

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
	2020-04-17 Date
	LORIS DIXON CFO Type or print name and title
Paid Preparer Use Only	Print/Type preparer's name
	Preparer's signature
	Date
	Check ☐ if self-employed PTIN P01337755
	Firm's name ▶ CBIZ MHM LLC
	Firm's EIN ▶ 27-3605969
	Firm's address ▶ 13577 FEATHER SOUND DR SUITE 400 CLEARWATER, FL 337625539
	Phone no (727) 572-1400

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

INSPIRED BY JEWISH VALUES, WE PROTECT THE VULNERABLE AND HELP PEOPLE ACHIEVE FULFILLING LIVES BY EMPOWERING INDIVIDUALS AND STRENGTHENING FAMILIES

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 \$	19,891,465	including grants of \$	1,281,877)	(Revenue \$	600)
See Additional Data							

4b	(Code)	(Expenses \$	6,182,298	including grants of \$	968,750)	(Revenue \$	912,462)
See Additional Data							

4c	(Code)	(Expenses \$	2,964,303	including grants of \$	)	(Revenue \$	3,260)
See Additional Data							

See Additional Data Table

4d	Other program services (Describe in Schedule O)						
	(Expenses \$	4,548,007	including grants of \$	)	(Revenue \$	287,542)	

4e	Total program service expenses ▶	33,586,073					
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	169	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	693			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a		No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a		No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b	Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
				8		
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b		
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 19		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b Enter the number of voting members included in line 1a, above, who are independent	1b 19		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: FL

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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, address, and telephone number of the person who possesses the organization's books and records:
► LORIS DIXON CFO 14041 ICOT BLVD CLEARWATER, FL 33760 (727) 479-1800

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 ☐

1

● 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

[illegible]

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	573,165	0	48,907

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 ▶ 3

		Yes	No
3	Did the organization list any former 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) Name and business address	(B) Description of services	(C) Compensation
P&D ENTERPRISES OF VENICEA BETTER SOLUT 333 TAMiami TRAIL S VENICE, FL 34285	MEDICAL AND HEALTH CARE SERVICES	285,743
RIGHT AT HOME PINELLAS 304 S BELCHER RD STE A CLEARWATER, FL 33765	MEDICAL AND HEALTH CARE SERVICES	236,203
ETAiROS - HARMONY HOME HEALTH 13787 BELCHER RD S STE 200 LARGO, FL 33771	MEDICAL AND HEALTH CARE SERVICES	128,196
CBiZ MHM LLC 27342 NETWORK PL CHICAGO, IL 60673	ACCOUNTING SERVICES	125,863
AGING IN PLACE HOME CARE 141 POND CYPRESS RD STE A VENICE, FL 34292	MEDICAL AND HEALTH CARE SERVICES	104,997

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 ► 5

Part VIII		Statement of Revenue			
Check if Schedule O contains a response or note to any line in this Part VIII ☐					
		(A)	(B)	(C)	(D)
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 243,188			
	b Membership dues	1b			
	c Fundraising events	1c 262,630			
	d Related organizations	1d 281,714			
	e Government grants (contributions)	1e 3,455,868			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 27,174,464			
	g Noncash contributions included in lines 1a - 1f \$	246,146			
	h Total. Add lines 1a-1f		31,417,864		
Program Service Revenue		Business Code			
	2a BEHAVIORAL HEALTH SERVICES	624120	912,462	912,462	
	b ELDER & DISABLED SERVICES	624120	184,902	184,902	
	c MANAGEMENT FEES	541610	102,040	102,040	
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		1,199,404		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		14,268		14,268
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6a Gross rents	(i) Real (ii) Personal			
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
	b Less cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
	8a Gross income from fundraising events (not including \$ 262,630 of contributions reported on line 1c) See Part IV, line 18	a 53,090			
	b Less direct expenses	b 74,512			
	c Net income or (loss) from fundraising events		-21,422		-21,422
	9a Gross income from gaming activities See Part IV, line 19	a 2,813			
	b Less direct expenses	b 5,250			
	c Net income or (loss) from gaming activities		-2,437		-2,437
	10a Gross sales of inventory, less returns and allowances	a			
	b Less cost of goods sold	b			
	c Net income or (loss) from sales of inventory				
Miscellaneous Revenue	Business Code				
11a					
b					
c					
d All other revenue		23,438	4,460	18,978	
e Total. Add lines 11a-11d		23,438			
12 Total revenue. See Instructions		32,631,115	1,203,864	0	9,387

