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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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

Do not enter social security numbers on this form as it may be made public.

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

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES INC
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
14041 ICOT BLVD
City or town, state or province, country, and ZIP or foreign postal code
CLEARWATER, FL 33760

D Employer identification number
59-1229354

E Telephone number
(727) 479-1800

F Name and address of principal officer:
DR SANDRA E BRAHAM
14041 ICOT BLVD
CLEARWATER, FL 33760

G Gross receipts \$ 34,817,348

H(a) Is this a group return for subordinates?
☐ Yes ☒ No
H(b) Are all subordinates included?
☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.GCJFCS.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1974

M State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO HELP PEOPLE ACHIEVE FULFILLING LIVES BY EMPOWERING INDIVIDUALS & STRENGTHENING FAMILIES

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 3 19

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 19

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 683

6 Total number of volunteers (estimate if necessary) 6 169

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0

7b Net unrelated business taxable income from Form 990-T, line 39 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 31,417,864 33,191,503

9 Program service revenue (Part VIII, line 2g) 1,199,404 1,319,278

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 14,268 35,000

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -421 180,254

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 32,631,115 34,726,035

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 2,250,627 1,004,196

14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 23,059,963 24,360,660

16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0

16b Total fundraising expenses (Part IX, column (D), line 25) ▶409,215

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 8,950,219 9,450,788

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 34,260,809 34,815,644

19 Revenue less expenses. Subtract line 18 from line 12 -1,629,694 -89,609

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 13,910,943 16,287,943

21 Total liabilities (Part X, line 26) 3,435,430 5,902,613

22 Net assets or fund balances. Subtract line 21 from line 20 10,475,513 10,385,330

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
LORIS DIXON CFO
Type or print name and title

2021-03-25
Date

Paid Preparer Use Only

Print/Type preparer's name
Firm's name ▶ CBIZ MHM LLC
Firm's address ▶ 13577 FEATHER SOUND DR SUITE 400
CLEARWATER, FL 337625539

Preparer's signature
Firm's EIN ▶ 27-3605969
Phone no. (727) 572-1400

Date
PTIN P00100222

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2019)

Part III Statement of Program Service AccomplishmentsCheck 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, EMPOWER INDIVIDUALS AND STRENGTHEN FAMILIES. (CONTINUED ON SCHEDULE O)

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 \$	19,303,776	including grants of \$) (Revenue \$	2,246)
	See Additional Data				

4b	(Code:) (Expenses \$	6,677,058	including grants of \$	1,004,196) (Revenue \$	607,710)
	See Additional Data				

4c	(Code:) (Expenses \$	3,527,684	including grants of \$) (Revenue \$	11,222)
	See Additional Data				

See Additional Data Table

4d	Other program services (Describe in Schedule O.)				
	(Expenses \$	4,897,911	including grants of \$) (Revenue \$	734,235)

4e	Total program service expenses ▶	34,406,429
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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	No

Part IV Checklist of Required Schedules (continued)

		Yes	No	
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	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	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)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part VI	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	179	
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	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

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Part VI

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	19	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent	19	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	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 ☐

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

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

(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			
(18) JAY MILLER DIRECTOR	2.00 2.00	X						0	0	0
(19) DAVID PUNZAK DIRECTOR	2.00 0.00	X						0	0	0
(20) ELIZABETH SAMUELSON DIRECTOR	2.00 0.00	X						0	0	0
(21) ALAN SCHWARTZ DIRECTOR	2.00 0.00	X						0	0	0
(22) ABBY STERENSIS DIRECTOR	2.00 0.00	X						0	0	0
(23) BECCA TIEDER DIRECTOR	2.00 0.00	X						0	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								683,047	0	67,329

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 **▶ 4**

	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>		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>	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>		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
FLORIDA CONCERNED CARE LLC - RIGHT AT H 304 S BELCHER RD STE A CLEARWATER, FL 33765	MEDICAL AND HEALTH CARE SERVICES	422,379
ETAIROS - HARMONY HOME HEALTH 13787 BELCHER RD S STE 200 LARGO, FL 33771	MEDICAL AND HEALTH CARE SERVICES	194,129
SUNSHINE HEALTH CARE SERVICES - A BETTER 365 INTERSTATE BLVD SARASOTA, FL 34240	MEDICAL AND HEALTH CARE SERVICES	191,013
AGING IN PLACE HOME CARE 141 POND CYPRESS RD STE A VENICE, FL 34292	MEDICAL AND HEALTH CARE SERVICES	175,436
LTCFASTPAY 100 5TH AVE STE 4010 WALTHAM, MA 02451	MEDICAL AND HEALTH CARE SERVICES	110,559

