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Part III

Statement of Program Service Accomplishments

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

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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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 6,485,011 including grants of \$ 829,098) (Revenue \$ 694,110)

MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES - SEE SCHEDULE O
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES THE COUNSELING CENTER, THE AGENCY'S ORIGINAL PROGRAM, PROVIDES OUTPATIENT COUNSELING SERVING THE ENTIRE TAMPA BAY COMMUNITY AND OFFERS INDIVIDUAL, CHILD, ADOLESCENT, FAMILY, COUPLES, AND MARRIAGE COUNSELING BY CARING AND LICENSED PSYCHOTHERAPISTS 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 THROUGHOUT THE YEAR RESIDENTIAL TREATMENT SYSTEM WAS ONE OF THE FIRST PILOT PROJECTS IN FLORIDA TO FOCUS ON THE DEINSTITUTIONALIZATION OF YOUNG ADULTS AND SENIORS WITH SERIOUS AND PERSISTENT MENTAL ILLNESS DARLINGTON RESIDENTIAL TREATMENT FACILITY IS A 16-BED STATE LICENSED INTENSIVE RESIDENTIAL PROGRAM IN PASCO COUNTY 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 ADULT RESIDENTIAL TREATMENT AND STABILIZATION (ARTS) IS A 16-BED STATE LICENSED INTENSIVE RESIDENTIAL PROGRAM IN BROWARD COUNTY FOR OLDER ADULTS 30+ YEARS OF AGE WHO ARE SERIOUSLY MENTALLY ILL AND MAY HAVE CO-OCCURRING ISSUES THE PROGRAM ACCEPTS FORENSIC REFERRALS THAT WOULD BE BETTER SERVED IN A COMMUNITY SETTING AND PROVIDES PSYCHIATRIC SERVICES, PSYCHOSOCIAL REHABILITATION, LIFE SKILLS TRAINING, DAY TREATMENT, AND OTHER SUPPORTS FOR UP TO THREE OR FOUR MONTHS ADELE GILBERT RESIDENTIAL TREATMENT FACILITY IS A 16-BED STATE LICENSED RESIDENTIAL TREATMENT PROGRAM IN PINELLAS COUNTY FOR ADULTS WHO ARE CHRONICALLY MENTALLY ILL AND MAY HAVE CO-OCCURRING SUBSTANCE ABUSE ISSUES THE PROGRAM ACCEPTS NON-VIOLENT FORENSIC REFERRALS THAT 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 FOUR ADULTS OR SENIORS WITH MENTAL ILLNESS AND WELCOME THEM INTO THEIR FAMILIES WITH 220 BEDS IN 73 LICENSED CARE HOMES COVERING A 32 COUNTY AREA, SPONSORS PROVIDE CLIENT SUPERVISION, CARE AND SUPPORT IN EXCHANGE FOR A MONTHLY STIPEND OLDER ADULTS SUPPORT TEAM PROVIDES SPECIALIZED INTERVENTION FOR ELDERLY 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 BRIEF INTERVENTION AND TREATMENT FOR ELDERLY (BRITE) PROVIDES SUBSTANCE ABUSE INTERVENTION SERVICES FOR ADULTS 55 AND OLDER IN PINELLAS, PASCO, AND HILLSBOROUGH COUNTIES WHO MIGHT BE AT HIGH RISK OF MEDICATION MISUSE AND/OR ALCOHOL ABUSE THROUGH EFFECTIVE SERVICE STRATEGIES PRIOR TO THEIR NEED FOR MORE EXTENSIVE OR SPECIALIZED SUBSTANCE ABUSE TREATMENT THIS IN-HOME PROGRAM PROVIDES INDIVIDUALIZED SCREENING, ASSESSMENT AND INTERVENTION THROUGH EDUCATION, SHORT-TERM PROBLEM SOLVING, ADVOCACY, REFERRAL AND FOLLOW-UP TO PREVENT PREMATURE HOSPITALIZATION 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 9,000 SENIORS ANNUALLY IN PINELLAS, PASCO, AND HILLSBOROUGH COUNTIES YOUNG ADULT TRANSITIONAL PROGRAM IN BROWARD COUNTY PROVIDES SUPPORT AND ASSISTANCE TO YOUNG ADULTS AGES 17-24, WHO HAVE SERIOUS EMOTIONAL OR BEHAVIORAL ISSUES OR PERSISTENT MENTAL ILLNESS, IN MAKING A SUCCESSFUL TRANSITION TO ADULTHOOD TRANSITION TO INDEPENDENT LIVING PROGRAM IN BROWARD COUNTY PREPARES YOUTH FOR LIVING IN THEIR COMMUNITY AND TARGETS 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 LOCAL SUBSTANCE ABUSE/MENTAL HEALTH AGENCIES IN BROWARD COUNTY SUPPORTED HOUSING/LIVING PROGRAM ASSISTS OVER 50 INDIVIDUALS WITH SERIOUS MENTAL ILLNESS OR CO-OCCURRING SUBSTANCE ABUSE ISSUES TO LIVE INDEPENDENTLY IN THE COMMUNITY SERVICES INCLUDE 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

