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2010

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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable	C Name of organization GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES INC		D Employer identification number 59-1229354
<input type="checkbox"/> Address change	Doing Business As		E Telephone number (727) 479-1800
<input type="checkbox"/> Name change			
<input type="checkbox"/> Initial return	Number and street (or P O box if mail is not delivered to street address) 14041 ICOT BLVD	Room/suite	<input type="checkbox"/> G Gross receipts \$ 30,679,182
<input type="checkbox"/> Terminated			
<input type="checkbox"/> Amended return	City or town, state or country, and ZIP + 4 CLEARWATER, FL 33760		
<input type="checkbox"/> Application pending	F Name and address of principal officer BARBARA STERENSIS 14041 ICOT BLVD CLEARWATER, FL 33760		<input type="checkbox"/> H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

J Website: ► WWW.GCJFCS.ORG

K Form of organization Corporation Trust Association Other ► L Year of formation 1974 M State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities TO PROVIDE ESSENTIAL HUMAN SERVICES TO INDIVIDUALS AND FAMILIES IN TIMES OF NEED		
2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets		
3 Number of voting members of the governing body (Part VI, line 1a)	3	20
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	804
6 Total number of volunteers (estimate if necessary)	6	700
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	28,084,026	27,793,024
9 Program service revenue (Part VIII, line 2g)		2,359,976
		1,889,125
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-58,398
		124,417
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		82,478
		9,769
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		30,468,082
		29,816,335

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Prior Year	Current Year
	1,154,876	819,436
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		21,332,441
		21,668,551
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
		0
b Total fundraising expenses (Part IX, column (D), line 25) ► 254,484		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		8,000,526
		6,946,857
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		30,487,843
		29,434,844
19 Revenue less expenses Subtract line 18 from line 12		-19,761
		381,491

20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	16,510,132	16,974,941
21 Total liabilities (Part X, line 26)		4,263,885
		3,981,987
22 Net assets or fund balances Subtract line 21 from line 20		12,246,247
		12,992,954

Part II Signature Block

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

Sign Here	***** Signature of officer CARLA A WASHINKO CFO Type or print name and title	2012-03-01 Date
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Paid Preparer Use Only	Print/Type preparer's name Firm's name ► LEWIS BIRCH & RICARDO LLC	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
					Firm's 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 AccomplishmentsCheck if Schedule O contains a response to any question in this Part III **1** Briefly describe the organization's mission

GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES IS A NON-SECTARIAN, COMMUNITY-BASED, NOT-FOR-PROFIT THAT PROVIDES ESSENTIAL HUMAN SERVICES TO INDIVIDUALS AND FAMILIES IN TIMES OF NEED

