Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

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

			ending 5	EP 30, 2021	
В	Check if applicab	le: C Name of organization		D Employer identific	cation number
	Addre	Gulfcoast Legal Services, Inc.			
	Name chan			**-***27	49
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final return	501 First Ave N Ste 420 PO Box 358		727-821-	
_	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,782,815.
Ļ	Amer	bc receisburg, ru 55/51		H(a) Is this a group re	
	Appli tion pend			for subordinates	
		same as C above		H(b) Are all subordinates in	cluded? Yes No
		empt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) o	or 527	1	list. See instructions
		te: ▶ www.gulfcoastlegal.org		H(c) Group exemption	
		forganization: X Corporation Trust Association Other	L Year	of formation: 1978 N	f State of legal domicile: ${f FL}$
P	art I			1 1 1	1 6
ė	1	Briefly describe the organization's mission or most significant activities: To se	erve t	he legal ne	eds of
Activities & Governance		vulnerable individuals, families & commun			
ern	2	Check this box if the organization discontinued its operations or dispos		1 1	
Š	3			3	10
<u>«</u>	4	Number of independent voting members of the governing body (Part VI, line 1b) ${}_{\cdot}$			10
ies	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		5	53
₹	6	Total number of volunteers (estimate if necessary)		6	60
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	O		0.
		SU.		Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		3,124,768.	3,782,349.
enr	9	Program service revenue (Part VIII, line 2g)		12,500.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,903.	459.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		344.	7.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		3,139,515.	3,782,815.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		96,641.	96,162.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .		2,371,841.	2,703,145.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 77,07		0.	0.
ă	b	Total fundraising expenses (Part IX, column (D), line 25) 77,07	75 .		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		667,487.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,135,969.	3,488,904.
	19	Revenue less expenses. Subtract line 18 from line 12		3,546.	293,911.
Or Sec			Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		1,628,217.	1,904,442.
t As	21	Total liabilities (Part X, line 26)		914,328.	896,642.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		713,889.	1,007,800.
	art II				
		alties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
Sig	ın	Signature of officer		Date	
He	re	■ Jodi Duda, Interim Chief Executive Off	icer		
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	Mary Brown Many Brown	0	7/15/22 if self-employed	P01892845
Pre	parer	Firm's name PDR CPAS + Advisors		Firm's EIN	**-***7531
Use	Only	Firm's address 4023 Tampa Road, Suite 2000			
		Oldsmar, FL 34677		Phone no. 72	7-785-4447
Ма	y the I	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Gulfcoast Legal Services is a non profit organization serving the
	legal needs of vulnerable individuals, families and communities.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	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
3	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.
4	
	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 \$ 706,984. including grants of \$) (Revenue \$) Legal Assistance for Human Trafficking & Human Rights: The Immigration
	& Human Rights unit provided assistance to 351 immigrant victims of
	crime with T and U visas as well as obtaining citizenship or documented
	status to assure their ability to live and work in the US. Advocates
	also referred clients to counseling, language centers, public benefits,
	and education programs. The unit also assisted 154 victims (domestic
	and immigrant) of human trafficking. These services are supported
	largely by grants from the US Department of Justice.
	(,0)
	.16
4b	(Code:) (Expenses \$ 956,464 • including grants of \$ 96,162 •) (Revenue \$)
TIJ.	Legal Services for Families/Domestic Violence: The Family Law unit
	provided services to 1,100 clients and closed 807 cases of protective
	injunctions, personal safety, custody, divorce, child support,
	visitation, and paternity. Casework is holistic in nature as these
	clients may also receive legal assistance with housing matters and
	public income maintenance benefits for which they are eligible. This
	assistance gives survivors of violence the tools they need to become
	independent and self-sufficient and to create a new beginning for
	themselves and their children. These services are supported by funding
	from the US Department of Justice Office on Violence Against Women,
	Pinellas County, the Florida Office of the Attorney General, and the
	Florida Department of Children and Families.
4c	(Code:) (Expenses \$ 1,147,330 • including grants of \$) (Revenue \$)
	Financial Stability & Housing Legal Services: Financial stability and
	housing attorneys and support staff provided legal services to help
	residents obtain or maintain stable income and/or housing. Services
	included assistance with credit matters; tax controversies; fraud;
	scams; debt collections; landlord/tenant disputes; foreclosure
	modification or representation; addressing violations of the Fair
	Housing Act; etc. Housing staff assisted 722 clients to help them avoid
	homelessness. Housing services were supported primarily by funding from
	Pinellas and Manatee Counties and various local municipalities via
	their HUD Community Development Block Grant (CDBG) program. The
	Financial Stability team assisted 1,310 clients with financial matters
	and were supported by funding from the Florida Bar Foundation, local
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ \text{including grants of \$} \text{) (Revenue \$} \text{)}
4e	Total program service expenses ▶ 2,810,778.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	_	v	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			X
4	public office? If "Yes," complete Schedule C, Part I	3		Λ
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</i> "Yes," <i>complete Schedule C, Part II</i>	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ū	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			X
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		X
	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>			22
8	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	Х	
b	Schedule D, Parts XI and XII	12a	21	
a	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes." and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	u		
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		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? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	0.4	Х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	27	

