Application Form

Organization Information

Compiled Committee Comments

Below is a compilation of committee member comments from your Letter of Intent. This feedback may be positive, neutral, or negative. It is provided in aim to be transparent and offer guidance on where you may be able to strengthen your full proposal.

- A mortgage, loan or capital campaign is required to meet the project funding needs. Applicant needs to demonstrate additional funding is in place. The funding gap is significant. \$4.8M-\$2.4M = \$2.4M Organization experienced revenue losses and staffing issues as a direct result of Covid. Some or part of the capital improvement scope are in direct response to health and wellness requirements due to Covid. Service needs have increased as a result of Covid. Project is reasonably proportional to economic loss.

An informational webinar about this proposal is available here.

The rubric that will be used to score this proposal can be downloaded here.

If you would like to complete this application first in Microsoft Word, you may download a Word version here.

Brief Project Descriptor

Please briefly describe this organization's request.

update building systems, HVAC, electrical, plumbing, and internet/network wiring

Organization Name

Gulf Coast Jewish Family and Community Services, Inc.

Project Name*

Please choose a short name to identify this project within the grant portal:

Icot Building Renovation



59-1229354

Incorporation Year*

What year did your organization incorporate? This will be the year listed on your determination letter from the Internal Revenue Service.

1974

Organizational Mission Statement

What is your organization's mission statement?

This has been copied from your Letter of Intent and cannot be changed.

Inspired by Jewish values, we protect the vulnerable and help people achieve fulfilling lives by empowering individuals and strengthening families.

Unique Entity ID (SAM)*

Please provide your organization's Unique Entity ID number. This is a specific number used by the federal government to identify your organization. This is different from a DUNS number, which the federal government no longer uses.

If you do not have a Unique Entity ID number, you can create an account on SAM.gov and apply for one here (it is free and may take 3-4 days for approval): https://sam.gov/content/home

This field is optional as to not stop a qualifying organization from applying. HOWEVER, a Unique Entity ID number will be required if your organization is approved for a grant. Your organization should apply for a number now if it does not yet have one.

Character Limit: 12 C8Q3FR2KA2K8

Annual Operating Budget Size

Please provide the amount of your annual operating budget (expenditures only) for your entire organization.

This has been copied from your Letter of Intent.

\$48,639,274.00

Amount Requested*

The maximum grant amount is \$5 million.

This has been copied from your Letter of Intent and should not be changed. If your project cost has changed since submitting your Letter of Intent, please contact Rose Cervantes at rcervantes@pinellascf.org.

\$2,400,000.00

Does the total project cost exceed the amount your organization is requesting?

Please note: Answering "Yes" will cause additional questions to load later in this application.

Examples

ABC Childcare is seeking funding for a new playground. ABC Childcare is asking PCF to fund \$150,000 for certain equipment, and will seek other funding and donations for the remaining \$20,000 of the playground. ABC Childcare would select "Yes" for this question.

Better Tomorrow, a mental health provider, is looking to expand their counseling center by two rooms to meet increased service demand arising from the pandemic. Better Tomorrow has secured \$25,000 in private contributions, and wants to request the remaining \$125,000 in this grant. Better Tomorrow would select "Yes" for this question.

DBE Food Pantry is seeking funding a new HVAC unit for their pantry, and is requesting \$40,000 from PCF to cover the entire cost. DBE Food Pantry would select "No" for this question.

Yes

Request Specifics

Organization Programming Background*

Please describe the programming your organization offers to the community and the length of time it has been doing so. That is, what does your organization **do** and **how long** has it been doing it?

This has been copied from your LOI.

Gulf Coast JFCS has been changing the lives of Floridians since 1960. While inspired by Jewish values, we are a non-religious human services agency whose mission is to protect the vulnerable, empower individuals, and strengthen families.

What distinguishes Gulf Coast JFCS from other human service agencies is our diversity of programming, emphasis on client-centered, trauma-informed care, and decades of positive community impact. Our programs serve people of all ages, faiths, cultures, and identities, and we proudly serve high-need, at-risk, or under-resourced populations.

Gulf Coast JFCS addresses human suffering across a broad spectrum of the population, from infants to seniors. Agency programs include:

- Children and Family Services: connecting children in need with support to ensure stability, safety, and well-being.
- Behavioral Health Services: providing individuals with behavioral and mental health challenges the tools necessary to function well in society.
- Employment Services: assisting unemployed non-custodial parents, residents of South St. Pete, and others across Pinellas with gaining employment skills to find jobs, advance in their careers, and support their families.
- Elder Services: supporting elderly and disabled individuals with services that enable them to live independently, safely, and with dignity.

- Jewish Family Services: providing Holocaust survivors and local Jewish families with essential services that connect them to the Jewish community and improve their lives.
- Refugee Services: ensuring refugees and survivors of torture get the basic services they need to adapt to life in America successfully.

With more than 550 staff, over 230 volunteers, and 16 offices across the state, Gulf Coast JFCS and its 48 programs serve more than 30,000+ individuals annually. In Pinellas County, we have 30 programs with 282 employees, which comprise 43.4% of our agency expenditures. We serve over 14,000+ unduplicated Pinellas County clients annually.

Community Need*

Please describe the community need that exists for your programming. If you are able to cite quantitative, local data, that will strengthen your proposal.

This has been copied from your LOI.

Gulf Coast JFCS services meet the complex needs of Pinellas families, senior citizens, vulnerable children, refugees, and persons needing financial and other assistance when experiencing emergencies or because of behavioral or mental health issues. 14,000+ unduplicated individuals are served annually.

- Increased costs for housing and a lack of affordable housing. Pinellas families are cost-burdened paying more than half their income towards rent and utilities. Per a March 2022 Realtor.com study, in the Tampa-St. Petersburg-Clearwater metro area, year-over-year rent jumped 31.1%. A national housing report found that for Pinellas households earning 50% of Adjusted Median Income or \$41,050 annually, most fair market rentals are out of reach as the income required for a 2 Bedroom unit at Fair Market Rent is \$53,088. We receive over 50 calls daily from clients seeking affordable housing and rental assistance.
- Inflation is making food and essentials more expensive. The July 2022 consumer price index for the Tampa-St. Petersburg-Clearwater showed inflation of 11.2% over the past 12 months. Over 2,500 families received \$60,000+ of food and grocery gift cards last year.
- Increased social isolation and negative impacts on mental health and well-being mean that more individuals require crisis intervention, mental health services, and other behavioral health supports. The AARP Connect2 Affect mapping tool found that 4 out of 5 Pinellas seniors are at risk of social isolation. Starting during the pandemic, CHATs program volunteers make calls to seniors to reduce their isolation.
- Increased numbers of refugees displaced due to the economic impact of COVID-19 or fleeing persecution and war-torn regions. Gulf Coast JFCS has helped 470 refugees resettle from Afghanistan and Ukraine, 1088 Cuban and Haitian entrants, and resettled another 110 refugees worldwide. A ten-fold increase in refugees served over FY21. These high rates of resettlement continue in the current year.

Negative Economic Impact*

The following question is the keystone of a strong application in this process. If your organization cannot demonstrate a negative economic impact from the pandemic, your application will not qualify for committee review. If you are uncertain about what constitutes negative economic impact or how to demonstrate it, please contact PCF staff for technical assistance.

The more quantifiable your negative economic impact is, whether it be fiscal losses/pressures or increased service demand, the stronger your answer will be. The more specific your evidence, the better.

Describe your organization's negative economic impact arising from the COVID-19 pandemic. Examples could include:

- A reduction in revenue from 2019 to 2020
- Inflationary pressures
- Increases in demand for services that have not been compensated for through new revenue
- The use of reserves for unbudgeted expenses since the onset of the pandemic, and such use of reserves has prevented the purchase of capital assets
- A need for capital assets to offset community need for which your organization does not have the resources to purchase due to the negative economic harm from the pandemic
- A need for additional capital assets to adapt operations to accommodate health and safety guidelines by the CDC
- Growth in restricted pandemic-related revenue that does not permit capital asset acquisition

Note: If you are applying for both a Small Purchase and Large Project, you may reuse the answer for this question PROVIDED THAT the negative economic impact is relevant to both requests.

This has been copied from your LOI.

The negative financial impact of COVID-19 on Gulf Coast JFCS totals nearly \$6.1 million and occurred in phases varying from Spring 2020 to the present. A summary of these costs is listed below and explained in more detail in the attached supporting documentation.

Costs associated with executing our COVID-19 emergency response total \$115,960. Key elements include COVID-19 tracking and testing, COVID-19 leave, a pivot to remote and alternate work models, restrictions on in-person gathering, policies requiring masks, personal protective equipment (PPE), and COVID-19 immunization.

The Pivot to Remote and Hybrid Work and Service Delivery Models cost \$375,000. In Spring 2020, we pivoted 282 Pinellas employees from providing in-person services to virtual service delivery. This meant increased computer hardware, software, licenses, peripherals, and consulting expenditures.

Costs related to excess Staff Turnover \$2,119,699. In 2021, Gulf Coast JFCS began to see an increase in staff resignations. We had 146 resignations in FY2020, 187 in FY2021, and 259 in FY2022. The estimated cost to replace staff is estimated at \$1,566,067. Overtime costs have more than doubled, increasing from \$504,863 in FY2020 to \$1,058,495 in FY2022. An excess cost of \$553,632.

Inflationary Pressure - Increased Wage and Other Costs \$3,434,476. Gulf Coast JFCS has experienced inflationary pressures, especially related to wages which have increased 15% overall compared to FY2020 and have strained the program operations and budgets. Salary increases for Pinellas County staff exceed \$1.7 million.

Need for Modifications to the Physical Work Environment \$46,719. Gulf Coast JFCS updated and installed touchless toilets, water faucets, and fountains as part of our COVID-19 response.

COVID-19 and its impacts have us reexamining our aging building's health and safety environment and what type of spaces, supports, and building systems are needed for staff to work safely and effectively. Gulf Coast JFCS implemented changes to our administrative offices in response to the pandemic to improve staff and visitors' immediate health and safety. However, additional capital improvements have been identified as needed. These projects could not be done due to the physical and financial realities of COVID, as much of our fundraising focus was on meeting the identified client and community needs for assistance.

Negative Economic Impact - Uploads

You have the option to upload supporting documentation regarding negative economic impact. However, please limit your upload to no more than five pages. Word, Excel, JPG and PDF files are accepted.

Neg Financial Impact Attachment.pdf

Pandemic Relief Funding*

Please describe all government pandemic relief funding your organization has received since the onset of the pandemic. This includes but is not limited to the Pinellas CARES Nonprofit Partnership Fund, other ARPA funding, PPP (Paycheck Protection Program), and Community Block Development Grants specifically targeting COVID-19 relief.

Explain why or how this pandemic-relief funding has not alleviated the negative economic impact you have described above. Potential reasons include expiration dates on certain funding, inflationary pressures, restrictions prohibiting capital expenditures, or the funding simply not being enough to remedy the harm you've indicated above. The more concrete your numbers, the better.

If you have not received government relief funding for your organization since the onset of the pandemic, write "No pandemic relief funding received" below.

Gulf Coast IFCS has received \$2,111,939 from the following pandemic relief funding sources.

- \$1.9 million Paycheck Protection Loan (Forgiven)
- \$79,829 ARPA Small Capital Project (Approved)
- \$60,000 Emergency Food & Shelter Program (EFSP) ARPA funding (Tampa Bay Network to End Hunger) (Awarded)
- \$30,000 Hillsborough County Nonprofit Safety Net Funding (Awarded)
- \$25,000 City of Largo Nonprofit Safety Net Funding (Approved)
- \$17,140 CARES Act Funding Pasco County (Awarded)

We are grateful for the \$2.1+ million pandemic relief provided to date; however, this funding has not been sufficient to address the \$6.1 M negative economic impact and our organization's capital and building renovation needs. For example, some funding did not allow purchasing capital items, such as the EFSP program, which is limited to addressing food insecurity. The Paycheck Protection Loan program required that 75% of loan costs be directed to payroll costs and up to 25% to mortgage interest, rent, and utility payments. Funding such as the Hillsborough County and City of Largo Nonprofit Safety Net funding had a maximum award limit of \$30,000 and \$25,000, respectively, and was insufficient to address more expensive agency capital needs and projects. The Hillsborough County funding addressed IT computer needs, such as a new tape backup system. Additional IT computer needs, such as the Storage Area Network, will be met from the recently approved \$79,000 ARPA small capital project funding. Further, during COVID, due to the high levels of uncertainty, Gulf Coast JFCS prioritized client and staffing needs over capital expenditures and delayed needed building improvements.

Proposal Description*

The American Rescue Plan Act requires a request that is reasonable and proportional to the level of economic impact your organization experienced. This means the request you describe below should not be greater than the economic harm your organization has suffered.

Please describe your project proposal and address the following:

- What project will be undertaken with these funds?
- What is the estimated lifespan of the project/property improvement?
- How does it address the negative economic harm you described in the previous question?

This has been copied from your LOI. While you are able to update this field, YOU SHOULD NOT CHANGE THE NATURE OF YOUR REQUEST. That is, this field should only be updated for clarity, not changing what you are requested funding for.

Gulf Coast JFCS will renovate our Icot building and our primary Pinellas County location to deliver client services. With these improvements, the estimated lifespan of the project will be 25 years.

This project will address the negative economic harm of COVID. Capital improvements to the Icot building were delayed to address client and staff needs during COVID. Fundraising events were postponed or reimagined and focused on meeting emerging client and community needs, especially mental health support and economic aid.