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 501(c)(4) organizations and section 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 \$	5,816,858 including grants of \$	819,436) (Revenue \$	665,449)
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES - SEE SCHEDULE O				
MENTAL HEALTH - SUBSTANCE ABUSE SERVICES DARLINGTON AND CHATLIN HOMES, LOCATED IN PASCO COUNTY, ARE 16-BED INTENSIVE RESIDENTIAL PROGRAMS WITH PSYCHIATRIC SERVICES, MEDICATIONS, LIFE SKILLS TRAINING, CASE MANAGEMENT AND A RANGE OF OTHER SUPPORTS, WHICH SERVES ADULTS AGE 18+ AND SENIORS REFERRED FROM STATE AND LOCAL MENTAL HOSPITALS, AND THE COMMUNITY EXTENDED GERIATRIC RESIDENTIAL TREATMENT SYSTEM (E-GRTS) IS A 16-BED INTENSIVE RESIDENTIAL PROGRAM FOR SERIOUSLY MENTALLY ILL ELTERS 50+ YEARS OF AGE IN BROWARD COUNTY. THE PROGRAM PROVIDES PSYCHIATRIC SERVICES, PSYCHOSOCIAL REHABILITATION, LIFE SKILLS TRAINING AND OTHER SUPPORTS. 66TH STREET GROUP HOME IS A 16 BED RESIDENTIAL TREATMENT PROGRAM IN PINELLAS COUNTY, FOR ADULTS AGE 18-45 WHO ARE CHRONICALLY MENTALLY ILL AND MAY HAVE CO-OCCURRING SUBSTANCE ABUSE ISSUES. THE PROGRAM ACCEPTS NON-VIOLENT FORENSIC REFERRALS WHO WOULD BE BETTER SERVED IN A COMMUNITY SETTING. SERVICES INCLUDE MEDICAL AND PSYCHIATRIC SERVICES, RECOVERY ORIENTED LIFE SKILLS TRAINING, SUBSTANCE ABUSE COUNSELING, CASE MANAGEMENT AND OTHER SUPPORTS. ALTERNATIVE FAMILY PROGRAM (AFP) IS BASED ON THE THERAPEUTIC FOSTER HOME CONCEPT OF TRAINED SPONSORS WHO OPEN THEIR HOMES TO NO MORE THAN THREE ADULTS OR SENIORS WITH MENTAL ILLNESS AND WELCOME THEM INTO THEIR FAMILIES. WITH 240 BEDS IN MORE THAN 100 HOMES STATEWIDE, SPONSORS PROVIDE CLIENT SUPERVISION, CARE AND SUPPORT IN EXCHANGE FOR A MONTHLY STIPEND. OLDER ADULTS SUPPORT TEAM PROVIDES SPECIALIZED INTERVENTION FOR ELTERS AT RISK OF SUICIDE CONDUCTED IN CLOSE COORDINATION WITH STATE ADULT PROTECTIVE SERVICES. THIS HOLISTIC PROGRAM IN BROWARD COUNTY PROVIDES IN-HOME ASSESSMENT, CRISIS INTERVENTION COUNSELING, PSYCHIATRIC EVALUATION, FOLLOW-UP AND CASE MANAGEMENT WITH THE OVERALL GOAL OF REDUCING SUICIDE RISK. ELDER SUBSTANCE ABUSE INTERVENTION, PART OF FLORIDA BRITE (BRIEF INTERVENTION AND TREATMENT FOR ELTERS PROJECT), IS A STATEWIDE PILOT RESEARCH STUDY THAT PROVIDES INTERVENTION SERVICES FOR ADULTS 55 AND OLDER IN PINELLAS AND PASCO COUNTIES WHO MIGHT BE AT HIGH RISK OF MEDICATION MISUSE AND/OR ALCOHOL ABUSE AND TO PROVIDE EFFECTIVE SERVICE STRATEGIES PRIOR TO THEIR NEED FOR MORE EXTENSIVE OR SPECIALIZED SUBSTANCE ABUSE TREATMENT. THIS PROGRAM PROVIDES INDIVIDUALIZED IN-HOME SCREENING, ASSESSMENT AND INTERVENTION THROUGH EDUCATION, ADVICE, SHORT-TERM PROBLEM RESOLUTION, ADVOCACY, REFERRAL AND FOLLOW-UP TO PREVENT PREMATURE INSTITUTIONALIZATION. 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 7,900 SENIORS ANNUALLY IN PINELLAS AND PASCO COUNTIES. YOUNG ADULT TRANSITIONAL PROGRAM IN BROWARD COUNTY PROVIDES SUPPORT AND ASSISTANCE TO 70 YOUNG ADULTS AGES 17-24, WHO HAVE SERIOUS EMOTIONAL OR BEHAVIORAL ISSUES OR PERSISTENT MENTAL ILLNESS. IN MAKING A SUCCESSFUL TRANSITION TO ADULTHOOD, THIS INCLUDES YOUTH WHO ARE "AGING OUT" OF FOSTER CARE. 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 THE DCF IN BROWARD COUNTY, AND LOCAL SUBSTANCE ABUSE/MENTAL HEALTH AGENCIES. SUPPORTED HOUSING/LIVING PROGRAM ASSISTS OVER 50 INDIVIDUALS WITH SERIOUS MENTAL ILLNESS OR CO-OCCURRING SUBSTANCE ABUSE TO LIVE INDEPENDENTLY IN THE COMMUNITY, INCLUDING OBTAINING AFFORDABLE HOUSING, DEVELOPING READINESS FOR WORK OR VOLUNTEER ACTIVITIES, VOCATIONAL JOB AND COACHING, AND HELPING TO STRENGTHEN DAILY LIVING SKILLS. SERVICES ARE PROVIDED IN HILLSBOROUGH, PASCO AND PINELLAS COUNTIES. MENTAL HEALTH OVERLAY SERVES NURSING HOME AND ASSISTED LIVING (ALF) RESIDENTS WHO HAVE SECONDARY PSYCHIATRIC DIAGNOSES. PSYCHIATRIC SUPPORTS, INCLUDING MEDICATION MANAGEMENT, COUNSELING SERVICES, TREATMENT PLANNING, AND FACILITY STAFF TRAINING, MAKE IT POSSIBLE FOR NURSING HOMES AND ALFS TO ADMIT PATIENTS WITH MENTAL ILLNESS. THIS PROGRAM CURRENTLY PROVIDES SERVICES TO FIVE FACILITIES IN HILLSBOROUGH AND PINELLAS COUNTIES.				
4b	(Code) (Expenses \$	13,920,521 including grants of \$	) (Revenue \$	128,061)
CHILDREN AND FAMILY SERVICES - SEE SCHEDULE O				