4b

(Code) (Expenses \$ 17,272,550 including grants of \$) (Revenue \$ 6,791)

CHILDREN AND FAMILY SERVICES - SEE SCHEDULE O
CHILDREN AND FAMILY SERVICES CHILD PROTECTIVE SERVICES (CPS) SUPERVISION PROVIDES IN-HOME PROTECTIVE SUPERVISION FOR AN ACTIVE CASELOAD OF 620 CHILDREN IN OSCEOLA COUNTY, 824 CHILDREN IN POLK COUNTY AND 874 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 INTERVENTION SERVICES ARE SHORT-TERM, HIGH-INTENSITY IN-HOME PARENTING AND HOME CARE SKILL TEACHING PROGRAM PROVIDED TO PARENTS AND/OR CAREGIVERS WHO ARE AT-RISK OF THEIR CHILDREN BEING REMOVED FROM THE HOME BECAUSE OF NEGLECT OR ABUSE IN POLK, BROWARD, AND HILLSBOROUGH COUNTIES DIVERSION/PREVENTION PROGRAMS - FAMILY INTERVENTION AND SUPPORT PROVIDES INTENSIVE IN-HOME FAMILY PRESERVATION SERVICES AND COMMUNITY OUTREACH WITH THE GOAL OF KEEPING AT-RISK CHILDREN "SAFE AT HOME" 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/NEGLECT ARE REFERRED TO THE PROGRAM BY CHILD PROTECTION INVESTIGATORS FOSTER CARE LICENSING AND PLACEMENT PROGRAM IN SOUTHWEST FLORIDA IS RESPONSIBLE FOR THE RECRUITING, TRAINING, LICENSING AND RE-LICENSING OF FOSTER CARE HOMES IN LEE, COLLIER, CHARLOTTE, GLADES, AND HENDRY COUNTIES THE IDENTIFIED AND APPROVED FAMILIES PROVIDE FOSTER CARE FOR DEPENDENT CHILDREN, INCLUDING TEENAGERS, SIBLING GROUPS AND PREGNANT GIRLS WITH THEIR BABIES UPON DELIVERY FAMILY REUNIFICATION SUPPORT SERVICES ARE DESIGNED TO COMPLEMENT CASE MANAGEMENT SERVICES BY PROVIDING INTENSIVE IN-HOME FAMILY ENGAGEMENT THROUGH CASE MANAGEMENT AND THERAPEUTIC SERVICES TO ENSURE A SAFEAND PERMANENT REUNIFICATION OF THE CHILD AND FAMILY SERVICES ARE DESIGNED TO RESPOND TO INDIVIDUAL SITUATIONS THAT MAY INCLUDE MENTAL HEALTH ISSUES OF PARENTS AND/OR THEIR CHILDREN, SUBSTANCE ABUSE, AND/OR SIGNIFICANT THREATS OR A RECENT OCCURRENCE OF DOMESTIC VIOLENCE IN THE HOME THESE EVENTS IMPACT THE FAMILY'S ABILITY TO PROVIDE A SAFE ENVIRONMENT FOR THE CHILD WOMAN-TO-WOMAN PROGRAM IS AN EVIDENCE-BASED PREVENTION PROGRAM FOR TEEN 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 TRAINED VOLUNTEERS, WEEKEND RETREATS, WORKSHOPS, PARENT SEMINARS, AND LINKAGE WITH EDUCATIONAL AND VOCATIONAL SERVICES VIOLENCE PREVENTION PROGRAM IS AN EVIDENCE-BASED INTERVENTION OFFERED IN 10 PINELLAS COUNTY MIDDLE SCHOOLS TO DECREASE DISRUPTIVE, AGGRESSIVE, BULLYING BEHAVIOR AND SUBSTANCE ABUSE WHILE SIMULTANEOUSLY INTRODUCING, PRACTICING AND ROLE-PLAYING PRO-SOCIAL BEHAVIORS THAT IMPROVE ACADEMIC PERFORMANCE AND OVERALL STUDENT SUCCESS

