

**The White Family Foundation
Grant Request #787
Gulf Coast JFCS
February 15, 2023**

Date of grant proposal submission	Wednesday, February 15, 2023
Are you an IRS compliant 501(c)3 public charity/ nonprofit?	Yes
Legal name of organization	GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES INC
DBA Name if Applicable	Gulf Coast JFCS
Address	14041 ICOT BLVD CLEARWATER, FL 33760-3702 United States
Website	https:// gulfcoastjewishfamilyandcommunityservic es.org/
Telephone	727-479-1800
Organization Director/ Title	Dr. Sandra Braham, Chief Executive Officer
Contact Person/Title	Nicole Williams, Heart Gallery Program Director
Contact Person's Telephone	727-509-7756
Contact Person's Email	Nicole.Williams@gcjfcs.org

Grant Request Amount \$10,000.00

Please provide us with a brief description of your organization (no more than 500 words).

Since 1960, Gulf Coast JFCS has been uplifting lives for thousands of Floridians in need. While inspired by Jewish values, we are a non-religious human services agency whose mission is to protect the vulnerable, empower individuals, and strengthen families. What distinguishes Gulf Coast JFCS from other human service agencies is the diversity of programming, emphasis on client-centered, trauma-informed care, and decades of positive community impact. Today's complex lives bring equally complex challenges. Our compassionate professionals and extensive network of programs, resources and partners work together to identify and innovate solutions to address unmet community needs. By convening people, ideas, and resources, Gulf Coast JFCS bridges critical gaps in services for people of all ages, faiths, cultures, and identities, and proudly assists many high-need, at-risk, or under-resourced populations. Gulf Coast JFCS addresses human suffering across a broad spectrum of the population, from infants to seniors, leading to fulfilled lives through the following program service areas: 1) Children and Family Services; 2) Behavioral Health; 3) Employment; 4) Elder Services; 5) Jewish Family Services; and 6) Refugee Services.

The mission of the Heart Gallery program is to increase the number of successful adoptions of local children in foster care. We believe that every child deserves a home as we create forever families through adoption. Children in foster care who reach 18 without being adopted face a more challenging future than they deserve. According to the National Foster Youth Institute, they are at greater risk of homelessness, academic failure, unemployment, pregnancy, and PTSD.

Pinellas and Pasco Counties are on pace for record highs and continue to lead the state in the number of children in the child welfare system. The Florida Department of Children and Families Dashboard reports that there are 21,223 children and young adults in out-of-home care

as of January 12, 2023. The Heart Gallery has assisted and supported over 420 adoption finalizations, with 26 deemed “hardest to adopt” occurring within FY22. These children have been in foster care longer, tend to be older, have medical disabilities, are teenagers, or are siblings wanting a forever home together. In FY23, the Heart Gallery is currently offering services to approximately 78 children.

The program model is known nationwide as an emotionally safe way to promote local adoptions of available foster children. In addition to featuring children through Heart Art, social media, and various websites, we recruit and support families interested in adoption. A small amount of state and federal funding is set aside for the Heart Gallery each year, yet this funding has been frozen for more than 12 years despite the rising need and program costs. The White Family Foundation funding is a part of the solution, and we need your support more than ever.

Grant Purpose (one paragraph)

With Faith Mission funding, we will expand marketing and recruitment efforts, including:

- additional ads in magazines, newspapers, online
- new and updated existing portrait/art galleries at churches and businesses;
- collaboration with Faith-Based Partnership Task Force and Foster/Adoptive Parent Association; and
- a partnership with Church Leaders within Pinellas County to host Heart Art Walks

Annual Project/Program Budget (if request is for a specific project) \$60,750.00

Annual Organization Budget \$48,639,352.00

**Gulf Coast JFCS Heart Gallery of Pinellas and Pasco
The White Family Foundation**

Application Cover Sheet

Contact Details:

Gulf Coast JFCS
14041 Icot Blvd.
Clearwater, FL 33760-3702
727-479-1800

Grants Department
Tess Benham, Grant Manager
Tess.benham@gcjfcs.org
727-470-7435

Heart Gallery of Pinellas and Pasco
Nicole Williams
Program Director
Nicole.Williams@gcjfcs.org
727-509-7756

TABLE OF CONTENTS

	<u>Page</u>
Case Statement.....	3-4
Detailed description of executive staff members, qualifications, and duration with the organization.....	5-6
Board Member service and contribution requirements.....	6
Attachments	
• Organization Annual Budget (current year).....	7
• Program Budget.....	8-9
• IRS 501(c)(3) Determination Letter.....	10
• Florida Charity Solicitation of Contributions approval letter.....	11
• Board Members, Qualifications, Duration on Board.....	12-14
• Facebook Posts 2023.....	15-18
Attachments included separately	
• Organization Balance Sheet/Profit & Loss Statements	
• Your most recent IRS 990 tax filing (should be no more than two years old)	

Case Statement

Organization Description and Impact on Community

Since 1960, Gulf Coast JFCS has been uplifting lives for thousands of Floridians in need. While inspired by Jewish values, we are a non-religious human services agency whose mission is to protect the vulnerable, empower individuals, and strengthen families. What distinguishes Gulf Coast JFCS from other human service agencies is the diversity of programming, emphasis on client-centered, trauma-informed care, and decades of positive community impact. Today's complex lives bring equally complex challenges. Our compassionate professionals and extensive network of programs, resources and partners work together to identify and innovate solutions to address unmet community needs. By convening people, ideas, and resources, Gulf Coast JFCS bridges critical gaps in services for people of all ages, faiths, cultures, and identities, and proudly assists many high-need, at-risk, or under-resourced populations. Gulf Coast JFCS addresses human suffering across a broad spectrum of the population, from babies to seniors, leading to fulfilled lives through the following program service areas:

- Children and Family Services connect children in need with support to ensure stability, safety, and well-being.
- Behavioral Health Services provide the tools necessary to function well in society for individuals with behavioral and mental health challenges.
- Employment Services assist unemployed non-custodial parents, residents of South St. Pete, and others across Hillsborough and Pinellas with gaining employment skills to find jobs, advance in their careers, and support their families.
- Elder Services support elderly and disabled individuals with services that enable them to live independently, safely, and with dignity.
- Jewish Family Services provide Holocaust survivors and local Jewish families with essential services that connect them to the Jewish community and improve their lives.
- Refugee Services ensure that refugees and survivors of torture receive the essential services they need to adapt to life in America successfully.

With more than 500 staff, over 300 volunteers, and 16 offices across the state, Gulf Coast JFCS and its 48 programs serve more than 30,000 individuals annually in 40 Florida counties. While inspired by Jewish values, Gulf Coast JFCS is a non-religious human services agency whose mission is to protect the vulnerable, empower individuals, and strengthen families. The agency was incorporated as a 501(c)3 not-for-profit organization in 1974. Since 1998, Gulf Coast JFCS has been nationally accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), a testament to a focus on individualized services and continuous quality improvement. CARF accreditation signals compliance with internationally recognized organizational and program standards and demonstrates a commitment to continuously improving services, managing risk, encouraging feedback, and serving the community.

Program Description.

Problem to be Solved. Each year, hundreds of Florida children turn 18 without being adopted. More than 400 Pinellas and Pasco foster children need adoption this year alone. As many as 80 children will wait two to five years for adoption. Children without the support system of a family face a future full of obstacles. Statistically, they have a much higher chance of educational failure, incarceration, substance abuse, pregnancy, and homelessness because they lack family, mentors, and any thread of nurturing continuity from their childhood.

How the Heart Gallery Solves the Problem and Measures Success. Gulf Coast JFCS and the Heart Gallery are part of the solution. The Heart Gallery reaches far and wide to bring families to the children who are often hardest to adopt—those with special medical needs, teenagers, and siblings who wish to be adopted together. We never stop recruiting for a child until he or she is no longer legally eligible, is adopted, or ages out of foster care.

The Heart Gallery program model is known nationwide as an emotionally safe way to promote local adoptions of available foster children through Heart Art galleries, social media, and website recruitment tools. In addition to featuring adoptable children, we recruit and support families before, during, and after adoption to make sure their adoption journey is a successful one.

We believe that every child deserves a home. The Heart Gallery is dedicated to increasing the number of successful adoptions of local children in foster care. Since 2006, the Heart Gallery has helped find forever families for over 410 children in foster care.

The Heart Gallery’ mission is to increase the number of successful adoptions of local children in foster care and it focuses on children of all ages currently in temporary foster care in Pinellas and Pasco Counties. The children include the most challenging to adopt: siblings wanting to be adopted together to keep their family as intact as possible; teenagers in foster care until they either are adopted or “age out” by becoming too old for Florida’s Department of Children and Families services; and older children with moderate to severe medical conditions wherein they may always need adults to care for them and their best interests.

As of April 2022, 5,157 children are legally free for adoption in Florida. Of those, 21.3% have been in the Foster Care System for over a year, 55.41% for 2 or more years, and 15.85% for over 5 years. Data was obtained from <https://www.myflfamilies.com/service-programs/child-welfare/dashboard>

What We Need from The White Family Foundation to Help Solve this problem and be Successful in Executing Our Mission. In recent years, Pinellas and Pasco Counties (Circuit 6) have seen the highest number of children in the foster care system of all Florida’s judicial circuits. Resources are stretched beyond the Heart Gallery’s collective limits due to persistent underfunding from the state, staff vacancies, and the growing number of children entering the system because of abuse, neglect, and abandonment. Children without the support of a family face a future filled with obstacles, and statistically, they have a much greater chance of educational failure, pregnancy, and homelessness.

In order to recruit in the most trauma-informed, emotionally-safe manner, we are asking The White Family Foundation for funds to support the following:

- Canvases to capture beautiful portraits or Heart Art that the children have created which is then displayed in galleries and on our website;
- Gallery support. It costs approximately \$500 to set up one gallery within the community;
- Art supplies for children to utilize to create their personalized Heart Art in the medium that they prefer;
- Post-adoption support group supplies;
- Celebration event supplies; and
- Community awareness event supplies.

Board Members & Staff:

Executive staff members, qualifications, and duration with the organization.

Dr. Sandra Braham, President and Chief Executive Officer of Gulf Coast JFCS, was appointed in March 2016. Dr. Braham is a strategic and visionary leader with more than 20 years of leadership experience in the not-for-profit sector. Before coming to Gulf Coast JFCS, she spent 25 years in El Paso, Texas, where she served for ten years as CEO of the Young Women’s Christian Association (YWCA) El Paso del Norte Region the largest YWCA in the nation. In this role, she led 450 employees, managed an annual budget of more than \$30 million, and supported a \$9 million foundation. Among her civic activities is membership in the St. Petersburg Area Chamber of Commerce, where she is the Board Chair and its first African American woman to hold this post. She also supports its organizational development and diversity and inclusion initiatives. Dr. Braham is a board member of the Tampa Bay Chamber of Commerce. Professionally, she serves as co-chair for the Network of Jewish Human Service Agencies (NJHSA) Diversity, Equity, and Inclusion Affinity Group and mentors other leaders of color in the nonprofit sector. Dr. Braham was named “2018” Business Woman of the Year” by the Tampa Bay Business Journal. In January 2019, she was honored by the Academy Prep Center of St. Petersburg as one of its “Five Fabulous Females,” and the Tampa Bay Chamber of Commerce named her their “2019 Dottie Berger Mackinnon Woman of Influence.”

Lloyd De France, MBS, SPHR, serves as the Gulf Coast JFCS Chief Human Resources Officer. He joined Gulf Coast JFCS in 2019 with more than 25 years of experience leading human resources for organizations in various industries, including travel, media, entertainment, facilities, security, and marketing. Mr. DeFrance is past chair of the Childcare Field of Service for United Way of Greater Tampa and a past board member of several charitable organizations, including Alpha House, Tampa Marine Institute, Junior Achievement, and Tampa Area Safety Council. He is an alumnus of Leadership Tampa. He earned his bachelor’s degree in mass communications and master’s degree in business administration from the University of South Florida.

Paul Dennison, Chief Financial Officer, joined Gulf Coast JFCS in 2021 and brings over 20 years of finance, accounting, business operations and leadership knowledge in public, private, and nonprofit organizations. Before his current position, he served in positions of increasing responsibility with Damar Services, GEO Foundation, and Simons Bitzer & Associates. He holds degrees in finance and accounting and an MBA from Colorado Technical University.

Elke Cumming, Vice President of Programs and Administration, has held executive oversight for multiple core programs at Gulf Coast JFCS since 2020, including Jewish Family Services, Refugee Services, Workforce Development, Senior Housing Facilities, Unaccompanied Refugee Children, and internal Facilities Management. Ms. Cumming is the past executive director of the Paso del Norte Center of Hope, where she led a team serving labor and sex trafficking survivors in El Paso, Texas. Over the past 13 years, Ms. Cumming has held various positions supervising homeless services, teen leadership, supportive housing for elders and domestic violence survivors, and facilities development. She served as COO and Interim CEO at the YWCA El Paso del Norte Region. Ms. Cumming holds a master’s degree in public health from the University of Texas, School of Public Health.

Lisa Circle, Vice President of Quality, Compliance, and Contracts began her employment at Gulf Coast JFCS from 2004-2006 as a case management supervisor in the child protection program in Pinellas

County. She pursued other opportunities within child welfare in Miami-Dade, Pinellas, and Hillsborough counties and returned to Gulf Coast JFCS in 2014. Ms. Circle is responsible for developing, coordinating, and implementing the agency's quality improvement, contract utilization management, risk management, and compliance programs.

Susan Farley, Vice President for Development and Marketing Outreach, has more than 30 years of leadership experience in philanthropy, communications, and marketing in the nonprofit sector. She worked for more than two decades with the American Heart Association at local, regional, and national levels. Before joining Gulf Coast JFCS in 2020, Ms. Farley served as senior vice president for mission advancement for the international humanitarian organization, World Pediatric Project. She graduated from Kent State University with a bachelor's degree in communications.

Board Member service and contribution requirements.

The Bylaws of Gulf Coast Jewish Family and Community Services, Inc govern the Board of Directors. The fundamental legal duties of each board member include the following:

Duty of Care — Each board member has a legal responsibility to participate actively in making decisions on behalf of the organization and to exercise their best judgment while doing so.

Duty of Loyalty — Each board member must put the organization's interests before their personal and professional interests when acting on behalf of the organization in a decision-making capacity. The organization's needs come first.

Duty of Obedience — Board members ensure that the organization complies with the applicable federal, state, and local laws and adheres to its mission.

A volunteer Board of Directors comprised of 19 individuals governs Gulf Coast JFCS. They bring expertise in business, law, healthcare, software, and nonprofit management. The Board's standing committees assist the Board at large in fulfilling oversight responsibilities and supporting strategic goals. These committees include Audit, Finance, Development, Policy, Strategic Planning, and Trustee. In addition, Gulf Coast JFCS maintains four advisory councils governed by the Board of Directors. The councils help guide operations and ensure a diversity of perspectives for Jewish Family Services, Holocaust Survivor Program, Heart Gallery Program, and Refugee Services.

The President/CEO and Board of Directors provide the direction for the Agency's financial plan, prepared by the CFO. The Financial Plan is revised annually to provide a framework from which the Agency can effectively meet its financial needs and ensure long-term financial stability. 100% of the board makes philanthropic contributions to the agency and, in conjunction with the agency's development team, assists in fundraising efforts on behalf of the agency.

The Leadership Team coordinates the review and approval of new, revised, and repealed agency policies. Before distribution and implementation, the Gulf Coast JFCS Board approves all agency policies.

Gulf Coast JFCS actively ensures the Board of Directors reflects the communities served. The board includes an equitable mix of gender diversity and represents persons of color. However, the Board intentionally seeks nominations to fill skills gaps and build more racial diversity and diversity by geographic region.

Gulf Coast Jewish Family and Community Services, Inc
FY23 Budget
For July 1, 2022, to June 30, 2023

Operating Profit before Overhead	
Program Revenue	
Contract Revenue	\$44,931,102
Medicare & Medicaid	\$383,840
1st & 3rd Party Fees	\$322,906
Jewish Federation	\$162,000
Intercompany Revenue	\$182,831
Management Fees	\$87,114
Other Income	\$412,305
Total Program Revenue	\$46,482,098
Operating Expenses Direct	
Staff Expenses	\$36,976,274
Other Staffing Costs	\$116,050
Direct Client Expenses	\$5,727,536
Occupancy Expense	\$3,007,096
Intercompany Expenses	\$139,740
Direct Admin & Other	\$2,672,656
Total Operating Expenses	\$48,639,352
	(\$2,157,253)
Overhead Allocation	\$0
Net Operating Income (Loss)	(\$2,157,253)
Other Revenue	
Contribution Revenue	\$1,218,100
In-Kind Contributions	\$716,567
Total	\$1,934,667
Special Event Activity	
Special Event Revenue	\$500,000
Special Event Expenses	(\$100,000)
Total Special Event Activity	\$400,000
Investment Income	\$0
Interest Income	\$0
Total	\$0
Total Other Revenue	\$2,334,667
Net Income (Loss)	\$177,414
NET SURPLUS/(DEFICIT)	\$177,414

White Family Foundation

Proposed FY24 Budget for Support of the Heart Gallery of Pinellas and Pasco
Gulf Coast Jewish Family and Community Services, Inc.

REVENUES

	<u>White Family Foundation</u>	<u>Other Sources</u>	<u>TOTAL</u>
FSS-Suncoast Annual Contract		\$64,332	\$64,332
Grants	\$10,000	\$25,051	\$35,051
Individual Contributions		\$126,000	\$126,000
Special Events*		\$0	\$0
In-Kind Donations		\$55,900	\$55,900
			\$0
TOTAL REVENUES	\$10,000	\$271,283	\$281,283

EXPENSES

	<u>White Family Foundation</u>	<u>Other Sources</u>	<u>TOTAL</u>
<u>PERSONNEL</u>			
Salaries		\$115,991	\$115,991
Taxes & Fringe		\$26,158	\$26,158
<i>Total Personnel</i>	\$0	\$142,149	\$142,149
<u>TRAVEL</u>			
Business Travel		\$1,039	\$800
Local Travel		\$20	\$20
<i>Total Travel</i>	\$0	\$1,059	\$820
<u>Direct Client Costs</u>			
Incidentals		\$2,068	\$2,068
			\$0
<i>Total Direct Client Costs</i>	\$0	\$2,068	\$2,068
<u>OCCUPANCY COSTS</u>			
Rent		\$0	\$0
Maintenance		\$765	\$765
Improvements		\$0	\$0
Insurance		\$1,300	\$1,300
Utilities		\$1,000	\$1,000
Telephone		\$864	\$864
Internet		\$257	\$257
<i>Total Occupancy Costs</i>	\$0	\$4,186	\$4,186
<u>OTHER COSTS</u>			
Marketing (Including Videos)	\$5,725	\$10,994	\$16,719
Computer Supplies & Maint		\$2,136	\$2,136

Dues & Subscriptions		\$1,115	\$1,115
Insurance		\$930	\$930
Gallery Supplies	\$2,000	\$3,632	\$5,632
Postage/Freight		\$194	\$194
Printing	\$1,000	\$1,485	\$2,485
In Kind Expense		\$55,900	\$55,900
Special Events Expenses		\$10,770	\$10,770
Unallowable		\$0	\$0
<i>Total Other Costs</i>	\$8,725	\$87,156	\$95,881
TOTAL DIRECT COSTS	\$8,725	\$236,618	\$245,343
Indirect Expenses			
Federally Approved Rate 14.6%	\$1,275	\$34,665	\$35,940
TOTAL COSTS	\$10,000	\$271,283	\$281,283
Net Income/Loss	\$0	\$0	\$0

PUBLIC DISCLOSURE COPY

Public Inspection

GULF COAST JEWISH FAMILY AND COMMUNITY
SERVICES, INC.
14041 ICOT BLVD.
CLEARWATER, FL 33760-3702
ATTENTION: PAUL DENNISON

DEAR PAUL

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2020 EXEMPT ORGANIZATION RETURN,
AS FOLLOWS...

2020 FORM 990

WE PREPARED THE RETURNS FROM THE INFORMATION FURNISHED BY YOU. PLEASE REVIEW
BEFORE FILING TO ENSURE THERE ARE NO OMISSIONS OR MISSTATEMENTS OF MATERIAL
FACTS. PLEASE NOTE THAT UPON EXAMINATION OF THE RETURNS BY TAXING AUTHORITIES,
REQUESTS MAY BE MADE FOR UNDERLYING DATA. WE THEREFORE RECOMMEND THAT YOU
PRESERVE ALL RECORDS WHICH YOU MAY BE CALLED UPON TO PRODUCE IN CONNECTION
WITH SUCH AN EXAMINATION.

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING
INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF
YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

REGARDS,

CATHERINE MARY SULLIVAN

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
JUNE 30, 2021

PREPARED FOR:

GULF COAST JEWISH FAMILY AND COMMUNITY
SERVICES, INC.
14041 ICOT BLVD.
CLEARWATER, FL 33760-3702

PREPARED BY:

RSM US LLP
100 2ND AVENUE S #600
ST. PETERSBURG, FL 33701

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE
PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS
HAS BEEN REMOVED.

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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 33760-3702 F Name and address of principal officer: DR. SANDRA E. BRAHAM SAME AS C ABOVE	D Employer identification number 59-1229354 E Telephone number (727) 479-1800 G Gross receipts \$ 38,297,241. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ GULFCOASTJEWISHFAMILYANDCOMMUNITYSERVICES.O		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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 <input type="checkbox"/> 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 18
4	Number of independent voting members of the governing body (Part VI, line 1b)	4 18
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5 763
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, Part I, line 11	7b 0.
8	Contributions and grants (Part VIII, line 1h)	8 33,191,503.
9	Program service revenue (Part VIII, line 2g)	9 1,319,278.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10 35,000.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11 180,254.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12 34,726,035.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13 1,004,196.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14 0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15 24,360,660.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a 0.
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 532,945.	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17 9,450,788.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18 34,815,644.
19	Revenue less expenses. Subtract line 18 from line 12	19 -89,609.
20	Total assets (Part X, line 16)	20 16,287,943.
21	Total liabilities (Part X, line 26)	21 5,902,613.
22	Net assets or fund balances. Subtract line 21 from line 20	22 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 PAUL DENNISON, CFO Type or print name and title	Date _____
Paid Preparer Use Only	Print/Type preparer's name CATHERINE MARY SULLIVAN	Preparer's signature _____
	Date 05/13/22	Check if self-employed <input type="checkbox"/> PTIN P01265964
	Firm's name ▶ RSM US LLP	Firm's EIN ▶ 42-0714325
	Firm's address ▶ 100 2ND AVENUE S #600 ST. PETERSBURG, FL 33701	Phone no. 727-821-6161

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

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 [X] 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 [X] 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 \$ 21,290,438. including grants of \$) (Revenue \$ 511,511.)
CHILDREN AND FAMILY SERVICES - SEE SCHEDULE O

4b (Code:) (Expenses \$ 5,527,557. including grants of \$ 1,026,873.) (Revenue \$)
BEHAVIORAL HEALTH - SEE SCHEDULE O

4c (Code:) (Expenses \$ 3,546,547. including grants of \$) (Revenue \$ 520,972.)
JEWISH FAMILY SERVICES AT THE HARVEY HERTZ CENTER - SEE SCHEDULE O

4d Other program services (Describe on Schedule O.)
(Expenses \$ 6,850,973. including grants of \$) (Revenue \$ 139,193.)

4e Total program service expenses 37,215,515.

GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES, INC.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>	X	
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES, INC.

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response 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 X	

GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES, INC.

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 763		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15		X
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If "Yes," complete Form 4720, Schedule O.			

GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES, INC.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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 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 on Schedule O.	18	
b	Enter the number of voting members included on line 1a, above, who are independent	18	
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	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
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	X
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	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
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 on Schedule O	9	X

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	X
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	X
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	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
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	X
13	Did the organization have a written whistleblower policy?	13	X
14	Did the organization have a written document retention and destruction policy?	14	X
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	X
b	Other officers or key employees of the organization	15b	X
	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	X
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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 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 on Schedule O)
- 19** Describe on 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 **PAUL DENNISON, CFO - (727) 479-1800**
14041 ICOT BLVD., CLEARWATER, FL 33760-3702

GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES, INC.

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SANDRA BRAHAM PRESIDENT/CEO	40.00 4.50			X			255,044.	0.	17,451.	
(2) LORIS DIXON CFO	40.00 4.50			X			169,643.	0.	6,434.	
(3) TERRI BALLIET CO-COO	40.00			X			144,441.	0.	6,233.	
(4) LLOYD DE FRANCE CHIEF HUMAN RESOURCES	40.00			X			119,552.	0.	12,015.	
(5) ERIC FEDER CHAIR	2.00	X					0.	0.	0.	
(6) ELIZABETH SAMUELSON VICE CHAIR	2.00	X					0.	0.	0.	
(7) KAREN RAYMUND MARDER SECRETARY	2.00	X					0.	0.	0.	
(8) DAVID PILKINGTON TREASURER	2.00	X					0.	0.	0.	
(9) JEFF BAKER DIRECTOR	2.00	X					0.	0.	0.	
(10) VIVIAN BENCI, MD DIRECTOR	2.00	X					0.	0.	0.	
(11) STEVE BENOVA DIRECTOR	2.00	X					0.	0.	0.	
(12) VERNON BRYANT DIRECTOR	2.00	X					0.	0.	0.	
(13) EVAN CHRISTENSON DIRECTOR	2.00	X					0.	0.	0.	
(14) ANDREW HANO, MD DIRECTOR	2.00	X					0.	0.	0.	
(15) JULIE KLAVANS CHAIR	2.00 2.00	X					0.	0.	0.	
(16) SUSAN LANDRESS DIRECTOR	2.00	X					0.	0.	0.	
(17) JAY MILLER DIRECTOR	2.00 2.00	X					0.	0.	0.	

GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES, INC.

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 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) DAVID PUNZAK DIRECTOR	2.00	X					0.	0.	0.	
(19) ALAN SCHWARTZ DIRECTOR	2.00	X					0.	0.	0.	
(20) DR. EMILIE SOCASH DIRECTOR	2.00	X					0.	0.	0.	
(21) ABBY STERENSIS DIRECTOR	2.00	X					0.	0.	0.	
(22) BECCA TIEDER DIRECTOR	2.00	X					0.	0.	0.	
1b Subtotal							688,680.	0.	42,133.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							688,680.	0.	42,133.	

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, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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>	X	
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>		X

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
A BETTER SOLUTION OF VENICE 1500 E. VENICE AVENUE, VENICE, FL 34292	MEDICAL AND HEALTH CARE SERVICES	785,514.
UCITA PROPERTIES 1300 N WESTSHORE BLVE, TAMPA, FL 33607	MEDICAL AND HEALTH CARE SERVICES	533,850.
A BETTER SOLUTION SARASOTA 5600 BEE RIDGE ROAD, SARASOTA, FL 34233	MEDICAL AND HEALTH CARE SERVICES	364,503.
RIGHT AT HOME PINELLAS 304 SO. BELCHER ROAD, CLEARWATER, FL 33765	MEDICAL AND HEALTH CARE SERVICES	335,976.
ADVANCED HORIZONS II 711 N. SHERILL STREET, TAMPA, FL 33609	MEDICAL AND HEALTH CARE SERVICES	211,084.

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**

GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES, INC.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	317,263.				
	b Membership dues	1b					
	c Fundraising events	1c	561,257.				
	d Related organizations	1d	450,001.				
	e Government grants (contributions)	1e	25,053,904.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	10,736,920.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 271,595.				
	h Total. Add lines 1a-1f			37,119,345.			
Program Service Revenue	2 a ELDER & DISABLED SERVICES	Business Code 624120	533,686.	533,686.			
	b BEHAVIORAL HEALTH SERVICES	624120	396,757.	396,757.			
	c MANAGEMENT FEES	541610	102,040.	102,040.			
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			1,032,483.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		4,535.			4,535.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	1,685.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	1,571.				
c Gain or (loss)	7c	114.					
d Net gain or (loss)			114.		114.		
8 a Gross income from fundraising events (not including \$ 561,257. of contributions reported on line 1c). See Part IV, line 18	8a		0.				
		b Less: direct expenses	8b	62,453.			
c Net income or (loss) from fundraising events			-62,453.		-62,453.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
c Net income or (loss) from gaming activities							
10 a 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	11 a OTHER INCOME	Business Code 624190	139,193.	139,193.			
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			139,193.			
12 Total revenue. See instructions			38,233,217.	1,171,676.	0.	-57,804.	

**GULF COAST JEWISH FAMILY AND COMMUNITY
SERVICES, INC.**

Form 990 (2020)

59-1229354 Page **10**

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,026,873.	1,026,873.		
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	786,877.		660,961.	125,916.
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	21,020,077.	18,791,677.	2,035,209.	193,191.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	35,920.	35,920.		
9 Other employee benefits	2,487,578.	2,201,142.	264,039.	22,397.
10 Payroll taxes	1,647,499.	1,414,447.	205,521.	27,531.
11 Fees for services (nonemployees):				
a Management				
b Legal	29,051.		29,051.	
c Accounting	100,700.		100,700.	
d Lobbying	26,250.			26,250.
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,685.		1,685.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	3,665,627.	3,537,056.	139,941.	-11,370.
12 Advertising and promotion	93,494.	65,200.	7,975.	20,319.
13 Office expenses	2,700,862.	2,684,669.	-51,699.	67,892.
14 Information technology	874,536.	338,416.	531,398.	4,722.
15 Royalties				
16 Occupancy	1,536,569.	1,386,492.	144,433.	5,644.
17 Travel	773,226.	763,917.	8,853.	456.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	35,710.	28,167.	7,432.	111.
20 Interest	32,881.	24,472.	8,409.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	436,834.	284,652.	148,141.	4,041.
23 Insurance	369,493.	277,561.	90,956.	976.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL & PHARMACY	51,430.	51,430.		
b ALLOCATION OF M & G	0.	4,293,473.	-4,336,841.	43,368.
c _____				
d _____				
e All other expenses _____	15,288.	9,951.	3,836.	1,501.
25 Total functional expenses. Add lines 1 through 24e	37,748,460.	37,215,515.	0.	532,945.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES, INC.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	5,910,196.	1	7,259,799.
	2 Savings and temporary cash investments	508,072.	2	255,888.
	3 Pledges and grants receivable, net	4,377,912.	3	5,653,750.
	4 Accounts receivable, net	460,037.	4	464,674.
	5 Loans and other receivables from 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	324,435.	9	718,336.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,169,462.		
	b Less: accumulated depreciation	10b 6,068,455.	10c	4,101,007.
	11 Investments - publicly traded securities	125,244.	11	202,323.
	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	202,487.	15	1,807,708.
16 Total assets. Add lines 1 through 15 (must equal line 33)	16,287,943.	16	20,463,485.	
Liabilities	17 Accounts payable and accrued expenses	2,241,763.	17	2,264,198.
	18 Grants payable		18	
	19 Deferred revenue	909,929.	19	3,427,571.
	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	800,921.	23	646,322.
	24 Unsecured notes and loans payable to unrelated third parties	1,900,000.	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	5,902,613.	26	8,288,091.
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	9,859,037.	27	11,513,338.
	28 Net assets with donor restrictions	526,293.	28	662,056.
	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	10,385,330.	32	12,175,394.
	33 Total liabilities and net assets/fund balances	16,287,943.	33	20,463,485.

GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES, INC.

Part XI Reconciliation of Net Assets

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

1 Total revenue (must equal Part VIII, column (A), line 12)	1	38,233,217.
2 Total expenses (must equal Part IX, column (A), line 25)	2	37,748,460.
3 Revenue less expenses. Subtract line 2 from line 1	3	484,757.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,385,330.
5 Net unrealized gains (losses) on investments	5	14,911.
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 on Schedule O)	9	1,290,396.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	12,175,394.

Part XII Financial Statements and Reporting

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

		Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other			
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
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			
b Were the organization's financial statements audited by an independent accountant?	2b	X	
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			
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?	2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
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 on Schedule O and describe any steps taken to undergo such audits	3b	X	

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

2020

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).
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).
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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X 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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
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...
11 An organization organized and operated exclusively to test for public safety.
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).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support.

Total

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	33564727.	31883523.	31417864.	33191503.	37119345.	167176962
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	33564727.	31883523.	31417864.	33191503.	37119345.	167176962
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)						6765230.
6 Public support. Subtract line 5 from line 4.						160411732

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	33564727.	31883523.	31417864.	33191503.	37119345.	167176962
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	30,514.	2,303.	14,268.	35,000.	4,535.	86,620.
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.)	30,651.	126,969.	18,978.	179,119.		355,717.
11 Total support. Add lines 7 through 10						167622549
12 Gross receipts from related activities, etc. (see instructions)					12	6,413,377.
13 First 5 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 2020 (line 6, column (f), divided by line 11, column (f))	14	95.70 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	99.84 %
16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. 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 - 2019. 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

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2019 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2019 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2020. 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 - 2019. 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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>		
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>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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>		
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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
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>		
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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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>		
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>		
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>		
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>		
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>		
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>		
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>		

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 lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
1		
2		

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>		
1		

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 line 2, above, 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>		
1		
2		
3		

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 governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b 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 line 2a, above, 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 lines 3a and 3b 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>If "Yes" or "No" 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>			
2a			
2b			
3a			
3b			

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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 0.015 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 0.035.	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 0.85 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2016 AMOUNT: \$ 30,651.

2017 AMOUNT: \$ 126,969.

2018 AMOUNT: \$ 18,978.

2019 AMOUNT: \$ 179,119.



Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES, INC.

Employer identification number

59-1229354

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES, INC.	Employer identification number 59-1229354
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,481,209.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ <u>1,188,340.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ <u>1,288,787.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ <u>3,124,461.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ <u>1,386,217.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ <u>1,684,524.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES, INC.	Employer identification number 59-1229354
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ <u>4,215,618.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ <u>4,057,279.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ <u>10,454,184.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES, INC.	Employer identification number 59-1229354
--	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES, INC.	Employer identification number 59-1229354
--	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.**

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 organization GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES, INC.	Employer identification number 59-1229354
--	---

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

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

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

GULF COAST JEWISH FAMILY AND COMMUNITY

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 (grassroots 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		37,782,981.	
e Total exempt purpose expenditures (add lines 1c and 1d)		37,809,231.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	
If the amount on line 1e, column (a) or (b) is:	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) 2017	(b) 2018	(c) 2019	(d) 2020	(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)).

	(a)		(b)
	Yes	No	Amount
For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.			
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 campaign activity 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.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor advisement.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for held easements at the end of the tax year, and yes/no questions about monitoring and reporting.

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.

Form with questions (1a, 1b, 2) regarding collections of art and historical treasures, including checkboxes and dollar amount fields for revenue and assets.

GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES, INC.

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 make 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 program
 - 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:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 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 on 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	418,876.	295,362.	1,169,389.	996,965.	5,936,111.
b Contributions	0.	124,964.	100,225.	130,684.	46,525.
c Net investment earnings, gains, and losses	25,157.	-197.	8,825.	41,740.	182,704.
d Grants or scholarships	0.				
e Other expenditures for facilities and programs	0.	1,253.	983,077.		5,168,375.
f Administrative expenses					
g End of year balance	444,033.	418,876.	295,362.	1,169,389.	996,965.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 59.3100 %
 - b Permanent endowment 40.6900 %
 - c Term endowment .0000 %
- 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:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 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		7,278,740.	4,284,285.	2,994,455.
c Leasehold improvements		98,705.	86,519.	12,186.
d Equipment		1,684,766.	1,498,181.	186,585.
e Other		202,336.	199,470.	2,866.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,101,007.

**GULF COAST JEWISH FAMILY AND COMMUNITY
SERVICES, INC.**

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. (Col. (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. (Col. (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) INTERCOMPANY RECEIVABLES	1,706,196.
(2) SECURITY DEPOSITS	101,512.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	1,807,708.

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB 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.

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

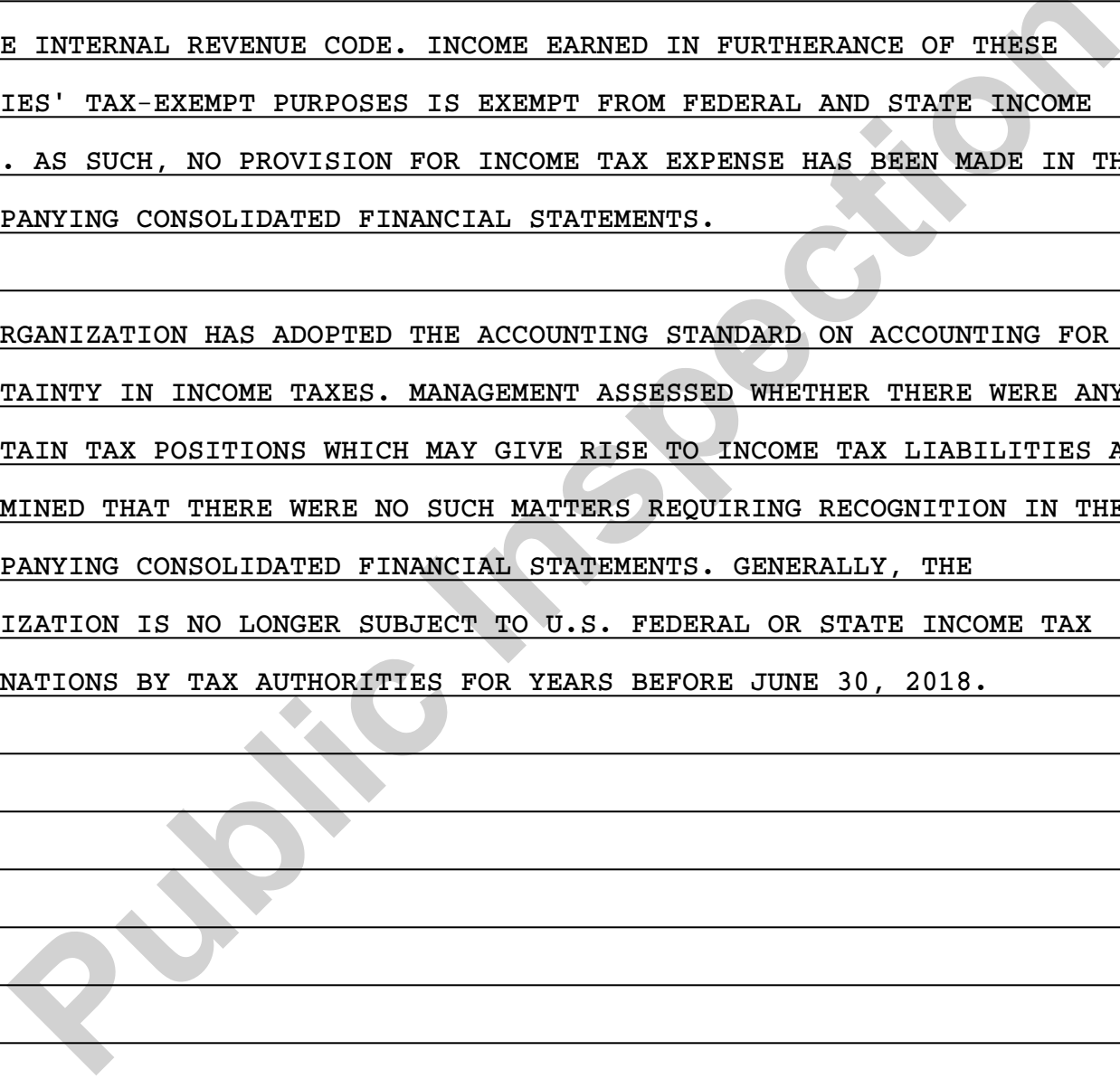
Part XIII Supplemental Information (continued)

THE ENDOWMENT ANNUALLY TO SUPPORT THE ORGANIZATION'S MISSION.

PART X, LINE 2:

GULF COAST JFCS, GCC, HERON AND EGRET ARE RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS TAX-EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. INCOME EARNED IN FURTHERANCE OF THESE ENTITIES' TAX-EXEMPT PURPOSES IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES. AS SUCH, NO PROVISION FOR INCOME TAX EXPENSE HAS BEEN MADE IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

THE ORGANIZATION HAS ADOPTED THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT ASSESSED WHETHER THERE WERE ANY UNCERTAIN TAX POSITIONS WHICH MAY GIVE RISE TO INCOME TAX LIABILITIES AND DETERMINED THAT THERE WERE NO SUCH MATTERS REQUIRING RECOGNITION IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. GENERALLY, THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL OR STATE INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE JUNE 30, 2018.



SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ 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 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

2 a 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.

GULF COAST JEWISH FAMILY AND COMMUNITY

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 (add col. (a) through col. (c))
		FACES ANNUAL CELEBRATION (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	561,257.		561,257.
	2	Less: Contributions	561,257.		561,257.
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	62,453.		62,453.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-62,453.

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

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

GULF COAST JEWISH FAMILY AND COMMUNITY

- 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 to be 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.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

Employer identification number
59-1229354

Part I General Information on Grants and Assistance

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

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

1 (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

- 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 ▶ _____

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

Schedule I (Form 990) 2020

GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES, INC.

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ADULT FAMILY STIPENDS	83	1,026,873.	0.		

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

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)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES, INC.** Employer identification number **59-1229354**

Part I Questions Regarding Compensation

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.

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

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment? **4a** Yes No
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b** Yes No
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c** Yes No
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a** Yes No
- b** Any related organization? **5b** Yes No
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a** Yes No
- b** Any related organization? **6b** Yes No
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7** Yes 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** Yes 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** Yes No

	Yes	No
1b		
2		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		<input checked="" type="checkbox"/>

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

Schedule J (Form 990) 2020

**GULF COAST JEWISH FAMILY AND COMMUNITY
SERVICES, INC.**

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

For each individual whose compensation must be reported 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 aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SANDRA BRAHAM PRESIDENT/CEO	(i)	243,544.	11,500.	0.	2,682.	15,243.	272,969.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LORIS DIXON CFO	(i)	169,643.	0.	0.	1,708.	5,615.	176,966.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) TERRI BALLIET CO-COO	(i)	139,441.	5,000.	0.	1,506.	5,578.	151,525.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

Multiple horizontal lines for supplemental information.

Public Inspection watermark

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		60,581.	FAIR MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	43	40,320.	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SUPPLIES AND)	X	135	170,694.	FAIR MARKET VALUE
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
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.		

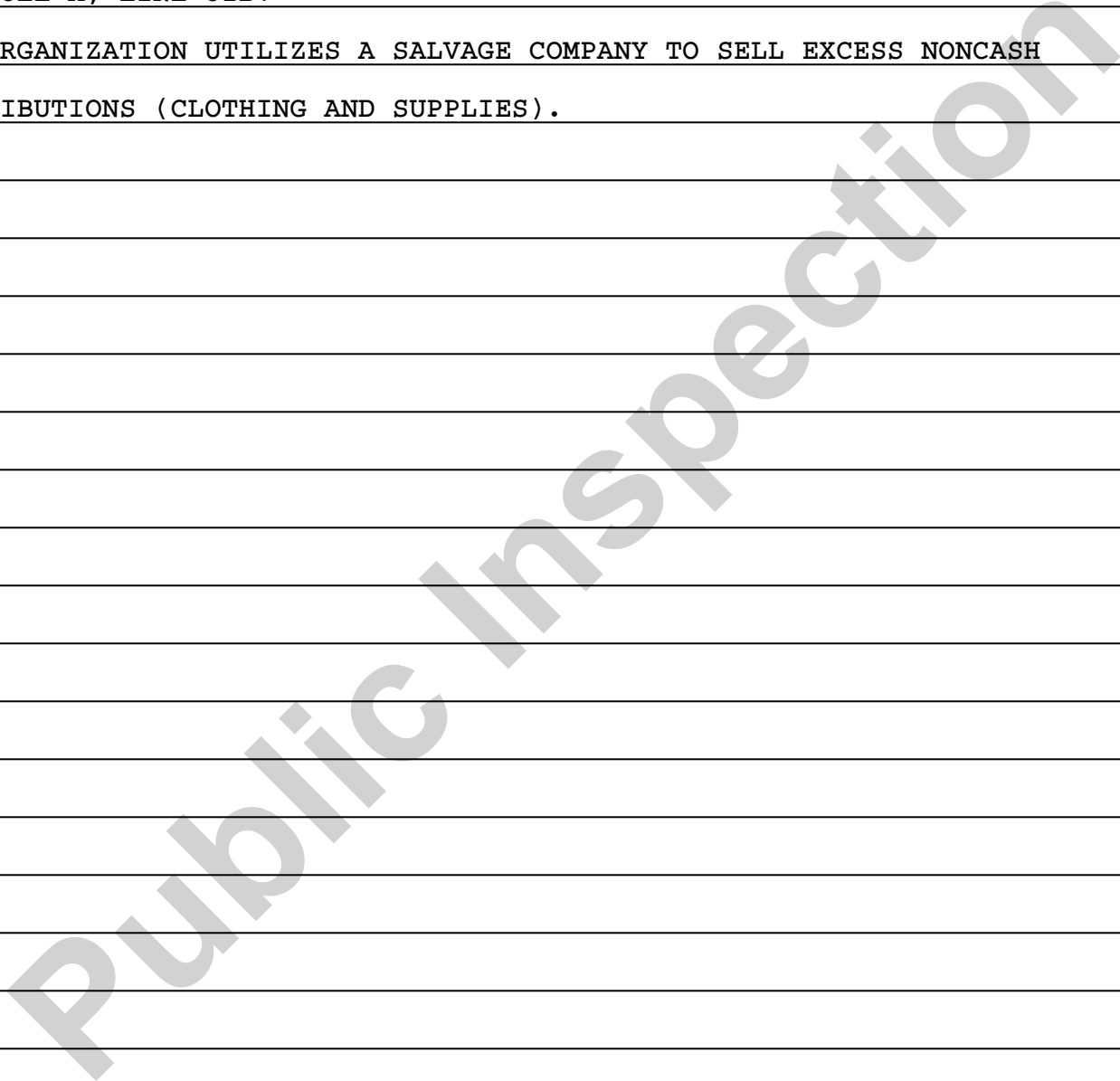
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

REPORTING THE NUMBER OF ITEMS RECEIVED

SCHEDULE M, LINE 32B:

THE ORGANIZATION UTILIZES A SALVAGE COMPANY TO SELL EXCESS NONCASH CONTRIBUTIONS (CLOTHING AND SUPPLIES).



SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 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

2020

Open to Public
Inspection

Name of the organization

GULF COAST JEWISH FAMILY AND COMMUNITY
SERVICES, INC.

Employer identification number
59-1229354

FORM 990, PART I, 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

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

Schedule O (Form 990 or 990-EZ) 2020

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

Employer identification number
59-1229354

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 1988, A TESTAMENT TO THE FOCUS ON INDIVIDUALIZED SERVICES AND CONTINUOUS QUALITY IMPROVEMENT NOW AND IN THE YEARS TO COME.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CHILD 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

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

OLD, PLACED IN LICENSED SETTINGS, AND SECURE INDEPENDENT LIVING AND

OTHER GOALS, UNIQUE TO THIS AGE DEMOGRAPHIC, ARE MET.

DIVERSION/PREVENTION PROGRAMS PROVIDE 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 WHO RESIDE IN BROWARD

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

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 SERVICES 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. PROVIDES 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 WITH 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).

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

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 ARE PROVIDED IN THE CAREGIVERS' HOME 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

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

Employer identification number
59-1229354

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, PROGRAM SERVICE ACCOMPLISHMENTS:
BEHAVIORAL HEALTH RESIDENTIAL TREATMENT SYSTEM WAS ONE OF THE FIRST PILOT PROJECTS IN FLORIDA TO FOCUS ON THE DEINSTITUTIONALIZATION OF YOUNG ADULTS AND SENIORS WITH SERIOUS AND PERSISTENT MENTAL ILLNESS.**

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

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.

ADULT 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 ADULTS 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

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

Employer identification number
59-1229354

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

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

COMMUNITIES. CURRENT PREVENTION EFFORTS INCLUDE ELDER EDUCATION, SOCIAL MARKETING AND PARENTING FROM PRISON. THE PROGRAM SERVICES 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, PROGRAM SERVICE ACCOMPLISHMENTS:

HOLOCAUST 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 PRESENT 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 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,

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

Employer identification number
59-1229354

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.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

TRAINING AND TECHNICAL ASSISTANCE SERVICES - DOMESTIC VIOLENCE TECHNICAL ASSISTANCE PROGRAM IS A PARTNERSHIP WITH A FLORIDA BASED DOMESTIC VIOLENCE PREVENTION ORGANIZATION 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.

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

Employer identification number
59-1229354

REFUGEE MENTAL HEALTH TECHNICAL ASSISTANCE DEVELOPS THE CAPACITY OF RESETTLEMENT AND OTHER REFUGEE PROGRAMS ACROSS THE U.S. TO HELP THEM MEET THE MENTAL HEALTH NEEDS OF REFUGEES. WORKING WITH A WIDE ARRAY OF SUBJECT MATTER EXPERTS, 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 SERVICES NON-CUSTODIAL PARENT EMPLOYMENT PROGRAM ASSISTS UNEMPLOYED OR UNDEREMPLOYED NONCUSTODIAL PARENTS IN ESTABLISHING A PATTERN OF REGULAR CHILD SUPPORT PAYMENTS BY OBTAINING AND MAINTAINING UNSUBSIDIZED, COMPETITIVE EMPLOYMENT. MORE THAN 20,700 UNDUPLICATED CLIENTS IMPACTING 52,182 CHILDREN HAVE BEEN ASSISTED SINCE PROGRAM INCEPTION IN 1996. THE PROGRAM SERVICES PINELLAS, PASCO, HILLSBOROUGH, AND MIAMI-DADE COUNTIES.

CLIENT & COMMUNITY SERVICES DUKE ENERGY UTILIZES ASSISTANCE PROVIDES ONCE-ANNUAL ASSISTANCE FOR GULF COAST JFCS CLIENTS IN PINELLAS COUNTY WHO NEED ASSISTANCE IN PAYING THEIR DUKE ENERGY UTILITY BILL. CLIENTS

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

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. EXPENSES \$ 1,555,283. INCLUDING GRANTS OF \$ 0. REVENUE \$ 139,193.

REFUGEE SERVICES FLORIDA CENTER FOR SURVIVORS OF TORTURE (FCST) IS A REGIONAL TREATMENT CENTER (TAMPA BAY AND MIAMI DADE) FOR SURVIVORS OF TORTURE AND EXTREME TRAUMA. AS THE LEAD AGENCY, GULF COAST JFCS COLLABORATES WITH AREA RESETTLEMENT AGENCIES AS WELL AS 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 AND PLACEMENT RESETTLES REFUGEES FROM AROUND THE

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

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 GOOD 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.

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

Employer identification number
59-1229354

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 U.S. 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 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 REUNITED WITH A GUARDIAN IN THE U.S. THE MISSION OF THE SC-UAC PROGRAM IS TO PROVIDE A SAFE, WELCOMING AND NURTURING ENVIRONMENT FOR THE PHYSICAL AND MENTAL WELL-BEING OF THE CHILDREN UNTIL THEY ARE TIMELY REUNITED WITH THEIR PARENTS OR SPONSORS.

EXPENSES \$ 3,348,346. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

ELDER & DISABLED SERVICES COMMUNITY 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

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

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 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 SERVICES BASIS. OLDER ADULT MENTAL HEALTH (OAMH-PINELLAS AND PASCO) SERVICES 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.

ELDER COUNSELING SERVICES (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.

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

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 URGENT 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 THE HUD, THE PROJECT IS SPONSORED BY GULF COAST AND UNDER THE AUSPICES OF A SEPARATE HOUSING CORPORATION.
EXPENSES \$ 1,947,344. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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.

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

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.

FORM 990, PART VI, SECTION B, LINE 15:

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

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

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST. THE FINANCIAL STATEMENTS OF THE ORGANIZATION ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH UNDER IRC SECTION 6104(D).

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF ASSETS HELD BY OTHERS	8,445.
RESTATEMENT OF PRIOR YEAR DUE TO CONSOLIDATION	1,281,951.
TOTAL TO FORM 990, PART XI, LINE 9	1,290,396.

FORM 990, PART XII, LINE 2C:

THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS IS RESPONSIBLE FOR THE SELECTION OF THE INDEPENDENT CPA FIRM, AND FOR THE CONDUCT OF THE ANNUAL FINANCIAL STATEMENT AND COMPLIANCE AUDITS. IN ADDITION, THE FINANCE COMMITTEE IS RESPONSIBLE FOR: ENSURING THAT ADEQUATE INTERNAL CONTROLS ARE IN PLACE TO SAFEGUARD THE ASSETS OF THE ORGANIZATION, REVIEWING THE MONTHLY FINANCIAL STATEMENTS, AND FOR MONITORING RISK MANAGEMENT AND COMPLIANCE PRACTICES OF THE ORGANIZATION.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

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
GULF COAST EGRET HOUSING, INC. - 59-3326398 14041 ICOT BLVD. CLEARWATER, FL 33760	TO PROVIDE AFFORDABLE HOUSING TO THE LOW-INCOME, ELDERLY AND DISABLED	FLORIDA	501(C)(3)	LINE 10	GULF COAST JEWISH FAMILY & COMMUNITY	X	
GULF COAST HERON HOUSING, INC. - 59-3386553 14041 ICOT BLVD. CLEARWATER, FL 33760	TO PROVIDE HOUSING TO THE LOW-INCOME ELDERLY POPULATION	FLORIDA	501(C)(3)	LINE 10	GULF COAST JEWISH FAMILY & COMMUNITY	X	
GULF COAST CARES, INC. - 47-5550256 14041 ICOT BLVD. CLEARWATER, FL 33760	TO SUPPORT THE MISSION OF GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES	FLORIDA	501(C)(3)	LINE 7	GULF COAST JEWISH FAMILY & COMMUNITY	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
SEE PART VII FOR CONTINUATIONS

GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES, INC.

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

GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES, INC.

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		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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 CARES, INC.	C	450,001.	CASH TRANSFERRED
(2) GULF COAST HERON HOUSING, INC.	L	96,513.	ACTUAL COST
(3) GULF COAST HERON HOUSING, INC.	O	142,873.	ACTUAL COST
(4)			
(5)			
(6)			

GULF COAST JEWISH FAMILY AND COMMUNITY
SERVICES, INC.

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

GULF COAST EGRET HOUSING, INC.

DIRECT CONTROLLING ENTITY: GULF COAST JEWISH FAMILY & COMMUNITY SERVICES, INC.

NAME OF RELATED ORGANIZATION:

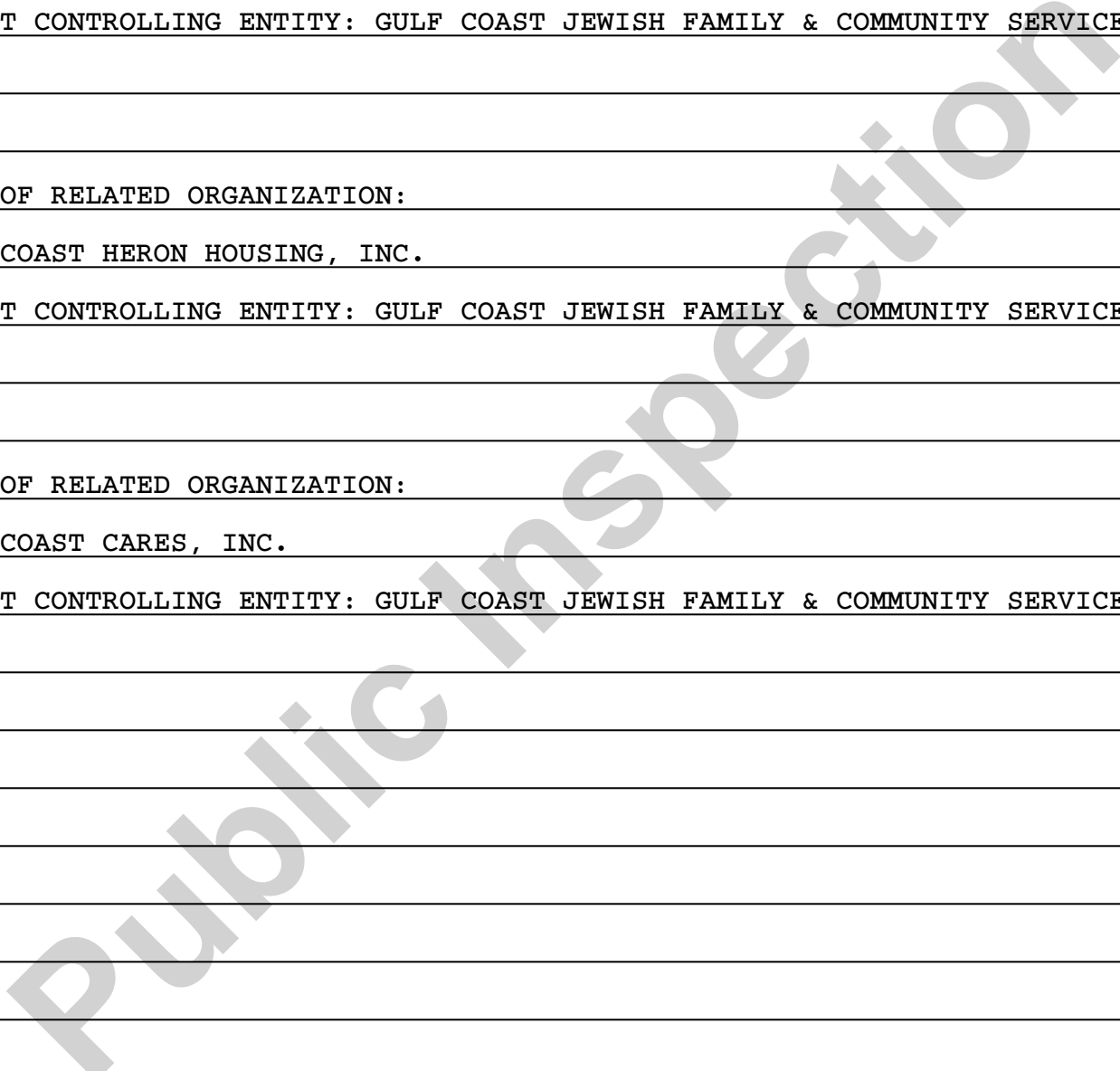
GULF COAST HERON HOUSING, INC.

DIRECT CONTROLLING ENTITY: GULF COAST JEWISH FAMILY & COMMUNITY SERVICES, INC.

NAME OF RELATED ORGANIZATION:

GULF COAST CARES, INC.

DIRECT CONTROLLING ENTITY: GULF COAST JEWISH FAMILY & COMMUNITY SERVICES, INC.





BOARD OF DIRECTORS ROSTER July 1, 2022 - June 30, 2023

Board Officers	Term/s	Profession	Office Address, Email & Number	Home Address, Email & Number	County of Residence
Elisabeth Samuelson Board Chair	7/1/2018 - 6/30/2024	Physical Therapist	Aria Health and Wellness Institute 115 1st Street S St. Petersburg, FL 33701	117 Bay Point Drive NE * St. Petersburg, FL 33704 End96@yahoo.com 727-710-1358	Pinellas
Punzak, David Esq., Vice- Chair & Treasurer*	7/1/2019 - 6/30/2025	Retired Assistant General Counsel		1310 45th Avenue N * St. Petersburg, FL 33703 drpunzak@gmail.com 727-641-5409	Pinellas
Sterensis, Abby, Secretary	7/1/2016 - 6/30/2023	Software/Small Business Owner	Observe4Success 1911 Tyrone Blvd. St. Petersburg, FL 33710 877-743-3430	680 Bay Laurel Court NE * St. Petersburg, FL 33703 abigailfs@gmail.com 727-421-7885	Pinellas
Feder, Eric <i>Immediate Past Chair</i>	9/1/2016- 6/30/2024	Retired, Hospital Executive, Bayfront Health System		1800 Crescent Lake Dr N * St. Petersburg, FL 337047 Ericfeder62@gmail.com 727-742-1281	Pinellas
Amato, Edward	6/1/2021 - 6/30/2024	Retired VP		5203 Sagecrest Drive * Lithia, FL 33547 edward.j.amato@gmail.com 717-585-2280	Hillsborough
Baker, Jeff	7/1/2018 - 6/30/2024	Government and Community Relations Manager	Duke Energy 299 1st Avenue N St. Petersburg, FL 33701 Jeffbaker3@duke-energy.com 727-820-5362	330 3rd Avenue S, Unit 1407 * St. Petersburg, FL 33701 Jeff33701@gmail.com	Pinellas
Benov, Steve	7/1/2019 - 6/30/2025	Managing Director	Berkeley Research Group * 2016 16th Avenue NE St. Petersburg, FL 33704 312-318-7070	216 16th Avenue NE St. Petersburg, FL 33704 Sbenov5@yahoo.com	Pinellas

Board Members	Term/s	Profession	Office Address, Email & Number	Home Address, Email & Number	County of Residence
Coopersmith, Zachary	6/1/2021 - 6/30/2024	Private Equity / Entrepreneur		2010 Brightwaters Blvd NE * St. Petersburg, FL 33704 zach.coopersmith@gmail.com 301-646-4608	Pinellas
Flowers, Gary	7/1/22 - 6/30/25	HR & Non Profit Consulting, Acco	Year Up CIO Tech & Enterprise Operations	501 Knights Run Avenue Tampa, FL 33602	Hillsborough
Jackson, Kimberly Griffie	7/1/22 - 6/30/25	Attorney, Policy Lead	855-932-7871		Pinellas
Jackson, Sabrina Griffith	6/1/2021 - 6/30/2024	Director of Diversity, Equity & Inclusion	9309 N Florida Ave #100 Tampa, FL 33612 Griffith Consulting, LLC sabrina@griffithconsultingservices.com	North Tampa, FL SabrinaGriffith@outlook.com	Hillsborough
Kriseman, Rick	7/1/22 - 6/30/25	Attorney	Shumaker, Loop & Kendrick, Bank of America Plaza, 101 E. Kennedy Blvd. Tampa, FL 33602		Pinellas
Landress, Susan	7/1/2020 - 6/30/23	Retired, Court Investigator, Pinellas County Circuit Court, Sixth Judicial Circuit		8178 124th Street * Seminole, FL 33772 s.landress@verizon.net 727-463-3434	Pinellas
**Miller, Jay <i>NJHSA Board</i>	7/2006 - 6/30/23	Commercial Real Estate Developer	J Square Developers 721 – 1st Avenue N St. Petersburg, FL 33701 jmiller@j2developers.com 727-471-3542	723 – 17th Avenue NE * St. Petersburg, FL 33704 727-896-7146 813-495-4800	Pinellas

Board Members	Term/s	Profession	Office Address, Email & Number	Home Address, Email & Number	County of Residence
Newman, Ted	7/1/22 - 6/30/25	Retired Risk Compliance		527 28th Ave N Ste Petersburg, FL 33704 508-654-7423	Pinellas
Schwartz, Alan	7/1/2019 - 6/30/2025	Retired Company President		1681 Longbow Lane * Clearwater, FL 33764 aschwartz1681@gmail.com 727-492-6496	Pinellas
Socash, Emilie Dr.	7/1/2020 - 6/30/2023	Non-Profit Consultant	Nonprofit Help Center (NHC) Email: emilie@empower-creative.com Website: www.empower-creative.com	6646 Emerson Ave So.* St. Petersburg, FL 33707 emilie@empower-creative.com 813-786-7329 cell	Pinellas
Webb, Jennifer	6/1/2021 - 6/30/2024	Busines Organization Development	OmniPublic: The Change Agency Tampa Bay, Washington, DC jw@ominpublic.global Assistant, SS@omnipublic.global	6019 17th Avenue S Gulfport, FL 33707 727-320-6275	Pinellas
Zacherl, Anderw	7/1/22 - 6/30/23	Attorney, Retired Military,	Dinsmore & Shohl, LLP Commercial Litigation 201 N Franklin St #3050 Tampa, FL 33602	175 W Woodlawn Ave Tampa, FL 33603 813-466-9357	Hillsborough

Legend

*Denotes contact/mailing preference

**Denotes Ex-Officio

Updated

7/27/22 TB

9:41

Heart Gallery of Pinellas &... 9+

Posts About Videos More

and Family Alternatives, Inc. - Florida's Adoption Information Center - AdoptUSKids - All Pro Dad - Florida Coalition for Children (FCC) - Florida Network of Children's Advocacy Centers - Florida Department of Children and Families



See insights and ads Boost post

29 2 comments 28 shares

Like Comment Share

Home Ads + Notifications Menu

With the White Family Foundation support, we were able to feature these two children in both portrait and Heart Art form. These siblings were then matched with a family within 90 days of their debut!!

9:43



Heart Gallery of Pinellas &... 9+

Posts About Videos More

Children and Families - Great Explorations Children's Museum

📸: Ken Heavenridge, Imagine Pro Photography



See insights and ads

Boost post

33

3 comments 3 shares

Like

Comment

Share

Home

Ads



Notifications

Menu

The Beautiful Lowes Family! Adoption date was 7.15.23. They were featured at our Annual Heart Strings Gala and with support from the White Family Foundation, we were able to gift them a family portrait from their adoption day.



The extraordinary Love family that felt so passionately about their family love in action, they changed their last names to Love and finalized the adoption date on 2.14.23.

Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201

Department of the Treasury

Date: April 5, 2011

Person to Contact:

Sharon LeNard
ID #0203196

GULF COAST JEWISH FAMILY AND
COMMUNITY SERVICES INC
14041 ICOT BLVD
CLEARWATER FL 33760-3702

Toll Free Telephone Number:

877-829-5500

Employer Identification Number:

59-1229354

Dear Sir or Madam:

This is in response to your request of March 29, 2011, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in May 1975 that recognized you as exempt from Federal income tax, and reflect that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033 (j) of the Code on our website beginning in early 2011.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Cindy Thomas
Manager, Exempt Organizations
Determinations



FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
COMMISSIONER WILTON SIMPSON

February 7, 2023

Refer To: CH203

GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES, INC
14041 ICOT BLVD
CLEARWATER, FL 33760-3702

RE: GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES, INC
REGISTRATION#: CH203
EXPIRATION DATE: March 3, 2024

Dear Sir or Madam:

The above-named organization/sponsor has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. **A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.**

Every charitable organization or sponsor which is required to register under s. 496.405 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 30 days prior to the date of expiration as shown above.

Thank you for your cooperation. If we may be of further assistance, please contact the Solicitation of Contributions section.

Sincerely,

Debra Pelletier
Regulatory Consultant
1-800-HELP-FLA
Fax: 850-410-3804
E-mail: debra.pelletier@fdacs.gov