CHILDREN AND FAMILY SERVICES PROTECTIVE SERVICES SUPERVISION PROVIDES IN-HOME PROTECTIVE SUPERVISION FOR AN ACTIVE CASELOAD OF 400 CHILDREN IN POLK COUNTY AND 400 CHILDREN IN HILLSBOROUGH 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. FAMILY SKILL BUILDERS IS A SHORT-TERM, HIGH-INTENSITY IN-HOME 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 IN POLK, BROWARD AND HILLSBOROUGH COUNTIES. FAMILY DIVERSION PROGRAM - FAMILY INTERVENTION AND SUPPORT SERVICES PROVIDES IN-HOME SERVICES AND COMMUNITY OUTREACH TO FAMILIES AT RISK OF HAVING THEIR CHILDREN REMOVED FROM THE HOME IN PINELLAS, PASCO, OSCEOLA AND MIAMI-DADE COUNTIES. THE PROGRAM HELPS THE FAMILY TO IDENTIFY AND PROBLEM SOLVE REGARDING THOSE ISSUES THAT LEAD TO ABUSE AND NEGLECT, TO LEARN ABOUT, PRACTICE, AND DEVELOP PROFICIENCY IN STRATEGIES TO AVOID, DEAL WITH, OR OVERCOME THOSE ISSUES, AND TO TEACH AND MODEL WITH THE FAMILY REGARDING HOW TO UTILIZE COMMUNITY RESOURCES EFFECTIVELY AND TO THEIR BEST ADVANTAGE. FAMILIES AT RISK OF HAVING THEIR CHILDREN REMOVED FROM THE HOME DUE TO ABUSE AND NEGLECT ARE REFERRED TO THE PROGRAM BY DCF. CHILD PROTECTIVE SERVICES INVESTIGATORS VIOLENCE PREVENTION PROGRAM IS AN EVIDENCE-BASED PINELLAS COUNTY MIDDLE SCHOOL-BASED PROGRAM THAT WORKS WITH STUDENTS, STAFF, PARENTS AND THE COMMUNITY TO REDUCE VIOLENCE, DRUG USE AND PROMOTE FAMILY PRESERVATION. WOMAN-TO-WOMAN PROGRAM IS AN EVIDENCE-BASED PREVENTION PROGRAM FOR 35 TEENAGE MOTHERS AND PREGNANT GIRLS FROM HILLSBOROUGH COUNTY WHO ARE AT HIGH RISK FOR ACADEMIC FAILURE AND REPEAT PREGNANCIES. THE PROGRAM PROVIDES ONE-ON-ONE MENTORING FROM COMMUNITY VOLUNTEERS, WEEKEND RETREATS, WORKSHOPS, PARENT SEMINARS, AND LINKAGE WITH EDUCATIONAL AND VOCATIONAL SERVICES. HOMELESS EMERGENCY SHELTER IN PASCO COUNTY, PROVIDES EMERGENCY HOUSING, CASE MANAGEMENT AND OTHER VITAL SUPPORTS FOR UP TO 24 WOMEN AND CHILDREN AT ANY ONE TIME.				
4c	(Code) (Expenses \$	2,839,867 including grants of \$	) (Revenue \$	34,126)
REFUGEE PROGRAMS - SEE SCHEDULE O				
REFUGEE PROGRAMS FLORIDA CENTER FOR SURVIVORS OF TORTURE (FCST) IS A REGIONAL TREATMENT CENTER FOR SURVIVORS OF TORTURE AND EXTREME TRAUMA. GULF COAST IS THE LEAD AGENCY IN COLLABORATION WITH FOUR AREA RESETTLEMENT AGENCIES AS WELL THE UNIVERSITY OF SOUTH FLORIDA AND NOVA SOUTHEASTERN UNIVERSITY. THE CENTER LINKS TORTURE SURVIVORS TO SERVICES IN THEIR COMMUNITIES THROUGH INTENSIVE CASE MANAGEMENT SERVICE DELIVERY THROUGH FCST'S EXTENSIVE PROVIDER NETWORK. ELIGIBLE TORTURE SURVIVORS ARE ABLE TO ACCESS MEDICAL, MENTAL HEALTH, SOCIAL AND LEGAL ASSISTANCE SERVICES FROM PROVIDERS WHO HAVE BEEN SPECIALLY TRAINED BY THE FLORIDA CENTER FOR SURVIVORS OF TORTURE TO WORK EFFECTIVELY AND SENSITIVELY WITH THIS POPULATION. NATIONAL PARTNERSHIP FOR COMMUNITY TRAINING IS A NATIONAL TECHNICAL ASSISTANCE AND TRAINING CENTER THAT HELPS TO BUILD AND SUSTAIN THE CAPACITY OF LOCAL COMMUNITY SERVICE PROVIDERS THROUGHOUT THE NATION TO IDENTIFY, REFER, ASSIST, EFFECTIVELY SERVE, AND PROVIDE APPROPRIATE TREATMENT AND REHABILITATION FOR TORTURE SURVIVORS. THE PROGRAM ALSO HAS A RESEARCH COMPONENT THAT EVALUATES AND ADVANCES PROMISING PRACTICES IN THE FIELD OF TORTURE REHABILITATION CONDUCTED IN PARTNERSHIP WITH THE HARVARD PROGRAM IN REFUGEE TRAUMA AND BELLEVUE/NYU PROGRAM FOR SURVIVORS OF TORTURE. REFUGEE YOUTH AND FAMILY SERVICES PROGRAM PROVIDES ACADEMIC AND ACCULTURATION ASSISTANCE TO NEWLY ARRIVING REFUGEE YOUTH TO IMPROVE THEIR OVERALL ADJUSTMENT TO LIFE IN THE UNITED STATES, REDUCE DROP RISK, AND INCREASE SUCCESSFUL TRANSITION FROM EDUCATION TO CAREERS. SERVICES INCLUDE TUTORING, HOMEWORK ASSISTANCE, SCHOOL LIAISON SERVICES, CAREER PLANNING FOR TEENS, INDIVIDUAL/GROUP/FAMILY COUNSELING, STRUCTURED CULTURAL RECREATIONAL ACTIVITIES, AND PARENT EMPOWERMENT CLASSES. THE PROGRAM SERVES PINELLAS, HILLSBOROUGH, MIAMI-DADE AND PALM BEACH COUNTIES. VOICES PROGRAM PROVIDES PROFESSIONAL SPOKEN LANGUAGE INTERPRETATION IN MORE THAN FIFTEEN LANGUAGES FOR INDIVIDUALS WITH LIMITED ENGLISH PROFICIENCY. THIRTY-SIX INTERPRETERS PROVIDE LANGUAGE SERVICES TO COMMUNITY AGENCIES AS WELL AS AGENCY CLIENTS IN HILLSBOROUGH, PINELLAS, PASCO AND MIAMI-DADE COUNTIES. CITIZENSHIP PROGRAM WILL BUILD CAPACITY IN THE TAMPA BAY AREA TO MEET THE INCREASING DEMAND FOR CITIZENSHIP SERVICES BY FACILITATING CIVICS-BASED ENGLISH AND CITIZENSHIP CLASSES. GULF COAST IS THE ONLY REFUGEE SERVICE AGENCY IN THE FLORIDA TO RECEIVE FEDERAL FUNDS TO IMPLEMENT A LOCALLY BASED CITIZENSHIP PREPARATION PROGRAM. REFUGEE RESETTLEMENT & PLACEMENT RESETTLES REFUGEES FROM AROUND THE WORLD WHO HAVE BEEN PERSECUTED AND HAVE FLED PERSECUTION IN THEIR HOME COUNTRIES AND COME TO AMERICA WITH THE DREAM OF PROVIDING THEIR FAMILIES WITH A LIFE OF FREEDOM, SAFETY, AND LIBERTY. THE SERVICES PROVIDED IN PINELLAS COUNTY HELP REFUGEES BECOME THRIVING MEMBERS OF THEIR NEW COMMUNITIES. THE GOAL OF THE PROGRAM IS TO HELP REFUGEES BECOME SELF-SUFFICIENT SO THEY CAN CARE FOR THEIR FAMILIES. ON THEIR OWN, SERVICES INCLUDE CASE MANAGEMENT, HOUSING AND FURNITURE ASSISTANCE, CULTURAL ORIENTATION REFERRALS AND FOLLOW UP TO A WIDE RANGE OF COMMUNITY SERVICE PROVIDERS AND EMPLOYMENT SERVICES.				
4d	Other program services (Describe in Schedule O) See also Additional Data for Description			
	(Expenses \$	3,502,595 including grants of \$	) (Revenue \$	1,142,684)
4e	Total program service expenses	\$ 26,079,841		