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	1,281,877	1,281,877		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	968,750	968,750		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	590,133		496,237	93,896
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	18,811,649	16,602,640	2,031,084	177,925
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	76,543	65,766	9,440	1,337
9 Other employee benefits.	2,088,578	1,842,378	226,548	19,652
10 Payroll taxes.	1,493,060	1,291,616	180,860	20,584
11 Fees for services (non-employees):				
a Management.				
b Legal.	26,279		26,279	
c Accounting.	216,939		216,939	
d Lobbying.	26,250			26,250
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	2,805,006	2,681,196	90,380	33,430
12 Advertising and promotion.	18,048	13,238	1,466	3,344
13 Office expenses.	2,133,955	1,982,252	120,193	31,510
14 Information technology.	490,179	186,571	300,677	2,931
15 Royalties.				
16 Occupancy.	1,119,370	946,996	162,361	10,013
17 Travel.	1,130,026	1,105,227	24,288	511
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	103,502	58,509	44,773	220
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	426,380	267,055	150,918	8,407
23 Insurance.	257,915	193,049	64,321	545
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	19,469	19,469		
b BAD DEBT	199		199	
c ALLOCATION OF M&G	0	4,051,366	-4,058,029	6,663
d				
e All other expenses	176,702	28,118	143,478	5,106
25 Total functional expenses. Add lines 1 through 24e.	34,260,809	33,586,073	232,412	442,324
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	4,623,281	1	3,751,152
	2 Savings and temporary cash investments	396,345	2	503,282
	3 Pledges and grants receivable, net	3,659,321	3	3,784,156
	4 Accounts receivable, net	136,453	4	244,364
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	801,570	9	797,781
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 9,814,130		
	b Less: accumulated depreciation	10b 5,189,295	4,850,625	10c 4,624,835
	11 Investments—publicly traded securities		11	2,621
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,212,824	15	202,752
16 Total assets. Add lines 1 through 15 (must equal line 34)	15,680,419	16	13,910,943	
Liabilities	17 Accounts payable and accrued expenses	1,750,469	17	1,742,806
	18 Grants payable		18	
	19 Deferred revenue	695,506	19	697,500
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,084,001	23	945,124
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	50,000	25	50,000
	26 Total liabilities. Add lines 17 through 25	3,579,976	26	3,435,430
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	10,961,532	27	9,876,543
	28 Temporarily restricted net assets	508,227	28	418,286
	29 Permanently restricted net assets	630,684	29	180,684
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	12,100,443	33	10,475,513	
34 Total liabilities and net assets/fund balances	15,680,419	34	13,910,943	

Part XI Reconciliation of Net AssetsCheck 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	32,631,115
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,260,809
3	Revenue less expenses Subtract line 2 from line 1	3	-1,629,694
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,100,443
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	4,764
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,475,513

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ 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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	No	
b 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 ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
c 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	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?	Yes	
b 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	Yes	

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

Form 990 (2018)

Form 990, Part III, Line 4a:

CHILDREN AND FAMILY SERVICES - SEE SCHEDULE OCHILDREN AND FAMILY SERVICES CHILD PROTECTIVE SERVICES (CPS) SUPERVISION PROVIDES PROTECTIVE SUPERVISION FOR CHILDREN REFERRED BY THE FLORIDA ABUSE HOTLINE AND CHILD PROTECTIVE INVESTIGATORS COMMUNITY BASED SERVICES ARE PROVIDED IN-HOME AND IN ALTERNATIVE PLACEMENTS WITH RELATIVES, NON-RELATIVES AND LICENSED FOSTER CARE SETTINGS TO ENSURE SAFETY, WELL-BEING AND PERMANENCY, INCLUDING ADOPTION, FOR AN ACTIVE CASELOAD OF OVER 2,000 CHILDREN THIS PROJECT IS PART OF THE STATEWIDE PRIVATIZATION OF STATE PROTECTIVE SERVICES 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, AND 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 AND EXTENDED FOSTER CHILDREN FAMILY REUNIFICATION SUPPORT SERVICES ARE DESIGNED TO COMPLEMENT CASE MANAGEMENT SERVICES IN HILLSBOROUGH COUNTY 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 KINSHIP SUPPORT PROGRAM IS DESIGNED TO COMPLEMENT CASE MANAGEMENT SERVICES BY PROVIDING DIRECT SUPPORT TO NON-LICENSED CAREGIVERS (RELATIVES AND NON-RELATIVES) OF CHILDREN IN THE HILLSBOROUGH COUNTY CHILD WELFARE SYSTEM SERVICES ARE PROVIDED IN THE CAREGIVERS' HOMES AND LOCAL COMMUNITIES THE PROGRAM UTILIZES DIRECT FAMILY INVOLVEMENT TO DEVELOP AN INDIVIDUALIZED SUPPORT PLAN TO ADDRESS NECESSARY SERVICES SUCH AS CASE MANAGEMENT, CAREGIVER BENEFIT ASSISTANCE, CRISIS INTERVENTION, AND PEER SUPPORT SUPPORT SERVICES ARE DESIGNED TO STRENGTHEN AND STABILIZE KINSHIP PLACEMENTS TO MAINTAIN CHILDREN, REQUIRING OUT OF HOME PLACEMENT, WITH THEIR "FAMILY" VERSUS LICENSED FOSTER CARE 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 9 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 THE FAMILY SERVICES INITIATIVE PROVIDES NAVIGATION SERVICES FOR FAMILIES WHO NEED ASSISTANCE IN PINELLAS COUNTY THE PROGRAM IS DESIGNED TO REMOVE COMMON BARRIERS AND STRENGTHEN FAMILY STABILITY GCJFCS NAVIGATORS WORK COLLABORATIVELY WITH FAMILIES TO ASSESS, IDENTIFY, AND PRIORITIZE THEIR NEEDS THEN, WITH FAMILY PARTICIPATION, NAVIGATORS WILL DEVELOP A FAMILY SUPPORT PLAN THAT IS FAMILY-CENTERED, STRENGTH-BASED, AND NEEDS-DRIVEN NAVIGATORS WILL CONNECT FAMILIES IN NEED OF ASSISTANCE TO THE APPROPRIATE FINANCIAL RESOURCES SO THAT STABILITY IS ACHIEVED THE NAVIGATORS CAN ASSIST THE FAMILY IN STRENGTHENING THEIR STABILITY FOR A PERIOD OF UP TO 30 DAYS THROUGHOUT THE PROCESS, GULF COAST JFCS NAVIGATORS WILL ACT AS A GUIDE, SUPPORT NETWORK, AND ADVOCATE FOR FAMILIES THEY CALL UPON THEIR RELATIONSHIPS AND FAMILIARITY WITH COMMUNITY RESOURCES TO SIMPLIFY AND EXPEDITE ACCESS TO SUPPORT AND SERVICES GOOD AFTERNOON FRIENDS AND AMIGOS (GAFA) IS AN AFTER-SCHOOL PROGRAM IN HILLSBOROUGH COUNTY THAT PROVIDES TUTORING AND HOMEWORK ASSISTANCE TO SCHOLARS FROM KINDERGARTEN TO 3RD GRADE PARENTS AND/OR CAREGIVERS OF PARTICIPATING STUDENTS WILL BE INVOLVED AND ENGAGED IN THEIR DEVELOPMENT AND FAMILY ACTIVITIES RESOURCES ARE AVAILABLE TO PARENTS AND CAREGIVERS TO HELP MEET IDENTIFIED NEEDS INCLUDING HOME VISITATION THIS PROGRAM CURRENTLY EXISTS FOR SCHOLARS IN KINDERGARTEN THROUGH 3RD GRADE ENROLLED AT REDDICK AND ROBINSON ELEMENTARY SCHOOLS IN HILLSBOROUGH COUNTY ON JUNE 1, 2019, GCJFCS ACQUIRED THE HEART GALLERY OF PINELLAS AND PASCO, A NON-PROFIT ORGANIZATION THAT PROVIDES ADOPTION SUPPORT FOR FOSTER CARE CHILDREN AND SERVES AS A RESOURCE AND LIAISON FOR FAMILIES INTERESTED IN ADOPTING THE PROGRAM CONNECTS CHILDREN IN FOSTER CARE WITH THEIR FOREVER FAMILIES THROUGH ADOPTION IN ADDITION TO FEATURING CHILDREN, THE ORGANIZATION RECRUITS AND SUPPORTS FAMILIES INTERESTED IN ADOPTION LOCAL ADOPTION CASE MANAGERS SEND REFERRALS TO THE HEART GALLERY TO HELP FIND FAMILIES INTERESTED IN STATE-SPONSORED ADOPTION WE WORK WITH LOCAL PROFESSIONAL PHOTOGRAPHERS WHO DONATE THEIR TIME AND TALENT TO TAKE BEAUTIFUL PORTRAITS OF THE CHILDREN THOSE PHOTOS ARE DISPLAYED THROUGHOUT GALLERIES IN THE COMMUNITY, ON OUR WEBSITE AND ON SOCIAL MEDIA SO POTENTIAL ADOPTIVE PARENTS CAN FIND THEM WHEN A POTENTIAL PARENT - AN INDIVIDUAL OR COUPLE - SEES A CHILD THEY ARE INTERESTED IN, THEY SUBMIT AN INQUIRY USING THE "INQUIRE ABOUT THIS CHILD" BUTTON AFTER AN INQUIRY HAS BEEN SUBMITTED, WE ARE HERE TO ANSWER QUESTIONS, OFFER LINKS TO RESOURCES AND PROVIDE POST-ADOPTION SUPPORT