4c

(Code) (Expenses \$ 3,042,079 including grants of \$) (Revenue \$ 26,810)

REFUGEE PROGRAMS - SEE SCHEDULE O
REFUGEE SERVICES FLORIDA CENTER FOR SURVIVORS OF TORTURE (FCST) IS A REGIONAL TREATMENT CENTER (TAMPA BAY AND MIAMI-DADE) FOR SURVIVORS OF TORTURE AND EXTREME TRAUMA AS THE LEAD AGENCY, GULF COAST COLLABORATES WITH 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 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 REFUGEE YOUTH SERVICES PROVIDES ACADEMIC AND INTEGRATION ASSISTANCE TO NEWLY ARRIVING REFUGEE YOUTH TO IMPROVE THEIR OVERALL ADJUSTMENT TO LIFE IN THE U S , REDUCE SCHOOL DROP-OUT 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, AND MIAMI-DADE COUNTIES REFUGEE RESETTLEMENT & PLACEMENT IN PINELLAS AND BROWARD COUNTIES RESETTLES REFUGEES FROM AROUND THE WORLD WHO HAVE BEEN PERSECUTED AND FLED THEIR HOME COUNTRY TO COME TO AMERICA WITH THE DREAM OF PROVIDING THEIR FAMILIES WITH A LIFE OF FREEDOM, SAFETY, AND LIBERTY WITH A GOAL 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 UNACCOMPANIED CHILDREN (UAC) AT CHATLIN HOUSE WILL HELP APPROXIMATELY 380 UNACCOMPANIED CHILDREN BECOME REUNITED WITH THEIR FAMILIES IN THE UNITED STATES EACH YEAR THIS SHORT TERM, 16-BED RESIDENTIAL PROGRAM PROVIDES A CULTURALLY AND LINGUISTICALLY COMPETENT ARRAY OF SERVICES INCLUDING FAMILY REUNIFICATION SERVICES, MEDICAL AND MENTAL HEALTH SERVICES, CASE MANAGEMENT, AND THE PROVISION OF EDUCATION AND ACCULTURATION SERVICES WHILE THE CHILDREN ARE IN OUR CARE

(Code) (Expenses \$ 1,536,410 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 19,257 UNDUPLICATED CLIENTS IMPACTING 50,438 CHILDREN HAVE BEEN ASSISTED SINCE PROGRAM INCEPTION IN 1996 PROGRAM SERVES PINELLAS, PASCO, HILLSBOROUGH AND MIAMI-DADE COUNTIES M-PREP (MEDICAL-PROFESSIONAL RECERTIFICATION AND EMPLOYMENT PROGRAM) ASSISTS REFUGEES RESIDING IN MIAMI-DADE WHO WERE CERTIFIED MEDICAL PROFESSIONALS IN THEIR FORMER COUNTRY BECOME RECERTIFIED IN THE U S AND OBTAIN EMPLOYMENT IN THE MEDICAL FIELD M-PREP PROVIDES ASSESSMENT, ENGLISH LANGUAGE TRAINING, PREPARATION FOR CERTIFICATION TESTS, AND ASSISTANCE FINDING/RETAINING EMPLOYMENT THE PROGRAM ALSO PROVIDES INDIVIDUAL CASE MANAGEMENT AND FOLLOW ALONG SERVICES