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.

6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.

9 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? If "Yes," complete Schedule D, Part IV.

10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.

11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part XI.

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV.

15 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 U.S.? If "Yes," complete Schedule F, Parts II and IV.

16 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 U.S.? If "Yes," complete Schedule F, Parts III and IV.

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H.

b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).

	Yes	No
1	Yes	
2	Yes	
3		No
4	Yes	
5		
6		No
7		No
8		No
9		No
10	Yes	
11a	Yes	
11b		No
11c		No
11d	Yes	
11e	Yes	
11f	Yes	
12a	Yes	
12b		No
13		No
14a		No
14b		No
15		No
16		No
17		No
18	Yes	
19		No
20a		No
20b		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	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? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a		No
28b	a. A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
28c	b. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c		No
29	c. An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29	Yes	
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30		No
31	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31		No
32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32		No
33	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33		No
34	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	34	Yes	
35	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	35		No
36	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	36		No
37	a. Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	37	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
38	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	38	Yes	
39	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			
40	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O			

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	97
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	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	2a	804
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
<p>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).	7a	Yes
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	No
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a	
9	Sponsoring organizations maintaining donor advised funds.	9b	
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter	11a	
a	Gross income from members or shareholders	11b	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	
a	Is the organization licensed to issue qualified health plans in more than one state?		
<p>Note. See the instructions for additional information the organization must report on Schedule O</p>			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year **1a** 20

b Enter the number of voting members included in line 1a, above, who are independent **1b** 20

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? **2** No

3 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? **3** No

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? **4** No

5 Did the organization become aware during the year of a significant diversion of the organization's assets? **5** No

6 Does the organization have members or stockholders? **6** No

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? **7a** No

b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? **7b** No

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body? **8a** Yes

b Each committee with authority to act on behalf of the governing body? **8b** Yes

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O **9** No

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

10a Does the organization have local chapters, branches, or affiliates? **10a** No

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? **10b**

11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? **11a** Yes

b Describe in Schedule O the process, if any, used by the organization to review this Form 990 **12a** Yes

12a Does the organization have a written conflict of interest policy? If "No," go to line 13 **12b** Yes

b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? **12c** Yes

c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done **13** Yes

13 Does the organization have a written whistleblower policy? **14** Yes

14 Does the organization have a written document retention and destruction policy? **15** Yes

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official **15a** Yes

b Other officers or key employees of the organization **15b** Yes

If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? **16a** No

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? **16b**

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

 Check if Schedule O contains a response to any question in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) BARBARA STERNSIS CHAIR	2 00	X					0	0	0
(2) JAY MILLER VICE CHAIR	2 00	X					0	0	0
(3) RABBI GARY KLEIN SECRETARY	2 00	X					0	0	0
(4) DAVID PILKINGTON TREASURER	2 00	X					0	0	0
(5) DAVID ABELSON DIRECTOR	2 00	X					0	0	0
(6) JARED ABELMAN DIRECTOR	2 00	X					0	0	0
(7) DAVID A BERNSTEIN MD DIRECTOR	2 00	X					0	0	0
(8) GERTRUDE DEBOWSKY DIRECTOR	2 00	X					0	0	0
(9) FLORENCE L FAYER DIRECTOR	2 00	X					0	0	0
(10) TODD FOSTER ESQ DIRECTOR	2 00	X					0	0	0
(11) EMILY GURTMAN DIRECTOR	2 00	X					0	0	0
(12) ANTHONY HOLLOWAY DIRECTOR	2 00	X					0	0	0
(13) WILLIAM ISRAEL DIRECTOR	2 00	X					0	0	0
(14) DAVID JACOB MD DIRECTOR	2 00	X					0	0	0
(15) JULIE KLVANS DIRECTOR	2 00	X					0	0	0
(16) SUSAN LEVY DIRECTOR	2 00	X					0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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 Or director	Trustee	Institutional Trustee	Officer	Key Employee	Highest Compensated Employee	Former	
(17) STEVE RAYMUND DIRECTOR	2 00	X						0	0
(18) JAN SHER DIRECTOR	2 00	X						0	0
(19) LISA TITEN DIRECTOR	2 00	X						0	0
(20) TERRI ZIEGLER DIRECTOR	2 00	X						0	0
(21) RAY GADD CEO	60 00			X				207,737	0
(22) CARLA WASHINKO CFO	60 00			X				129,052	0
(23) ROCHELLE TATRAI-RAY COO	60 00			X				131,710	0
(24) DR BERNY EXCELLENT MEDICAL DIRECTOR	40 00				X			165,871	0
									23
									11,782
									16,919
									23
1b Sub-Total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)								634,370	0
									28,747

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **►4**

	Yes	No
3		No
4	Yes	
5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
CHURCH WORLD SERVICE 1924 NW 84TH ST MIAMI, FL 33126	SUBCONTRACTOR	170,733
LEWIS BIRCH & RICARDO LLC 1401 COURT ST CLEARWATER, FL 33756	AUDIT & ACCOUNTING SERVICES	146,669
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►2		

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a 152,918			
	b Membership dues	1b			
	c Fundraising events	1c 95,999			
	d Related organizations	1d			
	e Government grants (contributions)	1e 11,653,760			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 15,890,347			
	g Noncash contributions included in lines 1a-1f \$	1f 73,534			
	h Total. Add lines 1a-1f	1f 27,793,024			
Program Service Revenue	2a ELDER & DISABLED SERVI	Business Code 624120	960,614	960,614	
	b MENTAL HEALTH/SUBSTANC	621420	661,179	661,179	
	c CHILDREN & FAMILY SERV	624110	127,343	127,343	
	d JEWISH COMMUNITY SERVI	624190	106,525	106,525	
	e REFUGEE SERVICES	624190	33,464	33,464	
	f All other program service revenue				
	g Total. Add lines 2a-2f		1,889,125		
	3 Investment income (including dividends, interest and other similar amounts)		25,208		25,208
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross Rents	(I) Real	(II) Personal			
	b Less rental expenses				
c Rental income or (loss)					
d Net rental income or (loss)					
7a Gross amount from sales of assets other than inventory	(I) Securities	(II) Other			
	343,103	529,622			
	344,650	428,866			
	-1,547	100,756			
	d Net gain or (loss)			99,209	99,209
8a Gross income from fundraising events (not including \$ <u>95,999</u> of contributions reported on line 1c) See Part IV, line 18					
a	13,598				
b Less direct expenses	b 89,331				
c Net income or (loss) from fundraising events			-75,733	-75,733	
9a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances					
a					
b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11a MANAGEMENT FEES	541610	74,545	74,545		
b MISCELLANEOUS	624190	10,957	6,650		4,307
c					
d All other revenue					
e Total. Add lines 11a-11d		85,502			
12 Total revenue. See Instructions		29,816,335	1,970,320	0	52,991