Form 990, Part III, Line 4b:

MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES - SEE SCHEDULE O

MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES 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, LEVEL 2 STATE LICENSED FACILITY THAT PROVIDES SHORT-TERM (3-9 MONTH) RESIDENTIAL TREATMENT TO ADULTS WHO ARE 18+ AND ARE DIAGNOSED WITH SEVERE AND PERSISTENT MENTAL ILLNESS WHO MAY OR MAY NOT ALSO HAVE A CO-OCCURRING DISORDER

THE FACILITY PROVIDES ACCESS TO PSYCHIATRIC MEDICATION MANAGEMENT SERVICES AS WELL AS PSYCHOSOCIAL REHABILITATION, INDIVIDUAL COUNSELING AND CASE MANAGEMENT SERVICES, IN ADDITION TO LIFE SKILLS TRAINING IN A HOME-LIKE ENVIRONMENT WHICH FOSTERS INDEPENDENCE AND ENCOURAGES INDIVIDUALS TO SEEK INDEPENDENT LIVING IN THE COMMUNITY

THE FACILITY RECEIVED REFERRALS FROM THE LOCAL STATE HOSPITAL AS WELL AS THE MENTAL HEALTH RECEIVING FACILITIES, CASE MANAGERS AND FAMILY MEMBERS WITHIN THE SUNCOAST REGION

ADULT RESIDENTIAL TREATMENT AND STABILIZATION (ARTS) IS A 16-BED, LEVEL 1 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 GROUPS, INDIVIDUAL THERAPY, AND OTHER SUPPORTS FOR UP TO THREE MONTHS

ADELE GILBERT RESIDENTIAL TREATMENT FACILITY IS A 16 BED, LEVEL 2 STATE LICENSED RESIDENTIAL TREATMENT PROGRAM IN PASCO COUNTY FOR ADULT'S AGE 18+ WHO ARE CHRONICALLY 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 MEDICATION MANAGEMENT AND EDUCATION, RECOVERY ORIENTED LIFE SKILLS TRAINING, PSYCHOSOCIAL REHABILITATION, SUBSTANCE ABUSE COUNSELING, INDIVIDUAL THERAPY AND OTHER SUPPORTS FOR UP TO THREE OR EIGHT MONTHS

ALTERNATIVE FAMILY PROGRAM (AFP) IS BASED ON THE THERAPEUTIC FOSTER HOME CONCEPT OF TRAINED SPONSORS WHO OPEN THEIR HOMES TO NO MORE THAN FIVE ADULTS OR SENIORS WITH MENTAL ILLNESS AND WELCOME THEM INTO THEIR FAMILIES