(Code) (Expenses \$ 2,717,967 including grants of \$) (Revenue \$ 1,506,113)

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 ELDERLY TO REMAIN IN THEIR HOMES AND AVOID OR DELAY PLACEMENT IN A NURSING HOME PROGRAMS INCLUDED UNDER COMMUNITY CARE FOR THE ELDERLY ARE HOME CARE FOR THE ELDERLY AND ALZHEIMER'S DISEASE INITIATIVE SERVICES ARE PROVIDED TO OVER 300 ELDERLY 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 IN HILLSBOROUGH, PINELLAS, AND PASCO COUNTIES HOMEMAKER AND COMPANION SERVICES FOR FRAIL ELDERLY PROVIDE ASSISTANCE WITH HOUSECLEANING, LAUNDRY, MEAL PREPARATION, SHOPPING AND COMPANIONSHIP TO DISABLED AND FRAIL ELDERLY INDIVIDUALS IN PINELLAS, PASCO, AND HILLSBOROUGH COUNTIES 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 WHO WOULD BENEFIT FROM GERONTOLOGICAL OR MENTAL HEALTH COUNSELING SERVICES INDIVIDUAL COUNSELING MAY BE PROVIDED IN-HOME OR AT SENIOR CENTERS AND GROUP COUNSELING IS CONDUCTED AT VARIOUS CONGREGATE MEAL SITES AND SENIOR CENTERS IN PASCO AND PINELLAS COUNTIES 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 \$ 639,412 including grants of \$) (Revenue \$)

JEWISH FAMILY SERVICES 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 BYAD (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

4d

Other program services (Describe in Schedule O)

(Expenses \$ 4,893,789 including grants of \$) (Revenue \$ 1,506,113)






















4e

Total program service expenses

31,693,429

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	169
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, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	783
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
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" to line 3b, 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 as charitable contributions?	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).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds 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?	8	
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11 Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
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 or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	19	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	19	
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	Yes
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	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	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.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	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 made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, 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 or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

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

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

List all of the organization's **former** officers, key employees, or 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BARBARA STERENSIS CHAIR	3 00	X						0	0	0
(2) JAY MILLER VICE CHAIR	3 00	X						0	0	0
(3) RABBI GARY KLEIN SECRETARY	3 00	X						0	0	0
(4) DAVID PILKINGTON TREASURER	3 00	X						0	0	0
(5) JARED ABELMAN DIRECTOR	2 00	X						0	0	0
(6) JUDY BENJAMIN DIRECTOR	2 00	X						0	0	0
(7) DAVID A BERNSTEIN MD DIRECTOR	2 00	X						0	0	0
(8) DAVID DELRAHIM DIRECTOR	2 00	X						0	0	0
(9) EMILY GURTMAN DIRECTOR	2 00	X						0	0	0
(10) ANTHONY HOLLOWAY DIRECTOR	2 00	X						0	0	0
(11) WILLIAM ISRAEL DIRECTOR	2 00	X						0	0	0
(12) JULIE KLAVANS DIRECTOR	2 00	X						0	0	0
(13) SUSAN LEVY DIRECTOR	2 00	X						0	0	0
(14) STEVE RAYMUND DIRECTOR	2 00	X						0	0	0
(15) JAN SHER DIRECTOR	2 00	X						0	0	0
(16) JOYCE TAWIL DIRECTOR	2 00	X						0	0	0
(17) FRANK TYLMAN DIRECTOR	2 00	X						0	0	0

Part VII

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

Section B. Independent Contractors

Form 990 (2013)