COVID-19 and its impacts have fundamentally changed how we work and provide services to our community. In 2020, we pivoted from in-person to remote and now hybrid work and community outreach service models. Infection control considerations and strategies are embedded in how we interact with each other, our clients, and the community. It also has us reexamining our aging building's health and safety environment and the type of spaces, supports, and building systems needed for staff to work safely and effectively.

The proposed interior and exterior renovation of our Clearwater ICOT building will allow us to update all building systems, HVAC, electrical, plumbing, and internet/network wiring. These changes will improve ventilation, air filtration, and digital connectivity – all required to reduce the spread of disease and needed in a post-COVID work environment. We will also change the interior floor plan to create workspaces that will improve accessibility for the elderly and persons with disabilities, limit the potential spread of disease, and accommodate the needs of our diverse workforce. With our continued shift to community outreach and trauma-informed service delivery models, our agency needs more drop-in office space for staff to access our secure network/printer systems, informal and formal spaces for client consultation and family meetings, and larger – partitionable community meeting and training spaces. Our Icot building is also designated as a secondary Pinellas County EOC location (through an MOU) in the event of a declared disaster/hurricane.

The exterior renovation will replace exterior surfaces and windows, improve storm hardening of the building, and add features that reduce potential harm due to terrorism, hate crimes, or other acts of violence.

We intend to create a new work environment that provides a safe, healthy, trauma-informed, and welcoming space for all who work and receive services at the building.

Number Served

How many people will directly benefit from this capital purchase annually?

This has been copied from your LOI. It cannot be changed.

14000

Unduplicated vs. Duplicated

Is the number indicated above duplicated or unduplicated? **Duplicated:** A client is counted each time they access services

Unduplicated: A client is counted once, regardless of the number of times they access services

Example: ABC Food Bank operates two mobile food pantries, one in Clearwater and one in St. Petersburg. Taylor, a Pinellas County resident, goes to both food pantries. If ABC Food Bank counts Taylor's visit TWICE, it is **duplicated**. If ABC Food Bank counts Taylor's visit ONCE, it is **unduplicated**.

This has been copied from your LOI and cannot be changed.

Unduplicated

Other (Explanation Required)

If you selected "Other" in the previous question, please explain how your organization determined the number of clients that will benefit from the proposed capital project.

This has been copied from your LOI and cannot be changed.

N/A

Rent vs. Own

Does your organization rent or own the property for which you are proposing modifications? Own

Guiding Principles - Client Impact*

The American Rescue Plan Act, which provides the funding for this grant program, aims to ensure an equitable recovery from the COVID-19 pandemic. The term "equity" is defined as:

The consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.

One of the guiding principles of this fund is that it will apply a lens of equity to ensure the needs of specified priority populations are met.

Will this project benefit the community members defined above that have experienced disproportionate negative impacts from the COVID-19 pandemic? If so, how?

This has been copied from your LOI.

Our ICOT building is our primary service delivery location in Pinellas County, housing vital safety net programs and services that benefit underserved BIPOC communities, individuals with disabilities, religious minorities, and extremely low and low-income seniors and families. For example,

- Our Supported Housing program provides rent and utility assistance to 172 individuals struggling with mental health issues and substance use on their journey to stability and independence.
- Through our integrated refugee services, we ensure newly arrived refugees and their families—more than 1,600 in FY22—often coming with limited assets or job prospects—get the resources and support they need to become self-sufficient.
- Our Jewish Family Services support economic stability through financial assistance to 152 local Jewish individuals and families. In addition, our Holocaust Survivor program provides monetary and physical aid to 75 elderly survivors in Pinellas County.
- We also ensure that more than 1,200 frail and senior clients can live safely and with dignity in their homes by providing homemaker and financial assistance to cover the often-expensive out-of-pocket costs for nutritional supplements, medication, or home repairs.
- Our Community Assistance and Life Liaisons (CALL) Program, based at our ICOT HQ and in St. Petersburg, provides a therapeutic, wrap-around response to more than 5,000 emergency calls to St. Petersburg Police to reduce police involvement with non-violent, non-criminal calls.
- The William and Sally Israel Food Pantry is another critical resource for many clients struggling with food and housing instability.

Racial equity is embedded in our agency's core values. We offer linguistically and culturally appropriate programming for all our diverse populations. Whether serving low-income or BIPOC families, supporting Holocaust survivors or welcoming refugees to our community, we must deliver services that consult with and respect individuals.

Organizational Sustainability*

How does this purchase contribute to the long-term sustainability of your organization and the work it does? That is, what impact will this project have on your organization and/or its clients over the long-term?

Examples include increased service capacity, reduced cost of delivering services over time, higher-quality or more equitable service delivery, and increased lifespan/quality of property.

Quantifiable numbers will strengthen your answer.

The renovation of our primary Pinellas County location will ensure the long-term sustainability of Gulf Coast JFCS and are necessary to expand programs and services in Pinellas County. With this renovation and better use of our existing space, we will nearly double the number of people who can work from our Icot building from 140 to almost 300. Additionally, we anticipate hiring 30+ new positions with the expansion of program services.

Our trauma-informed service delivery model will provide us with more opportunities for equitable service delivery. Principles of trauma-informed care include accepting and meeting people where they are at, in ways that welcome participants, and reduce barriers to services. For example, CALL and the Quick Response Team (QRT), address complex challenges such as behavioral health and substance use, where staff work primarily in the community but can drop into our Icot office when needed to coordinate services and access secure client systems. For many refugee clients, traditional, institution-like settings may be intimidating and bring back past traumas. The proposed renovation will include drop-in staff desks, and various client consultation spaces – small and informal, open and casual huddle areas, family-friendly rooms, and larger – partitionable community meeting and training spaces.

Additionally, the proposed renovation will reduce future maintenance costs by installing more energy-efficient exteriors (windows/doors) and electrical, plumbing, and HVAC systems. Finally, exterior areas will be hardened to reduce the risk of hate crimes and terrorist acts, such as the December bomb threat that impacted our Pinellas and other locations.

Permits*

Please describe any permits necessary for the successful completion of this proposed project. Be sure to include any permits already obtained or in progress, and/or what the timeline is to acquire permits.

Gulf Coast JFCS has contracted with Wannemacher Jensen Architects, Inc (WJA) to assist with permitting. Permits will be secured upon final approval and completion of the construction documents. Required permits include a Valuation Permit, Plan Review Fee, Engineering Review Fee, Plan Revisions and Review Fees, Fire Review Fee, State of Florida Fee, and a Surcharges Fee. Permit costs are estimated at \$44,002. Permitting will begin in April 2023. It will take an estimated six weeks to complete the permitting process with the City of Largo.

Plan Set*

Do you have a plan set for this project?

A plan set refers to the "batch" of plans, drawings, prints, files, etc., that you receive from an architect that explains what needs to be built, how, and where. **Not all qualifying projects in this process require a plan set.**

If you answer Yes, you will be required to upload the Plan Set later in the application.

Yes

Plan Set Upload*

If you answered "Yes" above, please upload the Plan Set here. If you have trouble with file size limitations, please reach out to Rose Cervantes at rcervantes@pinellascf.org. If you have any narrative to accompany the plan set, you may write it below.

PDF files are permitted.

GCJFCS Icot Reno_Progress DD Dwg Set_20230106.pdf

Timeline*

Given a spending deadline of December 31, 2026, give a detailed **and realistic** timeline as to how this large capital project will be executed and completed. If there are phases to this project, indicate so in the narrative below. If you specified that permits were needed for this project above, ensure you include the acquisition time in the timeline.

Please include the following:

1. How the timeline was developed

2. Timeline of planning and execution. Please include start and end dates by month and year. For example, April 2023 - June 2023.

Example

Better Tomorrow is proposing the expansion of their counseling center. This requires a 2-month planning phase, one month to obtain all necessary permits, and four months to build. Better Tomorrow would list each phase, a brief description of what takes place in each phase, and an estimated start and completion date for each phase.

Gulf Coast JFCS proposes renovating its primary Pinellas County building on Icot Blvd. This project will start upon notice of the ARPA grant award and be completed by February 2024. The timeline was developed in partnership with WJA, our architect for the project. In addition, WJA has been contracted to provide administrative management of the Building Permitting, Bidding, and Construction Administration for the project's duration. The proposed WJA project timeline is included as an attachment to this application. Upon selecting the General Contractor for the active construction phase, this timeline will be updated to reflect construction activities.

Essential tasks and dates for completion include:

- Notice of Award April 2023, WIA completes final, approved construction document sets.
- April 2023 June 2023, obtains necessary approvals and building permits from the City of Largo.
- April 2023 May 2023, complete the sealed bid process to select a general contractor and construction company.
- Notice of Award June 2023, secure lease for temporary office space, move essential office functions to temporary space.
- June 2023 January 2024, the general contractor conducts the renovation and construction phase of the project.
- December 2023 February 2024, conduct final walkthroughs and project acceptance.
- December 2023 February 2024, furnish spaces, return staff to the renovated building, and conduct the ribbon-cutting ceremony.

Team Leadership*

Please describe the following:

- 1. The team and leaders that will be overseeing this proposed project.
- 2. Their relationship to your organization
- 3. Their role in this project
- 4. Whether or not they have overseen similar projects

Elke Cumming, Gulf Coast JFCS Vice President of Programs & Administration, will lead the project team comprised of the Gulf Coast JFCS - Safety Director, Maintenance and Facilities Manager, Chief Financial Officer, a Grant Accountant, and representatives from WJA, and the General Contractor.

Ms. Cumming has managed multiple residential and commercial construction projects in her career. In addition, she has experience managing CDBG and HUD-funded projects, including new construction and the renovation of multifamily projects, office facilities, and public infrastructure for water and sewer.

Kelsi Thrasher, lead project manager with WJA, will assist Ms. Cumming with managing this project. Ms. Thrasher has more than seven years of experience leading similar new construction and renovation projects in Pinellas County. Ms. Thrasher has a BS in Architecture from Iowa State University.

The Gulf Coast JFCS Board Facilities Committee will also support the project team. Key volunteers include Jay Miller, Owner of J-Squared Developers, a commercial and residential firm headquartered in Pinellas County, Treasurer, David Punzak, and other volunteers with experience in commercial or financial projects. We anticipate that board members will participate in reviewing sealed bids and other aspects of the project.

Construction Meetings will be conducted weekly, depending on the project phase, with leaders for various subcontractors participating as needed. In addition, the building and inspection officials will be invited to attend meetings.

Cost Difference

Estimated Total Project Cost*

Please specify the total cost of this capital project/purchase.

Example: ABC Childcare is seeking funding for a new playground. ABC Childcare is asking PCF to fund \$20,000 for certain equipment, and will seek other funding and donations for the remaining \$150,000 of the playground, for a total project cost of \$170,000. ABC Childcare would put \$170,000 below.

This has been copied from your LOI.

\$4,800,000.00

Cost Difference*

How does your organization plan to cover the cost of this project beyond the amount requested? Please also specify if your organization can carry out the potential ARPA-funded portion of this project without other funding being secured.

This has been copied from your LOI.

Gulf Coast JFCS is seeking \$2,400,000 of ARPA funding to renovate the interior and exterior of its ICOT HQ building. The Gulf Coast JFCS Board of Directors has authorized the proposed \$4.8 M renovation and is fully prepared to fund and complete the project. Gulf Coast JFCS has a \$2 M line of credit and cash reserves to support the non-ARPA portion of project costs. The use of the requested ARPA funding is not contingent upon the receipt of other funding to complete our proposed project.

Written Justification - \$1m or Greater

You have requested more than \$1 million in capital expenditures. In order to comply with regulations and reporting requirements of the U.S. Treasury, the below questions are required as part of a Written Justification for the costs. The character limits in this section are set high, but do not feel you need to reach the character limit.

Capital Expenditure Need*

Please explain the following:

- Why are existing capital equipment, property, or facilities not sufficient to address the harm you
 explained above under "Negative Economic Impact?"
- Why would additional funding to relevant programs or services be insufficient without the corresponding capital expenditures being proposed by your organization?

COVID-19 and its impacts have fundamentally changed how Gulf Coast JFCS works and provides services to our community. In 2020, we pivoted from in-person to remote and now hybrid work and community outreach service delivery models. Infection control considerations and strategies are embedded in how we interact with each other, our clients, and the community. COVID-19 also has us reexamining our aging building's health and safety environment and the type of spaces, supports, and building systems needed for staff to work safely and effectively.

Gulf Coast JFCS delayed many needed improvements to facilities due to the more than \$6.1 M negative economic impact of COVID. With this ARPA funding, the proposed interior and exterior renovation of our Clearwater ICOT building will allow us to address this harm. The renovation will update all building systems, HVAC, electrical, plumbing, and internet/network wiring. In addition, these changes will improve ventilation, air filtration, and digital connectivity – all required to reduce the spread of disease and needed in a post-COVID work environment.

While additional funding for services and programs is helpful, we would only be able to expand programs and services at this location, with the requested capital improvements of our existing space. This renovation and ARPA capital funds will allow us to change the interior floor plan to create workspaces that will improve accessibility for seniors and persons with disabilities and accommodate the needs of our current and future workforce and clients.

The more efficient use of existing, renovated space will allow us to nearly double, from 140 to almost 300, the number of staff working at Icot. A key feature is the drop-in staff office and huddle areas, allowing community outreach staff secure access to our network, client data, and printer systems. In addition, this renovation will help Gulf Coast JFCS add more programs and services, such as CALL and the QRT team, which address complex challenges such as behavioral health and substance use, and where staff work primarily in the community but can drop into our Icot office when needed to coordinate services and access secure client systems.