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 **▶ 6**

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Part VIII Statement of Revenue													
Check if Schedule O contains a response or note to any line in this Part VIII										<input type="checkbox"/>			
										(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	301,252									
	b Membership dues . . .		1b										
	c Fundraising events . . .		1c	243,984									
	d Related organizations		1d	227,000									
	e Government grants (contributions)		1e	3,741,632									
	f All other contributions, gifts, grants, and similar amounts not included above		1f	28,677,635									
	g Noncash contributions included in lines 1a - 1f:\$		1g	376,813									
	h Total. Add lines 1a-1f ▶		33,191,503										
Program Service Revenue			Business Code										
	2a ELDER & DISABLED SERVICES		624120		612,854		612,854						
	b BEHAVIORAL HEALTH SERVICES		624120		604,410		604,410						
	c MANAGEMENT FEES		541610		102,014		102,014						
	d												
	e												
	f All other program service revenue.												
	g Total. Add lines 2a-2f. ▶		1,319,278										
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			35,000						35,000			
	4 Income from investment of tax-exempt bond proceeds ▶												
	5 Royalties ▶												
			(i) Real	(ii) Personal									
	6a Gross rents		6a										
	b Less: rental expenses		6b										
	c Rental income or (loss)		6c										
	d Net rental income or (loss) ▶												
			(i) Securities	(ii) Other									
	7a Gross amount from sales of assets other than inventory		7a										
	b Less: cost or other basis and sales expenses		7b										
	c Gain or (loss)		7c										
	d Net gain or (loss) ▶												
	8a Gross income from fundraising events (not including \$ 243,984 of contributions reported on line 1c). See Part IV, line 18		8a	29,892									
	b Less: direct expenses		8b	91,313									
	c Net income or (loss) from fundraising events . . . ▶			-61,421						-61,421			
	9a Gross income from gaming activities. See Part IV, line 19		9a	3,250									
	b Less: direct expenses		9b	0									
	c Net income or (loss) from gaming activities . . . ▶			3,250						3,250			
	10a Gross sales of inventory, less returns and allowances . . .		10a										
b Less: cost of goods sold . . .		10b											
c Net income or (loss) from sales of inventory . . . ▶													
Miscellaneous Revenue		Business Code											
11a													
b													
c													
d All other revenue				238,425		36,135				202,290			
e Total. Add lines 11a-11d ▶					238,425								
12 Total revenue. See instructions ▶					34,726,035		1,355,413		0		179,119		

Form 990 (2019)

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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,004,196	1,004,196		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	623,293		523,554	99,739
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	19,682,850	17,577,482	1,939,342	166,026
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	81,943	72,238	8,323	1,382
9 Other employee benefits	2,400,993	2,148,216	232,840	19,937
10 Payroll taxes	1,571,581	1,370,174	181,183	20,224
11 Fees for services (non-employees):				
a Management				
b Legal	35,313		35,313	
c Accounting	113,680		113,680	
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)	3,309,032	3,152,587	153,116	3,329
12 Advertising and promotion	33,236	23,178	2,835	7,223
13 Office expenses	2,328,590	2,133,393	166,550	28,647
14 Information technology	712,847	275,848	433,150	3,849
15 Royalties				
16 Occupancy	1,096,518	944,840	144,420	7,258
17 Travel	919,476	903,637	15,605	234
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	70,258	55,418	14,622	218
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	439,747	275,913	158,957	4,877
23 Insurance	273,842	207,858	65,643	341
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	17,277	17,277		
b ALLOCATION OF M&G	0	4,194,617	-4,240,480	45,863
c				
d				
e All other expenses	74,722	49,557	25,097	68
25 Total functional expenses. Add lines 1 through 24e	34,815,644	34,406,429	0	409,215
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance 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		3,751,152	1	5,910,196	
	2	Savings and temporary cash investments		503,282	2	508,072	
	3	Pledges and grants receivable, net		3,784,156	3	4,377,912	
	4	Accounts receivable, net		244,364	4	460,037	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		797,781	9	324,435	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	10,011,178			
	b	Less: accumulated depreciation	10b	5,631,618	4,624,835	10c	4,379,560
	11	Investments—publicly traded securities		2,621	11	125,244	
	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		202,752	15	202,487	
16	Total assets. Add lines 1 through 15 (must equal line 34)		13,910,943	16	16,287,943		
Liabilities	17	Accounts payable and accrued expenses		1,742,806	17	2,241,763	
	18	Grants payable			18		
	19	Deferred revenue		697,500	19	909,929	
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties		945,124	23	800,921	
	24	Unsecured notes and loans payable to unrelated third parties			24	1,900,000	
	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		3,435,430	26	5,902,613	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		9,876,543	27	9,859,037	
	28	Net assets with donor restrictions		598,970	28	526,293	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		10,475,513	32	10,385,330	
33	Total liabilities and net assets/fund balances		13,910,943	33	16,287,943		

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	34,726,035
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,815,644
3	Revenue less expenses. Subtract line 2 from line 1	3	-89,609
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,475,513
5	Net unrealized gains (losses) on investments	5	775
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	-1,349
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,385,330

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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	

Additional Data

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

Form 990 (2019)

Form 990, Part III, Line 4a:

CHILDREN AND FAMILY SERVICES - SEE SCHEDULE OCHILDREN AND FAMILY SERVICESCHILD WELFARE CASE MANAGEMENT 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 1,000 CHILDREN. THIS PROJECT IS PART OF THE STATEWIDE PRIVATIZATION OF STATE PROTECTIVE SERVICES.CAREGIVER SUPPORT PROVIDES DIRECT CHILD WELL-BEING AND HOME SUPPORT SERVICES TO LICENSED (LEVEL II) CAREGIVERS AND CHILDREN PLACED IN THESE HOMES. INCLUDES FACE-TO-FACE CONTACTS, MEDICAL AND DENTAL CARE, PSYCHOTROPIC MEDICATIONS AND MENTAL HEALTH SERVICES, AND ANY ADDITIONAL NEEDS INDIVIDUALIZED TO THE CHILD. CAREGIVER SUPPORT MANAGERS ARE ASSIGNED TO (TRADITIONAL FOSTER) HOMES TO COMPLETE THE RELATIONAL ASPECTS OF LICENSURE/RE-LICENSURE, TO INCLUDE HOME ASSESSMENT, PROVIDE SUPPORT TO THE CAREGIVER, AND ENSURE STABILITY IN THE HOUSE. TRANSITIONAL SUPPORT SPECIALISTS ASSIGNED TO CHILDREN, AGES 13-17 YEARS OLD, PLACED IN LICENSED SETTINGS, AND SECURE INDEPENDENT LIVING AND OTHER GOALS, UNIQUE TO THIS AGE DEMOGRAPHIC, ARE MET. DIVERSION/PREVENTION PROGRAMS PROVIDES 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.FAMILY REUNIFICATION SERVICES 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.FAMILY SKILL BUILDERS (FSB) PROGRAM DESIGNED TO REDUCE CHILD ABUSE, NEGLECT, FAMILY CONFLICT, AND CHILD BEHAVIOR PROBLEMS. IMPROVEMENTS TO FAMILY FUNCTIONING AND PROTECTIVE FACTORS ARE MADE BY PROVIDING IN-HOME THERAPEUTIC INTERVENTIONS, CASE MANAGEMENT, PARENTING EDUCATION, CRISIS STABILIZATION, AND SUPPORT. SERVICES ARE AVAILABLE TO FAMILIES WITH CHILDREN AGES 0-17 YEARS WHO RESIDE IN BROWARD COUNTY. ALL DIRECT SERVICES ARE PROVIDED IN-HOME AND/OR COMMUNITY SETTINGS AT TIMES THAT ARE "FAMILY FRIENDLY," INCLUDING EVENINGS, WEEKENDS, AND HOLIDAYS WITH 24/7 STAFF AVAILABILITY IN THE EVENT OF A CRISIS. FSB PROGRAM REFERRAL SOURCES INCLUDE BROWARD SHERIFF'S OFFICE - CHILD PROTECTIVE INVESTIGATIONS SECTION AND BROWARD SCHOOLS.FAMILY SERVICE INITIATIVE (FSI) PROVIDES NAVIGATION SERVICES FOR FAMILIES IN PINELLAS COUNTY, TO INCLUDE ACCESS TO INFORMATION, SUPPORT, AND RESOURCES, TO ASSIST IN REGAINING FAMILY STABILITY. SYSTEM NAVIGATORS WORK COLLABORATIVELY WITH THE FAMILY TO ASSESS, IDENTIFY, AND PRIORITIZE A FAMILY'S BARRIERS AND NEEDS TO STRENGTHEN FAMILY STABILITY. PROVIDE SERVICES BY DEVELOPING FAMILY-CENTERED, STRENGTH-BASED AND NEEDS-DRIVEN, FAMILY SUPPORT PLANS, WITH FAMILY PARTICIPATION. FOR FAMILIES WITH EMERGENT NEEDS, PROVIDE FINANCIAL RESOURCES TO THE FAMILY SO THAT STABILITY IS ACHIEVED IN A 7-10 DAY SERVICE DELIVERY. FOR FAMILIES WITH MORE COMPLEX NEEDS, PROVIDE EFFECTIVE SYSTEM NAVIGATION WITHIN A 30-DAY SERVICE DELIVERY. FOR FAMILIES NEEDING TRUANCY NAVIGATION, FOCUS ON REDUCING SCHOOL ABSENCES AND PREVENTING (FURTHER) INVOLVEMENT IN THE TRUANCY COURT SYSTEM.GOOD AFTERNOON FRIENDS AND AMIGOS (GAFA) IS AN AFTERSCHOOL PROGRAM THAT WILL PROVIDE TUTORING AND HOMEWORK ASSISTANCE TO SCHOLARS FROM KINDERGARTEN TO 3RD GRADE. PARENTS/CAREGIVERS OF PARTICIPATING STUDENTS WILL BE INVOLVED IN THEIR DEVELOPMENT AND FAMILY ACTIVITIES. RESOURCES WILL BE AVAILABLE TO PARENTS/CAREGIVERS TO HELP MEET IDENTIFIED NEEDS TO INCLUDE HOME VISITATION. SCHOLARS IN KINDERGARTEN THROUGH 3RD GRADE ENROLLED AT IDENTIFIED ELEMENTARY SCHOOLS IN HILLSBOROUGH COUNTY (REDDICK AND ROBINSON ELEMENTARY).HEALTHY YOUTH TRANSITIONS IS A PROGRAM THAT TARGETS ADJUDICATED YOUTH, YOUTH IN PROTECTIVE SUPERVISION, AND ADJUDICATED YOUTH IN RELATIVE AND NON-RELATIVE CAREGIVER LIVING ARRANGEMENTS WITH SIGNIFICANT BEHAVIORAL AND EMOTIONAL DIFFICULTIES WHO REQUIRE EXTENSIVE SUPPORT AND INDIVIDUALIZED SERVICES TO TRANSITION SUCCESSFULLY TO ADULTHOOD AND INDEPENDENCE. THROUGH THE USE OF A TEAM APPROACH, PROGRAM STAFF ADVOCATE, AND COACH YOUTH IN INDEPENDENT LIVING SKILLS. AGES 15-22.HEART GALLERY OF PINELLAS & PASCO PROVIDES ADOPTION SUPPORT FOR FOSTER CARE CHILDREN. PROFESSIONAL PHOTOGRAPHERS VOLUNTEER TO PROVIDE PHOTOS OF THE CHILDREN WHICH DISPLAY ACROSS WEBSITE, SOCIAL MEDIA, AND PHYSICAL GALLERIES LOCATED THROUGHOUT THE COMMUNITY IN HOPES OF FACILITATING AN ADOPTION. THIS PROGRAM ALSO SERVES AS A RESOURCE AND LIAISON FOR FAMILIES INTERESTED IN ADOPTING, CELEBRATES ADOPTION CEREMONIES AT COURT, AND PROVIDES POST-ADOPTION SUPPORT THROUGH RESOURCE SHARING, MEETINGS, AND EVENTS.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 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 NINE PINELLAS COUNTY MIDDLE SCHOOLS TO DECREASE DISRUPTIVE, AGGRESSIVE, BULLYING BEHAVIOR AND SUBSTANCE ABUSE WHILE SIMULTANEOUSLY INTRODUCING, PRACTICING AND ROLEPLAYING PROSOCIAL BEHAVIORS THAT IMPROVE ACADEMIC PERFORMANCE AND OVERALL STUDENT SUCCESS.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.