Part IV	Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			
	Schedule J	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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			
	Schedule L, Part 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? If "Yes," complete Schedule L, Part II	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			l
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			١
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			7.7
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Α.
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			3.7
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			X
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			X
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		X
2F.c	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		 ^
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555		
00	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	 		
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	ٿ		-
-	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	t 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 12			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
			200	

Gulfcoast Legal Services, Inc. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				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 53			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	iccount)?	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 Ad	` '			
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		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-			37
	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 contributi	· ·			
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	da a a manadala da a da a manada O	_		v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and partly for goods and partly for goods and goods are contributed as a contribution and goods are contributed as a contribute of \$75 made partly for goods and goods are contributed as a contribute of \$75 made partly for goods and goods are contributed as a contribute of \$75 made partly for goods and goods are contributed as a contributed as a contribute of \$75 made partly for goods and goods are contributed as a contribute of \$75 made partly for goods and goods are contributed as a		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	W N. W	7-		Х
	to file Form 8282?	1 %	7с		$\stackrel{\Lambda}{\vdash}$
d		7d	7.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control of the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
g h	If the organization received a contribution of qualified intellectual property, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, airplanes, or other vehicles, did the organization received a contribution of cars, airplanes,		7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		,,,		
Ŭ	sponsoring organization have excess business holdings at any time during the year?	•	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the analysis of the second section and the second section of the second second second second section 40000		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:				
а	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:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	7	11b			
	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.				
а	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	1			
		13b			
		13c	4.6		v
14a		- 0	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		4-		Х
	excess parachute payment(s) during the year?		15		Λ
16	If "Yes," see instructions and file Form 4720, Schedule N.	t incomo?	16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment of the section 4968 excise tax on the section 4968 excise tax of the section 4968 excise tax on the section 4968 excise tax of tax of tax of	Lincome?	16		Λ
	If "Yes," complete Form 4720, Schedule O.				

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 it Schedule O contains a response or note to any line in this Part VI			
Sec	ction A. Governing Body and Management		1	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15	4		
	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 0.			
b		4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			37
	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		Х
7a		l _		,
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	l		, v
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37	
а		8a	X	
b	, , , , , , , , , , , , , , , , , , , ,	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		, v
<u></u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			·
40		40	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
b		40-	Х	
12a		12a	X	
b		12b	^	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	40-	х	
40		12c		Х
13	Did the organization have a written whistleblower policy?	13 14	Х	22
14	Did the organization have a written document retention and destruction policy?	14	25	
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?			
•	The organization's CEO, Executive Director, or top management official	15a	Х	
		15b	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
ioa	taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
	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		
Sec	exempt status with respect to such an angements:	1.00		
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoons 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)s onl	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.	,- 5)	, = • •	
	Own website X Another's website X 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, ar	nd fina	ncial	
	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			
-	Jodi Duda - 727-821-0726			
	501 1st Avenue North, Suite 420, St. Petersburg, FL 33701			

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 n	or any related	orga	aniza	ition	ı cor	npe	nsat	ed any current officer,	director, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Posi	ition more	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per nd a di	rson i	is bot	h an	compensation	compensation	amount of
	week		Jei aii	u a u	II ecto	Traus	100)	from	from related	other
	(list any hours for	or director				L		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	tee			satec		(W-2/1099-MISC)	(***2/1099*****130)	organization
	organizations	Individual trustee	Institutional trustee		yee	mpen		(** 2/ 1000 1/1100)	4	and related
	below	dual	ution	L.	Key employee	est co	er			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former))	
(1) Tammy Greer	40.00							(',0')		
Chief Executive Officer				Х				118,508.	0.	0.
(2) Shaina Bent	1.00						. 1	10		
Immediate Past President		Х		Х		C		0.	0.	0.
(3) Professor Kristen David Adams	1.00			1	C	-	,			
President		X	_ (Х		Ĺ		0.	0.	0.
(4) Bradley Muhs ESQ	1.00	16	5							
Vice President		X		Х				0.	0.	0.
(5) Tracy Merry CPA	1.00									
Treasurer		Х		Х				0.	0.	0.
(6) Jason Miller ESQ	1.00									
Secretary		Х		Х				0.	0.	0.
(7) Sandrine Guez	1.00									
Board Member		Х		Ш				0.	0.	0.
(8) Keith E. Bass	1.00							_	_	_
Board Member		Х		Ш				0.	0.	0.
(9) Ben Sorrell ESQ	1.00									_
Board Member		Х		Ш		<u> </u>		0.	0.	0.
(10) Cynthia Batt ESQ	1.00									_
Board Member		Х		Ш	L	╙		0.	0.	0.
(11) Elise K. Winters ESQ	1.00									
Board Member		Х		Ш	$ldsymbol{ld}}}}}}$	igspace		0.	0.	0.
				Ш	<u> </u>	╙				
				Ш	<u> </u>	╙				
		_	_	\sqcup	<u> </u>	\vdash	_			
		1								
			_	$\vdash \vdash$	\vdash	\vdash				
		-								
		_	_	$\vdash\vdash$	\vdash	\vdash	_			
		1								