WITH OVER 219 BEDS IN 71 LICENSED CARE HOMES COVERING A 36 COUNTY AREA, SPONSORS PROVIDE 24-HOUR CLIENT SUPERVISION, CARE AND SUPPORT IN EXCHANGE FOR A MONTHLY STIPEND

OLDER ADULTS SUPPORT TEAM PROVIDES SPECIALIZED INTERVENTION FOR ELDERLY AT RISK OF SUICIDE

IN CLOSE COORDINATION WITH STATE ADULT PROTECTIVE SERVICES, THIS HOLISTIC PROGRAM IN BROWARD COUNTY PROVIDES IN-HOME ASSESSMENT, CRISIS INTERVENTION COUNSELING, PEER SUPPORT, FOLLOW UP AND CASE MANAGEMENT WITH THE OVERALL GOAL OF REDUCING SUICIDE RISK

INTERVENTION SERVICES PROVIDES SUBSTANCE ABUSE INTERVENTION SERVICES FOR ADULTS 18 YEARS AND OLDER IN PINELLAS, PASCO, AND HILLSBOROUGH COUNTIES WHO PRESENT WITH RISK FACTORS FOR SUBSTANCE MISUSE

THIS IN-HOME PROGRAM PROVIDES INDIVIDUALIZED SCREENING, ASSESSMENT AND INTERVENTION THROUGH EDUCATION, SHORT-TERM PROBLEM SOLVING, ADVOCACY, REFERRAL AND FOLLOW-UP TO REDUCE RISK FACTORS AND THE NEED FOR MORE EXTENSIVE TREATMENT

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 10,000 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/BEHAVIORAL ISSUES OR SUBSTANCE ABUSE AND/OR PERSISTENT MENTAL ILLNESS, WITH THE GOAL OF SUCCESSFUL TRANSITION INTO ADULthood

TRANSITION TO INDEPENDENT LIVING (T2IL) PREPARES YOUTH AGES 15-22 FOR LIVING IN THEIR COMMUNITY AND TARGETS YOUTH WHO ARE "AGING OUT" OF FOSTER CARE

SUPPORTED HOUSING/LIVING PROGRAM ASSISTS OVER 75 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

Form 990, Part III, Line 4c:

JEWSH FAMILY SERVICES - SEE SCHEDULE O 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 JEWSH COMMUNITY IN PINELLAS AND PASCO COUNTIES PROGRAM SERVICES ALSO INCLUDE EMERGENCY FINANCIAL ASSISTANCE, INFORMATION AND INTEREST-FREE COLLEGE LOANS WILLIAM AND SALLY ISRAEL FOOD PANTRY PROVIDES NON-PERISHABLE FOOD, LIMITED CLOTHING, HOUSEHOLD GOODS AND SCHOOL SUPPLIES FOR CLIENTS OF GULF COAST JFS CLIENTS BY APPOINTMENT AND CLIENTS OF OTHER PROGRAMS MAY ACCESS THE PANTRY THROUGH THEIR CASE MANAGERS OR PROGRAM STAFF YAD B'YAD (HAND-IN-HAND) RECRUITS JEWSH ADULT VOLUNTEERS AS MENTORS, COMPANIONS, AND ROLE MODELS FOR JEWSH CHILDREN AGES 6 TO 17 THE RELATIONSHIP STRENGTHENS THE FAMILY BY ENRICHING CHILDREN'S LIVES WITH ADDITIONAL ADULT INFLUENCE AND SUPPORT COUNSELING CENTER, THE AGENCY'S ORIGINAL PROGRAM, PROVIDES OUTPATIENT COUNSELING SERVING THE BEHAVIORAL HEALTH NEEDS OF THE JEWSH COMMUNITY AND INDIVIDUALS REFERRED FROM OTHER AGENCY PROGRAMS THE CENTER OFFERS INDIVIDUAL COUNSELING AND MEDICATION MANAGEMENT BY CARING AND LICENSED PSYCHOTHERAPISTS

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

(Code	) (Expenses \$	1,333,067	including grants of \$	) (Revenue \$	)
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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 24,529 UNDUPLICATED CLIENTS IMPACTING 66,787 CHILDREN HAVE BEEN ASSISTED SINCE PROGRAM INCEPTION IN 1996 PROGRAM SERVES PINELLAS AND MIAMI-DADE COUNTIES