To better meet community need and provide equitable services, Gulf Coast JFCS provides trauma-informed services, which include accepting and meeting people where they are at, in ways that welcome participants, and reduce barriers to services. For many holocaust and refugee clients, traditional, institution-like settings may be intimidating and bring back past traumas. After experiencing social isolation during COVID, seniors prefer meetings in casual, open spaces where they can reconnect with their peers. The renovated space will include a variety of client consultation spaces – small and informal, relaxed and casual huddle areas, family-friendly rooms, and larger – partitionable community meeting and training spaces.

Digital connectivity will be enhanced and upgraded in the proposed meeting and training spaces. With these technology upgrades, the agency plans to expand and offer digital training and other classes to increase clients' opportunities for access to higher-paying employment and increased economic mobility. Other

changes include an expanded food pantry relocated towards the entrance and more accessible for clients, volunteers, and staff.

Our Icot location is also designated as a secondary Pinellas County EOC location (through an MOU) in the event of a declared disaster/hurricane. The proposed renovation and system upgrades will ensure that this location can continue to support Pinellas County EOC when needed.

The exterior renovation will replace exterior surfaces and windows, improve storm hardening of the building, and add features that reduce potential harm due to terrorism, hate crimes, or other acts of violence, such as a recent bomb threat.

These new spaces align with our goal of a welcoming environment where all – staff, clients, and visitors are comfortable.

Comparison of Alternatives*

According to U.S. Treasury guidance, ARPA-funded capital projects must be the most cost-effective and reasonable option to repair COVID-19's negative economic impact on your organization.

In order to do so, please provide a comparison of the proposed large capital project against two alternative capital projects, and explain why the one you are proposing is superior. When evaluating the superior option, please consider the following:

- 1. The effectiveness in addressing the harm identified in this application under "Negative Economic Impact" and in the previous question.
- 2. The total cost of the proposed project vs. the two alternatives

Alternatives are NOT multiple vendors or bids for this project. Rather, they would be entirely different capital project proposals. For example, rather than expanding a currently owned-property, an alternative could be purchasing a bigger property. This would potentially not be more cost-effective or reasonable due to high property costs and the need for additional construction.

Gulf Coast JFCS explored several alternatives to the proposed renovation of our Icot building. We were assisted in identifying these alternatives by Evan Christianson, a Commerical Real Estate Professional from JLL, who provided us with the current industry information.

Proposed Solution - Renovate the existing Icot building with a proposed cost of \$4.8 M Alternative 1 - Purchase a new office space with a proposed cost of \$6.4 M Alternative 2 - Lease new office space with a proposed cost of \$442,000 per year or \$11M over the 25-year lifespan of the proposed solution.

The first alternative is to purchase new office space. The commercial real estate market has few properties available to purchase the needed square footage. Most needed more square footage to house our programs and administrative offices. Larger properties for sale tended to have existing tenants with the available, untenanted space too small for our needs. For example, a 2010 building, slightly larger than our existing building at 35,252 sq ft, was available for \$6.4 M. However, it is 61% occupied. The purchase price would greatly exceed the costs of the proposed renovation of our existing Icot location.

The second alternative is to enter a long-term capital lease for a similar-sized space, approximately 26,000 sq ft. Current rents are approximately \$17 per gross SF or approximately \$442,000 per year. The annual rent would greatly increase our occupancy costs compared to the costs for depreciation and maintenance for the

proposed renovated building. Plus, over the estimated 25-year lifespan of our renovated building, annual rental costs totaling \$6.9 M would exceed the cost of the proposed \$4.8 M renovation.

The proposed solution to renovate our existing Icot building is superior to both alternative solutions.

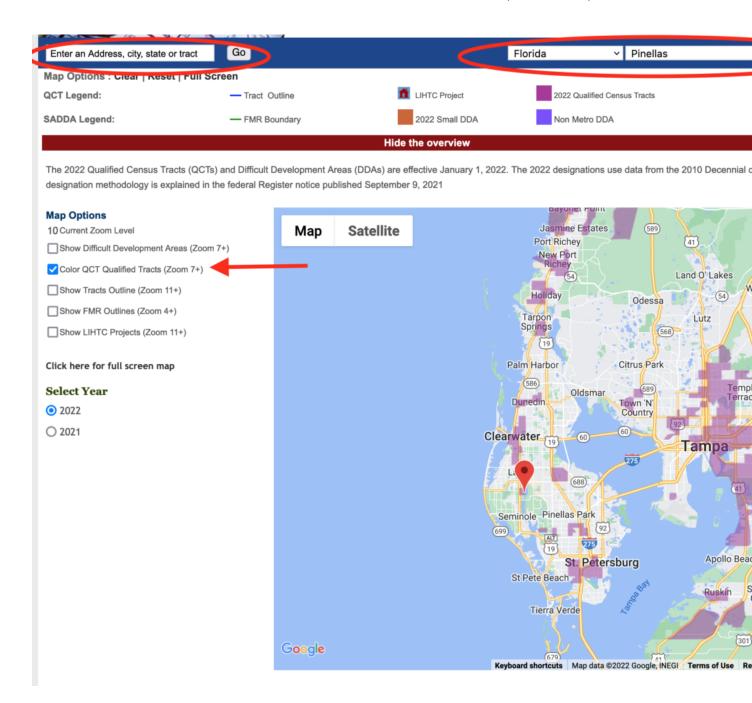
Community Connection

The American Rescue Plan Act (ARPA) prioritizes organizations that either have headquarters or carry out the majority of their operations inside Qualified Census Tracts (QCTs). QCTs are a standard method of identifying communities with a large proportion of low-income residents. The U.S. Department of Housing and Urban Development determines what areas qualify as QCT.

To assess if your organization serves or is headquartered in a QCT, use the following link: https://www.huduser.gov/portal/sadda/sadda qct.html

In the top right-hand corner, choose the state of Florida and Pinellas County. Then on the left-hand side of the screen, click the box next to "Color QCT Qualified Tracts." The QCT zones are denoted in purple. You can also map your address by adding it into the address box at the top to see if your location is inside the zones.

Below, please provide the location of your operations and the location of your headquarters, if different.



Headquarters Location

Please provide your organization's headquarters address as it appears on your Sunbiz account. To check your Sunbiz registration, you may search here: https://dos.myflorida.com/sunbiz/search/

This has been copied from your LOI and cannot be changed.

14041 Icot Blvd. Clearwater, FL 33760

QCT Determination - Headquarters

Is this organization headquartered in a QCT?

Yes

Project Location

Please provide the address or intersection where the property being modified is.

This has been copied from your LOI and cannot be changed.

14041 Icot Blvd. Clearwater, FL 33760

QCT Determination - Project

Is this organization's project in a QCT?

Yes

QCT Impact*

PCF understands that just because a project may not be located in a Qualified Census Tract, those who reside in one may access your services and may come to the location where your organization's project will take place.

- If applicable, please describe if you have clients that reside in a QCT as indicated on the map linked above, and the proportion of your clients that come from these areas.
- If your organization does not serve clients from a QCT, you can write "Not Applicable" below.

This has been copied from your LOI.

In addition to our ICOT office in a QCT, Gulf Coast JFCS has ten school sites and three other service locations in Pinellas County. Two of these locations are also in QCT areas. The Noncustodial Parent Employment Program (NCPEP) is co-located at CareerSource Pinellas, 3420 8th Avenue South, St. Petersburg, located in a QCT area. Our Violence Prevention program (VPP) serves John Hopkins Middle School, 701 16th St. S. in St. Petersburg, is located in and assists students who live in a QCT.

QCT Determination - Clients

Does this organization's project benefit residents of QCTs?

Yes

This section aims to capture general demographic data about your organization and to see how you engage with and represent the community you serve. PCF has generalized the demographic data questions more than it has in other processes because of the public nature of this process. PCF understands that identity disclosure can be a sensitive matter, and wants to respect your organization's board and staff. If your organization feels comfortable sharing more detailed demographic information, it may do so in the "Community Representation and Connection" section.

Community Representation and Connection*

Describe how your organization is representative of, or has authentic connections to, the community your proposal seeks to serve. You can list other community-based organizations that work on programming with you and/or list examples of your work within this community.

This has been copied from your LOI.

Because Gulf Coast JFCS serves a racially, culturally, and economically diverse region, we encounter individuals and families with varying levels of need. Our client population reflects our diverse region, with 58% white, 28% Black, 10% Latinx, and 4% identifying as more than one race. 10% identify as LGTBQ+. 2% identify as neurodiverse/ having a disability. Similarly, so do our program leaders, front line managers, and staff.

- Leaders of Leaders are 15% Black, 23% Hispanic/Latinx, 8% of Two or More Races, and 54% White. 77% identify as female and 23% as male.
- Front Line Managers are 6% Black, 21% Hispanic/Latinx, 3% of Two or more races, and 70% as White. 88% identify as female and 12% as male.
- Individual Contributors are 16% Black, 23% Hispanic/Latinx, 4% Asian, 3% of Two or more races,

Gulf Coast JFCS participates in the Tampa Bay Equity Incubator to be more equitable and authentic in how we represent, communicate, and deliver our services in the community.

Further, Gulf Coast JFCS has built strong relationships with various public and private partners, leveraging expertise and sharing resources to serve our clients and the broader community better. Through our child welfare, behavioral health, and refugee programs, Gulf Coast JFCS has developed a diverse and robust network of community providers in all service domains. In general, our service network includes:

- Health service providers, like Healthy Start Coalition, St. Petersburg Free Clinic, Community Health Centers of Pinellas, Gracepoint, and DACCO;
- Domestic violence providers, like CASA and the Suncoast Center
- Housing authorities, individual landlords, and partners like Habitat for Humanity;
- Employment and disability providers, such as CareerSource;
- Refugee resettlement agencies, mutual aid and ethnic-focused organizations, and numerous social service providers, including Early Learning Coalitions and Councils;
- Religious and faith-based organizations, like Temple Beth-El, Unitarian Universalist of St. Petersburg and Clearwater, St. Mary's Church, and Northside Baptist Church;
- Legal aid and legal service providers, like L. David Shear Children's Law Center of Bay Area Legal Services, Inc. and Gulf Coast Legal Aid;
- Pinellas County Public Schools and numerous colleges and universities, such as USF, Stetson, Eckerd College, and Keiser; and
- Advocacy organizations, like the InterCultural Advocacy Institute.

Leadership Demographics - Executive Level Leadership Team

Does your executive leadership team consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled

BIPOC LGBTQ+

Leadership Demographics - CEO/Executive Director

Does your CEO/Executive Director consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled

BIPOC

Leadership Demographics - Board Membership

Do your board members consider themselves a member of one or more of the following populations? Check all that apply.

BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color

LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)

Neurodiverse/physically disabled

BIPOC

LGBTQ+

Financial Overview

IF A CONTRACTOR HAS NOT BEEN SELECTED, BIDS MUST BE DATED AFTER 8/8/22. If you need assistance compressing files, please email Rose Cervantes at rcervantes@pinellascf.org.

The file attached below should contain current, verifiable bids, estimates, or price lists [from your potential vendor(s)]. <u>Please ensure there is a date noted on the bid or some annotation as to when you obtained these estimates/bids.</u>

- If your project costs **LESS** than \$75,000, you must upload TWO verifiable bids or estimates for the proposed project.
- If your project is **EQUAL TO** or **MORE THAN** \$75,000, you must upload THREE verifiable bids or estimates for your proposed project.

If you have already selected a contractor for this process and do not have multiple bids to upload, please ensure you answer the narrative question below thoroughly.

Bid/Estimate #1*

PDF files are accepted.

Concept Estimate_20230106.pdf

Bid/Estimate #2

PDF files are accepted.

Bid/Estimate #3

PDF files are accepted.

Selected Contractor*

If you have not yet selected a contractor and have uploaded multiple bids above, please write N/A below or you will not be able to submit your application.

If your organization has already selected a contractor for this proposed capital project, please describe the process through which this contractor was chosen, and be sure to answer:

- 1. Was there a competitive bid process? That is, were multiple bids collected in order to evaluate multiple contractors? Describe this process (names of contractors, number of bids collected, prices, and why the contractor was chosen).
- 2. What personnel members at your organization selected the contractor?
- 3. Has a contract been executed with this contractor? If yes, upload the contract here. If no, please describe the status of contract.

If a contractor has already been selected AND a competitive bidding process was not used, the project will lose points.

PM020 Methods of Procurement.pdf

Gulf Coast JFCS contracted with Wannemacher Jensen Architects (WJA) in 2021 to create schematic designs as part of a plan to renovate our ICOT building. In 2022, WJA was contracted to complete plan documents for the proposed renovations. In addition, Gulf Coast JFCS contracted with WJA to provide expertise to assist with the bidding, permitting, and construction management for this project. Please see attached documentation.

With assistance from WJA, Gulf Coast JFCS will conduct a sealed bid process to secure the general contractor and construction company to renovate our Icot building. The Gulf Coast JFCS procurement process (Methods of Procurement) is attached for your review and outlines our internal requirements for sealed bids. The Gulf Coast JFCS Vice President of Quality, Contracts, and Compliance and the Contracts Manager will guide the project team through the bid opening and vendor selection process. Members of the Gulf Coast JFCS Board Finance and Facilities Committees with similar experience with commercial or financial projects will assist in vetting the proposers for the project.

The sealed bid process will commence in April 2023 after completing the final, approved construction drawings. It will take an estimated six weeks to conduct the sealed bid process and select the construction company.