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Part VII Section A. Officers, Directors, True	stees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week (list any hours for	box,	not c , unle	Positheck iss period a di	more rson	than is bot or/trus	th an stee)	(D) Reportable compensation from the organization	(E) Reportable compensatio from related organization (W-2/1099-MI	on d ns	Est am c comp	(F) imated ount of other pensation the	f
	related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			and	nizatio relate nizatio	d
		_											
		<u>-</u>							4				—
								Col	7				
1b Subtotal						C	\	118,508.		0.			0.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c) Total number of individuals (including but it	not limited to the	110	3 (<u></u>			► hor	0. 118,508. eceived more than \$100	0,000 of reportab	0 . 0 . ole			0.
 compensation from the organization Did the organization list any former officer line 1a? If "Yes," complete Schedule J for a second complete. 	, director, trust							ghest compensated emp			3		No X
 For any individual listed on line 1a, is the s and related organizations greater than \$15 Did any person listed on line 1a receive or 	um of reportab 50,000? <i>If "Yes,</i> accrue compe	ole co , " <i>coi</i> ensati	omp <i>mpl</i> e	ensa ete S from	atior S <i>che</i> any	n an e <i>dul</i> / uni	d ot e <i>J t</i> relat	her compensation from for such individual	the organization		4		X
rendered to the organization? If "Yes," con Section B. Independent Contractors 1 Complete this table for your five highest co	ompensated in	depe	ende	ent c	onti	racto	ors t			npens	5 ation fr		X
the organization. Report compensation for (A) Name and business	-		endi DNI		vith	or w	rithir	n the organization's tax (B) Description of s		С	(C) compen		
Total number of independent contractors	(including but r	not li	mite	d to	tho	se li	stec	d above) who received n	nore than				
\$100,000 of compensation from the organ					(0						000 (0)	

		Check if Schedule O contains a response or note to a	ny line in this Part VIII			
		Check if Schedule O contains a response or note to a	(A) Total revenue	Related or exempt	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f				
		Business C				
Program Service Revenue	2 a b c d					
<u> </u>		All other program service revenue				
	3	Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts)	▶ 459.	-001		459.
	4	Income from investment of tax-exempt bond proceeds	>	(,01		
	5	Royalties	>			
		Less: rental expenses 6b	nal	,		
	d	Rental income or (loss) 6c				
	7 a	Gross amount from sales of assets other than inventory 7a (i) Securities (ii) Othe	r			
her Revenue		Less: cost or other basis and sales expenses				
Re		Net gain or (loss)	>			
Other	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a				
	b	Less: direct expenses 8b				
		Net income or (loss) from fundraising events	>			
		Gross income from gaming activities. See Part IV, line 19 9a				
		Less: direct expenses 9b				
		Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances 10a				
	b	Less: cost of goods sold 10b				
	С	Net income or (loss) from sales of inventory	>			
Miscellaneous Revenue		Other Income Business C 90009		7.		
ella	b					
lisc. Re		All other revenue				
2		Total. Add lines 11a-11d	▶ 7.			
	12	Total revenue. See instructions	▶ 3,782,815.	7.	0.	459.

