supervision provides in-home protective supervision for an active caseload of 1,800 children Pinellas County and 800 children in Polk County referred by state protective service investigators Services also include out-of-home and foster care supervision, and adoption services This project is part of the statewide privatization of state protective services Therapeutic Behavioral On-Site Services offers psychiatric, individual and family therapies to children with complex mental health needs and their families in order to reduce the need for an out-of-home placement to a more intensive and restrictive environment Adults Mentoring Children matches at-risk children from Pinellas County with trained adult and senior volunteers, providing supportive relationships that expose the children to positive role models, helping develop self-esteem, and providing a sense of stability in their uncertain lives Violence Prevention Program is a Pinellas County middle school-based program that works with students, staff, parents and the community to reduce violence, drug use and promote family preservation Positive and pro-social decision making is the program's core value Family Builders is a short-term, high-intensity parenting and home care skill teaching program provided to parents who are at risk of their children being removed from the home because of neglect or abuse Special Friends is a component that provides volunteer mentors for children and their parents to provide friendship and support Program serves Polk, Highlands and Hardee Counties Woman-to-Woman Program is leadership program for 30 teenage mothers and pregnant girls from Hillsborough County who are at high risk for academic failure and early sexual activity The program provides one-on-one mentoring from community volunteers, weekend retreats, workshops, parent seminars, and linkage with educational and vocational services

**4c** (Code ) (Expenses \$ 3,125,761 including grants of \$ 0 ) (Revenue \$ 34,239 )  
 REFUGEE PROGRAMS Florida Center for Survivors of Torture is a regional treatment center for refugees and others who are survivors of torture and extreme trauma Gulf Coast Jewish Family Services is the lead agency in a collaboration with three area resettlement agencies and the University of South Florida's Medical School and School of Public Health The Florida Center provides comprehensive health, psychiatric, psychological, social services and legal assistance for torture survivors living in the Pinellas, Pasco, Hillsborough and Miami-Dade Counties This program is funded by the U S Office of Refugee Resettlement and the United Nations Voluntary Fund for Victims of Torture Refugee Family Violence Intervention Program provides culturally-sensitive treatment for refugee and immigrant victims of domestic violence in the Tampa Bay area This program works in concert with local and regional domestic violence shelters, resettlement agency staff, justice system personnel, immigration and family lawyers, health care professionals, educators, social service providers, faith-based community, and other similar groups

(Code ) (Expenses \$ 7,044,451 including grants of \$ ) (Revenue \$ 1,390,115 )

**4d** Other program services (Describe in Schedule O )  
 (Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses \$ 29,035,358 Must equal Part IX, Line 25, column (B).

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?	Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
<b>4</b> Section 501(c)(3) organizations Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II.</i>	Yes	
<b>5</b> Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III.</i>		
<b>6</b> Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		No
<b>9</b> Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		No
<b>10</b> Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	Yes	
<b>11</b> Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i>	Yes	
<b>12</b> Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	Yes	
<b>13</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the U.S.?		No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I.</i>		No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II.</i>		No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III.</i>		No
<b>17</b> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I.</i>		No
<b>18</b> Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		No
<b>19</b> Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
<b>20</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
<b>21</b> Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	Yes	
<b>22</b> Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		No
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J.</i>	Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25.</i>		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		No
<b>b</b> Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I.</i>		No
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>	Yes	
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		No

**Part IV Checklist of Required Schedules** *(Continued)*

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
<b>a</b>	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . 		No
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . 		No
<b>c</b>	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . 		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> 	Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . . 		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . . 		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . . 		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . . 	Yes	
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . 		No
<b>36</b>	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . 		No
<b>37</b>	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . . 		No

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .		
	<b>1a</b> 117		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .		
	<b>2a</b> 904		
<b>b</b>	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . . . <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .		No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		No
<b>b</b>	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		No
<b>c</b>	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ? . . . . .		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible? . . . . .		No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<i>Organizations that may receive deductible contributions under section 170(c).</i>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more? . . . . .		No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		No
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		No
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .		No
<b>8</b>	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<i>Section 501(c)(7) organizations.</i> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .		
<b>11</b>	<i>Section 501(c)(12) organizations.</i> Enter		
<b>a</b>	Gross income from members or shareholders . . . . .		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .		
	<b>11a</b>		
	<b>11b</b>		
<b>12a</b>	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041? . . . . .		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .		
	<b>12b</b>		

**Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**

**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body . . . . .		
<b>1b</b>	Enter the number of voting members that are independent . . . . .		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	Yes	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .		No
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .		No
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .		No
<b>6</b>	Does the organization have members or stockholders? . . . . .		No
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .		No
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>8a</b>	the governing body? . . . . .	Yes	
<b>8b</b>	each committee with authority to act on behalf of the governing body? . . . . .	Yes	
<b>9a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .		No
<b>9b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .		
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .	Yes	
<b>11</b>	Is there any officer, director or 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 in Schedule O . . . . .		No