Form 990, Part III, Line 4b:

BEHAVIORAL HEALTH - SEE SCHEDULE OBEHAVIORAL HEALTHRESIDENTIAL 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 (39 MONTH) RESIDENTIAL TREATMENT TO ADULTS WHO ARE 18+ AND ARE DIAGNOSED WITH SEVERE AND PERSISTENT MENTAL ILLNESS AND/OR 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 HOMELIKE ENVIRONMENT THAT FOSTERS INDEPENDENCE AND ENCOURAGES INDIVIDUALS TO SEEK INDEPENDENT LIVING IN THE COMMUNITY. THE FACILITY RECEIVES REFERRALS FROM THE LOCAL STATE HOSPITAL AS WELL AS THE MENTAL HEALTH RECEIVING FACILITIES, CASE MANAGERS, AND FAMILY MEMBERS WITHIN THE SUNCOAST REGION.ADLT RESIDENTIAL TREATMENT & STABILIZATION (ARTS) IS A 16-BED-LEVEL 1 STATE LICENSED INTENSIVE RESIDENTIAL PROGRAM IN BROWARD COUNTY FOR OLDER ADULTS 30+ YEARS OF AGE WHO HAVE A SEVERE AND PERSISTENT MENTAL ILLNESS AND MAY HAVE CO-OCCURRING ISSUES. THE PROGRAM ACCEPTS FORENSIC REFERRALS THAT WOULD BE BETTER SERVED IN A COMMUNITY SETTING, AS WELL AS FROM THE LOCAL STATE HOSPITAL AND MENTAL HEALTH RECEIVING FACILITIES. THE PROGRAM PROVIDES PSYCHIATRIC SERVICES, PSYCHOSOCIAL REHABILITATION, LIFE SKILLS TRAINING, AND OTHER SUPPORTS FOR APPROXIMATELY 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 HAVE A DIAGNOSED MENTAL ILLNESS 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 ELDERS 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, 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.PREVENTION PROGRAM PROVIDES EDUCATIONAL PRESENTATIONS FOCUSING ON THE PREVENTION OF SUBSTANCE ABUSE AND INCREASING HEALTHY BEHAVIORS IN OUR COMMUNITIES. CURRENT PREVENTION EFFORTS INCLUDE ELDER EDUCATION, SOCIAL MARKETING AND PARENTING FROM PRISON. THE PROGRAM SERVES MORE THAN 5,000 ADULTS ANNUALLY IN PINELLAS, PASCO, AND HILLSBOROUGH COUNTIES.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:

JEWISH FAMILY SERVICES AT THE HARVEY HERTZ CENTER- SEE SCHEDULE OJEWISH FAMILY SERVICES AT THE HARVEY HERTZ CENTERHOLOCAUST SURVIVORS PROGRAM HELPS TO IMPROVE THE QUALITY OF LIFE FOR HOLOCAUST SURVIVORS IN 7 COUNTIES OF THE GREATER TAMPA BAY AREA BY PROVIDING CRITICALLY NEEDED, IN-HOME CARE, EMERGENCY FINANCIAL ASSISTANCE, CASE MANAGEMENT SERVICES, PRESCRIPTION DRUG AND MEDICAL ASSISTANCE FUNDS, TRANSPORTATION, SOCIAL EVENTS, AND OTHER ESSENTIAL SERVICES TO PREVENT OUT-OF-HOME PLACEMENT. A NEW INITIATIVE CALLED "CHAI" ("LIFE" IN HEBREW) COMPLEMENTS THE CORE HOLOCAUST SURVIVORS PROGRAM BY PROVIDING SENIOR FRIENDLY TABLETS TO SURVIVORS ALLOWING THEM TO STAY CONNECTED WITH FRIENDS AND FAMILY AND BY OFFERING ADDITIONAL OPPORTUNITIES TO REDUCE SOCIAL ISOLATION, LIKE YOGA AND MUSIC CLASSES, AND FRIENDLY VISITORS.EMERGENCY FAMILY SUPPORT SERVICES OFFERS ASSISTANCE IN MEETING BASIC HUMAN NEEDS FOR THE JEWISH COMMUNITY IN PINELLAS, PASCO AND HERNANDO COUNTIES. PROGRAM SERVICES ALSO INCLUDE EMERGENCY FINANCIAL ASSISTANCE, INFORMATION, AND INTEREST-FREE COLLEGE LOANS.WILLIAM AND SALLY ISRAEL FOOD PANTRY PROVIDE 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 JEWISH ADULT VOLUNTEERS AS MENTORS, COMPANIONS, AND ROLE MODELS FOR JEWISH CHILDREN AGES 6 TO 17. THE RELATIONSHIP STRENGTHENS THE FAMILY BY ENRICHING CHILDREN'S LIVES WITH ADDITIONAL ADULT INFLUENCE AND SUPPORT.CHATS (COMPANIONSHIP, HELP & ACCESS BY TELEPHONE FOR SENIORS) A FRIENDLY CALLER PROGRAM WHEREIN TRAINED VOLUNTEERS WILL "CHAT" WEEKLY WITH HOMEBOUND OR ISOLATED SENIORS TO INCREASE THEIR SOCIAL CONTACT. THIS PROGRAM AFFORDS INDIVIDUALS AN OPPORTUNITY TO VOLUNTEER WITHOUT LEAVING THEIR HOMES. VOLUNTEERS ARE MATCHED WITH PARTICIPANTS BY VARIOUS CRITERIA AND ARE EXPECTED TO CONTACT TWO OLDER ADULTS WEEKLY WITH CALLS EXPECTED TO LAST 10 TO 15 MINUTES AT A MINIMUM EACH.