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 respor	se or note to any line in	this Part IX		
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	06 160	06 160		
	and domestic governments. See Part IV, line 21	96,162.	96,162.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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	118,508.	97,726.	17,929.	2,853.
6	Compensation not included above to disqualified	-	-	-	<u> </u>
_	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,090,128.	1,723,600.	316,210.	50,318.
8	Pension plan accruals and contributions (include	2,000,1100		323/2234	23,310.
0	section 401(k) and 403(b) employer contributions				
_	`````````	328,199.	250,348.	75,115.	2 726
9	Other employee benefits	166,310.	137,224.		2,736. 4,114.
10	Payroll taxes	100,310.	131,444.	24,972.	4,114.
11	Fees for services (nonemployees):			UK 1	
а	Management	0.460	0 400	~ ·	
b	Legal	9,463.	9,463.	0.00.00.00.00.00.00.00.00.00.00.00.00.0	
С	Accounting	92,041.	4,905.	87,085.	51.
d	, 0		CV.		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		012			
	column (A) amount, list line 11g expenses on Sch O.)	38,499.	36,027.	2,446.	26.
12	Advertising and promotion	17,726.	11,582.	2,446. 3,766.	26. 2,378.
13	Office expenses	64,156.	51,464.	4,117.	8,575.
14	Information technology	-	-	-	
15	Royalties				
16	Occupancy	313,871.	269,883.	40,807.	3,181.
17	Travel	23,194.	19,689.	3,440.	65.
	T T T T T T T T T T T T T T T T T T T	20,2320	25,0050	3,1101	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	26 052	20 472	E F00	000
22	Depreciation, depletion, and amortization	36,953.	30,473.	5,590.	890.
23	Insurance	71,006.	56,696.	13,739.	571.
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 0.)				
а	Dues and Fees	14,267.	13,088.	1,095.	84.
b	Miscellaneous	8,421.	2,448.	4,740.	1,233.
С					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,488,904.	2,810,778.	601,051.	77,075.
26	Joint costs. Complete this line only if the organization	.,,	, : = : ,		,,,,,,
20	reported in column (B) joint costs from a combined				
	, , ,				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2020)
00001	0 12-23-20				LOVIN MMIL (OCON)

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or note to any line in the	nis Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		171,995.	1	190,030.
	2	Savings and temporary cash investments		1,055,094.	2	969,241.
	3	Pledges and grants receivable, net		235,047.	3	571,260.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former officer, d				
		trustee, key employee, creator or founder, substantial contributo	r, 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	3(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ř	9	Prepaid expenses and deferred charges		77,180.	9	80,602.
	10a	Land, buildings, and equipment: cost or other				
			284,629.			
	b	Less: accumulated depreciation 10b	191,523.	88,698.	10c	93,106.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11		1	13	
	14	Intangible assets		-	14	
	15	Other assets. See Part IV, line 11		203.	15	203.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		1,628,217.	16	1,904,442.
	17	Accounts payable and accrued expenses		139,909.	17	156,880.
	18	Grants payable		212 522	18	400 560
	19	Grants payable Deferred revenue	-GU: L	248,520.	19	408,569.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedu			21	
es	22	Loans and other payables to any current or former officer, direct				
≣		trustee, key employee, creator or founder, substantial contributo	r, or 35%			
Liabilities					22	
_	23	Secured mortgages and notes payable to unrelated third parties	_	F0F 000	23	224 402
	24	Unsecured notes and loans payable to unrelated third parties	_	525,899.	24	331,193.
	25	Other liabilities (including federal income tax, payables to related				
		parties, and other liabilities not included on lines 17-24). Complet	te Part X			
	l	of Schedule D		014 220	25	006 642
	26	Total liabilities. Add lines 17 through 25		914,328.	26	896,642.
Se		Organizations that follow FASB ASC 958, check here	_			
ŭ		and complete lines 27, 28, 32, and 33.		713,889.	07	1,007,800.
Sala	27	Net assets without donor restrictions		113,009.	27	1,007,000.
Ā	28	Net assets with donor restrictions			28	
Ē		Organizations that do not follow FASB ASC 958, check here				
ō	20	and complete lines 29 through 33.			29	
ets	29	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund			30	
Ass	30	Retained earnings, endowment, accumulated income, or other fu			31	
Net Assets or Fund Balances	31		_	713,889.	32	1,007,800.
Z	32	Total net assets or fund balances Total liabilities and net assets/fund balances		1,628,217.	33	1,904,442.
	J	TOTAL HADHILLES AND THEL ASSETS/TUNIO DAIMINGS		I, 020, 2I, 1	აა	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets			, u,	90
	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 3	,78	2,8	15.
2	Total expenses (must equal Part IX, column (A), line 25)	2 3	,48	8,9	04.
3	Revenue less expenses. Subtract line 2 from line 1	3		3,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	71	3,8	89.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10 1	.,00	7,8	00.
Pa	rt 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		За	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	
	NIP.		Form	990	(2020)

SCHEDULE A

Internal Revenue Service

Total

(Form 990 or 990-EZ)

Department of the Treasury

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

Open to Public Inspection

Name of the organization Employer identification number **-***2749 Gulfcoast Legal Services, Inc. Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 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). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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.)