Minority/Woman-Owned Business

Is your selected contractor, or the bid you are going to choose if funded, one of the following:

- Small-business enterprise (SBE)
- Disadvantaged business enterprise (DBE)
- Minority and/or woman-owned business (MWBE)

Unknown

Related Parties*

Are any of the contractors/vendors that have provided bids/estimates a related party to your organization?

Examples of Related Parties

- A board member that owns the contracting company that provided a bid
- The relative of a director, officer, or executive team member owns a company that provided an estimate
- The CEO of the applying organization has a financial interest in the construction company providing a bid

If yes, identify the vendor and describe the relationship.

If no, write "No related parties below."

No related parties.

Budget Detail*

Please upload a clear, easily readable budget that breaks out costs for this proposed project. Ensure that it is clear what portion would be paid for through this grant funding and what would be paid for from other sources. **Be sure that the budget includes 10-20% for contingencies and any costs related to performance and payment bonds for construction projects.**

If you are going to request the permitted indirect cost of up to 5%, please be sure this is represented in your budget.

An example budget is available here.

If you have additional notes to add to your budget summary, you may do so in the text box below.

PDF and Excel files are allowed.

Budget Attachment and WJA Letter.pdf

WJA has provided a letter detailing how the construction cost estimate was calculated and verified. The letter is included as part of the budget attachment.

The project budget includes an additional 10% in the working capital section for contingency costs.

Other Funding Sources*

Please describe any other funding that your organization has applied for or obtained for this project. This includes but is not limited to Community Development Block Grants (CDBG), local government grants (including Tourist Development Council funding), foundation grants, and donors (you do not need to disclose donor identities, simply amount raised that is allocated to this project). This includes any matching grants or in-kind contributions you may have obtained.

If none, please explain why no additional funding sources have been pursued.

If this answer has changed since submitting your LOI, you may update it below. Please be sure all funding sources below are represented in the budget you have uploaded above.

Gulf Coast JFCS has not applied for other funding for this project. The agency has an existing \$2 M line of credit and additional cash reserves to fund the non-ARPA portion of this project. Therefore, using the requested ARPA funding is not contingent upon receiving other funding to complete our proposed project.

In the event a funding gap occurs, our agency's development team, in partnership with our Board and CEO, has committed to raising any needed funds to complete this project. Gulf Coast JFCS has the expertise, capacity, and experience to conduct successful fundraising efforts. In addition, the agency has a loyal and committed individual donor base. For example, when informed of this renovation project, several donors have shared their intention to donate large gifts totaling approximately \$1.5 M, a significant portion of the \$2.4 million matching funds needed to complete the proposed project. These, and future donations, will reduce the need to use our agency-line of credit or our cash reserves for this project.

Changes in Operating Costs*

Please answer this question based on the descriptions below:

- If this project **increases** ongoing operational costs (programmatic, operating maintenance or other costs), how will you compensate for the difference?
- If this project **decreases** ongoing operating costs, how will it do so?
- If this project does not affect operating costs, please note so below.

If this answer has changed since submitting your LOI, you may update it below.

As this is the renovation of an existing building, we have already built into our budgets operating costs - utilities, maintenance, etc. We anticipate slightly lower operational costs due to installing energy-efficient features – updated windows, appliances, and building systems. Plus, due to storm hardening of the exterior, we anticipate fewer future storm-related clean-up costs or damage.

Fund Management Capacity*

Please describe your organization's capacity to manage these potential ARPA funds in terms of fiscal management and financial infrastructure.

This includes, but is not limited to, the use of accounting software that can track a general ledger and multiple accounts and the ability to work on a reimbursement-basis.

The inability to handle a reimbursement-based grant does not disqualify your organization from applying.

This has been copied from your LOI.

Gulf Coast JFCS has the experience and infrastructure to administer and manage the proposed ICOT building renovation. We manage funds from more than 40 sources, including the state of Florida, the federal government, and private foundations, each with specific compliance and reporting requirements. The agency has been a responsible steward of private and public dollars for over 60 years and is well prepared to steward this funding and ensure compliance.

Gulf Coast JFCS has never filed for bankruptcy and has enjoyed clean audit opinions for the last seven years. The ratio of current assets to current liabilities is a strong 2.81. The agency maintains 75 days of cash and investments for operating capacity—a strong cash flow position—and its balance sheet for the Fiscal Year ended June 30, 2022, per audited financial statements, notes over \$14M in assets. Gulf Coast JFCS maintains a \$2M line of credit for emergency use, though the agency never had to access these funds.

Corrective and Investigative Action/Grant Recall*

In the past three (3) years, has your organization had any of the following occur:

- 1. Been under legal investigation by a local, state, or federal institution?
- 2. Been placed on a corrective action plan by a funder?
- 3. Had grant funding recalled by a funder?

If yes, please describe the investigation, corrective action plan and/or grant recall, and the current status of such incidents. If no. write "N/A"

Gulf Coast JFCS has not been under investigation by a local, state, or federal institution, nor have any grants or contracts terminated in the last three years. Gulf Coast JFCS, during the normal course of monitoring by funders, receives reports after these visits, identifying any matters to be addressed and a timeline for response to the funder. Most of these issues are around minor documentation and would not result in the loss of funding or be considered a Performance Improvement Plan to address significant or major concerns. i.e., a form was missing a date or not included in a client file or staff training file, a form needs revision to include new wording, etc.

Presently, we have one performance improvement plan with the Children's Board of Hillsborough County for a Teen Parent Engagement Program to provide extra support to increase program enrollment. Pre-COVID, the program historically served about a hundred teens and their children. However, enrollment has been slow to return to pre-COVID levels. All other performance measurements have been and continue to be exceeded by the program. Recent changes in outreach to the Hillsborough high schools have been successful, with one school inviting TPEP staff to meet with twelve teen parents to provide information about the program.

Any improvement plans with other agencies would not affect this project or our ability to manage these funds if this grant were awarded.

Organization Documentation

Organization Budget*

Please upload your most recent, board-approved organizational budget for this fiscal year. PDF and Excel documents are accepted.

FY 23 Gulf Coast JFCS Budget.pdf

Board of Directors List*

Please upload a current list of members of your organization's Board of Directors. Excel, Word, and PDF formats are acceptable.

Gulf Coast JFCS FY23 Board Roster Full Detail 1_17_23.pdf

IRS Form 990*

Please upload a PDF copy of your most recently submitted IRS Form 990.

If Form 990 from your most recent fiscal year is delayed or you have received an extension, please explain in the text space below. You may also explain if you don't have a Form 990 due to organization type. You should still upload the most recent publicly available 990.

If you file a Form 990-EZ and do not have anything to attach, please note so below.

2020-2021 Form 990 GCJFCS.pdf

Most Recent Financial Statements

Upload a PDF version of your most recent financial statements. If you have audited financial statements, please upload the most recently conducted audit. If you do not have a recent audit, please explain why.

GCJFCS 2022 Audited Financial Stmts and Compliance Report.pdf

Insurance

Evidence of Insurance Coverage*

Grantees of the ARPA Nonprofit Capital Project Fund will be required to maintain appropriate insurance related to your operations and this project. PCF will determine whether this coverage is appropriate.

Please upload evidence of insurance.

If your organization does not have evidence of insurance coverage, please provide an explanation as to why.

Pinellas-County,-a-_Gulf-Coast-Jewi_22-23-Master-CO_6-1-2022_1163796121_1.pdf

Insurance Requirement*

If you are awarded a contract from the ARPA Nonprofit Capital Project Fund, you will be required to list Pinellas Community Foundation as an additional insured through your general liability insurance or other appropriate coverages for the duration of the contract. If you would like to check with your insurance carrier on how to do this, here is the information about PCF you will need:

Pinellas Community Foundation 17755 US Highway 19 N Suite 150 Clearwater, FL 33764 727-531-0058

Please check the box below to indicate that you understand and will be able to comply with this requirement if you are awarded a contract.

PCF will not ask for a certificate naming us as additional insured until the contracting stage.

Yes, I understand and will comply with this requirement if awarded a contract.

Post-Grant Requirements

Reporting Requirements Acknowledgment*

Grantees will be required to submit a pre-award agreement within two weeks of receiving an award notice. In addition, grantees will be required to submit monthly expenditure reports until their project is completed and their contract is closed out.

Financial information justifying all expenditures will also need to be provided. This includes but is not limited to:

- Invoices
- Canceled checks
- Credit card statements, along with a record of paying the credit card.

If you have any questions, please contact Rose Cervantes, ARPA Program Officer at rcervantes@pinellascf.org. Yes, I agree to submit this grant agreement and impact report within the specified timeframes.

Additional Information

Additional Upload

If you have something to share, you can upload it here in PDF format.

2023 0106 GCJFCS Icot Reno Design Schedule.pdf

Anything else to share?

Is there anything else that you would like Pinellas Community Foundation to know or other information your organization would like to share that isn't addressed elsewhere in this application?

[Unanswered]

File Attachment Summary

Applicant File Uploads

- Neg Financial Impact Attachment.pdf
- GCJFCS Icot Reno_Progress DD Dwg Set_20230106.pdf
- Concept Estimate_20230106.pdf
- PM020 Methods of Procurement.pdf
- Budget Attachment and WJA Letter.pdf
- FY 23 Gulf Coast JFCS Budget.pdf
- Gulf Coast JFCS FY23 Board Roster Full Detail 1_17_23.pdf
- 2020-2021 Form 990 GCJFCS.pdf
- GCJFCS 2022 Audited Financial Stmts and Compliance Report.pdf
- Pinellas-County,-a-_Gulf-Coast-Jewi_22-23-Master-CO_6-1-2022_1163796121_1.pdf
- 2023 0106 GCJFCS Icot Reno Design Schedule.pdf



Supplemental Attachment

GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES
TESS BENHAM

Contents

Detailed Explanation of Negative Financial Impact

Costs Associated with Executing our COVID-19 Emergency Response: \$ 115,960	2
Costs of the Pivot to Remote and Hybrid Work and Service Delivery Models: \$375,000	3
Costs Related to Excess Staff Turnover \$2,119,699.	3
Inflationary Pressure - Increased Wage and Other Costs: \$3,434,430	4
* Salary and wage information exclude leadership team salary information	5
Need for Modifications to the Physical Work Environment: \$46,719	5
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Gulf Coast JFCS Supplemental Attachment

Gulf Coast JFCS services meet the complex needs of Pinellas families, senior citizens, vulnerable children, refugees, and persons needing financial and other assistance when experiencing emergencies or because of behavioral or mental health issues.

With more than 500 staff, over 230 volunteers, and 16 offices across the state, Gulf Coast JFCS and its 48 programs serve more than 30,000 individuals annually. In Pinellas County, we have 30 programs with 282 employees, which comprise 43.4% of our agency expenditures. We serve over 14,000 unduplicated Pinellas County clients annually.

Throughout COVID-19, our programs remained operational, serving the needs of clients and the community. Across all programs, we saw an increased need and demand for services to support individuals and their families. However, COVID-19 has impacted every facet of our organization and fundamentally changed how we work and how we provide services to our community.

Due to COVID, we had to adjust and re-prioritize to meet the challenges of this changing landscape. The negative estimated financial impact of COVID-19 for Gulf

Coast JFCS is **\$6,091,854.** These impacts occurred in phases varying from Spring 2020 to the present. Further, the impacts described below varied across the agency by program type and service delivery model.

We have summarized these costs below with a detailed explanation of how we calculated each cost. Please note that these costs represent those easiest to document and capture; it is not a complete picture as some costs are difficult to calculate.

Gulf Coast JFCS, the Negative Financial Impact is nearly **\$6.1 million.**

COSTS ASSOCIATED WITH EXECUTING OUR COVID-19 EMERGENCY RESPONSE: \$ 115,960

Throughout the COVID -19 pandemic, our HR team, led by Lloyd DeFrance, our Chief Human Resource Officer, and assisted by our agency department heads, program supervisors, and leadership, has executed our robust emergency response, which continues to the present.

Key elements include COVID-19 tracking and testing, COVID-19 leave, a pivot to remote and alternate work models, restrictions on in-person gathering, and policies requiring the use of masks, personal protective equipment (PPE), and COVID-19 immunization.

Costs of Human Resources Staff Time

\$38,000

Gulf Coast JFCS Supplemental Attachment

•	Costs of PTO Incentive	\$26,252
•	Infection Control Supplies	\$51,708

COSTS OF THE PIVOT TO REMOTE AND HYBRID WORK AND SERVICE DELIVERY MODELS: \$375,000

In Spring 2020, we pivoted from providing in-person services to virtual service delivery. This pivot required increased capital expenditures as we purchased new computer equipment and work productivity software licenses, kept older and obsolete equipment in service past its recommended life, and increased IT infrastructure to support a virtual work environment for more than 500 employees. Below is a list of the major cost expenditures.

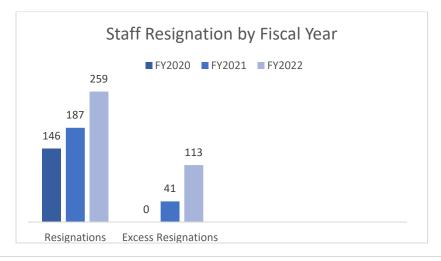
•	Consulting - implement Microsoft Teams	\$	3,250
•	Computer Hardware	\$ 2	292,890
•	Software Licenses	\$	45,640
•	Peripherals (monitors, webcams, etc)	\$	22,114
•	Software	\$	11,106

Today, Gulf Coast JFCS utilizes a hybrid service model; however, much of our workforce continues to work remotely, in the field, and from home.