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 \$ 1,463,483 including grants of \$) (Revenue \$)

TRAINING AND TECHNICAL ASSISTANCE SERVICESDOMESTIC VIOLENCE TECHNICAL ASSISTANCE PROGRAM IS A PARTNERSHIP WITH THE FLORIDA COALITION AGAINST DOMESTIC VIOLENCE TO BUILD THE CAPACITY OF GULF COAST JFCS TO RESPOND TO DOMESTIC AND FAMILY VIOLENCE CLIENTS MAY BE EXPERIENCING. THE PROGRAM FOCUSES ON POLICY DEVELOPMENT, TRAINING AND TECHNICAL ASSISTANCE, WORKING ACROSS MULTIPLE PROGRAMS TO OFFER RESOURCES FOR STAFF AT ALL LEVELS OF THE ORGANIZATION.REFUGEE MENTAL HEALTH TECHNICAL ASSISTANCE DEVELOPS THE CAPACITY OF RESETTLEMENT AND OTHER REFUGEE PROGRAMS ACROSS THE US TO HELP THEM MEET THE MENTAL HEALTH NEEDS OF REFUGEES. WORKING WITH A WIDE ARRAY OF SUBJECT MATTER EXPERTS, THIS PROGRAM 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.VOICES INTERPRETERS & TRAINING SERVICES PROVIDES INTERPRETATION FOR GULF COAST JFCS CLIENTS WHO REQUIRE VERBAL OR WRITTEN TRANSLATION TO ACCESS SERVICES. GULF COAST JFCS MAINTAINS A POOL OF INTERPRETERS WITH MORE THAN 20 LANGUAGE CAPABILITIES TO ASSIST CLIENTS UPON REQUEST. IN ADDITION TO PROVIDING DIRECT SERVICES THE VOICES TRAINING PROGRAM PROVIDES TRAINING IN HOW TO BECOME AN INTERPRETER OR TRANSLATOR AND MARKET YOUR SERVICES IN THIS FAST-GROWING INDUSTRY.ECONOMIC EMPOWERMENT SERVICESNON-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 20,070 UNDUPLICATED CLIENTS IMPACTING 52,182 CHILDREN HAVE BEEN ASSISTED SINCE PROGRAM INCEPTION IN 1996. THE PROGRAM SERVES PINELLAS, PASCO, HILLSBOROUGH, AND MIAMI-DADE COUNTIES.CLIENT & COMMUNITY SERVICESDUKE ENERGY UTILITIES ASSISTANCE PROVIDES ONCE-ANNUAL ASSISTANCE FOR GULF COAST JFCS CLIENTS IN PINELLAS COUNTY WHO NEED ASSISTANCE IN PAYING THEIR DUKE ENERGY UTILITY BILL. CLIENTS HAVE A DEMONSTRATED FINANCIAL NEED BASED ON THE ESTIMATED FAMILY INCOME OF 200% OR MORE OF THE FEDERAL POVERTY LEVEL.FUENTE CREDITO IS A MICRO-LOAN OPTION AVAILABLE TO GULF COAST JFCS CLIENTS AND STAFF WHO, UPON BEING DETERMINED ELIGIBLE, ARE MATCHED WITH LENDERS TO HELP QUALIFY PARTICIPANTS FOR LOANS FROM RESPONSIBLE FINANCIAL INSTITUTIONS. THIS PROGRAM HELPS INDIVIDUALS WITH CHALLENGES ACCESSING TRADITIONAL CREDIT SECURE FINANCING FOR NECESSARY EXPENSES, LIKE TRANSPORTATION OR CRITICAL HOME REPAIRS.MICRO ENTERPRISE DEVELOPMENT (REFUGEE WOMEN REFUGEE ASSISTANCE PROGRAM (WRAP)) PROVIDES REFUGEE WOMEN WITH THE TRAINING, TECHNICAL ASSISTANCE, FINANCIAL LITERACY, BUSINESS TRAINING, AND ACCESS TO CAPITAL EITHER THROUGH MICRO ENTERPRISE LOANS OR CREDIT BUILDING LOANS.