Sec	ction A. Public Support						
Cale	ndar 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.")	2,113,950.	2,201,666.	2,864,848.	3,124,768.	3,782,349.	14,087,581.
2	Tax revenues levied for the organ-						
	ization'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	2,113,950.	2,201,666.	2,864,848.	3,124,768.	3,782,349.	14,087,581.
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)						
	Public support. Subtract line 5 from line 4.						14,087,581.
	ction B. Total Support				COY		
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	2,113,950.	2,201,666.	2,864,848.	3,124,768.	3,782,349.	14,087,581.
8	Gross income from interest,			-1110			
	dividends, payments received on		10	50			
	securities loans, rents, royalties,	222.	170	534.	1,903.	459.	3,288.
_	and income from similar sources	222.	-: C+'4.	534.	1,903.	409.	3,200.
9	Net income from unrelated business		7/3				
	activities, whether or not the						
40	Other income. Do not include gain	12/10					
10	Other income. Do not include gain	<i>'</i> (O),					
	or loss from the sale of capital assets (Explain in Part VI.)	9,223.	56,947.	6,717.	344.	7.	73,238.
11		3,223.	30,347.	0,717	311.	, •	14,164,107.
12	Gross receipts from related activities,	etc (see instruction	one)			12	11,101,107.
13	First 5 years. If the Form 990 is for the			fourth or fifth tax	vear as a section F		
	organization, check this box and stor	•	ist, scoolia, tillia,	rourti, or illur tax	year as a section c	001(0)(0)	
Sec	etion C. Computation of Publ		rcentage				
14				column (f))		14	99.46 %
15	Public support percentage from 2019					15	99.00 %
16a	33 1/3% support test - 2020. If the o						
	• •	•		,		•	\triangleright X
b	stop here. The organization qualifies as a publicly supported organization 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 qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	ts-and-circumstand	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to			=	•		
b	10% -facts-and-circumstances tes	-		*	-		
	more, and if the organization meets the	he facts-and-circur	nstances test, che	ck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization	>
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

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

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

50	qualify under the tests listed be ction A. Public Support	elow, please comp	olete Part II.)				
		() 0040	#1.0047	() 0040	(1) 0040	() 2000	(0 T
	endar 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.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				1		
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received				$(, \cup, \cup)$		
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the			40.			
	amount on line 13 for the year			110			
(Add lines 7a and 7b			C/V			
	Public support. (Subtract line 7c from line 6.)		10	13			
	ction B. Total Support		CI				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,	11 C					
	dividends, payments received on securities loans, rents, royalties, and income from similar sources	10110					
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section \S	501(c)(3) organizat	ion,
_	check this box and stop here						<u></u>
	ction C. Computation of Publ						
	Public support percentage for 2020 (column (f))		15	<u>%</u>
	Public support percentage from 2019					16	%
	ction D. Computation of Inve						
	Investment income percentage for 20					17	%
	Investment income percentage from					18	<u>%</u>
198	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 a	nd stop here. The	organization qual	fies as a publicly s	upported organiza	ition	▶□
k	33 1/3% support tests - 2019. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	orted organization	▶□
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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))? If "Yes," provide detail in **Part VI.**
- **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? *If* "Yes," *provide detail in* **Part VI.**
- 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? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	00		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	10b		
m 9	90 or 99	90-EZ)	2020

Sche	dule A (Form 990 or 990-EZ) 2020 Gulfcoast Legal Services, Inc. **-**	*274	9 _P ;	ane 5
Par			- 10	igo o
	Continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	140
	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
а		11a		
h	11c below, the governing body of a supported organization?	11b		
	A 25% controlled patity of a payon described in line 11a above?	I ID		
C	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	44.		
S00:	detail in Part VI. tion B. Type I Supporting Organizations	11c		
360	Lion 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? 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.	1		
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? 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.	2		
Sec	tion 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			110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
		4		
Saci	the supported organization(s). tion D. All Type III Supporting Organizations	1		
<u> </u>	tion b. All Type in Supporting Organizations		V	N.
	5		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?	1		
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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion 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 yea(see instructions).	i		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in:	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
– a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			110
u	the supported organization(s) to which the organization was responsive? 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	C-		
_	that these activities constituted substantially all of its activities.	2a		
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? 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

За

6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		ı
7	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting orga	ınization (see
	instructions).			

2

3

<u>4</u> 5

Schedule A (Form 990 or 990-EZ) 2020

Enter 0.85 of line 1.

Enter greater of line 2 or line 3.

Income tax imposed in prior year

Minimum asset amount for prior year (from Section B, line 8, column A)

, a.	t i pe in Non i unodonany integrated coo	(a)(o) Supporting Sign	anizationo (contini	uea)	
Sect	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	ıs	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	he 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	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
	Underdistributions, if any, for years prior to 2020 (reason-				
_	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
	From 2015		4		
	From 2016		-11		
	From 2017		- 00		
	From 2018		COA.		
	From 2019		U		
	Total of lines 3a through 3e	.48	/		
	Applied to underdistributions of prior years				
	Applied to 2020 distributions of prior years Applied to 2020 distributable amount	102			
	Carryover from 2015 not applied (see instructions)	~\0			
<u> </u>	Y. 1	SO,			
<u></u>	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				
	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:				
	Excess from 2016				
b	Excess from 2017				
c	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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

Gulfcoast Legal Services, Inc.