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).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22	819,436	819,436		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees . . .	499,622	97,692	401,930	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .				
7 Other salaries and wages	18,311,892	16,834,292	1,332,935	144,665
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .				
9 Other employee benefits	1,399,273	1,274,922	114,655	9,696
10 Payroll taxes	1,457,764	1,325,083	123,269	9,412
a Fees for services (non-employees) Management				
b Legal	28,826		28,826	
c Accounting	116,712		116,712	
d Lobbying	20,833	20,833		
e Professional fundraising services See Part IV, line 17 . .				
f Investment management fees				
g Other	1,064,809	903,074	133,158	28,577
12 Advertising and promotion	43,981	31,302	3,557	9,122
13 Office expenses	1,998,617	1,715,273	251,482	31,862
14 Information technology	142,336	77,773	64,563	
15 Royalties				
16 Occupancy	1,553,250	1,352,457	192,143	8,650
17 Travel	1,221,202	1,157,650	57,766	5,786
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	3,607	3,607		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	500,902	261,350	235,896	3,656
23 Insurance	221,549	201,889	19,455	205
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a OTHER EXPENSES	30,233	3,208	24,172	2,853
b				
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	29,434,844	26,079,841	3,100,519	254,484
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	27,269	1 2,972,158
	2 Savings and temporary cash investments	2,338,482	2 193,985
	3 Pledges and grants receivable, net	3,577,485	3 3,703,192
	4 Accounts receivable, net	238,197	4 278,953
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L		6
	7 Notes and loans receivable, net		7
	8 Inventories for sale or use		8
	9 Prepaid expenses and deferred charges	329,082	9 350,694
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	9,536,784	
	b Less accumulated depreciation	10b 2,838,181	7,554,289 10c 6,698,603
	11 Investments—publicly traded securities	764,941	11 917,715
	12 Investments—other securities See Part IV, line 11		12
	13 Investments—program-related See Part IV, line 11		13
	14 Intangible assets		14
	15 Other assets See Part IV, line 11	1,680,387	15 1,859,641
	16 Total assets. Add lines 1 through 15 (must equal line 34)	16,510,132	16 16,974,941
Liabilities	17 Accounts payable and accrued expenses	2,089,793	17 1,828,225
	18 Grants payable		18
	19 Deferred revenue	54,336	19 45,236
	20 Tax-exempt bond liabilities		20
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22
	23 Secured mortgages and notes payable to unrelated third parties	2,069,756	23 1,918,526
	24 Unsecured notes and loans payable to unrelated third parties		24
	25 Other liabilities Complete Part X of Schedule D	50,000	25 190,000
	26 Total liabilities. Add lines 17 through 25	4,263,885	26 3,981,987
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	9,826,574	27 10,508,448
	28 Temporarily restricted net assets	1,369,673	28 1,434,506
	29 Permanently restricted net assets	1,050,000	29 1,050,000
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds		30
	31 Paid-in or capital surplus, or land, building or equipment fund		31
	32 Retained earnings, endowment, accumulated income, or other funds		32
	33 Total net assets or fund balances	12,246,247	33 12,992,954
	34 Total liabilities and net assets/fund balances	16,510,132	34 16,974,941

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	1	29,816,335
2 Total expenses (must equal Part IX, column (A), line 25)	2	29,434,844
3 Revenue less expenses Subtract line 2 from line 1	3	381,491
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,246,247
5 Other changes in net assets or fund balances (explain in Schedule O)	5	365,216
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	12,992,954

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .	2a	No
2b Were the organization's financial statements audited by an independent accountant?	2b	Yes
2c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
2d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes

SCHEDULE A
(Form 990 or 990EZ)**Public Charity Status and Public Support****2010****Open to Public
Inspection****Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.****► Attach to Form 990 or Form 990-EZ. ► See separate instructions.**Department of the Treasury
Internal Revenue ServiceName of the organization
GULF COAST JEWISH FAMILY AND COMMUNITY
SERVICES INC**Employer identification number**

59-1229354

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.

2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)

3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)

6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 An 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)**.

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

e a Type I b Type II c Type III - Functionally integrated d Type III - Other

f 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)

g 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

h Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(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 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?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

i Provide the following information about the supported organization(s)

(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			
Total							

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	24,789,002	29,813,967	29,118,474	28,084,026	27,800,524	139,605,993
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	24,789,002	29,813,967	29,118,474	28,084,026	27,800,524	139,605,993
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						139,605,993

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	24,789,002	29,813,967	29,118,474	28,084,026	27,800,524	139,605,993
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	87,119	49,455	35,491	29,043	25,208	226,316
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	143,206	93,882	140,840	76,978	85,502	540,408
11 Total support (Add lines 7 through 10)						140,372,717
12 Gross receipts from related activities, etc (See instructions)				12		12,560,109

13 **First Five Years** 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 **stop here** ►**Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	99 450 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	99 330 %
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ►		
b 33 1/3% support test—2009. 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—2010. 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—2009. 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 a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ►		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►**Section C. Computation of Public Support Percentage**