COSTS RELATED TO EXCESS STAFF TURNOVER \$2,119,699.

Starting in 2021, Gulf Coast JFCS began to see an increase in staff resignations. We had 146 resignations in FY2020, 187 in FY2021, and 259 in FY2022. Turnover varied by program, with those programs requiring 24/7 operations, in-person services, or on-call requirements, such as our crisis response teams and residential facilities, experiencing the most turnover.

The below chart shows the trend in staff resignation from FY2020 to FY2022.

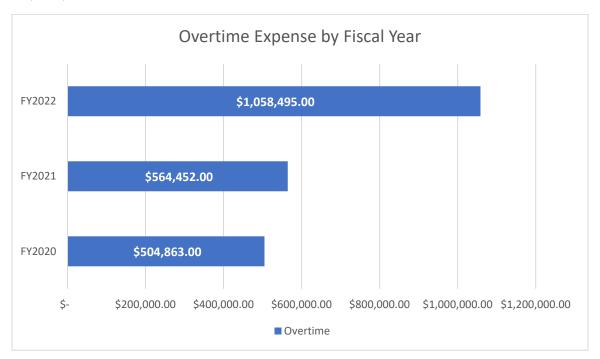


Gulf Coast JFCS Supplemental Attachment

The excess staff turnover due to COVID-19 was estimated at 113 positions. The costs of replacing staff have been documented in several research studies. These studies estimate it costs approximately 30% of the position salary as the replacement cost. Gulf Coast JFCS estimated the average salary costs in FY2020 were \$19.19 per hour and FY2022 at \$22.21 per hour.

To calculate the cost of replacing staff, we multiplied the number of excess resignations, 113 x estimated replacement costs, (average FY22 salary \times 30% = \$13,859) to determine the total cost of staff turnover of **\$1,566,067**.

Another cost of COVID-19 turnover is staff overtime. As a direct care provider, many staff voluntarily worked overtime to ensure that clients' needs were met and that staffing ratios and staff coverage were maintained. The below chart shows how overtime expense has more than doubled, increasing from \$504,863 in FY2020 to \$1,058,495 in FY2022. The excess cost of overtime is **\$553,632**.



Inflationary Pressure - Increased Wage and Other Costs: \$3,434,430

Gulf Coast JFCS has experienced inflationary pressures, especially related to wages which have increased 15% overall when compared to FY2020 and which have strained the program operations and budgets. For example, wages for our 25 homemaker positions increased more than 50%, from \$10 per hour in 2019 to \$15 per hour in 2022. Our more than 60+ case manager position salaries increased on average by \$3,691 or 9.7%. Other expenses include increased costs for staff non-conference travel reimbursement and contractual wages. Some programs have and

continue to operate at a loss as existing revenue streams have not fully adjusted to support the increased payroll costs.

	Jul-20	Aug-22	Increase d Cost per employe e	Head count	Head count	Agency Inflationary Wage Costs	Pinellas Inflationary Wage Costs
Annual	\$39,915	\$46,205	\$ 6,290	546	282	\$3,434,340	\$1,773,780
Hourly	\$19.19	\$22.21	\$3.02				

^{*} Salary and wage information exclude leadership team salary information

Need for Modifications to the Physical Work Environment: \$46,719

COVID-19 and its impacts have us reexamining our aging building's health and safety environment and what type of spaces, supports, and building systems are needed for staff to work safely and effectively.

Gulf Coast JFCS implemented changes to our Pinellas administrative office in response to the pandemic to improve the immediate health and safety of staff and visitors. We installed touchless plumbing fixtures, and upgraded toilets, faucets, and drinking fountains. These plumbing upgrades totaled **\$46,719**.

Other safety improvements were also made to our building. These include:

•	New fire panel	\$ 50,000
•	Replace Exterior Front Sliding Door	\$ 40,460
•	Fencing	\$ 17,227
•	ICOT Parking Lot Paving	\$112,710
•	ICOT Exterior Signage	\$ 6,850

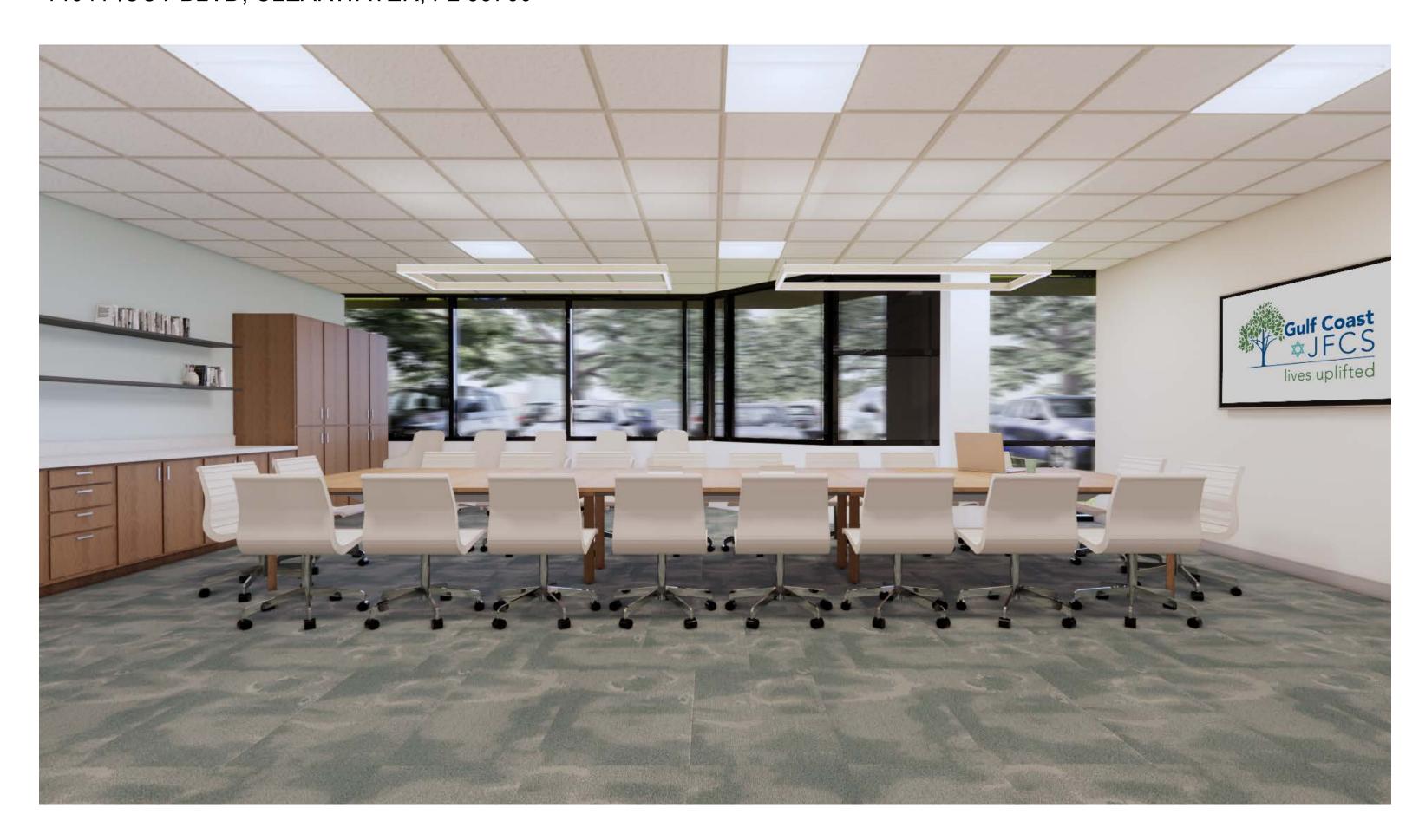
Additional Capital Improvements Needed

However, additional capital improvements have been identified as needed. These projects could not be done due to the physical and financial realities of COVID, as much of our fundraising focus was on meeting the identified client and community needs for assistance.

Preliminary architectural plans have been developed for more advanced improvements. Our architects estimate that construction and renovation costs for our ICOT building are \$3.6 million, with a total project cost of \$4.8 million.

GCJFCS - Icot Office Renovation

14041 ICOT BLVD, CLEARWATER, FL 33760



GRANT SUBMISSION - PROGRESS DESIGN DEVELOPMENT

No.	Description	Date
	30% (SD)	05/19/2022
	PROGRESS SET (DD)	01/06/2023

PREPARED FOR:

GULF COAST JEWISH FAMILY & COMMUNITY SERVICES



CLIENT SIGNATURE AUTHORIZING PRODUCTION DOCUMENTS TO PROCEED INTO NEXT PHASE

DATE



Wannemacher Jensen Architects, Inc.

132 Mirror Lake Drive N. Unit 301, St. Petersburg, Florida 33701-3214 AA0002277

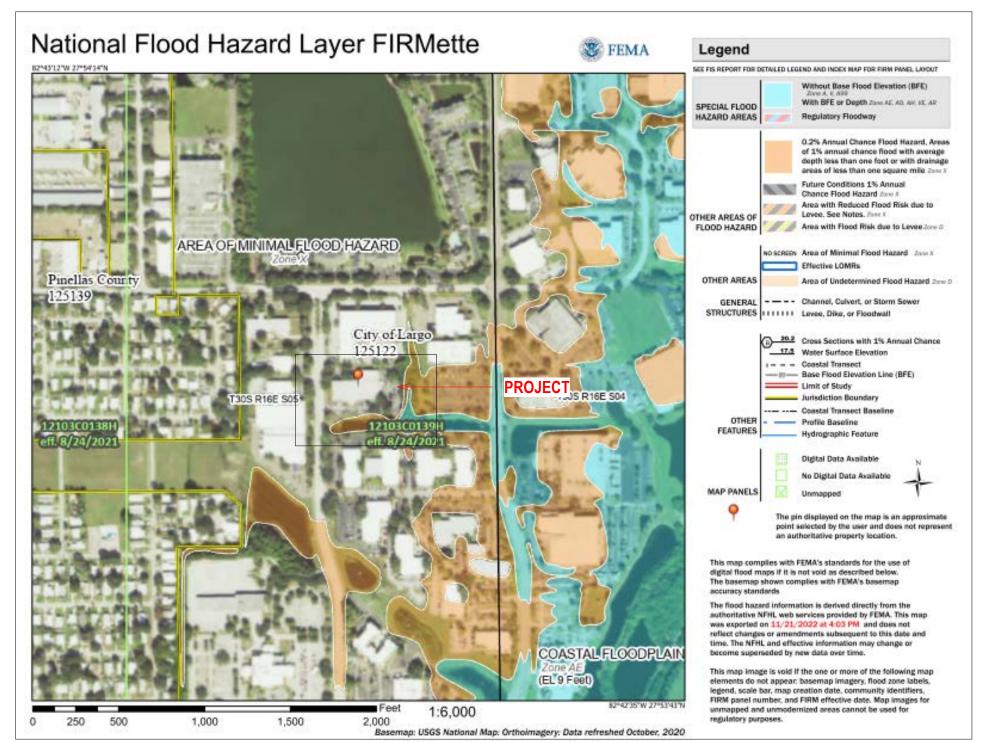
MEP & FP ENGINEER HAHN ENGINEERING

3060 S. DALE MABRY, TAMPA, FLORIDA 33629

LEGAL DESCRIPTION

PORTION OF LOT 28, RUBIN ICOT CENTER, AS RECORDED IN PLAT BOOK 88, PAGES 79 THROUGH 85, OF THE PUBLIC RECORDS OF PINELLAS COUNTY, FLORIDA, AND BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS: BEGIN AT THE SOUTHWEST CORNER OF SAID LOT 28 FOR A POINT OF BEGINNING; THENCE N.00 DEGREES 16' 17"W. AND ALONG THE EASTERLY RIGHT OF WAY LINE OF ICOT BOULEVARD, 293.37 FEET; THENCE N.02 DEGREES 01'09"E. CONTINUING ALONG SAID EASTERLY RIGHT OW WAY LINE 15.94 FEET; THENCE N 89DEGREES 43' 43"E., 419.36 FEET; THENCE S.00 DEGREEES 16'17"E., 309.30 FEET; THENCE S. 89DEGREES 43'43"W., 420.00 FEET TO THE POINT OF BEGINNING.