-*2749

Organization type (check one):					
Filers of:		Section:			
Form 990 or	990-EZ	X 501(c)(3) (enter number) organization			
		4947(a)(1) nonexempt charitable trust not treated as a private foundation			
		527 political organization			
Form 990-PI	F	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
		covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General Ru	le	911.			
☐ Foi	r an organization	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or			
pro	operty) from any o	one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special Rul	es	Dia			
X Foi	r 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			
sec	ctions 509(a)(1) a	nd 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			
		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; line 1. Complete Parts I and II.			
For	r an organization	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one			
		the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific,			
		nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.			
	, ,				
		described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box			
-		ere the total contributions that were received during the year for an exclusively religious, charitable, etc.,			
		plete any of the parts unless the General Rule applies to this organization because it received nonexclusively			
reli	gious, charitable	, etc., contributions totaling \$5,000 or more during the year \$			
Caution: Ar	organization tha	at 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 F	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 i	rtify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

Gulfcoast Legal Services, Inc.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No. 1	Name, address, and ZIP + 4	Total contributions \$ 1,049,906.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 283,921.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Disclosur	s385,122.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	PUD	\$ 99,275.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 103,189.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 87,409.	Person X Payroll

Name of organization Employer identification number

Gulfcoast Legal Services, Inc.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 105,426.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u>248,012.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	Disclosur	\$ 88,667.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	- Pulp	\$ <u>463,300</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

Gulfcoast Legal Services, Inc.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I	Decemples in the inches of property given	(See instructions.)	
		\$	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
rom	Description of noncash property given	(See instructions.)	Date received
Part I		(See Instructions.)	
		\$	
		*	
(a) No.	(b)	(6)	(4)
from		FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(See instructions.)	Date received
	- COU		
	0150	\$	
(a)			
No.	(6)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I	bestription of noncestriproperty given	(See instructions.)	Bute received
		\$	
(a)		(0)	
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
art I		(See Instructions.)	
		\$	
(a)	<u>.</u> .	(c)	
No.	(b)	FMV (or estimate)	(d)
rom	Description of noncash property given	(See instructions.)	Date received
Part I		(SSS MISTIGOTIONS.)	
		\$	
	-20		1 990, 990-EZ, or 990-PF) (

Name of organization **Employer identification number** **-***2749 Gulfcoast Legal Services, Inc. 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 Part III 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Gulfcoast Legal Services, Inc.

Employer identification number **-***2749

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	ds or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	rised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpos	e conferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) 🔲 Preservation o	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		1
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the forr	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements	()	2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		cture
	listed in the National Register	103	2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by t	he organization during the tax
	year >	5	
4	Number of states where property subject to conservation ea	sement is located >	-
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing co	nservation easements during the year
	—		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	vation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	•	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expens	se statement and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial state	ments that describes the
D	organization's accounting for conservation easements.	CARL Blate de al Tro-	Other Other Head Assessed
Pai	t III Organizations Maintaining Collections o		Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	, ,	
	of art, historical treasures, or other similar assets held for pul	,	•
	service, provide in Part XIII the text of the footnote to its fina		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in fu	rtherance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre		ial gain, provide
	the following amounts required to be reported under FASB A	_	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

Pai	t III Organizations Maintaining C	ollections of Art	t, Historical Tr	reasures,	or Other S	Similar Ass	sets(continue	d)	
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):								
а	Public exhibition	d	Loan or exc	change progra	am				
b	Scholarly research	е	Other						
С									
4	Provide a description of the organization's co	llections and explain	how they further t	the organizati	on's exempt	purpose in P	art XIII.		
5	During the year, did the organization solicit or								
	to be sold to raise funds rather than to be ma	intained as part of th	ne organization's c	ollection?			Yes	No	
Pai	t IV Escrow and Custodial Arrang	gements. Complet	e if the organization	on answered	"Yes" on Fo	rm 990, Part I	V, line 9, or		
	reported an amount on Form 990, Part	X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contribution	ns or other as	sets not inc	luded			
	on Form 990, Part X?					L	Yes	No	
b	If "Yes," explain the arrangement in Part XIII a								
							Amount		
С	Beginning balance					1c			
d	Additions during the year					1d			
	Distributions during the year					1e			
	Ending balance					1f			
	Did the organization include an amount on Fo					·	Yes	No	
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	olanation has beer	n provided on	Part XIII				
Pai	t V Endowment Funds. Complete if	the organization ans	wered "Yes" on F	orm 990, Par	t IV, line 10.				
		(a) Current year	(b) Prior year	(c) Two yea	rs back (d)	Three years bac	ck (e) Four yea	rs back	
1a	Beginning of year balance				∇V)			
b	Contributions				\mathbf{C}^{T}				
С	Net investment earnings, gains, and losses								
d	Grants or scholarships			U					
е	Other expenditures for facilities		-GU						
	and programs		702						
f	Administrative expenses	(
g	End of year balance	7/2							
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	C	_%						
b	Permanent endowment	<u>%</u>							
С	Term endowment >	=							
	The percentages on lines 2a, 2b, and 2c shou	-							
За	Are there endowment funds not in the posses	ssion of the organizat	tion that are held a	and administe	ered for the o	organization			
	by:						Ye	s No	
	(i) Unrelated organizations								
	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the related organizate			?			3b		
4	Describe in Part XIII the intended uses of the		vment funds.						
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answered								
	Description of property	(a) Cost or other basis (investment)		t or other (other)	(c) Accur depred		(d) Book va	ılue	
1a	Land								
	Buildings								
	Leasehold improvements	74,071.						0.	
	Equipment		21	.0,558.	11	7,452.	93,	106.	
е	Other								
Tota	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part X	K, column (B), line	10c.)			93,	106.	