(Code	) (Expenses \$	1,309,881	including grants of \$	) (Revenue \$	600)
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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 AS 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 (NPCT) IS THE OFFICE OF REFUGEE RESETTLEMENT'S NATIONAL MENTAL HEALTH TECHNICAL ASSISTANCE PROGRAM FOR REFUGEE SERVICE PROVIDERS NPCT DEVELOPS THE CAPACITY OF RESETTLEMENT AND OTHER REFUGEE PROGRAMS ACROSS THE U S TO HELP THEM MEET THE MENTAL HEALTH NEEDS OF REFUGEES WORKING WITH A WIDE ARRAY OF SUBJECT MATTER EXPERTS, NPCT PROMOTES RESEARCH INTO BEST PRACTICES FOR THE TREATMENT OF REFUGEE MENTAL HEALTH, AND ENSURES THAT PROVIDERS HAVE THE RESOURCES TO IMPLEMENT TRAUMA-INFORMED HOLISTIC SERVICES FOR REFUGEES 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 AND THEIR FAMILIES BECOME SELF-SUFFICIENT, SERVICES INCLUDE CASE MANAGEMENT, HOUSING AND FURNITURE ASSISTANCE, CULTURAL ORIENTATION, REFERRALS AND FOLLOW UP TO A WIDE RANGE OF COMMUNITY SERVICE RESOURCES REFUGEE PREFERRED COMMUNITIES PROVIDES INTENSIVE CASE MANAGEMENT AND SUPPORTIVE SERVICES TO RECENTLY ARRIVED REFUGEES FACING BARRIERS TO SELF-SUFFICIENCY SERVICES INCLUDE COMPREHENSIVE CASE MANAGEMENT AND TIMELY ACCESS TO A WIDE RANGE OF COMMUNITY RESOURCES, EMPLOYMENT SERVICES, AND HEALTHCARE PROVIDERS AND MEDICAL TREATMENT REFUGEE AMERICORPS MEMBER IN PINELLAS AIDS IN ENHANCING THE CAPABILITY OF GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES REFUGEE RESETTLEMENT AND PREFERRED COMMUNITIES PROGRAM THE REFUGEE CORPS MEMBER PROVIDES DIRECT SERVICES TO REFUGEES AND SUPPLEMENT PREFERRED COMMUNITIES CASE MANAGEMENT ACTIVITIES BY DEVELOPING A (1) MENTORING PROGRAM, (2) COMMUNITY FACILITATED ENHANCED CULTURAL ORIENTATION, (3) REFUGEE SPEAKERS BUREAU THIS POSITION REPORTS TO PROGRAM MANAGER AND DIRECTOR MATCH GRANT PROGRAM EMPLOYMENT PROGRAM-PINELLAS IS AN ALTERNATIVE TO PUBLIC CASH ASSISTANCE PROVIDING SERVICES TO HELP REFUGEES, ASYLEES, CUBAN AND HAITIAN ENTRANTS, AND SPECIAL IMMIGRANT VISA HOLDERS (SVS) TO BECOME ECONOMICALLY SELF-SUFFICIENT WITHIN 120 TO 180 DAYS OF PROGRAM ELIGIBILITY SERVICES PROVIDED ARE CASE MANAGEMENT, EMPLOYMENT SERVICES, MAINTENANCE ASSISTANCE AND CASH ALLOWANCE, AND ADMINISTRATION SELF-SUFFICIENCY MUST BE ACHIEVED WITHOUT ACCESSING PUBLIC CASH ASSISTANCE

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

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

(Code	) (Expenses \$	1,905,059	including grants of \$	) (Revenue \$	286,942)
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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 400 ELDERS IN PINELLAS COUNTY ANNUALLY 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 INDIVIDUAL GERONTOLOGICAL OR MENTAL HEALTH COUNSELING SERVICES THAT CAN BE PROVIDED IN-HOME OR AT SENIOR CENTERS OR VARIOUS CONGREGATE MEAL SITES IN PASCO/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

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JULIE KLAVANS CHAIR	2 00	X						0	0	0
ERIC FEDER CO-CHAIR	2 00	X						0	0	0
DAVID S DELRAHIM SECRETARY	2 00	X						0	0	0
DAVID PILKINGTON TREASURER	2 00	X						0	0	0
JARED ABELMAN DIRECTOR (TERM ENDED 6/30/19)	2 00	X						0	0	0
JEFF BAKER DIRECTOR	2 00	X						0	0	0
VIVIAN BENCI MD DIRECTOR	2 00	X						0	0	0
JUDY BENJAMIN DIRECTOR	2 00	X						0	0	0
STEVE BENOVA DIRECTOR	2 00	X						0	0	0
DEBBIE BERNER DIRECTOR	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID A BERNSTEIN MD DIRECTOR (TERM ENDED 6/30/19)	2 00 0 00	X						0	0	0
VERNON BRYANT DIRECTOR	2 00 0 00	X						0	0	0
EVAN CHRISTENSON DIRECTOR	2 00 0 00	X						0	0	0
ANDREW HANO MD DIRECTOR	2 00 0 00	X						0	0	0
KAREN RAYMUND MARDER DIRECTOR	2 00 0 00	X						0	0	0
JAY MILLER DIRECTOR	2 00 2 00	X						0	0	0
DAVID PUNZAK DIRECTOR	2 00 0 00	X						0	0	0
ELIZABETH SAMUELSON DIRECTOR	2 00 0 00	X						0	0	0
ALAN SCHWARTZ DIRECTOR	2 00 0 00	X						0	0	0
ABBY STERENSIS DIRECTOR	2 00 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BARBARA STERENSIS DIRECTOR (TERM ENDED 6/30/19)	2 00 0 00	X						0	0	0
BECCA TIEDER DIRECTOR	2 00 0 00	X						0	0	0
FRANK SKIP TYLMAN DIRECTOR (TERM ENDED 6/30/19)	2 00 0 00	X						0	0	0
TERRI ZIEGLER DIRECTOR (TERM ENDED 6/30/19)	2 00 2 50	X						0	0	0
SANDRA BRAHAM PRESIDENT/CEO	40 00 4 50			X				249,137	0	31,600
LORIS DIXON CFO	40 00 4 50			X				79,181	0	4,682
TERRI BALLIET CO-COO	40 00 0 00			X				128,713	0	10,314
LAURENCE ROBERTS VP IT/CIO	40 00 0 00					X		116,134	0	2,311

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

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 12, 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 (Form 990 or 990-EZ))
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	34,731,761	37,243,421	33,564,727	31,883,523	31,417,864	168,841,296
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	34,731,761	37,243,421	33,564,727	31,883,523	31,417,864	168,841,296
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						168,841,296