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a118,500			
	b	Membership dues	1b			
	c	Fundraising events	1c50,900			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e4,672,861			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f25,128,085			
	g	Noncash contributions included in lines 1a-1f \$	271,129			
	h	Total. Add lines 1a-1f	29,970,346			
Program Service Revenue	2a	ELDER & DISABLED SERVI	Business Code624120	1,380,890	1,380,890	
	b	MENTAL HEALTH/SUBSTANC	621420	641,084	641,084	
	c	MANAGEMENT FEES	541610	99,621	99,621	
	d	REFUGEE SERVICES	624190	26,810	26,810	
	e	CHILDREN & FAMILY SERV	624190	5,454	5,454	
	f	All other program service revenue				
	g	Total. Add lines 2a-2f	2,153,859			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	43,728			43,728
	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) Other2,772,271215,925			
	b	Less cost or other basis and sales expenses	2,699,088209,893			
	c	Gain or (loss)	73,1836,032			
	d	Net gain or (loss)	79,215			79,215
	8a	Gross income from fundraising events (not including \$ 50,900 of contributions reported on line 1c) See Part IV, line 18	a0			
	b	Less direct expenses	b7,410			
	c	Net income or (loss) from fundraising events . . .	-7,410			-7,410
	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					
	b					
	c					
	d	All other revenue	81,37679,965			1,411
	e	Total. Add lines 11a-11d	81,376			
	12	Total revenue. See Instructions	32,321,114	2,233,824	0	116,944

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	829,098	829,098		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	565,088		564,067	1,021
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	36,170	36,170		
7	Other salaries and wages.	19,403,188	17,584,749	1,648,151	170,288
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	45,186	44,166	937	83
9	Other employee benefits.	1,696,662	1,552,832	131,306	12,524
10	Payroll taxes.	1,615,306	1,431,297	170,150	13,859
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	17,140	17,140		
c	Accounting.	109,556		109,556	
d	Lobbying.	26,250			26,250
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	12,024		12,024	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	1,418,006	1,347,898	64,343	5,765
12	Advertising and promotion.	24,245	10,366	182	13,697
13	Office expenses.	2,410,667	2,242,337	129,517	38,813
14	Information technology.	589,804	288,298	285,679	15,827
15	Royalties.				
16	Occupancy.	1,257,756	1,113,495	134,225	10,036
17	Travel.	1,194,831	1,161,834	30,289	2,708
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	106,661	53,381	26,971	26,309
20	Interest.	2,832	2,832		
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	453,538	279,089	170,120	4,329
23	Insurance.	237,334	188,208	48,797	329
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	MEDICAL & PHARMACY	91,580	91,580		
b	ALLOCATION OF GENERAL &	0	3,380,567	-3,422,886	42,319
c					
d					
e	All other expenses.	61,221	38,092	15,168	7,961
25	Total functional expenses. Add lines 1 through 24e.	32,204,143	31,693,429	118,596	392,118
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		3,787,606	1	3,108,769
	2	Savings and temporary cash investments		17,858	2	20,779
	3	Pledges and grants receivable, net		4,423,368	3	4,912,780
	4	Accounts receivable, net		230,661	4	136,129
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		483,530	9	634,039
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a9,211,497			
	b	Less accumulated depreciation	10b3,411,992	6,185,605	10c	5,799,505
	11	Investments—publicly traded securities		1,062,024	11	2,274,831
	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		1,042,980	15	1,132,529
	16	Total assets. Add lines 1 through 15 (must equal line 34)		17,233,632	16	18,019,361
Liabilities	17	Accounts payable and accrued expenses		1,774,924	17	2,415,373
	18	Grants payable			18	
	19	Deferred revenue		114,195	19	107,122
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to 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		1,701,437	23	1,578,899
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		50,000	25	173,474
	26	Total liabilities. Add lines 17 through 25		3,640,556	26	4,274,868
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		11,488,092	27	11,639,393
	28	Temporarily restricted net assets		944,742	28	944,858
	29	Permanently restricted net assets		1,160,242	29	1,160,242
	Organizations that do not follow SFAS 117 (ASC 958), 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		13,593,076	33	13,744,493
	34	Total liabilities and net assets/fund balances		17,233,632	34	18,019,361