Schedule D (Form 990) 2020 Gulfcoast L	egal Services	s, Inc.	**-***2749 Page
Part VII Investments - Other Securities.		,	
Complete if the organization answered "Yes"	on Form 990 Part IV line	11b See Form 990 Part X lir	ne 12
(a) Description of security or category (including name of security)	(b) Book value		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 lin	ne 13
(a) Description of investment	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1)	. ,		
(2)			
(3)			
(4)			4
(5)			
(6)		- 00	
(7)		10.04	
(8)			
(9)		1.16	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		1 1	
Part IX Other Assets.	103		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, lir	ne 15.
	Description		(b) Book value
(1)	() ()		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		
Part X Other Liabilities.	,		· •
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Pa	ırt X, line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			

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

(6) (7) (8)

3.782.815.

Sche	dule D (Form 990) 2020 Gulfcoast Legal Servic	es, Inc.		**_	***2749 Page
Par		•	Revenue per R	eturr	
	Complete if the organization answered "Yes" on Form 990, Part IV,	ine 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	4,145,783
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	362,968.		
	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	362,968
3	Subtract line 2e from line 1			3	3,782,815
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				

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

a Investment expenses not included on Form 990, Part VIII, line 7b

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

b Other (Describe in Part XIII.)

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 3,851,872. Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990. Part IX. line 25: 362,968. a Donated services and use of facilities **b** Prior year adjustments d Other (Describe in Part XIII.) 362,968. e Add lines 2a through 2d 3,488,904. 3 Subtract line 2e from line 1 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 **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 3,488,904. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990.

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 X, Line 2:

c Add lines 4a and 4b

The Organization accounts for the effect of any uncertain tax positions based on a "more likely than not" threshold to the recognition of the tax positions being sustained based on the technical merits of the position under scrutiny by the applicable taxing authority. If a tax position or positions are deemed to result in uncertainties of those positions, the unrecognized tax benefit is estimated based on a "cumulative probability assessment" that aggregates the estimated tax liability for all uncertain tax positions. The Organization has identified its tax status as a tax-exempt entity as its only significant tax position; however, the Organization has determined that such tax position does not result in an uncertainty requiring recognition. The Organization is not currently under

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

Open to Public Inspection

Name of the organization Gulfcoast Legal Services, Inc.							Employer identification number **-**2749
Part I General Information on Grants a							
Does the organization maintain records	to substantiate th	e amount of the grants	s or assistance, the	grantees' eligibilit	ty for the grants or ass	sistance, and the selec	etion
criteria used to award the grants or assi	stance?						X Yes No
2 Describe in Part IV the organization's pr	ocedures for moni	toring the use of grant	funds in the Unite	d States.			
Part II Grants and Other Assistance to	Domestic Organ	izations and Domesti	ic Governments.	Complete if the org	anization answered "\	es" on Form 990, Par	t IV, line 21, for any
recipient that received more than	\$5,000. Part II car	be duplicated if addit	tional space is nee		(6) NA-Hl -f		1
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
The Community Law Program					(,0		To provide free legal
501 1st Ave N, Room 519				- 1			assistance to low income
St. Petersburg, FL 33701	**-***0727	501(C)(3)	48,081.	0			individuals
be. receisarig, in 33701	0727	501(0)(3)	40,001.	6			Individuals
Bay Area Legal Services				50			To provide free legal
1302 N. 19th Street, Suite 400			_/()			assistance to low income
Tampa, FL 33605	**-***1886	501(C)(3)	48,081.	0.			individuals
		Vic D	120				
	PUK),,					
2 Enter total number of section 501(c)(3) a	and government o	rganizations listed in th	ne line 1 table				>
3 Enter total number of other organization	s listed in the line	1 table					>

Part III Grants and Other Assistance to Domesti Part III can be duplicated if additional space	ic Individuals. Complete if the e is needed.	organization answ	ered "Yes" on Form 9	990, Part IV, line 22.	
(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
				100	
				C,04.	
			01116		
			SU'		
		isc/) -		
Part IV Supplemental Information. Provide the in	formation required in Part I, lin	e 2; Part III, columi	n (b); and any other a	dditional information.	
	JiC V				
	,1011				
	O.				
•					

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.