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4	34,731,761	37,243,421	33,564,727	31,883,523	31,417,864	168,841,296
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	93,200	81,225	30,514	2,303	14,268	221,510
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	39,595	59,083	34,377			133,055
11	Total support. Add lines 7 through 10						169,195,861
12	Gross receipts from related activities, etc. (see instructions)					12	5,957,085
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14 99.790 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15 99.720 %
16a	33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☒	
b	33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☐	
17a	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ☐	
b	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ☐	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ☐	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

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

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), 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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

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-
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)		26,250													
c Total lobbying expenditures (add lines 1a and 1b)		26,250													
d Other exempt purpose expenditures		34,234,559													
e Total exempt purpose expenditures (add lines 1c and 1d)		34,260,809													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000													
<table><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></tbody></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000													
h Subtract line 1g from line 1a If zero or less, enter -0-		0													
i Subtract line 1f from line 1c If zero or less, enter -0-		0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes ☐ 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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	31,250	26,250	26,250	26,250	110,000
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

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

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

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" on Form 990, Part IV, line 6.

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

5 Did the organization inform all donors and donor advisors in 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" on Form 990, Part IV, line 7.

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	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, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on 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 Revenue included on 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)

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ 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" on Form 990, Part IV, line 10.

1a

Beginning of year balance

b

Contributions

c

Net investment earnings, gains, and losses

d

Grants or scholarships

e

Other expenditures for facilities and programs

f

Administrative expenses

g

End of year balance

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a	1,169,389	996,965	5,936,111	3,207,125	3,149,884
b	100,225	130,684	46,525	2,873,494	25,000
c	8,825	41,740	182,704	-101,012	32,241
d					
e	983,077		5,168,375	43,496	
f					
g	295,362	1,169,389	996,965	5,936,111	3,207,125

2

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

a

Board designated or quasi-endowment

38 830 %

b

Permanent endowment

61 170 %

c

Temporarily restricted endowment

0 %

The percentages on 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" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)	Yes	
3a(ii)		No
3b		

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		904,915		904,915
b Buildings		7,144,870	3,712,271	3,432,599
c Leasehold improvements		25,803	15,656	10,147
d Equipment		1,738,542	1,461,368	277,174
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				4,624,835

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
ESTIMATED PROVISION FOR THIRD-PARTY PAYOR LIABILITIES	50,000	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	50,000	

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' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

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

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

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

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental 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 THE ORGANIZATION'S PERMANENT ENDOWMENT CONSISTS OF THREE INDIVIDUAL FUNDS - THE WEINBERG ENDOWMENT MATCH, THE OHLHAUSEN ENDOWMENT, AND THE YAD B YAD ENDOWMENT UNDER THE TERMS OF THE WEINBERG ENDOWMENT, THE ORGANIZATION IS REQUIRED TO SPEND THE LESSER OF ACTUAL EARNINGS OR 5% ON MAINTENANCE OF CERTAIN FACILITIES IF THE REQUIRED MINIMUM IS NOT SPENT ON MAINTENANCE, THE AMOUNT UNSPENT IS ADDED TO THE PERMANENT ENDOWMENT UNDER THE TERMS OF THE OHLHAUSEN ENDOWMENT AGREEMENT, THE ORGANIZATION MAY SPEND UP TO 5% OF THE ENDOWMENT ANNUALLY TO SUPPORT THE ORGANIZATION'S MISSION

Supplemental Information

Return Reference	Explanation
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, 2015 REMAIN SUBJECT TO EXAMINATION.

Supplemental Information Regarding Fundraising or Gaming Activities

2018

Open to Public Inspection

Complete if the organization answered "Yes" on 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.

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

Employer identification number

59-1229354

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

- 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

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" on 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)
		FACES ANNUAL CELEBRATION (event type)	THE GREAT GULF COAST JEWELRY HEIST (event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	276,762	38,958		315,720
	2 Less Contributions	241,980	20,650		262,630
	3 Gross income (line 1 minus line 2)	34,782	18,308		53,090
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		8,822		8,822
	6 Rent/facility costs	4,715	508		5,223
	7 Food and beverages				
	8 Entertainment	15,588	300		15,888
	9 Other direct expenses	37,359	7,220		44,579
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				74,512
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-21,422

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶					

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11 Does the organization conduct 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 conducted in					
a The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;">13a</td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;">13b</td><td style="text-align: center;">%</td></tr></table>	13a	%	13b	%
13a	%				
13b	%				
b An outside facility					

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 provide any additional information. See instructions.

Return Reference

Explanation

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

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

Employer identification number
59-1229354

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GULF COAST CARES INC 14041 ICOT BLVD CLEARWATER, FL 33760	47-5550256	501(C)(3)	1,281,877		N/A	N/A	ENDOWMENT TO EMPOWER INDIVIDUALS AND STRENGTHEN FAMILIES

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

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) ADULT FAMILY STIPENDS	298	968,750	0	N/A	N/A
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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	GRANTS TO ORGANIZATIONS IS COMPRISED OF A SINGLE GRANT TO A RELATED, NOT-FOR-PROFIT ENTITY, GULF COAST CARES, INC THE ENTITY WAS FORMED TO PROVIDE GRANTS TO OTHER 501(C)(3) ORGANIZATIONS (INCLUDING GCJFCS) INSPIRED BY JEWISH VALUES TO PROTECT THE VULNERABLE AND HELP PEOPLE ACHIEVE FULFILLING LIVES BY EMPOWERING INDIVIDUALS AND STRENGHTENING FAMILIES THE GULF COAST CARES COMMITTEE OF GCJFCS IS RESPONSIBLE FOR OVERSIGHT OF THE ENTITY THE NUMBER OF DIRECTORS OF GULF COAST CARES, INC WHO CONCURRENTLY SERVE AS DIRECTORS OF GCJFCS SHALL AT ALL TIMES CONSTITUTE AT LEAST A SIMPLE MAJORITY OF THE BOARD IN THIS CAPACITY, GCJFCS MONITORS THE USE OF GRANT FUNDS INDIVIDUAL 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 INCURRED UNDER THE GRANT COMPARED TO THE AMOUNT BUDGETED THESE REVIEWS ARE PERFORMED BY THE GRANT ACCOUNTANTS ASSIGNED TO THE GRANT AS WELL AS THE CFO, COO, AND THE GRANT PROGRAM DIRECTOR