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	32,321,114
2	Total expenses (must equal Part IX, column (A), line 25)	2	32,204,143
3	Revenue less expenses Subtract line 2 from line 1	3	116,971
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,593,076
5	Net unrealized gains (losses) on investments	5	108,093
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-73,647
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	13,744,493

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
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)

Department of the
Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

- ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
- ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES INC	Employer identification number 59-1229354
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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 33¹/₃% 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 33¹/₃% 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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g

☐

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

(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?

h

☐

Provide the following information about the supported organization(s)

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

(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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	28,084,026	27,793,024	24,127,211	25,618,455	29,970,346	135,593,062
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	28,084,026	27,793,024	24,127,211	25,618,455	29,970,346	135,593,062
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						135,593,062

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	28,084,026	27,793,024	24,127,211	25,618,455	29,970,346	135,593,062
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	29,043	25,208	31,849	24,094	43,728	153,922
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)	76,978	85,502	272,793	157,429	81,376	674,078
11 Total support (Add lines 7 through 10)						136,421,062
12 Gross receipts from related activities, etc (see instructions)					12	10,618,679
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 2013 (line 6, column (f) divided by line 11, column (f))	14	99 390 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	99 350 %
16a 33 1/3% support test—2013. 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—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶	
17a 10%-facts-and-circumstances test—2013. 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—2012. 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 IIISupport 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. 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. 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		
Return Reference	Explanation	

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), 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 35c (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
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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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

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 ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ 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)		26,798													
c Total lobbying expenditures (add lines 1a and 1b)		26,798													
d Other exempt purpose expenditures		32,120,520													
e Total exempt purpose expenditures (add lines 1c and 1d)		32,147,318													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000													
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable 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	20,833	23,417	25,000	26,798	96,048
d Grassroots nontaxable 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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(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?			
j	Total. Add 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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

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

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation

[illegible]

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**
▶ **Attach to Form 990.** ▶ **See separate instructions.** ▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES INC	Employer identification number 59-1229354
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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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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 education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2013

Part III

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

- 3

Using the organization's acquisition, accession, and other records, check any of the following that 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 XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII 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 XIII Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	2,741,217	3,413,019	2,962,463	2,634,614	2,383,812
b Contributions	1,305,633	209,750	538,754	159,500	209,306
c Net investment earnings, gains, and losses	362,244	280,983	153,065	359,828	232,155
d Grants or scholarships					
e Other expenditures for facilities and programs	369,858	1,162,535	241,263	191,479	190,659
f Administrative expenses					
g End of year balance	4,039,236	2,741,217	3,413,019	2,962,463	2,634,614

- 2

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

a

Board designated or quasi-endowment

47 880 %

b

Permanent endowment

28 730 %

c

Temporarily restricted endowment

23 390 %

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

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

No

b

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

3b

4

Describe in Part XIII the intended uses of the organization's endowment funds
- Part VI

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.
- | Description of property | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land | | 972,040 | | 972,040 |
| b Buildings | | 6,879,173 | 2,491,026 | 4,388,147 |
| c Leasehold improvements | | 15,557 | 5,072 | 10,485 |
| d Equipment | | 1,326,234 | 915,894 | 410,340 |
| e Other | | 18,493 | | 18,493 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 5,799,505 |
- Schedule D (Form 990) 2013

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	32,355,476
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	150,575
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	150,575
3	Subtract line 2e from line 1	3	32,204,901
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	116,213
c	Add lines 4a and 4b	4c	116,213
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	32,321,114

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	32,354,718
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	150,575
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	150,575
3	Subtract line 2e from line 1	3	32,204,143
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	32,204,143