2020 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Gulfcoast Legal Services, Inc.

Employer identification number **-***2749

Form 990, Part III, Line 4c, Program Service Accomplishments:

foundations, and the IRS Low Income Taxpayer Clinic program.

Form 990, Part VI, Section B, line 11b:

Draft return was reviewed in its entirety by the Chief Executive Officer and the Finance Committee of the of the Board of Directors and then sent to all Board members for review and approval.

Form 990, Part VI, Section B, Line 12c:

As per the employee handbook and the Union collective bargaining agreement, employees and officers agree to disclose any potential conflicts of interest prior to engaging in any new activity. The policy is monitored on an ongoing basis, and any potential conflicts are examined for compliance by the Chief Executive Officer.

Form 990, Part VI, Section B, Line 15:

The Board of Directors determines the Chief Executive Officer's salary, based upon comparatives for similar positions. The Board assesses the performance of the Chief Executive Officer, at least annually, against key criteria, including but not limited to accomplishment of established annual goals as well as programmatic and fiscal outcomes. Other officers' and key staff members' compensation is determined using comparability data for like positions in the region.

Form 990, Part VI, Section C, Line 18:

A public inspection copy is available upon request from the Organization

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

Gulfcoast Legal Services, Inc.	**-***2749
and is published on the public GuideStar website.	
Form 990 Part VI Soction C line 19.	
Form 990, Part VI, Section C, Line 19:	
The Organization's governing documents, conflict of inter	est policy, and
financial statements are maintained on the Organization's	internal shared
server and are accessible in both print and electronic for	rmats to all staff
and Board members. All documents are available upon reque	st to the public.
Financial statements are provided to all funders each year	r upon completion
of the annual audit.	
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Public Disclosure Public Disclosure	
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blic	
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Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

	ils ionn, visit www.irs.gov/e-nie-providersie-nie-roi-orian						
Automa	atic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).				
	rations required to file an income tax return other than F			ips, REMIC	s, and trusts		
must use	Form 7004 to request an extension of time to file incom-	e tax retu	ms.				
Type or Name of exempt organization or other filer, see instructions. Taxpayer						mber (TIN)	
print							
File by the	Gulfcoast Legal Services, Inc.					749	
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 501 First Ave N Ste 420 PO	Box	358				
instructions.	City, town or post office, state, and ZIP code. For a for St Petersburg, FL 33731						
Enter the	Return Code for the return that this application is for (fil	e a separa	ate application for each return)			0 1	
Applicati	on	Return	Application	. 1		Return	
Is For		Code	Is For	~~		Code	
	or Form 990-EZ	01	Form 990-T (corporation)	7 ,		07	
Form 990		02	Form 1041-A	•		08	
	0 (individual)	03	Form 4720 (other than individual)				
Form 990		04	Form 5227 Form 6069				
	-T (sec. 401(a) or 408(a) trust)	05 06 \	Form 6069 11 Form 8870 12				
FOIIII 990	-T (trust other than above)		Avenue North, Su	te 42	0 - St.	12	
• The ho	ooks are in the care of Petersburg, FL			100 12	0 50.		
Telenh	$\frac{1}{10000000000000000000000000000000000$	13.0	Fax No.				
	organization does not have an office or place of business	s in the Ur					
	is for a Group Return, enter the organization's four digit					check this	
box ▶ [If it is for part of the group, check this box	1	ich a list with the names and TINs				
1 I re	quest an automatic 6-month extension of time until	Augu	st 15, 2022 , to f	le the exem	npt organization re	eturn for	
the	organization named above. The extension is for the org	anization's					
▶[calendar year or						
▶[X tax year beginning OCT 1, 2020	, an	d ending SEP 30, 2023	1			
2 If th	ne tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	n		
	Change in accounting period						
3a If th	nis application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less			_	
	nonrefundable credits. See instructions.			3a	\$	0.	
	nis application is for Forms 990-PF, <mark>990-T, 472</mark> 0, or 6069			•			
	mated tax payments made. Include any prior year overp			3b	\$	0.	
	ance due. Subtract line 3b from line 3a. Include your pa	•				^	
	ng EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.	
Caution: instructio	If you are going to make an electronic funds withdrawal ns.	(direct de	bit) with this Form 8868, see Form	8453-EO ar	nd Form 8879-EO	for payment	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)