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2018

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
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Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e.g., maid, chauffeur, chef)		
b If 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.	1b	
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?	2	
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. ☐ Compensation committee ☐ Independent compensation consultant ☒ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee		
4 During the year, did any person listed on 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.	4a 4b 4c	No No No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on 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," on line 5a or 5b, describe in Part III.	5a 5b	No No
6 For persons listed on 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," on line 6a or 6b, describe in Part III.	6a 6b	No No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
8 Were any amounts reported on 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.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

For each individual whose compensation must be reported on 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.

[illegible]

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.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

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

Employer identification number
59-1229354

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	1	250	FAIR MARKET VALUE
2 Art—Historical treasures . .	X	1	80	FAIR MARKET VALUE
3 Art—Fractional interests . .				
4 Books and publications . .	X		103	FAIR MARKET VALUE
5 Clothing and household goods	X		135,007	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	118	26,824	FAIR MARKET VALUE
20 Drugs and medical supplies .	X	5	1,243	FAIR MARKET VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts . . .				
25 Other ► (SUPPLIES)	X	103	41,167	FAIR MARKET VALUE
26 Other ► (HOLIDAY GIFTS)	X	10	27,400	FAIR MARKET VALUE
27 Other ► (AUCTION/RAFFLE ITEMS)	X	8	14,072	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

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?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

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

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

Yes

No

30a

No

31

Yes

32a

Yes

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

Cat No 51227J

Schedule M (Form 990) (2018)

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 CONTRBUTIONS (CLOTHING AND SUPPLIES)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

GULF COAST JEWISH FAMILY AND COMMUNITY
SERVICES INC

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

59-1229354

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 2	ON JUNE 1, 2019, GCJFCS ACQUIRED THE HEART GALLERY OF PINELLAS AND PASCO, A NON-PROFIT ORG ANIZATION THAT PROVIDES ADOPTION SUPPORT FOR FOSTER CARE CHILDREN AND SERVES AS A RESOURCE AND LIAISON FOR FAMILIES INTERESTED IN ADOPTING THE PROGRAM CONNECTS CHILDREN IN FOSTER CARE WITH THEIR FOREVER FAMILIES THROUGH ADOPTION A FULL DESCRIPTION OF THIS PROGRAM CAN BE FOUND UNDER CHILDREN AND FAMILY SERVICES IN PART III, LINE 4A

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BOARD MEMBER JUDY BENJAMIN IS THE FIRST COUSIN OF JAY MILLER BOARD MEMBERS BARBARA STERENSIS AND ABBY STERENSIS ARE MOTHER AND DAUGHTER