Part XIII

Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	THE ORGANIZATION'S INTERNALLY-CONTROLLED ENDOWMENT NET ASSETS ARE COMPRISED OF INVESTMENTS HELD IN DONOR ENDOWMENTS AND FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS. TERM ENDOWMENTS CONSIST OF ASSETS SUBJECT TO TIME RESTRICTIONS AND GRANTS FOR FUTURE PERIODS. THE ORGANIZATION'S PERMANENT ENDOWMENT CONSISTS OF TWO INDIVIDUAL FUNDS. 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 ADOPTED AN INVESTMENT POLICY APPROVED BY THE BOARD OF DIRECTORS. THE POLICY STIPULATES THAT THE ENDOWMENT INVESTMENTS SHOULD BE MANAGED AS A LONG-TERM GOAL DESIGNED TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS AS WELL AS TO PROVIDE ADDITIONAL GROWTH THROUGH INVESTMENT RETURN. TO ACHIEVE THAT OBJECTIVE, THE ORGANIZATION HAS ADOPTED AN INVESTMENT POLICY THAT ATTEMPTS TO MAXIMIZE TOTAL RETURN CONSISTENT WITH AN ACCEPTABLE LEVEL OF RISK. ENDOWMENT ASSETS ARE INVESTED IN A WELL DIVERSIFIED ASSET MIX, WHICH INCLUDES EQUITY AND DEBT SECURITIES, THAT IS INTENDED TO RESULT IN A CONSISTENT INFLATION PROTECTED RATE OF RETURN AND GROW THE FUND. INVESTMENT RISK IS MEASURED IN TERMS OF THE TOTAL ENDOWMENT FUND, INVESTMENT ASSETS AND ALLOCATION BETWEEN ASSET CLASSES AND STRATEGIES ARE MANAGED TO NOT EXPOSE THE FUND TO UNACCEPTABLE LEVELS OF RISK. THE ORGANIZATION WILL PURSUE A STRATEGY SEEKING A LONG-TERM RATE OF RETURN OF BETWEEN 5.85% AND 8.5%. THE ORGANIZATION'S SPENDING POLICY WILL BE BASED ON ACTUAL INVESTMENT RETURNS AND IS ANNUALLY DETERMINED AND APPROVED BY THE BOARD OF DIRECTORS. SPENDING POLICY RATES WILL GENERALLY RANGE FROM 3% TO 4.5% AFTER CONSIDERATION OF VARIOUS FACTORS INCLUDING OPERATING NEEDS, RATES OF INFLATION, THE PURPOSE OF DONOR RESTRICTED ENDOWMENTS AND OTHER FACTORS.
PART X, LINE 2	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, 2010 REMAIN SUBJECT TO EXAMINATION.
PART XI, LINE 4B - OTHER ADJUSTMENTS	REALIZED GAIN ON SALE OF INVESTMENTS 73,183. GAIN ON DISPOSAL OF PROPERTY AND EQUIPMENT 6,032. GOVERNMENTAL GRANTS TO ACQUIRE & IMPROVE CAPITAL ASSETS 10,418. DONATED SOFTWARE 26,580.

[illegible]

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
59-1229354

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1

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

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and email solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations

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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

3

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		CEO RECEPTION (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	50,900		50,900
	2	Less Contributions . . .	50,900		50,900
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes . . .			
	6	Rent/facility costs . . .			
	7	Food and beverages .	5,430		5,430
	8	Entertainment			
	9	Other direct expenses .	1,980		1,980
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Subtract line 10 from line 3, column (d) ▶			

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))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses . . .			
	6	Volunteer labor	Yes % No	Yes % No	Yes % No
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶			

9 Enter the state(s) in which the organization 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 _____

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$ _____

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

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. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2

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

3

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

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) ADULT FAMILY STIPENDS	82	829,098	0	N/A	N/A

Part IV

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

Return Reference	Explanation
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)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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
<div><div>1a</div><div>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</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>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 of the expenses described above? If "No," complete Part III to explain</div></div>	1b	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	2	
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div><div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div></div><div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>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</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4a	Yes
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4b	No
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>	4c	No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>	5a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>	5b	No
<div><div>6</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>	6a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>	6b	No
<div><div>7</div><div>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</div></div>	7	No
<div><div>8</div><div>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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>	8	No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>	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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ROCHELLE TATRAI-RAY CEO/COO	(i)	185,849	0	0	0	20,534	206,383	0
	(ii)	0	0	0	0	0	0	0
(2) CARLA WASHINKO CFO	(i)	161,524	0	0	1,117	13,239	175,880	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4A	TIA GRAY SERVED AS CEO FROM JULY 2013 TO JANUARY 2014. DURING THE FISCAL YEAR ENDED JUNE 30, 2014, THE FORMER CEO RECEIVED SEVERANCE PAYMENTS TOTALING \$80,769. AN ADDITIONAL \$23,423 WAS PAID AFTER YEAR END.

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2013
Open to Public Inspection

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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?	(i) Written agreement?	
			To	From			Yes	No		Yes	No
Total ▶ \$											

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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) DEBORAH LARKIN	SPOUSE OF OFFICER	36,170	EMPLOYEE COMPENSATION FOR HER POSITION AS VIOLENCE PREVENTION SPECIALIST - TEAM LEADER		No

Part V

Supplemental Information
Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer 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 noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		199,312	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	99	29,259	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SOFTWARE)	X	1	26,580	FAIR MARKET VALUE
26 Other ▶ (HOLIDAY GIFTS)	X	113	8,938	FAIR MARKET VALUE
27 Other ▶ (OFFICE SUPPLI)	X	118	7,040	FAIR MARKET VALUE
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

0

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 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 noncash contributions?

32a

Yes

b

If "Yes," describe in Part II

33

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

Part II

Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 32B	THE ORGANIZATION UTILIZES A SALVAGE COMPANY TO SELL EXCESS NONCASH CONTRIBUTIONS (CLOTHING AND SUPPLIES)

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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
59-1229354

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 2	
FORM 990, PART III, LINE 3	THE HOMELESS EMERGENCY SHELTER IN PASCO COUNTY WAS SOLD TO CATHOLIC CHARITIES IN JULY OF 2013 THE SHELTER PROVIDED EMERGENCY HOUSING, CASE MANAGEMENT, AND OTHER VITAL SUPPORTS FOR UP TO 24 WOMEN AND CHILDREN AT ANY ONE TIME
FORM 990, PART VI, SECTION A, LINE 2	BOARD MEMBERS JAN SHER AND JAY MILLER ARE BROTHER AND SISTER BOARD MEMBER JUDY BENJAMIN IS THE FIRST COUSIN OF JAN SHER AND JAY MILLER
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
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
FORM 990, PART VI, SECTION B, LINE 15	UNDER THE 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
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
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF ASSETS HELD BY OTHERS 94,115 RETURN OF FUNDING FOR CAPITAL IMPROVEMENTS -167,762
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)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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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.

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

Part II

Identification of Related Tax-Exempt Organizations

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) GULF COAST EGRET HOUSING INC 14041 ICOT BLVD CLEARWATER, FL 33760 59-3326398	TO PROVIDE AFFORDABLE HOUSING TO THE LOW-INCOME, ELDERLY AND DISABLED	FL	501(C)(3)	LINE 9	GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES INC	Yes	
(2) GULF COAST HERON HOUSING INC 14041 ICOT BLVD CLEARWATER, FL 33760 59-3386553	TO PROVIDE HOUSING TO THE LOW-INCOME ELDERLY POPULATION	FL	501(C)(3)	LINE 9	GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES INC	Yes	

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.

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

Transactions With Related Organizations

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related 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

No

1l

Yes

1m

No

1n

Yes

1o

Yes

1p

No

1q

Yes

1r

No

1s

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) GULF COAST HERON HOUSING INC	D	56,026	PRINCIPAL BALANCE
(2) GULF COAST HERON HOUSING INC	L	96,513	FAIR MARKET VALUE
(3) GULF COAST HERON HOUSING INC	O	134,536	ACTUAL COST

Schedule R (Form 990) 2013

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.

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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