**Section B. Policies**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No", go to line 13 . . . . .	Yes	
<b>12b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	Yes	
<b>12c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	Yes	
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .		No
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .	Yes	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
<b>15a</b>	The organization's CEO, Executive Director, or top management official? . . . . .	Yes	
<b>15b</b>	Other officers or key employees of the organization? . . . . . Describe the process in Schedule O	Yes	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		No
<b>16b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17** List the States with which a copy of this Form 990 is required to be filed FL
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 own website  another's website  upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization  
 CARLA WASHINKO CFO  
 14041 ICOT BLVD  
 CLEARWATER, FL 33760  
 (727) 479-1861





**Part VIII Statement of Revenue**

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b> 222,689					
	<b>b</b>	Membership dues . . . . . <b>1b</b>					
	<b>c</b>	Fundraising events . . . . . <b>1c</b>					
	<b>d</b>	Related organizations . . . . . <b>1d</b>					
	<b>e</b>	Government grants (contributions) <b>1e</b> 15,102,645					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b> 13,793,140					
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ 102,034					
	<b>h</b>	<b>Total (Add lines 1a-1f)</b> . . . . . 29,118,474					
<b>Program Service Revenue</b>	<b>2a</b>	MEDICARE & MEDICAID PA Business Code 624,100	1,644,997	1,644,997			
	<b>b</b>	INDIVIDUAL & FAMILY SE Business Code 624,100	651,346	651,346			
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total. Add lines 2a-2f</b> . . . . . \$ 2,296,343					
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest other similar amounts) . . . . .	32,991			32,991	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b>	Royalties . . . . .					
	<b>6a</b>	Gross Rents	(i) Real 2,500				
			(ii) Personal				
			Less rental expenses				
			Rental income or (loss) 2,500				
	<b>d</b>	Net rental income or (loss) . . . . .	2,500			2,500	
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities 113,168				
			(ii) Other				
			Less cost or other basis and sales expenses 152,284				
			Gain or (loss) -39,116				
	<b>d</b>	Net gain or (loss) . . . . .	-61,079			-61,079	
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 . . . . . <b>a</b>					
Less direct expenses . . . . . <b>b</b>							
Net income or (loss) from fundraising events . . . . .							
<b>9a</b>	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 . . . . . <b>a</b>						
		Less direct expenses . . . . . <b>b</b>					
		Net income or (loss) from gaming activities . . . . .					
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
		Less cost of goods sold . . . . . <b>b</b>					
		Net income or (loss) from sales of inventory . . . . .					
	Miscellaneous Revenue	Business Code					
<b>11a</b>	MANAGEMENT FEES	541,610	63,459	63,459			
<b>b</b>	REIMBURSED EXPENSES	624,100	56,945	56,945			
<b>c</b>	MISCELLANEOUS	624,100	20,436	20,436			
<b>d</b>	All other revenue _____						
<b>e</b>	<b>Total. Add lines 11a-11d</b> . . . . . \$ 140,840						
<b>12</b>	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .		31,530,069	2,437,183	0	-25,588	

**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) but are not required to complete columns (B), (C), and (D).**

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
<b>2</b>	Grants and other assistance to individuals in the U S See Part IV, line 22	1,239,246	1,239,246		
<b>3</b>	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
<b>4</b>	Benefits paid to or for members				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	487,780		487,780	
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages	18,739,541	17,252,159		40,343
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	23,089	21,027	2,010	52
<b>9</b>	Other employee benefits . . . . .	1,600,927	1,457,984	139,363	3,580
<b>10</b>	Payroll taxes . . . . .	1,502,279	1,334,939	164,378	2,962
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .	8,666		8,666	
<b>c</b>	Accounting . . . . .	125,545		125,545	
<b>d</b>	Lobbying . . . . .	15,000		15,000	
<b>e</b>	Professional fundraising See Part IV, line 17 . . . . .				
<b>f</b>	Investment management fees . . . . .	21,807		21,807	
<b>g</b>	Other . . . . .	1,126,690	865,715	244,681	16,294
<b>12</b>	Advertising and promotion . . . . .	85,515	75,546	9,547	422
<b>13</b>	Office expenses . . . . .	2,753,987	2,363,470	377,776	12,741
<b>14</b>	Information technology . . . . .				
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	1,722,471	1,604,612	111,163	6,696
<b>17</b>	Travel . . . . .	1,189,132	1,081,619	105,760	1,753
<b>18</b>	Payments of travel or entertainment expenses for any Federal, state or local public officials . . . . .				
<b>19</b>	Conferences, conventions and meetings . . . . .	11,568	10,713	840	15
<b>20</b>	Interest . . . . .	14,024	13,543	481	
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	436,687	322,577	113,469	641
<b>23</b>	Insurance . . . . .	363,977	326,435	36,954	588
<b>24</b>	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
<b>a</b>	SUBCONTRACTORS	742,811	742,811		
<b>b</b>	FOOD	214,330	204,489	9,374	467
<b>c</b>	MEDICAL & PHARMACY	102,750	102,750		
<b>f</b>	All other expenses	83,376	15,723	59,244	8,409
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	32,611,198	29,035,358	3,480,877	94,963
<b>26</b>	<b>Joint Costs.</b> Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	18,503	<b>1</b>	16,901
	<b>2</b> Savings and temporary cash investments . . . . .	511,003	<b>2</b>	1,024,689
	<b>3</b> Pledges and grants receivable, net . . . . .	5,899,546	<b>3</b>	4,334,697
	<b>4</b> Accounts receivable, net . . . . .	785,710	<b>4</b>	277,143
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i> . . . . .		<b>5</b>	124,624
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i> . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	206,190	<b>9</b>	166,976
	<b>10a</b> Land, buildings, and equipment cost basis	<b>10a</b> 10,842,577		
	<b>b</b> Less accumulated depreciation <i>Complete Part VI of Schedule D</i> . . . . .	<b>10b</b> 2,914,476	7,774,632	<b>10c</b> 7,928,101
	<b>11</b> Investments—publicly traded securities . . . . .	828,349	<b>11</b>	697,390
	<b>12</b> Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i> . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i> . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i> . . . . .	1,501,863	<b>15</b>	1,464,181
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	17,525,796	<b>16</b>	16,034,702	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	1,676,972	<b>17</b>	1,770,940
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	19,683	<b>19</b>	25,142
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow account liability <i>Complete Part IV of Schedule D</i> . . . . .		<b>21</b>	
	<b>22</b> Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i> . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	2,389,425	<b>23</b>	2,225,393
	<b>24</b> Unsecured notes and loans payable . . . . .		<b>24</b>	
	<b>25</b> Other liabilities <i>Complete Part X of Schedule D</i> . . . . .	50,000	<b>25</b>	50,000
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	4,136,080	<b>26</b>	4,071,475
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	10,450,811	<b>27</b>	9,718,170
	<b>28</b> Temporarily restricted net assets . . . . .	1,867,028	<b>28</b>	1,173,180
	<b>29</b> Permanently restricted net assets . . . . .	1,071,877	<b>29</b>	1,071,877
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	13,389,716	<b>33</b>	11,963,227	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	17,525,796	<b>34</b>	16,034,702	