FEMA FLOOD MAP



FLOOD ZONE

FEMA FLOOD ZONE: FLOOD ZONE X BASE FLOOD ELEVATION (BFE): NA FOR ZONE X LOWEST FFE IN PROPOSED PROJECT: EXISTING TO REMAIN

WIND LOADS

RISK CATEGORY (FBC TABLE 1604.5): II ULTIMATE DESIGN WIND SPEED: 135 MPH

ABBREVIATIONS

MAINT	MAINTENANCE		
_AV _VR	LAVATORY LOUVER		
NTERM SA	INTERMEDIATE INTNL SYMBOL OF ACCESSIBILITY		
NFO NT	INFORMATION INTERIOR		
N NCL	INCH INCLUDED / INCLUDING		
IVAC IW	HEATING, VENTILATING, AIR CONDITIONING HOT WATER		
ISS IT	HOLLOW STRUCTURAL SECTION HEIGHT		
łR	HOUR		
IORIZ IC	HORIZONTAL HANDICAPPED		
∃DW ∃M	HARDWARE HOLLOW METAL	XTR	EXISTING TO REMAIN
ICP	HANDICAPPED	WWF	WELDED WIRE FABRIC
SWB IB	GYPSUM WALLBOARD HOSE BIBB	WD WDW	WOOD WINDOW
SL-xx,	GLASS	WC	WATER CLOSET
GALV GC	GALVANIZED GENERAL CONTRACT/OR	W/ W/O	WITH WITHOUT
FURR BA	FURRING GAUGE / GAGE	VIF W	VERIFY IN FIELD WIDE, WIDTH
URN	FURNITURE/ FURNISHED	VEST	VESTIBULE
R T	FRAME FEET	VCT VERT	VINYL COMPOSITION TILE VERTICAL
IXT L	FIXTURE FLOOR	UON UR	URINAL
IN	FINISH	U.N.O.	UNLESS NOTED OTHERWISE UNLESS OTHERWISE NOTED
FF&E FHC	FURNITURE, FINISHES & EQUIPMENT FIRE HOSE CABINET	UL UNFIN	UNDERWRITERS LABORATORY UNFINISHED
F	FINISH FLOOR	TYP	TYPICAL
EC EX	FIRE EXTINGUISHER CABINET FIRE EXTINGUISHER	THRU TV	THROUGH TELEVISION
DC	FLOOR DRAIN FIRE DEPARTMENT CONNECTION	TEL THK	TELEPHONE OR TELECOM THICKNESS
FACP	FIRE ALARM CONTROL PANEL	SYMM	SYMMETRICAL
=/ =A	FACE OF (SEE OTHER WORD) FIRE ALARM	STRL SUSP	STRUCTURAL SUSPENDED
EXT	EXTERIOR	STOR	STORAGE
EXIST EXP	EXISTING EXPANSION	STD STL	STANDARD STEEL
EWC	ELECTRICAL WATER COOLER	SSK	SERVICE SINK
EQUIP EW	EQUIPMENT EACH WAY	SQ SS	SQUARE STAINLESS STEEL
ENCL EQ	ENCLOSURE EQUAL	SPR	SPEAKER SPRINKLER
ELEC	ELECTRICAL	SPEC SPKR	SPECIFICATION SPEAKER
≣J ≣LEV	EXPANSION JOINT ELEVATION	SHI SIM	SHEET SIMILAR
EA E I	EACH EXPANSION JOINT	SF SHT	SQUARE FEET/FOOT
OWG	DRAWING	SECT	SECTION
OR ORN	DOOR DRAIN	SCHED SD	SCHEDULE STORM DRAIN
)P	DIMENSION POINT	RM	ROOM
DIM DN	DIMENSION DOWN	REQ REV	REQUIRE / REQUIRED REVISION / REVISED
DIFF	DIFFUSER	REF	REFERENCE
OF DIA	DRINKING FOUNTAIN DIAMETER	RD REC	ROOF DRAIN RECESSED
DET	DETAIL	RCP	REFLECTED CEILING PLAN
DEMO DEPT	DEMOLITION DEPARTMENT	QIY R	QUANTITY RADIUS
DBL DEMO	DOUBLE DEMOLITION	QC QTY	QUALITY CONTROL QUANTITY
CTR	CENTER	PTxx	PAINT
COORD CORR	COORDINATE CORRIDOR	PTD PTN	PAINTED PARTITION
CONT	CONTINUOUS	PT	PRESSURE TREATED
COND CONN	CONDITION CONNECTION	PR PREFAB	PAIR PREFABRICATED
CONC	CONCRETE	PLBG	PLUMBING
COL	CLEANOUT COLUMN	PERP PLAM	PERPENDICULAR PLASTIC LAMINATE
CNTR	COUNTER	PERIM	PERIMETER
CLR CMU	CLEAR CONCRETE MASONRY UNIT	PAV PERF	PAVER PERFORATED
CL CLG	CENTER LINE CEILING	OPP OPP HD	OPPOSITE OPPOSITE HAND
CJ	CONTROL JOINT / CONSTRUCTION JOINT	OPNG OPR	OPENING OPPOSITE
CBU CFMF	CEMENTITIOUS BACKER UNIT COLD FORM METAL FRAMING	OC OH	ON CENTER OVER HEAD
BLDG	BUILDING	NTS	NOT TO SCALE
B/W BCA	BETWEEN BUILDING CONSTRUCTION AUTHORITY	NOM NRC	NOMINAL NOISE REDUCTION COEFFICIENT
\/V	AUDIO VISUAL	NO	NUMBER
ARCH AUTO	ARCHITECTURAL AUTOMATIC	NC NIC	NOISE CRITERIA NOT IN CONTRACT
\PPROX	APPROXIMATE	N/A	NOT APPLICABLE
ALUM APPD	ALUMINUM APPROVED	MTL MULL	METAL MULLION
\LT	ALTERNATE	MTD	MOUNTED
ADJ AFF	ADJUSTABLE ABOVE FINISH FLOOR	MISC MM	MISCELLANEOUS MILLIMETER
ADD	ADDITIONAL	MIN	MINIMUM
NI JA	AMERICANS WITH DISABILITIES ACT	MFR	MANUFALLURER
ND NDA	AREA DRAIN	MEP	MECHANICAL, ELECTRICAL, PLUMB MANUFACTURER

TAG LEGEND

ELEMENT	TAGS	VIEW TAGS	
Room name	ROOM TAG	Ref 1 2 1 A101 1 වී	EXTERIOR ELEVATION
(1001X)	DOOR TAG	1	
⟨ST-X⟩	STOREFRONT TAG	Ref 1 Ref	
X 6 X 6	WALL TAG	1 A101 1 1	INTERIOR ELEVATION
(XXX)	SPECIALTY EQUIPMENT TAG	1 Ref	
1t	FLOOR TAG	SIM	SECTION MARK
ANNOTAT	TION TAGS	1 A101	SECTION WARK
ALIGNMENT TAG	ALIGN	SIM A101	VIEW CALLOUT
ODEOLEIO MOTE T		Name Elevation	LEVEL HEAD
SPECIFIC NOTE TA	AG (AAA)	1'-0" A.F.F	SPOT ELEVATION MARK

GENERAL NOTES

- EXISTING ITEMS AND CONDITIONS ARE DEPICTED AND DESCRIBED ON THESE DRAWINGS ACCORDING TO THE BEST AVAILABLE INFORMATION AND SURVEYS. THE ARCHITECT PROVIDES NO ASSURANCE AS TO, AND ASSUMES NO RESPONSIBILITY FOR THE ACCURACY OF THESE DEPICTIONS AND DESCRIPTIONS. FIELD VERIFY AND DETERMINE BY ANY MEANS NECESSARY, THE ACTUAL LOCATION, CONFIGURATION AND CONDITION OF ALL PERTINENT ITEMS, INCLUDING THOSE THAT MAY BE IN CONCEALED LOCATIONS. IF INVESTIGATION DISCOVERS THAT ACTUAL CONDITIONS DIFFER FROM WHAT IS DEPICTED OR DESCRIBED ON THESE DRAWINGS OR IF THE ITEMS AND CONDITIONS THAT ARE TO REMAIN AS PART OF THE FINISHED WORK ARE UNSUITABLE TO SUPPORT OR ACCOMMODATE THE WORK REQUIRED FOR THIS PROJECT, OR DO NOT COMPLY WITH BUILDING CODE REQUIREMENTS OR MEET CONSTRUCTION INDUSTRY STANDARDS. IMMEDIATELY NOTIFY THE ARCHITECT BY RFI AND DO NOT PROCEED WITH THE WORK UNTIL RECEIPT OF SUPPLEMENTAL INSTRUCTIONS FROM THE ARCHITECT.
- ESTABLISH AREAS AND LIMITS OF CONSTRUCTION ACTIVITY ACCEPTABLE TO THE OWNER AND PROVIDE THE TEMPORARY FACILITIES REQUIRED TO ACCOMPLISH THE WORK INCLUDING; FIELD OFFICE, TOILETS, ELECTRIC SERVICE, SITE ACCESS, PARKING, STORAGE AND CONSTRUCTION STAGING AREAS. PROVIDE TEMPORARY WALKWAYS. DRIVEWAYS, BARRIERS, SIGNS AND ILLUMINATION TO SEPARATE AND PROTECT THE GENERAL PUBLIC FROM THE WORK RELATED ACTIVITIES. PROVIDE ACCESS ROUTES TO AND FROM AREAS OF CONSTRUCTION ACTIVITY FOR CONSTRUCTION PERSONNEL THAT COMPLY WITH ALL OSHA AND OTHER GOVERNMENT SAFETY AND ACCESSIBILITY REQUIREMENTS. ASSUME FULL LIABILITY FOR ANY DAMAGE TO ADJACENT PROPERTIES, DAMAGE TO PERSONAL PROPERTY, INJURY TO PERSONS, ETC. CAUSED BY WORK RELATED ACTIVITIES OR NEGLIGENCE.
- PROVIDE TEMPORARY SHORING AS REQUIRED TO ADEQUATELY SUPPORT AND RETAIN EXISTING MATERIALS AND CONSTRUCTION AFFECTED BY THE WORK. PROTECT THOSE ITEMS, MATERIALS & FINISHES TO REMAIN. REMOVE ONLY THOSE ITEMS AND MATERIALS NECESSARY TO ACCOMMODATE THE WORK WITH CLEAN, UNIFORM CUTS. FILL AND PATCH REMAINING CONSTRUCTION AS REQUIRED WITH MATERIALS MATCHING THE ADJACENT MATERIALS IN KIND, STRENGTH, AND APPEARANCE SO AS TO FINISH UNIFORMLY WITHOUT TELEGRAPHING DIFFERENCES BETWEEN THE PATCHES AND THE ADJACENT CONSTRUCTION. REPAIR OR REPLACE ANY ITEMS, MATERIALS OR FINISHES DAMAGED BY THE WORK AT NO COST TO THE OWNER.
- PROVIDE THE ITEMS, PRODUCTS AND FEATURES AS DEPICTED, DESCRIBED AND SPECIFIED ON THE DRAWINGS. IF DISCREPANCIES ARE DISCOVERED ON THE DRAWINGS, NOTIFY THE ARCHITECT BY RFI AND DO NOT PROCEED WITH WORK RELATED TO ITEMS IN QUESTION UNTIL RECEIPT OF SUPPLEMENTAL INSTRUCTIONS FROM THE ARCHITECT. REQUESTS FOR SUBSTITUTIONS MAY BE SUBMITTED TO THE ARCHITECT FOR CONSIDERATION. DO NOT MAKE SUBSTITUTIONS WITHOUT THE APPROVAL OF THE ARCHITECT, WHERE A "BASIS-OF-DESIGN" PRODUCT IS SPECIFIED, A COMPARABLE PRODUCT MAY BE PROVIDED, SUBJECT TO COMPLIANCE WITH THE REQUIREMENTS OF THE CONTRACT DOCUMENTS.
- SUBMIT SHOP DRAWINGS, PRODUCT DATA AND SAMPLES TO THE ARCHITECT AND BCA FOR REVIEW AS REQUIRED BY THE CONTRACT DOCUMENTS. DO NOT PROCEED WITH WORK RELATED TO SUBMITTALS MARKED "REJECTED" OR "REVISE AND RESUBMIT" BY THE ARCHITECT OR THE ARCHITECT'S CONSULTANTS. SUBMITTALS MARKED "APPROVED", "NO EXCEPTION TAKEN" OR "MAKE CORRECTIONS NOTED" DO NOT SUPERSEDE THE NEED TO COMPLY WITH THE REQUIREMENTS OF THE CONTRACT
- DO NOT SCALE DRAWINGS. THE DIMENSIONS ON THE DRAWINGS GOVERN. WRITTEN NOTES REFERENCING AN ITEM OR FEATURE WITH THE WORD "TYPICAL" (TYP) APPLY TO ALL IDENTICAL ITEMS OR FEATURES INDICATED ELSEWHERE ON THESE DRAWINGS.
- PROVIDE A FLORIDA PRODUCT APPROVAL ISSUED BY THE FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION OR A MIAMI-DADE NOTICE OF ACCEPTANCE (NOA) ISSUED BY THE MIAMI-DADE COUNTY GOVERNMENT FOR EACH EXTERIOR COMPONENT AND CLADDING ASSEMBLY CERTIFYING THAT APPROVED TESTING HAS SUFFICIENTLY DEMONSTRATED THAT THE ASSEMBLY AND IT'S COMPONENTS, AS DESIGNED AND MANUFACTURED, WILL WITHSTAND THE WIND LOADS AND WIND-BORNE MISSILE IMPACTS IN COMPLIANCE WITH ALL CODE AND JURISDICTIONAL REQUIREMENTS FOR THE PROJECT LOCATION WHEN INSTALLED ACCORDING TO THE MANUFACTURER'S INSTRUCTIONS INCLUDING INSTRUCTIONS THAT MAY BE PROVIDED WITH THE FLORIDA PRODUCT APPROVAL OR NOA DOCUMENTS. PROVIDE THESE DOCUMENTS AS PART OF THE SUBMITTAL FOR EACH OF THESE ITEMS AND ASSEMBLIES FOR BCA APPROVAL.
- PROVIDE ALL ITEMS AND FEATURES DEPICTED AND DESCRIBED ON THESE DRAWINGS AND OTHER CONTRACT DOCUMENTS SO THEY ARE PROPERLY PLACED, ALIGNED, PLUMB, SECURED, FINISHED AND FUNCTIONING AS INTENDED. PROVIDE FINISHED WORK THAT MEETS OR EXCEEDS CURRENT INDUSTRY STANDARDS FOR QUALITY AND PERFORMANCE, ARRANGE AND CONDUCT INSPECTIONS OF THE FINISHED WORK WITH THE OWNER, THE ARCHITECT, AND THE AUTHORITY HAVING JURISDICTION. APPROVAL OF THE WORK BY THESE OR ANY OTHER PARTY OR AGENCY DOES NOT SUPERSEDE THE NEED TO COMPLY WITH THE REQUIREMENTS OF THE CONTRACT DOCUMENTS.
- REMOVE CONSTRUCTION DEBRIS, INCLUDING DEMOLISHED MATERIALS, FROM THE SITE AS REQUIRED TO PREVENT ACCUMULATION. TRANSPORT THESE MATERIALS OFF THE SITE IN A MANNER THAT WILL PREVENT SPILLAGE AND LEGALLY DISPOSE OF THESE MATERIALS AT AN EPA APPROVED DISPOSAL OR RECYCLING FACILITY.
- KEEP COMPLETE AND LEGIBLE SETS OF CONSTRUCTION DOCUMENTS, ADDENDA, SUPPLEMENTAL INSTRUCTIONS, SUPPLEMENTAL DRAWINGS, MEETING NOTES, ETC. TOGETHER AND READILY AVAILABLE IN AN APPROPRIATE LOCATION ON SITE.
- 11. CONCEAL CONDUIT, PIPING, ETC. WITHOUT EXCEPTION. PROVIDE ACCESSIBLE JUNCTION BOXES, VALVES, CLEANOUTS, ETC., AS REQUIRED BY CODE.
- WHERE POSSIBLE AND BEST PRACTICE, ALIGN THE SEAMS AND EDGES OF BREAK METAL AND FLASHING WITH ADJACENT REVEALS. EDGES OF MATERIAL TRANSITIONS. OR WITH BUILDING DESIGN FEATURES. CONSULT WITH ARCHITECT AS REQUIRED.
- 13. PER OWNER CONTRACTOR AGREEMENT, PROJECT TO FOLLOW ALL OSHA STANDARDS AND REQUIREMENTS. INCLUDE OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA) EXCAVATION SAFETY STANDARD 29 C.P.R., SECTION 1926 630 SUBPART P, WHICH ARE INCORPORATED AS THE STATE STANDARD
- 14. ALL CONTRACTORS SHALL INCLUDE IN THEIR BID REFERENCE TO THE TRENCH SAFETY STANDARD, WHERE RELEVANT, AND WRITTEN ASSURANCE THAT THE CONTRACTOR WILL COMPLY WITH CHAPTER 553, PART V TRENCH SAFETY ACT, SECTIONS 553.60 THROUGH 553.64, FLORIDA STATUTES. ALL TRENCH SAFETY SYSTEMS SHALL BE DESIGNED BY THE
- NEW HOLES IN FLOOR SLAB DUE TO REMOVAL OF FLOOR OUTLETS, CONDUIT OR PIPE SHALL BE FILLED FLUSH WITH FLOOR WITH 3000 PSI CONCRETE AND KEYED TO SLAB WITH STEEL DOWELS. BONDING AGENT SHALL BE APPLIED TO SIDES OF HOLE BEFORE PLACEMENT OF CONCRETE.
- AT STOREFRONT GLASS OR ANY GLASS WALL, FURNISH AND INSTALL DIAGONAL BRACING ABOVE IN CONCEALED LOCATION (IF EXPOSED, CONFIRM LOCATION SIDE WITH ARCHITECT).
- REQUESTS FOR SUBSTITUTIONS OF SPECIFIED ITEMS SHALL BE SUBMITTED IN WRITING WITHIN BID PROPOSAL FOR CONSTRUCTION TO THE ARCHITECT, AND WILL BE CONSIDERED ONLY IF THEY PROVIDE BETTER SERVICES, HAVE A MORE ADVANTAGEOUS DELIVERY DATE, OR HAVE A LOWER PRICE PROVIDING A CREDIT TO THE TENANT AND WILL NOT SACRIFICE QUALITY, APPEARANCE OR FUNCTION. UNDER NO CIRCUMSTANCES WILL THE ARCHITECT BE REQUIRED TO PROVE THAT A PRODUCT PROPOSED FOR SUBSTITUTION IS OR IS NOT OF EQUAL QUALITY TO THE SPECIFIED PRODUCT.
- SHOP DRAWINGS/SUBMITTALS ARE REQUIRED FOR BUT NOT LIMITED TO THE FOLLOWING: MILLWORK, STRUCTURAL/MISCELLANEOUS STEEL, HARDWARE, WOOD AND METAL DOORS, AND EQUIPMENT. SHOP DRAWINGS SHOULD INCLUDE DETAILED FABRICATION AND ERECTION DRAWINGS, SETTING DRAWINGS, AND MATERIAL SCHEDULES. FABRICATION SHALL BEGIN ONLY AFTER ARCHITECT'S REVIEW AND APPROVAL OF SHOP DRAWINGS.