(Code:) (Expenses \$ 1,334,568 including grants of \$) (Revenue \$ 19,366)

REFUGEE SERVICESFLORIDA 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 JFCS COLLABORATES WITH AREA RESETTLEMENT AGENCIES AS WELL THE UNIVERSITY OF SOUTH FLORIDA AND FLORIDA INTERNATIONAL UNIVERSITY TO PROVIDE SURVIVORS WITH INTENSIVE CASE MANAGEMENT. THROUGH FCST'S EXTENSIVE PROVIDER NETWORK, ELIGIBLE TORTURE SURVIVORS CAN 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.REFUGEE RESETTLEMENT & PLACEMENT RESETTLES REFUGEES FROM AROUND THE WORLD WHO HAVE BEEN PERSECUTED AND FLED THEIR HOME COUNTRY TO COME TO PINELLAS COUNTY 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 HOUSEHOLD GOODS ASSISTANCE, CULTURAL ORIENTATION, REFERRALS AND FOLLOW UP WITH 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 HEALTH CARE PROVIDERS AND MEDICAL TREATMENT.MATCH GRANT PROGRAM EMPLOYMENT PROGRAM PROVIDING SERVICES IN PINELLAS COUNTY TO HELP REFUGEES, ASYLEES, CUBAN AND HAITIAN ENTRANTS, AND SPECIAL IMMIGRANT VISA HOLDERS (SIVS) 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. SELF-SUFFICIENCY MUST BE ACHIEVED WITHOUT ACCESSING PUBLIC CASH ASSISTANCE.REFUGEE MICRO-ENTERPRISE DEVELOPMENT PROMOTES REFUGEE WOMEN'S ENTREPRENEURSHIP AND NORMALIZES BUSINESS OWNERSHIP. THIS PROGRAM BENEFITS WOMEN WHO HAVE OWNED OR CURRENTLY OWN MICRO-BUSINESSES, AS WELL AS THOSE WITH LITTLE TO NO ENTREPRENEURIAL OR BUSINESS EXPERIENCE, SUPPORTING THEM IN NAVIGATING REGULATIONS AND EXPANDING ON THE SKILLS THAT ARE CRITICAL TO ESTABLISHING AND GROWING FISCALLY SOUND BUSINESSES IN THE U.S.INTEGRATED REFUGEE SERVICES PROVIDES SOCIAL AND ECONOMIC INTEGRATION SERVICES FOR REFUGEES WHO HAVE EXCEEDED THE INITIAL RESETTLEMENT PERIOD OF SIX MONTHS AND HAVE BEEN IN THE US FOR LESS THAN FIVE YEARS. SERVICES INCLUDE EMPLOYMENT COACHING AND PLACEMENT, YOUTH MENTORING FOR ACADEMIC AND CAREER SUCCESS, AS WELL AS COMPREHENSIVE CASE MANAGEMENT TO ADDRESS A VARIETY OF COMPLEX NEEDS.SHELTER CARE AND WRAP-AROUND SERVICES FOR UNACCOMPANIED ALIEN CHILDREN (SCUAC)THE SC-UAC PROGRAM IS A PROGRAM FUNDED BY THE US DEPARTMENT OF HEALTH AND HUMAN SERVICES, OFFICE OF REFUGEE RESETTLEMENT (ORR), TO PROVIDE SHELTER CARE TO UNACCOMPANIED CHILDREN AGES 12-17 AND IN SOME CASES OVER 6 YEARS OF AGE FOR SIBLINGS UNTIL THEY CAN BE REUNIFIED WITH A GUARDIAN IN THE US. THE MISSION OF THE SC-UAC PROGRAM IS PROVIDE A SAFE, WELCOMING AND NURTURING ENVIRONMENT FOR THE PHYSICAL AND MENTAL WELL-BEING OF THE CHILDREN UNTIL THEY ARE TIMELY REUNIFIED WITH THEIR PARENTS OR SPONSORS.

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 \$ 2,099,860	including grants of \$)	(Revenue \$ 714,869)
<p>ELDER & DISABLED SERVICESCOMMUNITY CARE FOR THE ELDERLY (CCE LEAD AGENCY) PROVIDES CASE MANAGEMENT COORDINATION FOR THE 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.HOME CARE FOR THE ELDERLY (HCE) PROVIDES SUBSIDY PAYMENTS TO HELP CAREGIVERS MAINTAIN LOW-INCOME SENIORS IN THEIR OWN HOME OR THE HOME OF A CAREGIVER. THE MONTHLY SUBSIDY PAYMENT IS MADE TO THE CAREGIVER FOR SUPPORT AND HEALTH MAINTENANCE AND TO ASSIST WITH SPECIALIZED HEALTH CARE NEEDS. A SPECIAL SUBSIDY IS A FLEXIBLE PAYMENT THAT REIMBURSES CAREGIVERS FOR PURCHASES OF SPECIAL SUPPLIES, EQUIPMENT, OR SERVICES NEEDED TO MAINTAIN THE HEALTH AND WELLBEING OF THE SENIOR.ALZHEIMER'S DISEASE INITIATIVE (ADI) PROVIDES COMMUNITY-BASED SERVICES FOR THE SPECIAL NEEDS OF INDIVIDUALS AGED 18+ WITH ALZHEIMER'S DISEASE AND RELATED MEMORY DISORDERS. THERE IS A COPAY FEE REQUIRED OF CLIENTS RECEIVING SERVICES BASED ON THE CLIENT'S INCOME AND ABILITY TO PAY. SERVICES OF THE ADI PROGRAM FOCUS ON PROVIDING RESPITE CARE FOR CAREGIVERS OF PERSONS WHO HAVE ALZHEIMER'S DISEASE OR OTHER RELATED DEMENTIA, OFFERING THEM WEEKLY RELIEF FROM THE CONSTANT DEMANDS OF CAREGIVING.HOMEMAKER ASSISTS 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.OLDER ADULT MENTAL HEALTH (OAMH-PINELLAS AND PASCO) SERVES PEOPLE 60 YEARS OF AGE OR OLDER WHO WOULD BENEFIT FROM INDIVIDUAL GERONTOLOGICAL OR MENTAL HEALTH COUNSELING SERVICES THAT CAN BE PROVIDED IN-HOME OR CONDUCTED AT SENIOR CENTERS OR VARIOUS CONGREGATE MEAL SITES IN PASCO/PINELLAS COUNTIES.HOMEMAKER/COMPANIONSHIP ASSISTS 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.ELDER COUNSELING SERVICE (VENDOR-COUNSELING CENTER) PROVIDES 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 CONDUCTED AT THE HARVEY HERTZ COUNSELING CENTER.HUMANA LONG-TERM MANAGED CARE MANAGEMENT PROVIDES FULLY INTEGRATED CARE THROUGH ALTERNATIVE DELIVERY MODELS WITH ACCESS TO PROVIDERS AND SERVICES THROUGH A UNIFORM STATEWIDE PROGRAM. THE PROGRAM PROVIDES COMMUNITY-BASED SERVICES IN PINELLAS COUNTY TO ASSIST MEDICAID ELIGIBLE INDIVIDUALS AGED 18+ AT RISK OF NURSING HOME PLACEMENT TO REMAIN IN THEIR HOMES, THE HOME OF A CAREGIVER OR AN ASSISTED LIVING FACILITY RATHER THAN RELOCATING TO AN INSTITUTION BECAUSE OF UNMET PERSONAL CARE NEEDS.MYRTLE OAKS IS A 99-UNIT APARTMENT COMPLEX FOR LOW INCOME SENIORS 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 INDIVIDUALS WITH DISABILITIES LOCATED IN NEW PORT RICHEY IN PASCO COUNTY. FUNDED BY HUD, THE PROJECT IS SPONSORED BY GULF COAST AND UNDER THE AUSPICES OF A SEPARATE HOUSING CORPORATION.</p>			

SCHEDULE A
(Form 990 or 990-EZ)

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 instructions and the latest information.

OMB No. 1545-0047

2019

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) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	37,243,421	33,564,727	31,883,523	31,417,864	33,191,503	167,301,038
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	37,243,421	33,564,727	31,883,523	31,417,864	33,191,503	167,301,038
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.						167,301,038

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .	37,243,421	33,564,727	31,883,523	31,417,864	33,191,503	167,301,038
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	81,225	30,514	2,303	14,268	35,000	163,310
9	Net income from unrelated business activities, whether or not the business is regularly carried on . . .					3,250	3,250
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .	59,083	34,377				93,460
11	Total support. Add lines 7 through 10						167,561,058
12	Gross receipts from related activities, etc. (see instructions)					12	6,137,439
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14 99.840 %
15	Public support percentage for 2018 Schedule A, Part II, line 14	15 99.790 %
16a	33 1/3% support test—2019. 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 ▶ <input checked="" type="checkbox"/>	
b	33 1/3% support test—2018. 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 ▶ <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2019. 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 ▶ <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2018. 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 ▶ <input type="checkbox"/>	
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 ▶ <input type="checkbox"/>	

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> 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 <input type="checkbox"/> 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	<input type="checkbox"/> 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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

2019

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV.	

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
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	34,789,394													
e Total exempt purpose expenditures (add lines 1c and 1d)	34,815,644													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:50%; text-align: left;">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?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(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	26,250	26,250	26,250	26,250	105,000
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 instructions and the latest information.

OMB No. 1545-0047

2019

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.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	295,362	1,169,389	996,965	5,936,111	3,207,125
b Contributions	124,964	100,225	130,684	46,525	2,873,494
c Net investment earnings, gains, and losses	-197	8,825	41,740	182,704	-101,012
d Grants or scholarships					
e Other expenditures for facilities and programs	1,253	983,077		5,168,375	43,496
f Administrative expenses					
g End of year balance	418,876	295,362	1,169,389	996,965	5,936,111

2

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

a

Board designated or quasi-endowment ▶ 56.860 %

b

Permanent endowment ▶ 43.140 %

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		7,298,792	4,026,716	3,272,076
c Leasehold improvements		25,803	18,914	6,889
d Equipment		1,781,668	1,585,988	195,680
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				4,379,560

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.

(a) Description of liability	(b) Book value
1. Federal income taxes	
(2) ESTIMATED PROVISION FOR THIRD-PARTY PAYOR LIABILITIES	50,000
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
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:	<p>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 TOPIC 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, 2016 REMAIN SUBJECT TO EXAMINATION.</p>

SCHEDULE G (Form 990 or 990-EZ)	<div>Supplemental Information Regarding Fundraising or Gaming Activities</div> <div>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.</div>	OMB No. 1545-0047
		2019
		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 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

b ☐ Internet and email solicitations

c ☐ Phone solicitations

d ☐ In-person solicitations

e ☐ Solicitation of non-government grants

f ☐ Solicitation of government grants

g ☐ Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

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

Part II Fundraising Events. Complete if the organization answered "Yes" 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) Total events
		FACES ANNUAL CELEBRATION (event type)	HEARTSTRINGS (event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	238,736	33,135		271,871
	2 Less: Contributions	214,881	29,103		243,984
	3 Gross income (line 1 minus line 2)	23,855	4,032		27,887
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	29,617	5,564		35,181
	7 Food and beverages				
	8 Entertainment	9,850	1,500		11,350
	9 Other direct expenses	17,574	15,703		33,277
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				79,808
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-51,921

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				
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
Direct Expenses	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization 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	13a	%
b An outside facility	13b	%

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions:

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

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

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also 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

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

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

2019

Open to Public Inspection

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)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

Part III **Grants and Other Assistance to 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	277	1,004,196	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:	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
		2019
Department of the Treasury Internal Revenue Service	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.	
Name of the organization GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES INC		Employer identification number 59-1229354

Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div></div>			
b	If any of the boxes on 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 on 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. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>			
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: <div><div>a Receive a severance payment or change-of-control payment?</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> 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: <div><div>a The organization?</div><div>b Any related organization?</div></div> 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: <div><div>a The organization?</div><div>b Any related organization?</div></div> 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.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[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.

Return Reference	Explanation
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SCHEDULE M
(Form 990)

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
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Employer identification number
59-1229354

Part I

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			FAIR MARKET VALUE
2 Art—Historical treasures	X			FAIR MARKET VALUE
3 Art—Fractional interests				
4 Books and publications	X			FAIR MARKET VALUE
5 Clothing and household goods	X		159,306	FAIR MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X		124,964	STOCK QUOTE
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	90	19,540	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>HOLIDAY GIFTS</u>)	X	16	42,621	FAIR MARKET VALUE
26 Other ► (<u>SUPPLIES</u>)	X	55	30,382	FAIR MARKET VALUE
27 Other ► (<u> </u>)				
28 Other ► (<u> </u>)				

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

290

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 isn't required to be used for exempt purposes for the entire holding period?

30a

Yes

No

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

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

31

Yes

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

32a

Yes

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Cat. No. 51227J

Schedule M (Form 990) (2019)

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

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

SCHEDULE O (Form 990 or 990-EZ)	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
		2019 Open to Public Inspection
Department of the Treasury Name of the organization GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES INC		Employer identification number 59-1229354

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1	GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES, INC. (GULF COAST JFCS) IS A NONSECTARIAN, COMMUNITY-BASED, FLORIDA NOT-FOR-PROFIT THAT HAS BEEN SERVING FLORIDIANS FOR 60 YEARS. IN 1960, THE AGENCY BEGAN PROVIDING COUNSELING AND FAMILY SUPPORT SERVICES TO THE JEWISH COMMUNITY IN PINELLAS COUNTY. ON JULY 2, 1974, GULF COAST JFCS WAS INCORPORATED AND BEGAN TO EXPAND AND DIVERSIFY ITS ARRAY OF SERVICES OFFERED TO THE COMMUNITY-AT-LARGE THROUGH PUBLIC FUNDING. TODAY, GULF COAST JFCS HAS OVER 500 EMPLOYEES PROVIDING SERVICES IN 40 FLORIDA COUNTIES. WE SERVE OVER 37,000 INDIVIDUALS ANNUALLY, WITH A POINT-IN-TIME OPEN CASELOAD OF ABOUT 3,500 INDIVIDUALS. OFFICES ARE MAINTAINED IN PINELLAS (HQ), PASCO, HILLSBOROUGH, POLK, ORANGE, OSCEOLA, BROWARD, MIAMI-DADE, SARASOTA, LEE, AND ALACHUA COUNTIES. OUR VAST ARRAY OF PROGRAMS SERVES DIVERSE POPULATIONS INCLUDING ALL AGES, FAITHS, CULTURES, AND LIFESTYLES, INCLUDING INDIVIDUALS WITH BEHAVIORAL HEALTH CHALLENGES WITH THE TOOLS NECESSARY TO FUNCTION WELL IN SOCIETY; UNEMPLOYED INDIVIDUALS WITH THE SKILLS TO FIND JOBS, SUPPORT THEIR FAMILIES AND BE BETTER PARENTS; REFUGEES AND SURVIVORS OF TORTURE WITH BASIC SERVICES THAT SUPPORT THEM TO SUCCESSFULLY ADAPT TO LIFE IN AMERICA; ELDERLY AND DISABLED CITIZENS WITH SUPPORT SERVICES ENABLING THEM TO LIVE INDEPENDENTLY, SAFELY AND WITH DIGNITY; JEWISH FAMILIES WITH SERVICES THAT CONNECT THEM TO THE JEWISH COMMUNITY AND IMPROVE THEIR LIVES; AND CHILDREN IN NEED WITH INTENSIVE SUPPORT TO ENSURE STABILITY, SAFETY AND WELLBEING. EACH INDIVIDUALIZED SERVICE IS BASED ON RESEARCH, EVIDENCE-BASED/BEST PRACTICES, AND TRAUMA-INFORMED CARE PRINCIPLES FOR A POSITIVE IMPACT ON THE SOCIAL DETERMINANTS OF HEALTH IN THE COMMUNITIES SERVED. GULF COAST JFCS HAS BEEN NATIONALLY ACCREDITED BY THE COMMISSION ON ACCREDITATION OF REHABILITATION (CARF) SINCE 1998, A TESTAMENT TO THE FOCUS ON INDIVIDUALIZED SERVICES AND CONTINUOUS QUALITY IMPROVEMENT NOW AND IN THE YEARS TO COME.

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	<p>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.</p>

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 -1,349.

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)	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 <u>www.irs.gov/Form990</u> for instructions and the latest information.	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service		
Name of the organization GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES INC		Employer identification number 59-1229354

Part I

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

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

Part II

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

(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)		No
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	59,334	ACTUAL COST
(2) GULF COAST HERON HOUSING INC	L	96,514	FAIR MARKET VALUE
(3) GULF COAST HERON HOUSING INC	O	147,141	ACTUAL COST
(4) GULF COAST CARES INC	C	227,000	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