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	Yes	
<b>c</b>	If "Yes" to lines 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? . . . . .	Yes	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	Yes	
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? . . . . .	Yes	

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2008**

Department of the Treasury  
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.  
Attach to Form 990 or Form 990-EZ. See separate instructions.

**Open to Public Inspection**

**Name of the organization**  
GULF COAST JEWISH FAMILY SERVICES INC

**Employer identification number**  
59-1229354

**Part I Reason for Public Charity Status** (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization )

- 1  A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i)**.
- 2  A school described in **Section 170(b)(1)(A)(ii)**. (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii)**. (Attach Schedule H )
- 4  A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II )
- 8  A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An 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 )
- 10  An organization organized and operated exclusively to test for public safety See **Section 509(a)(4)**. (See instructions )
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h  
  - a  Type I
  - b  Type II
  - c  Type III - Functionally Integrated
  - d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in IRC 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.)

**Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	20,324,718	21,731,841	24,789,002	29,813,967	29,118,474	125,778,002
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add line 1-3	20,324,718	21,731,841	24,789,002	29,813,967	29,118,474	125,778,002
<b>5</b> The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
<b>6 Public Support</b> subtract line 5 from line 4						125,778,002

**Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4	20,324,718	72,189	24,789,002	29,813,967	29,118,474	125,778,002
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	51,981	72,189	87,119	49,455	35,491	296,235
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )	105,336	175,018	143,206	93,882	140,840	658,282
<b>11 Total Support</b> (Add lines 7 through 10)						126,732,519
<b>12</b> Gross receipts from related activities, etc (See instructions )					<b>12</b>	14,354,892
<b>13 First Five Years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Computation of Public Support Percentage**

<b>14</b> Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	<b>99.250 %</b>
<b>15</b> Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	<b>99.090 %</b>

- 16a 33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization
- b 10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization
- 18 Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total</b> Add lines 1-5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Total of lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6)						

**Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total Support</b> (Add lines 9, 10c, 11 and 12)						
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	
<b>16</b> Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	

**Computation of Investment Income Percentage**

<b>17</b> Investment Income Percentage for <b>2008</b> (line 10c column (f) divided by line 13 column (f))	<b>17</b>	
<b>18</b> Investment Income Percentage from <b>2007</b> Schedule A, Part IV-A, line 27h	<b>18</b>	

- 19a 33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

**Part IV** **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

<b>Facts and Circumstances Test</b>

**Additional Data**

**Software ID:**

**Software Version:**

**EIN:** 59-1229354

**Name:** GULF COAST JEWISH FAMILY SERVICES INC

**Form 990, Part VII - Section Aaa**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID ABELSON , CHAIRMAN	2 00	X					0	0	0	
BARBARA STERENSIS , VICE CHAIRMAN	2 00	X					0	0	0	
RABBI GARY KLEIN , VICE CHAIRMAN	2 00	X					0	0	0	
JAY MILLER , TREASURER	2 00	X					0	0	0	
LEAH BERGOFFEN , SECRETARY	2 00	X					0	0	0	
DAVID A BERNSTEIN , DIRECTOR	2 00	X					0	0	0	
PENNY BARNA , DIRECTOR	2 00	X					0	0	0	
GERTRUDE DEBOWSKY , DIRECTOR	2 00	X					0	0	0	
ROBERT ENTEL , DIRECTOR	2 00	X					0	0	0	
SYD ENTEL , DIRECTOR	2 00	X					0	0	0	
FLORENCE FAYER , DIRECTOR	2 00	X					0	0	0	
RENE ROBINSON FLOWERS , DIRECTOR	2 00	X					0	0	0	
TODD FOSTER ESQ , DIRECTOR	2 00	X					0	0	0	
ADELE GILBERT , DIRECTOR	2 00	X					0	0	0	
DAVID GREENE , DIRECTOR	2 00	X					0	0	0	
EMILY GURTMAN , DIRECTOR	2 00	X					0	0	0	
WILLIAM ISRAEL , DIRECTOR	2 00	X					0	0	0	
DAVID JACOB , DIRECTOR	2 00	X					0	0	0	
KARI JACOBSON , DIRECTOR	2 00	X					0	0	0	
KERRY KAPLAN , DIRECTOR	2 00	X					0	0	0	
SUSAN LEVY , DIRECTOR	2 00	X					0	0	0	
TERRY MCCOY , DIRECTOR	2 00	X					0	0	0	
ROBERT NORMAN , DIRECTOR	2 00	X					0	0	0	
THELMA ROTHMAN , DIRECTOR	2 00	X					0	0	0	
BRENT SEMBLER , DIRECTOR	2 00	X					0	0	0	
HELAIN SHATANOFF SOLC , DIRECTOR	2 00	X					0	0	0	
HONORABLE ANDY STEINGOLD , DIRECTOR	2 00	X					0	0	0	
LISA TITEN , DIRECTOR	2 00	X					0	0	0	
SHERRY WEST , DIRECTOR	2 00	X					0	0	0	
SHARYN WITTNER , DIRECTOR	2 00	X					0	0	0	

**Form 990, Part VII - Section Aaa**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TERRI ZEIGLER , DIRECTOR	2 00	X						0	0	0
MICHAEL BERNSTEIN , PRESIDENT/CEO	60 00			X				280,185	0	13,042
DIANA ROBERTSON , CFO	60 00			X				135,873	0	14,263
PAULA DUBUC , CFO	60 00			X				3,769	0	0
ROCHELLE TATRAI-RAY , COO	60 00				X			122,173	0	16,592
DR BERNY EXCELLENT , MEDICAL DIRECTOR	60 00					X		164,638	0	16,588

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities)

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)

- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization GULF COAST JEWISH FAMILY SERVICES INC

Employer identification number

59-1229354

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.)

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures \$
3 Volunteer hours

Part I-B To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.)

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.)

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt function activities \$
3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's internal funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

**Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

- A** Check  if the filing organization belongs to an affiliated group  
**B** Check  if the filing organization checked box A and "limited control" provisions apply

<b>Limits on Lobbying Expenditures—</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)		
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	15,000	
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)	15,000	
<b>d</b> Other exempt purpose expenditures	32,596,198	
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)	32,611,198	
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns— <b>If the amount on line 1e, column (a) or (b) is:</b>	1,000,000	
Not over \$500,000	20% of the amount on line 1e	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
<b>h</b> Subtract line 1g from line 1a Enter -0- if line g is more than line a	0	
<b>i</b> Subtract line 1f from line 1c Enter -0- if line f is more than line c	0	
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
<b>2a</b> Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
<b>c</b> Total lobbying expenditures	19,167	46,741	15,000	15,000	95,908
<b>d</b> Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures					

**Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines c through i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			
<b>i</b> Other activities If "Yes," describe in Part IV			
<b>j</b> Total lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes" enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?	<b>3</b>	

**Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** (See the instructions for Schedule C for details.)

<b>1</b> Dues, assessments and similar amounts from members	1 \$
<b>2</b> Section 162(e) non-deductible lobbying and political expenditures <i>(do not include amounts of political expenses for which the section 527(f) tax was paid).</i>	
<b>a</b> Current Year	2a \$
<b>b</b> Carryover from last year	2b \$
<b>c</b> Total	2c \$
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4 \$
<b>5</b> Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation



SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization GULF COAST JEWISH FAMILY SERVICES INC

Employer identification number 59-1229354

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor informed status.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, and Held at the End of the Year (2a-2d). Includes questions about purpose of easements, monitoring, and expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, and Amount. Includes questions about reporting art and historical treasures.

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

**3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Trust, Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain why in Part XIV and complete the following table

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
<b>1a</b> Beginning of year balance . . . . .	3,217,254				
<b>b</b> Contributions . . . . .	193,427				
<b>c</b> Investment earnings or losses . . . . .	-280,685				
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	737,549				
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	2,392,447				

**2** Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶ 6 160 %
- b** Permanent endowment ▶ 44 800 %
- c** Term endowment ▶ 49 040 %

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

	Yes	No
<b>(i)</b> unrelated organizations . . . . .	<b>3a(i)</b>	No
<b>(ii)</b> related organizations . . . . .	<b>3a(ii)</b>	No
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	<b>3b</b>	

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

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
<b>1a</b> Land . . . . .		907,865		907,865
<b>b</b> Buildings . . . . .		6,517,741	1,308,515	5,209,226
<b>c</b> Leasehold improvements . . . . .		1,603,969	574,283	1,029,686
<b>d</b> Equipment . . . . .		1,774,874	1,031,678	743,196
<b>e</b> Other . . . . .		38,128		38,128
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				7,928,101



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	31,530,069
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	32,611,198
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	-1,081,129
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	-112,601
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	-232,759
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>	-345,360
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	-1,426,489

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	30,968,531
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	6,050
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	6,050
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	30,962,481
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV)	<b>4b</b>	567,588
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	567,588
<b>5</b>	Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12)	<b>5</b>	31,530,069

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	32,617,248
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	6,050
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Losses reported on Form 990, Part IX, line 25	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	6,050
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	32,611,198
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18)	<b>5</b>	32,611,198

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	THE ORGANIZATION'S ENDOWMENT CONSISTS OF SEVERAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES THE BOARD DESIGNATED ENDOWMENT WAS ESTABLISHED UPON THE SALE OF A BUILDING AND PAYOFF OF THE RELATED MORTGAGE THE EXCESS PROCEEDS WERE SEGREGATED FOR LONG TERM PURPOSES TO SERVE AS A WORKING CAPITAL RESERVE TERM ENDOWMENTS CONSIST OF CHARITABLE REMAINDER TRUSTS UNDER WHICH THE ORGANIZATION HAS BEEN NAMED BENEFICIARY, FACILITIES SUBJECT TO TIME RESTRICTIONS, AND PLEDGES AND GRANTS FOR FUTURE PERIODS THE ORGANIZATION'S PERMANENT ENDOWMENT CONSIST OF THREE INDIVIDUAL FUNDS THE STUDENT LOAN FUND IS A REVOLVING LOAN POOL SET UP TO PROVIDE LOANS FOR STUDENTS, THE WEINBERG ENDOWMENT MATCH WAS ESTABLISHED TO SERVICE THE MORTGAGES ASSOCIATED WITH THE ORGANIZATION'S PROGRAM FACILITIES, AND THE YAD B' YAD ENDOWMENT IS USED TO FUND THE ORGANIZATION'S PROGRAM SERVICES THE BOARD OF DIRECTORS HAS NOT ADOPTED A SPENDING POLICY CONCERNING THE ENDOWMENT FUNDS AND NO DISTRIBUTIONS HAVE BEEN MADE FROM THESE FUNDS DURING THE FISCAL YEAR THE ORGANIZATION'S OBJECTIVE IS TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS AS WELL AS TO PROVIDE ADDITIONAL GROWTH THROUGH INVESTMENT RETURN TO ACHIEVE THAT OBJECTIVE, THE ORGANIZATION HAS ADOPTED AN INVESTMENT POLICY THAT ATTEMPTS TO MAXIMIZE TOTAL RETURN CONSISTENT WITH AN ACCEPTABLE LEVEL OF RISK ENDOWMENT ASSETS ARE INVESTED IN A WELL DIVERSIFIED ASSET MIX, WHICH INCLUDES EQUITY AND DEBT SECURITIES, THAT IS INTENDED TO RESULT IN A CONSISTENT INFLATION PROTECTED RATE OF RETURN AND GROW THE FUND INVESTMENT RISK IS MEASURED IN TERMS OF THE TOTAL ENDOWMENT FUND, INVESTMENT ASSETS AND ALLOCATIONS BETWEEN ASSET CLASSES AND STRATEGIES ARE MANAGED TO NOT EXPOSE THE FUND TO UNACCEPTABLE LEVELS OF RISK
Part XI, Line 8 - Other Adjustments		CHANGE IN VALUE OF ASSETS HELD BY OTHERS -96033 CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -136726
Part XII, Line 4b - Other Adjustments		GOVERNMENTAL GRANTS TO ACQUIRE & IMPROVE CAPITAL ASSETS 24043 INVESTMENT RETURN FOR LONG-TERM PURPOSES -39116 SATISFACTION OF CAPITAL USE RESTRICTIONS 467898 CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 136726 LOSS ON DISPOSAL OF FURNITURE & EQUIPMENT -21963

Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

2008

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization GULF COAST JEWISH FAMILY SERVICES INC

Employer identification number 59-1229354

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

2 Enter total number of section 501(c)(3) and government organizations
3 Enter total number of other organizations

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
ADULT FAMILY STIPENDS	114	1,239,246	0	N/A	N/A

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2008**

**Open to Public Inspection**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
GULF COAST JEWISH FAMILY SERVICES INC

**Employer identification number**  
59-1229354

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items
- First class or charter travel
  - Travel for companions
  - Tax idemnification and gross-up payments
  - Discretionary spending account
  - Housing allowance or residence for personal use
  - Payments for business use of personal residence
  - Health or social club dues or initiation fees
  - Personal services (e g , maid, chauffeur, chef)

**b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

- 3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply
- Compensation committee
  - Independent compensation consultant
  - Form 990 of other organizations
  - Written employment contract
  - Compensation survey or study
  - Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a

- a** Receive a severance payment or change of control payment?
  - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
  - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.**

**5** For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?
- b** Any related organization?

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

**6** For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?
- b** Any related organization?

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

**7** For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
MICHAEL BERNSTEIN	(i)	179,514	100,671			13,042	293,227	184,459
	(ii)							
DIANA ROBERTSON	(i)	104,597	31,276			14,263	150,136	89,363
	(ii)							
DR BERNY EXCELLENT	(i)	164,638				16,588	181,226	91,695
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Name of the organization GULF COAST JEWISH FAMILY SERVICES INC

Employer identification number 59-1229354

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 3 main columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

Table with columns: (a) Name of interested person and purpose, (b) Loan to or from the organization?, (c) Original principal amount, (d) Balance due, (e) In default?, (f) Approved by board or committee?, (g) Written agreement?

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

Table with columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Table with columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of transaction, (d) Description of transaction, (e) Sharing of organization's revenues?

SCHEDULE M (Form 990)

Non-Cash Contributions

OMB No 1545-0047

2008

Open to Public Inspection

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Department of the Treasury Internal Revenue Service

Name of the organization GULF COAST JEWISH FAMILY SERVICES INC

Employer identification number

59-1229354

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions, (c) Revenues reported on Form 990, Part VIII, line 1g, (d) Method of determining revenues. Rows include Art, Books, Clothing, Cars, Boats, Intellectual property, Securities, Real estate, Collectibles, Food inventory, Drugs, Taxidermy, Historical artifacts, Scientific specimens, Archeological artifacts, and Other (describe TOYS, GIFT CERTIFICATES, CHRISTMAS GIFTS, FURNITURE & EQUIPMENT).

Table with 3 columns: Question, Yes, No. Rows include 30a (During the year, did the organization receive by contribution any property...), 31 (Does the organization have a gift acceptance policy...), 32a (Does the organization hire or use third parties...), and 33 (If the organization did not report revenues in Column (c) for a type of property...).



**SCHEDULE O**  
(Form 990)

**Supplemental Information to Form 990**

OMB No 1545-0047  
**2008**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

**Name of the organization**  
GULF COAST JEWISH FAMILY SERVICES INC

**Employer identification number**  
59-1229354

Identifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	EMPLOYMENT SERVICES Noncustodial Parent Employment Program assists unemployed or underemployed noncustodial parents in establishing a pattern of regular child support payments by obtaining and maintaining unsubsidized, competitive employment More than 8,000 noncustodial parents have been assisted since program inception in 1996 Program presently serves Pinellas, Pasco and Hillsborough Counties, with limited services in Miami-Dade County Caring and Capable Parents provides fatherhood services for noncustodial parents and child abuse prevention for high risk families in targeted zip codes in Miami-Dade County The program is operated in partnership with the James E Scott Community Association Substance Abuse and Mental Health Outreach identifies and reaches out to present or former welfare recipients having difficulty securing or maintaining employment due to mental health or substance abuse issues Services include counseling, treatment referrals, job development and Supported Employment The program is operated in collaboration with Central Florida Behavioral Health Network in the Tampa Bay area, the Dept of Children & Families in Broward County, and local substance abuse/mental health agencies Ticket-to-Work Program provides employment services for individuals who are receiving SSI and SSDI, and have received a ticket to work Employment specialists work closely with disabled individuals who are willing and able to return to work, providing career exploration, job search and employability skills training, and job development, placement and retention services Expenses \$ 2083135 including grants of \$ 0 Revenue \$ 1000

Identifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	ELDER SERVICES Elderly Services provide case management coordination for homemaker, personal care, respite and other services to enable frail and functionally impaired elders to remain in their homes and avoid or delay placement in a nursing home or assisted living facility Four programs are included under Elderly Services Community Care for the Elderly, Home Care for the Elderly, Alzheimer's Disease Initiative, and Assisted Living Waiver Services are provided to more than 1,000 elders in Pinellas County Older Americans Act Title III program provides homemaker, respite and other care services to frail elders in Pinellas County These services enable elders to remain in their homes and avoid or delay placement in a nursing home Expenses \$ 1606941 including grants of \$ 0 Revenue \$ 1211986

Identifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	HIV/AIDS PROGRAM The Tampa Bay AIDS Network is the largest HIV/AIDS program in west central Florida, with 30 staff providing services to more than 10,000 people in the Tampa Bay region Services include Case management for more than 1,400 people with HIV/AIDS, insuring they receive essential services and the appropriate care necessary to meet their needs Minority AIDS Initiative (formerly Congressional Black Caucus) offering education and intervention programs specifically targeting African Americans and Hispanics who have HIV/AIDS One-on-one and small group education to people at high risk for HIV infection to reduce personal risk and link individuals with needed services Emergency financial assistance for rent and utilities, regardless of which agency provides case management A food pantry, set up like a small grocery store, where more than 1,000 HIV positive individuals obtain at no cost a wide variety of perishable and non-perishable foods, personal care essentials, and household cleaning products Free HIV counseling and testing for more than 1,700 individuals at risk for HIV infection, conducted in collaboration with the Department of Health Transportation to medical and social services appointments for people with HIV/AIDS residing in rural areas HIV/AIDS Classes for licensed professionals and the general public Expenses \$ 1015359 including grants of \$ 0 Revenue \$ 113382

Identifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	DEVELOPMENTAL SERVICES PROVIDES CASE MANAGEMENT SERVICES TO 490 ADULTS AND CHILDREN WITH DEVELOPMENTAL DISABILITIES IN ORDER TO ASSIST THEM IN LIVING WITHIN THE COMMUNITY THIS PROGRAM SERVES PINELLAS, PASCO, HILLSBOROUGH, POLK, HIGHLANDS, AND HARDEE COUNTIES Expenses \$ 561370 including grants of \$ 0 Revenue \$ 0

Identifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	COUNSELING AND FAMILY SUPPORT Jewish Counseling and Family Support Services, the agency's original program serving Pinellas County's Jewish community, helps Jewish individuals of all ages from Pinellas County live a successful and productive life through individual and family counseling, family life educational programs, and assistance in meeting basic human needs such as food, clothing and shelter Program services also include emergency assistance, a food pantry, emergency loans, Russian refugee resettlement, services to Holocaust survivors, information and referral, interest-free college loans, volunteer companions for isolated and frail elders, and an active volunteer program Elder Care Management provides elders who have no local family support with services to help them remain in a safe and secure environment through assessment, arranging for needed services, homemakers, service monitoring and communication with family Holocaust Survivors Program helps improve the quality of life for more than 100 elderly, Jewish Holocaust survivors living in the Tampa Bay area by providing critically needed, quality in-home care, emergency financial assistance, prescription drug and medical assistance funds, counseling, transportation and other essential services to prevent out-of-home placement Caring Companions Program matches frail Jewish elders and the disabled with qualified homemakers to assist with cooking, shopping, cleaning and other basics enabling the individual to remain at home and avoid institutional placement Yad B' Yad (Hand in Hand) recruits Jewish volunteer companions for children ages 6 to 17 to provide friendship, role modeling, love and understanding in order to strengthen the single parent family by enriching childrens' lives with additional adult influence and support Expenses \$ 447269 including grants of \$ 0 Revenue \$ 63747

Identifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	EX-OFFENDER SERVICES PASSPORT TO SUCCESS IS A PILOT PROGRAM IN HILLSBOROUGH, PINELLAS, AND PASCO COUNTIES THAT ASSISTS 250 MENTALLY ILL EX-OFFENDERS TO SECURE EMPLOYMENT, HOUSING, MENTAL HEALTH TREATMENT AND MEDICATIONS, AND OTHER NEEDED FAMILY AND COMMUNITY SUPPORTS IN ORDER TO REDUCE OFFENDER RECIDIVISM PROJECT SAFE NEIGHBORHOODS ANTI-GANG INITIATIVE PROVIDES GANG-PREVENTION AND EX-OFFENDER REENTRY SERVICES IN TARGETED HILLSBOROUGH COUNTY NEIGHBORHOODS THROUGH VOUCHER SERVICES TO COMMUNITY AGENCIES Expenses \$ 916411 including grants of \$ 0 Revenue \$ 0

Identifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	HOMELESS SHELTER Homeless Emergency Shelter provides emergency housing and support for up to 24 women and children in Pasco County This is the only homeless shelter for women and children in the county Expenses \$ 181850 including grants of \$ 0 Revenue \$ 0

Identifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	HOUSING SERVICES Housing specialists work with low income persons assisting them in locating housing of their choice, providing financial assistance while the person becomes more stable and sufficient, coordinating with the individual's case manager to ensure access to other community services that may be needed Housing specialists often have several contacts a week with those being served to ensure their successful integration in the community Expenses \$ 232116 including grants of \$ 0 Revenue \$ 0

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		THE FOLLOWING BOARD MEMBERS ALSO SERVE ON THE BOARD OF GULF COAST EGRET HOUSING, INC THEY ARE CONSIDERED TO HAVE A BUSINESS RELATIONSHIP DUE TO THEIR COMMON MEMBERSHIP PENNY BARNA DAVID GREENE FAMILY RELATIONSHIPS AMONG BOARD MEMBERS ARE AS FOLLOWS SYD ENTEL AND ROBERT ENTEL ARE MOTHER AND SON KARI JACOBSON AND SHARYN WITTNER ARE IN-LAWS