SHEET #	SHEET NAME	30% (SD)	PROGRESS SET (DD)
00 TITLE	·		
G-100	COVER	•	•
01 GENERAL		,	
G-101	DRAWING LEGEND AND BUILDING DATA	•	•
G-103	CODE ANALYSIS	•	•
G-104	MOUNTING HEIGHTS		•
03 LIFE SAFETY	/		-
B-101	LEVEL 1 - LIFE SAFETY PLAN		•
B-102	LEVEL 1 - LIFE SAFETY SCHEDULES		•
06 DEMO		,	-
AD-101	DEMO FLOOR PLAN	•	•
AD-301	DEMO EXTERIOR ELEVATIONS	•	•
07 ARCHITECTU	JRAL JRAL		-
A-101	FLOOR PLAN		•
A-101.1	ENLARGED FLOOR PLAN		•
A-101.2	ENLARGED FLOOR PLAN		•
A-101.3	ENLARGED FLOOR PLAN		•
A-120	DIMENSION PLAN		•
A-201	REFLECTED CEILING PLAN		•
A-201.1	ENLARGED RCP		•
A-201.2	ENLARGED RCP		•
A-201.3	ENLARGED RCP		•
A-301	EXTERIOR ELEVATIONS	•	•
A-400	ENLARGED WATER CLOSET PLANS AND ELEVATIONS		•
A-401	ENLARGED WATER CLOSET PLANS AND ELEVATIONS		
A-410	ENLARGED FLOOR PLANS & ELEVATIONS		•
A-411	ENLARGED FLOOR PLANS & ELEVATIONS		•
A-412	ENLARGED FLOOR PLANS & ELEVATIONS		•
A-413	ENLARGED FLOOR PLANS & ELEVATIONS		•
A-414	ENLARGED FLOOR PLANS & ELEVATIONS		•
A-415	ENLARGED FLOOR PLANS & ELEVATIONS		•
A-500	INTERIOR RENDERINGS	•	•
A-810	DOOR SCHEDULES	-	
A-820	STOREFRONT ELEVATIONS		
08 INTERIOR	STORE ROW ELEVATIONS		
ID-101	LEVEL 1 - FINISH PLAN		•
ID-101	FINISH LEGEND & SCHEDULE		
ID-102	LEVEL 1 - EQUIPMENT PLAN		•
10 MECHANICA			•
M-101	MECHANICAL PLAN		•
M-201	MECHANICAL FLAN MECHANICAL SCHEDULES, NOTES, AND DETAILS		•
M-202	HVAC ZONE MAP		•
11 PLUMBING	ITVAC ZONE IVIAP		•
P-101	DI LIMPINIC DOMECTIC WATER DI ANI		
	PLUMBING DOMESTIC WATER PLAN		•
P-201	PLUMBING SANITARY WASTE PLAN		•
P-301	PLUMBING, SCHEDULES, NOTES, AND DETAILS		•
12 ELECTRICAL			
E-101	ELECTRICAL POWER PLAN		•
E-102	ELECTRICAL LIGHTING PLAN		•
E-201	ELECTRICAL RISER, NOTES, AND DETAILS		•
13 FIRE PROTE			
F-101	FIRE SPRINKLER PLAN		•
F-201	FIRE SPRINKLER NOTES AND DETAILS		•

ONSTRU

Project number

DISTRIBUTION

PROGRESS SET (DD) 01/06/2023

DRAWING LEGEND **AND BUILDING DATA**

SCOPE OF WORK

THE SCOPE OF WORK INCLUDES AN ALTERATION LEVEL 3 RENOVATION TO A 1-STORY 26,148 G.S.F. BUSINESS OFFICE BUILDING OF TYPE 2B CONSTRUCTION. THE EXISTING STRUCTURE IS COMPOSED OF NON-LOADBEARING EXTERIOR CMU WALLS, SLAB-ON-GRADE FLOOR, COMPOSITE ROOF DECKS AND INTERIOR LIGHT GAUGE METAL FRAMED WALLS. THE PROJECT INCLUDES DEMOLITION OF INTERIORS WITH ALL NEW ARCHITECTURAL WALLS, CASEWORK, CEILINGS, FINISHES. OTHER WORK WILL CONSIST OF REUTILIZED MECHANICAL UNITS WITH NEW DISTRIBUTION, SELECT UPDATED PLUMBING FIXTURES ALONG WITH NEW PLUMBING, RELOCATION ELECTRICAL PANELS WITH NEW ELECTRICAL DISTRUBTION, FIRE PROTECTION AND ALARM SYSTEMS. THE TOTAL BUILDING HEIGHT MEASURED FROM B.F.E TO T.O. EXISTING ROOF IS 19'-3".

ABBREVIATIONS			
	N/A	NOT APPLICABLE AS PART OF THIS PROJECT	
	AGP	ABOVE GRADE PLAN - STORY	
	FDVA	FIRE DEPARTMENT VEHICLE ACCESS	
	FSD	FIRE SEPARATION DISTANCE	
	AHJ	AUTHORITY HAVING JURISDICTION	
	OL	OCCUPANT LOAD	

APPLICABLE	APPLICABLE CODES			
2020	(A)	FLORIDA BUILDING CODE - BUILDING, 7TH EDITION		
2020	(B)	FLORIDA BUILDING CODE - EXISTING, 7TH EDITION		
2020	(C)	FLORIDA BUILDING CODE - ACCESSIBILITY, 7TH EDITION		
2020	(D)	FLORIDA BUILDING CODE - PLUMBING, 7TH EDITION		
2020	(E)	FLORIDA BUILDING CODE - ENERGY, 7TH EDITION		
2020	(F)	FLORIDA FIRE PREVENTION CODE, 7TH EDITION		
2021	(G)	FLORIDA FIRE PREVENTION CODE - LIFE SAFETY, 2021 EDITION		
2020	(H)	FLORIDA BUILDING CODE - MECHANICAL, 7TH EDITION		
2020	(J)	NATIONAL ELECTRICAL CODE		

ALTERATION LEVEL - (B) CH. 6
LEVEL 3 ALTERATION - SHALL COMPLY WITH (B) CH. 7, 8 AND 9

USE AND OCCUPANCY CLASSIFICATION - (A) CH. 3; (F) CH. 6; (G) CH. 39	

PRIMARY OCCUPANCY: B		
ACCESSORY OCCUPANCY	ADJACENCIES	FIRE SEPARATION - (A) TABLE 508.4, (F) TABLE 6.1.14.4.1
A-3	S/B	0 HR
S	A-3 / B	0 HR

SPECIAL DETAILED REQUIREMENTS BASED ON USE & OCCUPANCY - (A) CH. 4
--

N/A

TYPES OF CON	STRUCTION - (A) CH. 6	
OCCUPANCY	OCCUPANCY CONST. TYPE FIRE-RESISTANCE RATING FOR BUILDING ELEMENTS (TABLE 601) TYPE		
В	2-B	PRIMARY STRUCTURAL FRAME	0
		BEARING WALLS EXTERIOR	0
		BEARING WALLS INTERIOR	0
		NONBEARING WALLS AND PARTITIONS EXTERIOR	0
		NONBEARING WALLS AND PARTITIONS INTERIOR	0
		FLOOR CONSTRUCTION AND SECONDARY MEMBERS	0
		ROOF CONSTRUCTION AND SECONDARY MEMBERS	0

FIRE-RESISTANCE RATING REQUIREMENTS FOR EXTERIOR WALLS BASED ON FIRE SEPARATION DISTANCE- (A) TABLE 602									
	В								
X>30'	0								

COLUMN PROTECTION - (A) CH. 704.2 :	NA			

PROTECTION OF	THE PRIMARY STRUCTURAL FRAME OTHER THAN COLUMNS - (A) CH. 704.3:	NA

EXTERIOR STRUCTURAL MEMBERS - (A) CH. 704.10:	NA	

GENERAL BUILDI	NG HEIGHTS AND AREAS - (A) CH. 5		
ALLOWABLE HEIC	GHT, STORIES, AND AREA :	2-B, SPRINKLERED	
OCCUPANCY	HEIGHT (FT) (A) TABLE 504.3	STORY (A) TABLE 504.4	AREA (SF) (A) 506.2
В	75'	4	92,000
ACTUAL HEIGHT,	STORIES AND AREA		
OCCUPANCY	HEIGHT (FT)	STORY	AREA (SF)
В	19' 3"	1	26.148