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16 Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ►	
b 33 1/3% support tests—2009. 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.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 59-1229354
Name: GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code	(Expenses \$	1,213,496 including grants of \$	) (Revenue \$)
EMPLOYMENT SERVICES NON-CUSTODIAL 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 16,600 UNDUPLICATED CLIENTS IMPACTING 43,221 CHILDREN HAVE BEEN ASSISTED SINCE PROGRAM INCEPTION IN 1996 PROGRAM SERVES PINELLAS, PASCO, HILLSBOROUGH AND MIAMI-DADE COUNTIES				
(Code	(Expenses \$	1,768,766 including grants of \$	) (Revenue \$	1,035,159)
ELDER AND DISABLED SERVICES COMMUNITY CARE FOR THE ELDERLY PROVIDES 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 PROGRAMS INCLUDED UNDER COMMUNITY CARE FOR THE ELDERLY ARE AGING AND DISABLED ADULT MEDICAID WAIVER, HOME CARE FOR THE ELDERLY, ALZHEIMER'S DISEASE INITIATIVE, CONSUMER DIRECTED CARE, AND ASSISTED LIVING FOR THE ELDERLY MEDICAID WAIVER SERVICES ARE PROVIDED TO AS MANY AS 1,000 ELDERS IN PINELLAS COUNTY ANNUALLY COMMUNITY CARE FOR DISABLED ADULTS OFFERS CASE MANAGEMENT, HOMEMAKER SERVICES AND A RANGE OF OTHER IN-HOME SERVICES TO HELP INDIVIDUALS WITH CATASTROPHIC DISABILITIES AGES 18-59 TO REMAIN IN THE COMMUNITY SERVICES ARE PROVIDED TO ADULTS IN HILLSBOROUGH, PINELLAS AND PASCO COUNTIES HOMEMAKER SERVICES FOR FRAIL ELDERLY PROVIDES ASSISTANCE WITH HOUSECLEANING, LAUNDRY, MEAL PREPARATION, SHOPPING AND COMPANIONSHIP TO DISABLED AND FRAIL ELDERLY INDIVIDUALS IN PINELLAS COUNTY HOMEMAKER SERVICES PROVIDE A SAFE, CLEAN LIVING ENVIRONMENT AND AVOID OR POSTPONE NURSING HOME PLACEMENT AND ARE AVAILABLE ON A FEE-FOR-SERVICE BASIS ELDERLY COUNSELING SERVICES FOR PERSONS 60 YEARS OF AGE OR OLDER IN PASCO COUNTY WHO WOULD BENEFIT FROM GERONTOLOGICAL OR MENTAL HEALTH COUNSELING SERVICES MYRTLE OAKS IS A 99-UNIT APARTMENT COMPLEX FOR LOW INCOME ELDERLY LOCATED IN NORTHEAST TAMPA SPONSORED BY GULF COAST AND UNDER THE AUSPICES OF A SEPARATE HOUSING CORPORATION, MYRTLE OAKS WAS FUNDED BY A \$5.7 MILLION GRANT FROM THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) EGRET HOUSING IS A SEVEN UNIT HOUSING COMPLEX FOR LOW INCOME DISABLED LOCATED IN NEW PORT RICHEY IN PASCO COUNTY FUNDED BY THE HUD, THE PROJECT IS SPONSORED BY GULF COAST AND UNDER THE AUSPICES OF A SEPARATE HOUSING CORPORATION				
(Code	(Expenses \$	520,333 including grants of \$	) (Revenue \$	107,525)
JEWISH COMMUNITY SERVICES OUTPATIENT COUNSELING SERVICES THE AGENCY'S ORIGINAL PROGRAM SERVING THE ENTIRE COMMUNITY OFFERS INDIVIDUAL, CHILD, ADOLESCENT, FAMILY, COUPLES, AND MARRIAGE COUNSELING BY CARING AND LICENSED PSYCHOTHERAPISTS IN PINELLAS COUNTY MEDICARE, MEDICAID, MOST PRIVATE INSURANCES AND CREDIT CARDS ARE ACCEPTED A SLIDING FEE BASED ON INCOME IS AVAILABLE SUPPORT GROUPS ON VARIOUS TOPICS ARE ALSO OFFERED AT VARYING TIMES THROUGHOUT THE YEAR GERIATRIC CARE MANAGEMENT PROVIDES ELDERS OR DISABLED WHO HAVE NO LOCAL FAMILY SUPPORT OR LOCAL FAMILY FINDS IT CHALLENGING TO ASSIST THEM AS NEEDED WITH SERVICES TO HELP THEM REMAIN IN A SAFE AND SECURE ENVIRONMENT SERVICES INCLUDE AN IN-HOME ASSESSMENT, HOME VISITS, REGULAR PHONE CALLS OR EMAILS TO FAMILY MEMBERS, ARRANGING FOR ALL NEEDED SERVICES, HOMEMAKERS, AND MORE CARING COMPANIONS PROGRAM MATCHES ELDERS AND THE DISABLED WITH QUALIFIED MATURE COMPANIONS TO ASSIST WITH COOKING, SHOPPING, LIGHT HOUSEHOLD CHORES, TRANSPORTATION, AND OTHER BASICS ENABLING THE INDIVIDUAL TO REMAIN AT HOME AND AVOID INSTITUTIONAL PLACEMENT HOLOCAUST SURVIVORS PROGRAM HELPS IMPROVE THE QUALITY OF LIFE FOR HOLOCAUST SURVIVORS IN THE TAMPA BAY AREA BY PROVIDING CRITICALLY NEEDED, IN-HOME CARE, EMERGENCY FINANCIAL ASSISTANCE, CASE MANAGEMENT SERVICES, PRESCRIPTION DRUG AND MEDICAL ASSISTANCE FUNDS, TRANSPORTATION, CLEANING SERVICES, SUPPORT GROUPS, SOCIAL EVENTS, AND OTHER ESSENTIAL SERVICES TO PREVENT OUT-OF-HOME PLACEMENT EMERGENCY FAMILY SUPPORT SERVICES OFFERS ASSISTANCE IN MEETING BASIC HUMAN NEEDS FOR THE JEWISH COMMUNITY IN PINELLAS AND PASCO COUNTIES SUCH AS FOOD, CLOTHING AND SHELTER PROGRAM SERVICES ALSO INCLUDE EMERGENCY FINANCIAL ASSISTANCE, A KOSHER AND NON KOSHER FOOD PANTRY, EMERGENCY LOANS, INFORMATION AND REFERRAL, AND INTEREST-FREE COLLEGE AND TRADE SCHOOL LOANS YAD B'YAD (HAND IN HAND) RECRUITS JEWISH ADULT VOLUNTEERS AS MENTORS, COMPANIONS, AND ROLE MODELS FOR JEWISH CHILDREN AGES 6 TO 17 FROM A SINGLE-PARENT HOME THE RELATIONSHIP STRENGTHENS THE FAMILY BY ENRICHING CHILDREN'S LIVES WITH ADDITIONAL ADULT INFLUENCE AND SUPPORT				

SCHEDULE C

Political Campaign and Lobbying Activities

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

- Complete if the organization is described below.
- Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2010

**Open to Public
Inspection**

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

- 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-E
- 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), then

- 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) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

• Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization
GULF COAST JEWISH FAMILY AND COMMUNITY
SERVICES INC

Employer identification number

59-1229354

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 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 Complete if the organization is exempt under section 501(c)(3).

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 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 Complete if the organization is exempt under section 501(c) except section 501(c)(3).

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 funds contributed to other organizations for section 527 exempt function activities ► \$ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were 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

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check <input type="checkbox"/> if the filing organization belongs to an affiliated group	B Check <input type="checkbox"/> if the filing organization checked box A and "limited control" provisions apply		
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)		20,833	
c Total lobbying expenditures (add lines 1a and 1b)		20,833	
d Other exempt purpose expenditures		29,414,011	
e Total exempt purpose expenditures (add lines 1c and 1d)		29,434,844	
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000	
If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000		The lobbying nontaxable amount is: 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000	
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000	
h Subtract line 1g from line 1a If zero or less, enter -0-		0	
i Subtract line 1f from line 1c If zero or less, enter -0-		0	
j 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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	15,000	15,000	16,667	20,833	67,500
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

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

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a Current year	2b	
b Carryover from last year	2c	
c Total	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
4 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?	5	
5 Taxable amount of lobbying and political expenditures (see instructions)		

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 11. Also, complete this part for any additional information

Identifier	Return Reference	Explanation

2010

Open to Public
Inspection**SCHEDULE D**
(Form 990)**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

Department of the Treasury
Internal Revenue Service**Name of the organization**GULF COAST JEWISH FAMILY AND COMMUNITY
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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

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

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

3 Using the organization's 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 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 the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

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
1a Beginning of year balance	2,634,614	2,383,812	3,208,619		
b Contributions	159,500	209,306	193,427		
c Investment earnings or losses	249,586	232,155	-280,685		
d Grants or scholarships					
e Other expenditures for facilities and programs	191,479	190,659	737,549		
f Administrative expenses					
g End of year balance	2,852,221	2,634,614	2,383,812		

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

a Board designated or quasi-endowment ► 12 890 %

b Permanent endowment ► 36 810 %

c Term endowment ► 50 300 %

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

(i) unrelated organizations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(ii) related organizations	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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) Accumulated depreciation	(d) Book value
1a Land		989,540			989,540
b Buildings		6,000,894	1,526,069		4,474,825
c Leasehold improvements		1,172,562	411,367		761,195
d Equipment		1,334,246	900,745		433,501
e Other		39,542			39,542
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)					6,698,603

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		

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

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	29,816,335
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	29,434,844
3 Excess or (deficit) for the year Subtract line 2 from line 1	3	381,491
4 Net unrealized gains (losses) on investments	4	136,124
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV)	8	229,092
9 Total adjustments (net) Add lines 4 - 8	9	365,216
10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	746,707

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

1 Total revenue, gains, and other support per audited financial statements	1	29,899,868
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments	2a	
b Donated services and use of facilities	2b	76,338
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV)	2d	113,812
e Add lines 2a through 2d	2e	190,150
3 Subtract line 2e from line 1	3	29,709,718
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV)	4b	106,617
c Add lines 4a and 4b	4c	106,617
5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	29,816,335

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

1 Total expenses and losses per audited financial statements	1	29,511,182
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	2a	76,338
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIV)	2d	
e Add lines 2a through 2d	2e	76,338
3 Subtract line 2e from line 1	3	29,434,844
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV)	4b	
c Add lines 4a and 4b	4c	0
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	29,434,844

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 IV, 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. Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	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. 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.
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND FROM STATE INCOME TAXES UNDER THE PROVISIONS OF THE FLORIDA STATUTES. THE INTERNAL REVENUE CODE PROVIDES FOR TAXATION OF UNRELATED BUSINESS INCOME UNDER CERTAIN CIRCUMSTANCES. THE ORGANIZATION REPORTS NO UNRELATED BUSINESS TAXABLE INCOME; HOWEVER, SUCH STATUS IS SUBJECT TO FINAL DETERMINATION UPON EXAMINATION OF THE RELATED INCOME TAX RETURNS BY THE APPROPRIATE TAXING AUTHORITIES. THE ORGANIZATION HAS ADOPTED THE PROVISIONS OF ASC 740 RELATING TO "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES" AND DOES NOT BELIEVE IT HAS ANY MATERIAL INCOME TAX EXPOSURE RELATING TO UNCERTAIN TAX POSITIONS. THE ORGANIZATION'S INCOME TAX FILINGS FOR PERIODS AFTER THE FISCAL YEAR ENDED JUNE 30, 2007 REMAIN SUBJECT TO EXAMINATION.
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN VALUE OF ASSETS HELD BY OTHERS 115,280 CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 113,812
PART XII, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 113,812
PART XII, LINE 4B - OTHER ADJUSTMENTS		GOVERNMENTAL GRANTS TO ACQUIRE & IMPROVE CAPITAL ASSETS 7,408 REALIZED LOSS ON SALE OF INVESTMENTS -1,547 GAIN ON DISPOSAL OF PROPERTY AND EQUIPMENT 100,756

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2010

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Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► **Attach to Form 990 or Form 990-EZ.** ► **See separate instructions.**

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

F- Attach to Form 990 or Form 990-EZ. F- See separate instructions.