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE ORGANIZATION AMENDED ITS BYLAWS EFFECTIVE MAY 30, 2019 AMENDMENTS INCLUDE -CHANGING THE NUMBER OF THE BOARD OF DIRECTORS TO BE EIGHTEEN (18) TO TWENTY-TWO (22) MEMBERS, WHICH INCLUDE UP TO 17 AT-LARGE MEMBERS, -ALLOWING CURRENT OR PAST BOARD MEMBERS WHO ARE SERVING ON THE NETWORK OF JEWISH HUMAN SERVICES AGENCIES (NJHSA) BOARD TO EXTEND THEIR TERM TO SERVE CONCURRENTLY ON THE GCJFS BOARD -CHANGING THE ORIENTATION TO BE WITHIN THREE MONTHS OF A MEMBER'S ELECTION TO THE BOARD -UPDATING THE NAME OF THE DEVELOPMENT AND ENGAGEMENT COMMITTEE -ADDING FOUR NEW COMMITTEES (1) HEART GALLERY ADVISORY COMMITTEE, WHICH IS COMPRISED OF AT LEAST TWO MEMBERS OF THE BOARD AND UP TO EIGHT TOTAL MEMBERS, INCLUDING COMMUNITY MEMBERS AND A FORMER HEART GALLERY CLIENT THIS COMMITTEE MEETS AT LEAST QUARTERLY (2) JEWISH FAMILY SERVICES ADVISORY COMMITTEE, WHICH CONSISTS OF A DIVERSE GROUP OF STAKEHOLDERS, INCLUDING LAY AND RELIGIOUS LEADERS, AND MEETS QUARTERLY TO DISCUSS AND DETERMINE ACTION PLANS FOR STRATEGIC INTERESTS AND PROGRAMS IMPACTING THE JEWISH COMMITTEE (3) HOLOCAUST SURVIVORS ADVISORY COMMITTEE, WHICH EXISTS AS A REQUIREMENT OF THE CONFERENCE OF JEWISH MATERIAL CLAIMS AGAINST GERMANY MEMBERS ARE SURVIVORS WHO DO NOT RECEIVE SERVICES FROM GCJFCS THE MAIN PURPOSE IS TO PROVIDE APPROVAL AND OVERSIGHT FOR EMERGENCY FINANCIAL ASSISTANCE REQUESTS (4) REFUGEE SERVICES ADVISORY COMMITTEE, WHOSE MEMBERS MEET THREE TIMES PER YEAR TO DISCUSS AND DETERMINE ACTION PLANS FOR STRATEGIC INTERESTS IMPACTING REFUGEE COMMUNITIES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE ORGANIZATION'S PRESIDENT/CEO, CFO AND BOARD TREASURER CONDUCT THE INITIAL REVIEW OF FORM 990 AND PROVIDE ANY SUGGESTED CHANGES TO THE PREPARER OF THE FORM ONCE ANY CHANGES HAVE BEEN MADE, AND AT LEAST ONE WEEK PRIOR TO THE FILING DEADLINE, EACH VOTING BOARD MEMBER IS PROVIDED A COPY OF THE FORM FOR FINAL REVIEW AND COMMENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REQUIRES THAT A COPY OF THE CONFLICT OF INTEREST POLICY BE GIVEN TO ALL BOARD MEMBERS, STAFF MEMBERS, VOLUNTEERS, AND STAKEHOLDERS UPON COMMENCEMENT OF SUCH PERSON'S RELATIONSHIP WITH THE ORGANIZATION EACH BOARD MEMBER, OFFICER, STAFF MEMBER, AND VOLUNTEER IS REQUIRED TO SIGN AND DATE THE POLICY AT THE BEGINNING OF HIS/HER TERM OF SERVICE OR EMPLOYMENT AND EACH YEAR THEREAFTER THE POLICY REQUIRES THAT ANY POTENTIAL AND/OR ACTUAL CONFLICTS OF INTEREST BE DISCLOSED CONFLICTS ARE MONITORED ON AN ONGOING BASIS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE OF THE BOARD IS RESPONSIBLE FOR REVIEWING AND APPROVING COMPENSATION LEVELS OF THE TOP MANAGEMENT OFFICIALS, OFFICERS, AND KEY EMPLOYEES. THE EXECUTIVE COMMITTEE IS COMPRISED SOLELY OF INDIVIDUALS WHO DO NOT HAVE CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT BEING DETERMINED. COMPENSATION ARRANGEMENTS MUST BE APPROVED IN ADVANCE BY THE EXECUTIVE COMMITTEE BEFORE ANY PAYMENT IS MADE. IN DETERMINING COMPENSATION, THE EXECUTIVE COMMITTEE MUST RELY ON COMPARABILITY DATA THAT DEMONSTRATES THE FAIR MARKET VALUE OF THE COMPENSATION IN QUESTION. SUCH DATA MAY INCLUDE EXPERT COMPENSATION STUDIES BY INDEPENDENT FIRMS, WRITTEN JOB OFFERS FOR COMPARABLE POSITIONS IN SIMILAR ORGANIZATIONS, AND INFORMATION OBTAINED FROM IRS FILINGS OF SIMILAR ORGANIZATIONS. THE DELIBERATION AND DECISION PROCESS IS DOCUMENTED IN THE EXECUTIVE COMMITTEE MINUTES. COMPENSATION LEVELS ARE REVIEWED ON AN ANNUAL BASIS UNLESS AN APPROVED EMPLOYMENT AGREEMENT COVERING A LONGER PERIOD OF TIME IS IN EFFECT. ANY CHANGES TO APPROVED EMPLOYMENT AGREEMENTS ARE TO FOLLOW THE SAME PROCEDURE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF ASSETS HELD BY OTHERS 4,764

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS IS RESPONSIBLE FOR THE SELECTION OF THE INDEPENDENT CPA FIRM, AND FOR THE CONDUCT OF THE ANNUAL FINANCIAL STATEMENT AND COMPLIANCE AUDITS. IN ADDITION, THE FINANCE COMMITTEE IS RESPONSIBLE FOR ENSURING THAT ADEQUATE INTERNAL CONTROLS ARE IN PLACE TO SAFEGUARD THE ASSETS OF THE ORGANIZATION, REVIEWING THE MONTHLY FINANCIAL STATEMENTS, AND FOR MONITORING RISK MANAGEMENT AND COMPLIANCE PRACTICES OF THE ORGANIZATION.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES INC	Employer identification number 59-1229354
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Part I

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

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

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)GULF COAST EGRET HOUSING INC 14041 ICOT BLVD CLEARWATER, FL 33760 59-3326398	TO PROVIDE AFFORDABLE HOUSING TO THE LOW-INCOME, ELDERLY AND DISABLED	FL	501(C)(3)	LINE 10	GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES INC	Yes	
(2)GULF COAST HERON HOUSING INC 14041 ICOT BLVD CLEARWATER, FL 33760 59-3386553	TO PROVIDE HOUSING TO THE LOW-INCOME ELDERLY POPULATION	FL	501(C)(3)	LINE 10	GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES INC	Yes	
(3)GULF COAST CARES INC 14041 ICOT BLVD CLEARWATER, FL 33760 47-5550256	TO SUPPORT THE MISSION OF GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES	FL	501(C)(3)	LINE 7	GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES INC	Yes	

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

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

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

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

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)	Yes	
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		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	Q	61,276	ACTUAL COST
(2) GULF COAST HERON HOUSING INC	L	96,513	FAIR MARKET VALUE
(3) GULF COAST HERON HOUSING INC	O	112,464	ACTUAL COST
(4) GULF COAST CARES INC	C	281,714	CASH TRANSFERRED
(5) GULF COAST CARES INC	B	1,281,877	CASH TRANSFERRED

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation