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Form 990

## Return of Organization Exempt From Income Tax

2013

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

► Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

► Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

## A For the 2013 calendar year, or tax year beginning 07-01-2013, 2013, and ending 06-30-2014

B Check if applicable	C Name of organization GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES INC		D Employer identification number 59-1229354
<input type="checkbox"/> Address change	Doing Business As		
<input type="checkbox"/> Name change			
<input type="checkbox"/> Initial return	Number and street (or P O box if mail is not delivered to street address) 14041 ICOT BLVD	Room/suite	E Telephone number (727) 479-1800
<input type="checkbox"/> Terminated			
<input type="checkbox"/> Amended return	City or town, state or province, country, and ZIP or foreign postal code CLEARWATER, FL 33760		
<input type="checkbox"/> Application pending			G Gross receipts \$ 35,237,505

F Name and address of principal officer BARBARA STERENSIS 14041 ICOT BLVD CLEARWATER, FL 33760	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	H(b) Are all subordinates included? If "No," attach a list (see instructions)
	H(c) Group exemption number ►

I Tax-exempt status  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527J Website: ► [WWW.GCJFCS.ORG](http://WWW.GCJFCS.ORG)K Form of organization  Corporation  Trust  Association  Other ► L Year of formation 1974 M State of legal domicile FL

## Part I Summary

1 Briefly describe the organization's mission or most significant activities TO PROVIDE ESSENTIAL HUMAN SERVICES TO INDIVIDUALS AND FAMILIES IN TIMES OF NEED	
2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets	
3 Number of voting members of the governing body (Part VI, line 1a) . . . . .	3 19
4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4 19
5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) . . . . .	5 783
6 Total number of volunteers (estimate if necessary) . . . . .	6 600
7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a 0
b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b 0

8 Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year 25,618,455	Current Year 29,970,346
9 Program service revenue (Part VIII, line 2g) . . . . .	2,206,206	2,153,859
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	23,304	122,943
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	95,704	73,966
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	27,943,669	32,321,114

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	801,602	829,098
14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	20,061,852	23,361,600
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ► 392,118		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .	7,137,795	8,013,445
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	28,001,249	32,204,143
19 Revenue less expenses Subtract line 18 from line 12 . . . . .	-57,580	116,971

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16) . . . . .	17,233,632	18,019,361
21 Total liabilities (Part X, line 26) . . . . .	3,640,556	4,274,868
22 Net assets or fund balances Subtract line 21 from line 20 . . . . .	13,593,076	13,744,493

## Part II Signature Block

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

Sign Here	***** Signature of officer CARLA A WASHINKO CFO Type or print name and title	2015-02-20 Date
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Paid Preparer Use Only	Print/Type preparer's name BETTY ISLER CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00541979
	Firm's name ► CBIZ MHM LLC			Firm's EIN ► 27-3605969	
	Firm's address ► 1401 COURT STREET CLEARWATER, FL 337566146			Phone no (727) 446-3058	

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

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III **1** Briefly describe the organization's mission

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

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

**4** Describe the 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 ELTERS AT RISK OF SUICIDE CONDUCTED IN CLOSE COORDINATION WITH STATE ADULT PROTECTIVE SERVICES. THIS HOLISTIC PROGRAM IN BROWARD COUNTY PROVIDES IN-HOME ASSESSMENT, CRISIS INTERVENTION COUNSELING, PSYCHIATRIC EVALUATION, FOLLOW-UP AND CASE MANAGEMENT WITH THE OVERALL GOAL OF REDUCING SUICIDE RISK. BRIEF INTERVENTION AND TREATMENT FOR ELTERS (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 SAFE AND 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 UNDUPPLICATED 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 ELDERS 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 ELDERS IN PINELLAS COUNTY ANNUALLY. COMMUNITY CARE FOR DISABLED ADULTS OFFERS CASE MANAGEMENT, HOMEMAKER SERVICES AND A RANGE OF OTHER IN-HOME SERVICES TO HELP INDIVIDUALS WITH CATASTROPHIC DISABILITIES AGES 18-59 TO REMAIN IN THE COMMUNITY. SERVICES ARE PROVIDED 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 (Expenses \$ 31,693,429)

**Part IV Checklist of Required Schedules**

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

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

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

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

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

6 Did the organization maintain any donor advised funds or any similar funds or accounts 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

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

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

9 Did the organization report an amount in Part X, line 21 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

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

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

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

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

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

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

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

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

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

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

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

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

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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

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

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

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

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

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

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

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

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

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

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

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

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . .	<b>1a</b>	169	
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<b>1b</b>	0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . .	<b>1c</b>	Yes	
<b>2a</b> 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 . . .	<b>2a</b>	783	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .	<b>3a</b>	No	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . .	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .	<b>4a</b>	No	
<b>b</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			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	<b>5a</b>	No	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	No	
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . .	<b>5c</b>		
<b>6a</b> 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? . . .	<b>6a</b>	No	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . .	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>	<b>7a</b>	Yes	
<b>a</b> 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? . . .	<b>7b</b>	Yes	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . .	<b>7c</b>	No	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . .	<b>7d</b>		
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . .	<b>7e</b>	No	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .	<b>7f</b>	No	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	<b>7g</b>		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .	<b>7h</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . .	<b>8</b>		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . .	<b>9a</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>	<b>9b</b>		
<b>a</b> Did the organization make any taxable distributions under section 4966? . . .			
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person? . . .			
<b>10 Section 501(c)(7) organizations.</b> Enter	<b>10a</b>		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . .	<b>10b</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
<b>11 Section 501(c)(12) organizations.</b> Enter	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . .	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . .	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . .	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	<b>13a</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13b</b>		
<b>b</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 . . .	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . .	<b>14a</b>	No	
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .	<b>14b</b>		

**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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	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>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	19		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>	Yes		
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	<b>3</b>	No		
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>	No		
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>	No		
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	No		
<b>7a</b> 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?	<b>7a</b>	No		
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	No		
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	<b>8a</b>	Yes		
<b>a</b> The governing body?	<b>8b</b>	Yes		
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>9</b>	No		
<b>9</b> 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				

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

		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	No	
<b>b</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?	<b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	Yes	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990			
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	Yes	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>	Yes	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	Yes	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	Yes	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	<b>15a</b>	Yes	
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15b</b>	Yes	
<b>b</b> Other officers or key employees of the organization			
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	No	
<b>b</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?	<b>16b</b>		

### 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  
 Own website  Another's website  Upon request  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	Office	Key employee	Highest compensated	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 KLVANS 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** **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

**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**

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

## **Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
UTOPIA HOME CARE INC	60 E MAIN ST KINGS PARK NY 11754	HOMECARE SERVICES
LEWIS BIRCH & RICARDO LLC	1401 COURT ST CLEARWATER FL 33756	AUDIT & ACCOUNTING SERVICES
		100,625

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

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> 118,500				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b> 50,900				
	<b>d</b> Related organizations . . . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b> 4,672,861				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 25,128,085				
	<b>g</b> Noncash contributions included in lines 1a-1f \$		271,129			
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .		29,970,346			
<b>Program Service Revenue</b>	<b>2a</b> ELDER & DISABLED SERVI	Business Code 624120	1,380,890	1,380,890		
	<b>b</b> MENTAL HEALTH/SUBSTANC	621420	641,084	641,084		
	<b>c</b> MANAGEMENT FEES	541610	99,621	99,621		
	<b>d</b> REFUGEE SERVICES	624190	26,810	26,810		
	<b>e</b> CHILDREN & FAMILY SERV	624190	5,454	5,454		
	<b>f</b> All other program service revenue					
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .		2,153,859			
	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		43,728		43,728	
<b>4</b> Income from investment of tax-exempt bond proceeds						
<b>5</b> Royalties . . . . .						
<b>6a</b> Gross rents	(I) Real	(II) Personal				
<b>b</b> Less rental expenses						
<b>c</b> Rental income or (loss)						
<b>d</b> Net rental income or (loss) . . . . .						
<b>7a</b> Gross amount from sales of assets other than inventory	(I) Securities	(II) Other				
<b>b</b> Less cost or other basis and sales expenses	2,772,271	215,925				
<b>c</b> Gain or (loss)	2,699,088	209,893				
<b>d</b> Net gain or (loss) . . . . .	73,183	6,032				
			79,215	79,215		
<b>8a</b> Gross income from fundraising events (not including \$ 50,900 of contributions reported on line 1c) See Part IV, line 18 . . . . .	a	0				
<b>b</b> Less direct expenses . . . . .	b	7,410				
<b>c</b> Net income or (loss) from fundraising events . . . . .			-7,410	-7,410		
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	a					
<b>b</b> Less direct expenses . . . . .	b					
<b>c</b> Net income or (loss) from gaming activities . . . . .						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	a					
<b>b</b> Less cost of goods sold . . . . .	b					
<b>c</b> Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue	Business Code					
<b>11a</b>						
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue . . . . .		81,376	79,965	1,411		
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .		81,376				
<b>12</b> <b>Total revenue.</b> 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 

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
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
<b>25 Total functional expenses.</b> Add lines 1 through 24e	32,204,143	31,693,429	118,596	392,118
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720)				

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

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
Assets			
1	Cash—non-interest-bearing	3,787,606	<b>1</b> 3,108,769
2	Savings and temporary cash investments	17,858	<b>2</b> 20,779
3	Pledges and grants receivable, net	4,423,368	<b>3</b> 4,912,780
4	Accounts receivable, net	230,661	<b>4</b> 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		<b>5</b>
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		<b>6</b>
7	Notes and loans receivable, net		<b>7</b>
8	Inventories for sale or use		<b>8</b>
9	Prepaid expenses and deferred charges	483,530	<b>9</b> 634,039
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 9,211,497	
b	Less accumulated depreciation	<b>10b</b> 3,411,992	6,185,605 <b>10c</b> 5,799,505
11	Investments—publicly traded securities	1,062,024	<b>11</b> 2,274,831
12	Investments—other securities See Part IV, line 11		<b>12</b>
13	Investments—program-related See Part IV, line 11		<b>13</b>
14	Intangible assets		<b>14</b>
15	Other assets See Part IV, line 11	1,042,980	<b>15</b> 1,132,529
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	17,233,632	<b>16</b> 18,019,361
Liabilities			
17	Accounts payable and accrued expenses	1,774,924	<b>17</b> 2,415,373
18	Grants payable		<b>18</b>
19	Deferred revenue	114,195	<b>19</b> 107,122
20	Tax-exempt bond liabilities		<b>20</b>
21	Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>
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		<b>22</b>
23	Secured mortgages and notes payable to unrelated third parties	1,701,437	<b>23</b> 1,578,899
24	Unsecured notes and loans payable to unrelated third parties		<b>24</b>
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	<b>25</b> 173,474
26	<b>Total liabilities.</b> Add lines 17 through 25	3,640,556	<b>26</b> 4,274,868
Net Assets or Fund Balances			
	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
27	Unrestricted net assets	11,488,092	<b>27</b> 11,639,393
28	Temporarily restricted net assets	944,742	<b>28</b> 944,858
29	Permanently restricted net assets	1,160,242	<b>29</b> 1,160,242
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>		
30	Capital stock or trust principal, or current funds		<b>30</b>
31	Paid-in or capital surplus, or land, building or equipment fund		<b>31</b>
32	Retained earnings, endowment, accumulated income, or other funds		<b>32</b>
33	Total net assets or fund balances	13,593,076	<b>33</b> 13,744,493
34	Total liabilities and net assets/fund balances	17,233,632	<b>34</b> 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)**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.

**2013****Open to Public  
Inspection**Department of the  
Treasury  
Internal Revenue Service

► 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](http://www.irs.gov/form990).**Name of the organization**GULF COAST JEWISH FAMILY AND COMMUNITY  
SERVICES INC**Employer identification number**

59-1229354

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

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

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

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

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

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

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

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

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

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

9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )

10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.

11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h

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

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	
<b>Total</b>									

**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 <b>Total.</b> 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 <b>Public support.</b> 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 <b>Total support</b> (Add lines 7 through 10)						136,421,062
12 Gross receipts from related activities, etc (see instructions)					12	10,618,679
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						

**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 <b>33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		►✓
b <b>33 1/3% support test—2012.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization		►□
17a <b>10%-facts-and-circumstances test—2013.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		►□
b <b>10%-facts-and-circumstances test—2012.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		►□
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		►□

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 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						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (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						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12 )						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> ►						

**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
<b>19a 33 1/3% support tests—2013.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ►	
<b>b 33 1/3% support tests—2012.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ►	
<b>20 Private foundation.</b> 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)**Political Campaign and Lobbying Activities****2013****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](http://www.irs.gov/form990).

**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?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

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

(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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		26,798	
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		26,798	
<b>d</b> Other exempt purpose expenditures		32,120,520	
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		32,147,318	
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000	
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
Not over \$500,000	20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		250,000	
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-		0	
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-		0	
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**4-Year Averaging Period Under Section 501(h)**

**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)**

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	<b>(a) 2010</b>	<b>(b) 2011</b>	<b>(c) 2012</b>	<b>(d) 2013</b>	<b>(e) Total</b>
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
<b>c</b> Total lobbying expenditures	20,833	23,417	25,000	26,798	96,048
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> 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		
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
<b>a</b> Volunteers?					
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
<b>c</b> Media advertisements?					
<b>d</b> Mailings to members, legislators, or the public?					
<b>e</b> Publications, or published or broadcast statements?					
<b>f</b> Grants to other organizations for lobbying purposes?					
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?					
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
<b>i</b> Other activities?					
<b>j</b> Total Add lines 1c through 1i					
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912					
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					

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

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> 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."**

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

**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-B, line 2, and Part II-B, line 1. Also, complete this part for any additional information

Return Reference	Explanation

**Part IV Supplemental Information (continued)**

**Schedule D (Form 990) 2013**

2013

Open to Public  
Inspection**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements**► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 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](http://www.irs.gov/form990).Department of the Treasury  
Internal Revenue Service**Name of the organization**GULF COAST JEWISH FAMILY AND COMMUNITY  
SERVICES INC**Employer identification number**

59-1229354

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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?  Yes  No

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

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

Preservation of land for public use (e.g., recreation or 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
2a	
2b	
2c	
2d	

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 ► \$ \_\_\_\_\_

**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)

<b>a</b> <input type="checkbox"/> Public exhibition	<b>d</b> <input type="checkbox"/> Loan or exchange programs
<b>b</b> <input type="checkbox"/> Scholarly research	<b>e</b> <input type="checkbox"/> Other
<b>c</b> <input type="checkbox"/> Preservation for future generations	

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

	<b>Amount</b>
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

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

**(ii)** related organizations . . . . .

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

	<b>Yes</b>	<b>No</b>
<b>3a(i)</b>	Yes	
<b>3a(ii)</b>		No
<b>3b</b>		

**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
<b>1a</b> Land . . . . .		972,040			972,040
<b>b</b> Buildings . . . . .		6,879,173	2,491,026	4,388,147	
<b>c</b> Leasehold improvements . . . . .		15,557	5,072	10,485	
<b>d</b> Equipment . . . . .		1,326,234	915,894	410,340	
<b>e</b> Other . . . . .		18,493			18,493
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)					5,799,505

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Total.** (Column (b) must equal Form 990, Part X, col (B) line 12)

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c  
See Form 990, Part X, line 13.

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**Total.** (Column (b) must equal Form 990, Part X, col (B) line 13 )

**Part IX Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

<b>(a) Description</b>	<b>(b) Book value</b>
(1) BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS - WEINBERG	875,053
(2) DEPOSITS	64,296
(3) DEBT ISSUE COSTS, NET	27,767
(4) DUE FROM AFFILIATES	165,413

■ 1.1.1 (2010-01-01) - 17 - 2005-2010-171 (D) 1-171

1.132.529

**Part X Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

**Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )** ► 173,474

173,474

**2. Liability for uncertain tax positions** In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**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.

**Part XIII      Supplemental Information (continued)**

Return Reference	Explanation

2013

Open to Public  
InspectionSCHEDULE G  
(Form 990 or 990-EZ)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](http://www.irs.gov/form990).Department of the Treasury  
Internal Revenue Service

Name of the organization

GULF COAST JEWISH FAMILY AND COMMUNITY  
SERVICES INC

Employer identification number

59-1229354

**Part I 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

<b>a</b> <input type="checkbox"/> Mail solicitations	<b>e</b> <input type="checkbox"/> Solicitation of non-government grants
<b>b</b> <input type="checkbox"/> Internet and email solicitations	<b>f</b> <input type="checkbox"/> Solicitation of government grants
<b>c</b> <input type="checkbox"/> Phone solicitations	<b>g</b> <input type="checkbox"/> Special fundraising events
<b>d</b> <input type="checkbox"/> 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
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total . . . . .</b>						

**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 (add col (a) through col (c))
		CEO RECEPTION (event type)	(event type)	(total number)	
1	Gross receipts . . .	50,900			50,900
2	Less Contributions . . .	50,900			50,900
3	Gross income (line 1 minus line 2) . . .				
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) . . . . .				(7,410) ►
11	Net income summary Subtract line 10 from line 3, column (d) . . . . .				-7,410 ►

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
1	Gross revenue . . . .				
2	Cash prizes . . . .				
3	Non-cash prizes . . . .				
4	Rent/facility costs . . . .				
5	Other direct expenses . .				
6	Volunteer labor . . . .	<input type="checkbox"/> Yes . . . % <input type="checkbox"/> No	<input type="checkbox"/> Yes . . . % <input type="checkbox"/> No	<input type="checkbox"/> Yes . . . % <input type="checkbox"/> No	
7	Direct expense summary Add lines 2 through 5 in column (d) . . . . .				►
8	Net gaming income summary 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	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

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

## Schedule I (Form 990)

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

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

► Attach to Form 990

► **Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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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.

**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)****Compensation Information**

OMB No 1545-0047

**2013****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue ServiceFor 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](http://www.irs.gov/form990).Name of the organization  
GULF COAST JEWISH FAMILY AND COMMUNITY  
SERVICES INC

Employer identification number

59-1229354

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

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

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?**3** 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

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

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization**a** Receive a severance payment or change-of-control payment?**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?**c** Participate in, or receive payment from, an equity-based compensation arrangement?

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

**Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.****5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of**a** The organization?**b** Any related organization?

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

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

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

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>	Yes	
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

**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 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 20,534 (ii) 0	(i) 206,383 (ii) 0	(i) 0 (ii) 0
(2) CARLA WASHINKO CFO	(i) 161,524 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 1,117 (ii) 0	(i) 13,239 (ii) 0	(i) 175,880 (ii) 0	(i) 0 (ii) 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)

## **Transactions with Interested Persons**

OMB No 1545-0047

2013

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Department of the Treasury  
Internal Revenue Service

► 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.

**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.

### **Part III Grants or Assistance Benefitting Interested Persons.**

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

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) 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

SCHEDULE M  
(Form 990)

## Noncash Contributions

OMB No 1545-0047

2013

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service►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](http://www.irs.gov/form990).

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 . . . . .	29			0

	Yes	No
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](http://www.irs.gov/form990).**2013****Open to Public  
Inspection**Name of the organization  
GULF COAST JEWISH FAMILY AND COMMUNITY  
SERVICES INCEmployer 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 AUDIT. 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 ANNUAL FINANCIAL STATEMENTS, AND FOR MONITORING RISK MANAGEMENT AND COMPLIANCE PRACTICES OF THE ORGANIZATION.

**SCHEDULE R  
(Form 990)**

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2013

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

## GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES INC

**Employer identification number**

59-1229354

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

(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.

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

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

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 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

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

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

**Part VII Supplemental Information**

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

Return Reference	Explanation
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Schedule R (Form 990) 2013