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The organization's President/CEO, CFO, and Board Treasurer conduct the initial review of Form 990 and provide any suggested changes to the preparer of the form. Once any changes have been made, each voting board member is provided a copy of the form for final review and comment.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		The organization requires that a copy of the conflict of interest policy be given to all board members, staff members, volunteers, and stakeholders upon commencement of such person's relationship with the organization. Each board member, officer, staff member, and volunteer shall sign and date the policy at the beginning of his/her term of service or employment and each year thereafter. The policy requires that any potential and/or actual conflicts of interest be disclosed. Conflicts are monitored on an ongoing basis.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The executive committee of the board is responsible for reviewing and approving compensation levels of the top management officials, officers, and key employees. The executive committee is comprised solely of individuals who do not have a conflict of interest with respect to the compensation arrangement being determined. Compensation arrangements must be approved in advance by the executive committee before any payment is made. In determining compensation, the executive committee must rely on comparability data that demonstrates the fair market value of the compensation in question. Such data may include expert compensation studies by independent firms, written job offers for comparable positions in similar organizations, and information obtained from IRS filings of similar organizations. The deliberation and decision process is documented in the executive committee minutes. Compensation levels are reviewed on an annual basis unless an approved employment agreement covering a longer period of time is in effect. Any changes to approved employment agreements are to follow the same procedure.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Identifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2C		The Finance committee of the Board of Directors is responsible for the selection of the outside audit firm, and for the conduct of the annual financial statement and compliance audits. In addition, the Finance Committee is responsible for ensuring that adequate internal controls are in place to safeguard the assets of the Organization, reviewing the monthly financial statements, and for monitoring risk management and compliance practices of the Organization.

Identifier	Return Reference	Explanation
		SUBSEQUENT TO YEAR-END, THE CFO DISCOVERED THAT THE COMPENSATION PAID TO THE CEO WAS OVERSTATED DUE TO AN AMENDMENT MADE TO HIS EMPLOYMENT AGREEMENT WHICH CHANGED THE TIMING OF THE PAYMENT OF CERTAIN BONUS ELEMENTS FROM AN ANNUAL PAYMENT TO A BI-MONTHLY PAYMENT. THE CHANGES TO THE EMPLOYMENT AGREEMENT WERE NOT PROPERLY EXECUTED RESULTING IN AN OVERPAYMENT OF COMPENSATION. THE CEO'S COMPENSATION WAS ANALYZED BY AN INDEPENDENT CPA AND REVIEWED WITH THE CEO. THE NET EFFECT OF THE ERRORS WAS REPAID BY THE CEO UPON DISCOVERY IN AUGUST, 2009, AND RECORDED AS A RECEIVABLE IN THE FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2009. THE ORGANIZATION HAS SINCE REEVALUATED AND STRENGTHENED EACH OF THEIR GOVERNANCE POLICIES AND PROCEDURES, INCLUDING THOSE RELATED TO COMPENSATION PRACTICES, TO MITIGATE SIMILAR ERRORS AND PREVENT POTENTIAL EXCESS BENEFITS IN THE FUTURE.

Identifier	Return Reference	Explanation
FORM 990, PART V, LINES 7G & 7H		FORMS 8899 AND 1098-C WERE NOT REQUIRED TO BE FILED FOR 2008 AS THE ORGANIZATION DID NOT RECEIVE ANY CONTRIBUTIONS OF QUALIFIED INTELLECTUAL PROPERTY, CARS, BOATS, AIRPLANES, OR OTHER VEHICLES. HAD SUCH CONTRIBUTIONS BEEN RECEIVED, THE ORGANIZATION WOULD HAVE FILED FORMS 8899 AND 1098-C AS REQUIRED.

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 13		The organization adopted a whistleblower policy as of August, 2009.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2008**

**Open to Public Inspection**

▶ **Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**  
▶ **See separate instructions.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

GULF COAST JEWISH FAMILY SERVICES INC

**Employer identification number**

59-1229354

**Part I Identification of Disregarded Entities**

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
GULF COAST EGRET HOUSING INC 14041 ICOT BLVD CLEARWATER, FL33760 59-3326398	TO PROVIDE AFFORDABLE HOUSING TO THE LOW-INCOME, ELDERLY AND DISABLED	FL	501(C)(3)	9	N/A
GULF COAST HERON HOUSING INC 14041 ICOT BLVD CLEARWATER, FL33760 59-3386553	TO PROVIDE HOUSING TO THE LOW-INCOME ELDERLY POPULATION	FL	501(C)(3)	9	N/A
TAMPA AIDS NETWORK INC 7402 N 56TH ST B-101 TAMPA, FL33617 59-2607721	HIV PREVENTION EDUCATION, EMOTIONAL & PHYSICAL SUPPORT SERVICES & ADVOCACY	FL	501(C)(3)	7	N/A

**Part III Identification of Related Organizations Taxable as a Partnership**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H) Disproportionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

**Part V Transactions with Related Organizations**

**Note.** Complete line 1 if any entity is listed in Parts II, III or IV

**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 **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
  
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
  
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
  
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
  
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>		No
<b>1d</b>	Yes	
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>	Yes	
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>		No
<b>1o</b>		No
<b>1p</b>	Yes	
<b>1q</b>		No
<b>1r</b>		No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