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Employer identification number

59-1229354

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and e-mail solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

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

Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 FACES GALA (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
1	Gross receipts . . .	109,597			109,597
2	Less Charitable contributions . . .	95,999			95,999
3	Gross income (line 1 minus line 2) . . .	13,598			13,598
4	Cash prizes . . .				
5	Non-cash prizes . . .				
6	Rent/facility costs . . .	12,310			12,310
7	Food and beverages . . .	15,594			15,594
8	Entertainment . . .	5,000			5,000
9	Other direct expenses .	56,427			56,427
10	Direct expense summary Add lines 4 through 9 in column (d)				89,331
11	Net income summary Combine lines 3 and 10 in column (d)				-75,733

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
1	Gross revenue				
2	Cash prizes				
3	Non-cash prizes				
4	Rent/facility costs				
5	Other direct expenses . . .				
6	Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
7	Direct expense summary Add lines 2 through 5 in column (d)				
8	Net gaming income summary Combine lines 1 and 7 in column (d)				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a
b An outside facility	13b

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

Name ►

Address ►

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

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

c If "Yes," enter name and address

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

 Director/officer Employee Independent contractor**17** Mandatory distributions

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

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

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier

ReturnReference

Explanation

**Schedule I
(Form 990)**

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

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

► Attach to Form 990

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
**GULF COAST JEWISH FAMILY AND COMMUNITY
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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.  

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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
(1) ADULT FAMILY STIPENDS	99	819,436	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
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 GRANT FUNDS ARE MONITORED THROUGH DEVELOPMENT OF AN INITIAL BUDGET FOR THE GRANT, THE REQUIREMENT OF ADVANCE APPROVAL FOR EXPENDITURES AND THROUGH MONTHLY REVIEWS OF THE ACTUAL EXPENDITURES UNDER THE GRANT TO THE AMOUNT BUDGETED THESE REVIEWS ARE PERFORMED BY THE GRANT ACCOUNTANTS ASSIGNED TO THE GRANT AS WELL AS THE CFO, COO, AND GRANT PROGRAM DIRECTOR

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

2010Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
► Attach to Form 990. ► See separate instructions.

Open to Public Inspection**Name of the organization**

GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES INC

Employer identification number

59-1229354

Part I Questions Regarding Compensation

Yes

No

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes in line 1a are 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

<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment from the organization or a related organization?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

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

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

1b		
2		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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) Retirement and other 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 reportable compensation				
(1) RAY GADD	(i) 207,737 (ii) 0	0	0	0	23	207,760	0
(2) DR BERNY EXCELLENT	(i) 165,871 (ii) 0	0	0	0	23	165,894	0
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
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Schedule L

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2010

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Department of the Treasury
Internal Revenue Service

Name of the organization

GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES INC

Employer identification number

59-1229354

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(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?	
				Yes	No
(1) RUTENBERG REALTYSHAWN WASHINKO	BROTHER OF OFFICER	14,550	REAL ESTATE COMMISSIONS FROM SALE OF PROPERTIES		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2010

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service►Complete if the organization answered "Yes" on Form
990, Part IV, lines 29 or 30.
► Attach to Form 990.Name of the organization
GULF COAST JEWISH FAMILY AND COMMUNITY
SERVICES INCEmployer identification number
59-1229354

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		67,328	FAIR MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	45	4,788	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
HOLIDAY				
25 Other ► (<u>GIFTS</u>)	X	7	545	FAIR MARKET VALUE
OFFICE				
26 Other ► (<u>SUPPLIES</u>)	X	15	873	FAIR MARKET VALUE
27 Other ► (_____)				
28 Other ► (_____)				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement		29		0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a	No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes

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

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,
describe in Part II

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
THIRD PARTY USE	PART I, LINE 32B	THE ORGANIZATION UTILIZES A SALVAGE COMPANY AND CONSIGNMENT SHOP TO SELL NON-CASH CONTRIBUTIONS

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

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

2010**Open to Public
Inspection****Name of the organization**GULF COAST JEWISH FAMILY AND COMMUNITY
SERVICES INC**Employer identification number**

59-1229354

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE ORGANIZATION'S CFO AND DIRECTOR OF FINANCE CONDUCT THE INITIAL REVIEW OF THE 990 AND PROVIDE ANY SUGGESTED CHANGES TO THE PREPARER. ONCE ANY CHANGES HAVE BEEN MADE, THE FORM IS PRESENTED TO THE FINANCE COMMITTEE AND THE FULL BOARD FOR FINAL REVIEW AND COMMENT. THE FORM IS THEN SIGNED AND SUBMITTED TO THE IRS

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	UNDER THE REVISED BY-LAWS, THE COMPENSATION COMMITTEE OF THE BOARD IS RESPONSIBLE FOR REVIEWING AND APPROVING COMPENSATION LEVELS OF THE TOP MANAGEMENT OFFICIALS, OFFICERS, AND KEY EMPLOYEES. THE COMPENSATION 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 COMPENSATION COMMITTEE BEFORE ANY PAYMENT IS MADE. IN DETERMINING COMPENSATION, THE COMPENSATION 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 COMPENSATION 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
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 136,124 CHANGE IN VALUE OF ASSETS HELD BY OTHERS 115,280 CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 113,812 TOTAL TO FORM 990, PART XI, LINE 5 365,216

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS IS RESPONSIBLE FOR THE SELECTION OF THE INDEPENDENT CPA FIRM, AND FOR THE CONDUCT OF THE ANNUAL FINANCIAL STATEMENT AND COMPLIANCE AUDITS. THE FINANCE COMMITTEE MEETS WITH THE INDEPENDENT CPA FIRM PRIOR TO THE START OF THE AUDIT TO DISCUSS THE PLANNED APPROACH AND RISK AREAS. AT THE CONCLUSION OF THE AUDIT, THE CPA FIRM MEETS WITH THE FINANCE COMMITTEE AND THE FULL BOARD TO DISCUSS THE RESULTS OF THE AUDIT. 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

SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES INC

Employer identification number

59-1229354

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

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

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

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

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)**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
1a		No
1b		No
1c		No
1d	Yes	
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k	Yes	
1l		No
1m	Yes	
1n	Yes	
1o		No
1p	Yes	
1q		No
1r		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	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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