CODE ANALYSIS

		CODE AN	IAL Y SIS	
FIRE AND SM	IOKE PROTECTI	ON FEATURES - (A) CH. 7		
EXTERIOR W	ALLS - (A) CH. 70	05		
			SER TO FSD THAN (A) TABLE	E 705.2: 40 INCHES
MAXIMUM AR		NCE RATINGS - (A) CH. 705 OR WALL BASED ON FIRE S	5.5: NA SEPARATION DISTANCE (A) T	ABLE 705.8:
	_	N 30' - NO LIMIT		
FIRE WALLS		DPENINGS (A) CH. 705.8.5:	NA NA	
	RS (A) CH. 706.	(G) 8.3:	NA NA	
	IONS (A) CH. 708	· ,	NA	
	RIERS (A) CH. 70		NA	
SMOKE PART	TITIONS (A) CH.	710, (G) 8.4:	NA	
FLOOR AND I	ROOF ASSEMBL	IES (A) CH. 711:	NA	
	PENINGS (A) CH.	. ,	NA	
		OF SHAFTS (A) CH. 713.4, (C	,	
	OBBIES (A) CH.		NA NA	
CONCEALED	SPACES (A) CH		NA ON-COMBUSTIBLE CONSTRU	ICTION
		NG IN FLOORS (A) CH. 718		7011014
		1		AUTOMATIC SPRINKLER SYSTEM
	DRAFTSTOPPI	NG IN ATTICS (A) CH. 718.4		
		NA - BUILDING IS EQUIPI	PED THROUGHOUT WITH AN	AUTOMATIC SPRINKLER SYSTEM
	NISHES - (A) CH.	. ,		
INTERIOR WA			BY OCCUPANCY (TABLE 803.	,
	OCCUPANCY	EXITING ELEMENTS	CORRIDORS	ROOM & ENCLOSED SPACES
	A-3	В	В	C
	В	В	С	С
FIDE DDATE	OTIONI OVOTEMO	· (A) O.I. O. (D) O.I. 702 06	04.004.(0) 20	
		G - (A) CH. 9 ; (B) CH. 703, 80	J4, 904; (G) 39	
AUTOMATIC		STEMS (A) CH. 903		
			MS REQUIRED IN A-3 OCCUP	
			UGHOUT IN ACCORDANCE TO	O NEPA 13 (A) 903.3.1.1
PURTABLE F		HERS - WHERE REQUIRED ORDINARY HAZARD	(A) 906.3.1 (G 13.6.1.2)	
		RDINARY HAZARD		
CLASS A. OR	,	O FIRE EXTINGUISHER REC	QUIREMENTS (A) 906.1	
	RATED: 2-A		<u> </u>	
		REA PER UNIT OF A = 1,50	0 SF	
	MAX. FLOOR A	REA FOR EXTINGUISHER	= 11,250 SF	
	MAX. TRAVEL	DISTANCE = 75 FT		
FIRE ALARM	AND DETECTION	N SYSTEMS - WHERE REQ	UIRED (A) 907.2	
	A-3 - OL> 1000			
	INSTALLED PE	R IBC AND NFPA 72		
MEANS OF E	GRESS - (A) CH.	10; (G) CH. 7		
		1004.5 (G) TABLE 7.3.1.2:	OWING OCCUPANT LOADS FO	
			WING OCCUPANT LOADS I C	ON LACTINOOM
0.3" x OL FOF		.2" x OL FOR OTHER EGRE	SS COMPONENTS. SEE LIFE IDTH REQUIRED AND WIDTH	SAFETY SHEET X-XXX FOR FLOOR PLAN PROVIDED.
MAXIMUM CC			NCE (A) TABLE 1006.2.1 ; (G) 3	9.2.5
	В	100' (WITH SPRINKLER SY	STEM)	
ACCESSIDI E	MEANS OF EGE	RESS (A) CH. 1009 (C) 206.2	2.4	
ACCESSIBLE				TWO EXITS ARE REQUIRED.
	NEED (1) ACC	ESSIBLE WEARS OF ESTA	SO/OF AGE WIN. OR (2) WHEN	TWO EXITS AILE NEQUINED.
EXIT TRAVFI	L DISTANCE (A) 1	TABLE 1017.2 ; (G) 39.2.6		
		300' (WITH SPRINKLER SY	STEM)	
			·	
CORRIDOR F	IRE-RESISTANC	E RATING (A) TABLE 1020.	1	
		OL > 30 = 0 HR. (WITH SPR		
MINIMUM CO	RRIDOR WIDTH	(A) TABLE 1020.2		
	ANY FACILITIE	S NOT LISTED BELOW - 4	14"	

	GRESS - (A) CH RAVEL DISTAN)20 4 · (G) 39 2	5				
DEND LIND I	В	1	SPRINKLER SY					
		000 (**********************************	or rankeer or					
ACCESSIBILI	TY (C)							
	QUIREMENTS	(C) CH. 2						
	FACILITY ANI	O SITE REQU	IRED TO BE A	CCESSIBLE				
ACCESSIBLE	ROUTE (C) CH	I. 206						
	206.2.1 SITE	ARRIVAL POI	NTS: 1 REQUIF	RED				
		NECTED SPACESSIBLE ROU		CES ARE REQU	JIRED TO BE A	CCESSIBLE AN	ID CONNECT	ED BY AN
ACCESSIBLE	ENTRANCES ((C) CH. 206.4						
	206.4.1 PUBL	IC ENTRANC	ES: AT LEAST	60% OF ALL PI	JBLIC ENTRAN	ICES SHALL BE	E ACCESSIBL	E
OTHER FEAT	URES AND FA	CILITIES (C) (CH. 213					
	213.2, 213.2		D BATHING FAC R SHALL BE AC		TYPE OF EACH	I FIXTURE, ELE	EMENT, CON	TROL OR
			OMPARTMENT ACCESS WC	Γ: ONE WC MU	ST BE ACCESS	SIBLE. IF WC +	URINALS > 6,	PROVIDE
	213.3.4 LAVA	TORIES: AT L	EAST 5%, BUT	NOT LESS TH	AN ONE SHAL	L BE ACCESSIE	 BLE	
			IENETTES: SH					
	1							
INTERIOR EN	IVIRONMENT (A	A) CH. 12						
VENTILATION	N (A) CH. 1203							
	1203.2 VENTI AREA OF THE	-		ET FREE VENT	ILATING AREA	SHALL BE NO	T LESS THAN	1/150 OF THE
	1	EXCEPTION	l #1: 1/300 ALL	OWED WHEN 5	50%-80% OF VI	ENTING AREA	IS 3' ABOVE E	EAVE VENT
		I	EXCEPTION	N #2: 1/300 ALL	OWED WHEN	CLASS I OR II V	APOR BARR	IER PROVIDED
PLUMBING S	YSTEMS (A) CH	Н. 29						
MINIMUM NU	MBER OF REQ	UIRED PLUM	BING FIXTURE	S (A) TABLE 29	902.1			
OCC. TYPE	OCC. L	.OAD	WATER (CLOSETS	LAVAT	ORIES	DF	SERVICE SIN
			M	W	M	W		
В	TOTAL = 2 M-128, V		1:25 FIRST 50 + 1:50 REMAINING	1:25 FIRST 50 + 1:50 REMAINING	1:40 FIRST 80 + 1:80 REMAINING	1:40 FIRST 80 + 1:80 REMAINING	1:1000	
	TOTAL REQ E	BY GENDER	4	4	3	3	1	1
	<u> </u>			<u> </u>		+		1
	PROVIDED B	Y GENDER	5	5	5	5	2 (HI/LO)	1

FLOOR DRAINS (D) CH. 413 - EXISTING INSTALLED

RELIMINARY NOT FOR CONSTRUCTION

MILESTO PROGRE

CODE ANALYSIS

G-103

PLUMBING & ACCESSORIES NOTE: URINAL FLUSH VALVE NOTE: TOILET FLUSH VALVE LOCATED ON MOUNTED NO MORE NOTE: DIMENSIONS SHOWN ARE THAN 44" AFF ACCESSIBLE SIDE WALL TYPICAL UNLESS OTHERWISE NOTED OF WC MOUNTED NO TSCD AT TLT SIDE WALL MORE THAN 44" AFF SCREENS, ∠2'- 0" MIN. ∠1'- 0" MIN. (RIGHT SIDE W/ 24" WIDE CENTERED TLT) SD (ON SIDE WALL) SD, TYPICALLY 36" GRAB BAR -RIGHT OF SINK - SD, TYPICALLY RIGHT OF SINK 42" GRAB BAR ___ 모 = = 의 SNDU AT TLT SIDE WALL TTD AND/OR (WOMEN'S ONLY, RIGHT SIDE W/ SNDU CENTERED TLT) INSULATED INSULATED INSULATED INSULATED PIPE WRAP PIPE WRAP PIPE WRAP TTD AT TLT SIDE WALL PIPE WRAP (RIGHT SIDE W/ CENTERED TLT) FINISHED FLOOR 1'-3" IF ADJACENT TO WALL 1'-3" TO WALL 3'-8 1/8" WATER CLOSET-LAVATORY, LAVATORY, MIRROR, & ACCESSORIES LAVATORY, MIRROR, & ACCESSORIES LAVATORY & WATER CLOSET ADA URINAL SIDE VIEW MIRROR & ADJACENT TO WALL- FRONT VIEW ADJACENT TO WALL- SIDE VIEW **ACCESSORIES** FRONT VIEW **ACCESSORIES** TOILET - 16" DEEP SHELF 3' - 2" 4'-0" O.C. MAXIMUM SHELF SUPPORT - SERVICE SPACING RECEPTOR FINISHED FLOOR TSCD WATER COOLER, WATER COOLER, HOUSEKEEPING TTD DCS SHELF WITH HOOKS HOUSEKEEPING CLOSET SINGLE MOP SINK CLOSET STORAGE SHELF SEAT REQUIRED AT ALL TRANSFER SHOWERS. ROLL-IN SHOWER SEAT MECHANICAL, ELECTRICAL, COMMUNICATIONS, AND FIRE PROTECTION EQ. EQ. ADJACENT ———OUTLETS GANGED TOGETHER W/ 1 FACEPLATE TELEPHONE HAND SANITIZER LIGHT SWITCH FINISHED FLOOR DATA AND ELECTRICAL OUTLETS DATA AND ELECTRICAL OUTLETS AT COUNTERS UNDER COUNTER RAISED UNDER DATA AND ELECTRICAL ACCESSORIES **EQUIPMENT** COUNTER EQUIPMENT **OUTLETS IN ALCOVE** ADJACENT TO DOOR **EQUIPMENT** SANITARY **ACCESSORIES** TYPICAL DEVICE PLACEMENT WALL PROTECTION **ACCESSORIES LIST ABBREVIATIONS DESCRIPTIONS** Project number COAT HOOK DIAPER CHANGING STATION DCS DISTRIBUTION HD

8" ABOVE DOOR HEAD BOTTOM OF SIGN EXIT ____ **EXIT SIGN** NOTE: FIRE EXTINGUISHER INTALLED FIRE ALARM CORNER GUARD IN ACCORDANCE WITH STROBE 80" AFF BOTTOM OF DEVICE OR DOOR JAMB CLASSIFICATION, RATING AND ELECTRICAL OUTLET ABOVE DISTRIBUTION REQUIREMENTS OF NFPA 10 (NFPA 1: 13.6.1.2) ROOM BASE CABINETS SIGNAGE HANDRAIL OR 60" AFF CENTERLINE OF SIGNAGE THERMOSTAT OR CRASH RAIL HUMIDISTAT. MOUNT 48" AFF FIRE ALARM PULL TO CENTERLINE OF DEVICE 48" AFF TO TOP OF OUTLET / LIGHT SWITCH / STATION PULL STATION DOOR - WALL GUARD LIGHT SWITCH 16" AFF TO BOTTOM OF ELECT. / **ELECTRICAL OUTLET** OR TELEPHONE IF ADJACENT OUTLET TELEPHONE OUTLET TYP. SPACING TO DOOR FINISHED FLOOR FINISH FLOOR SPACING BETWEEN ACCESSORIES HAND SANITIZER-HAND SANITIZER-CORNER GUARD WALL PROTECTION, TERMINATION AT CORNER / DOOR FIRE EXTINGUISHER ABOVE COUNTER & IN TOILET ROOMS WALL MOUNTED EXTINGUISHER CABINET

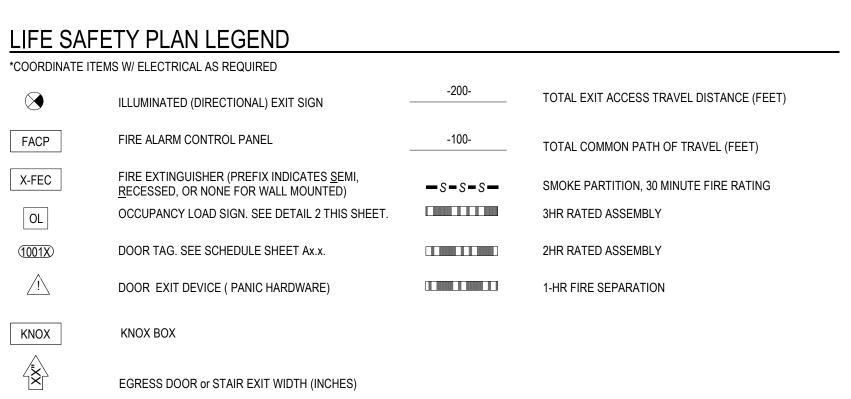
HAND DRYER PTD PTDR PAPER TOWEL DISPENSER PAPER TOWEL DISPENSER / WASTE RECEPTACLE SOAP DISPENSER SND SNDU SANITARY NAPKIN DISPENSER SANITARY NAPKIN DISPOSAL UNIT SHOWER SEAT TOILETRY SHELF TTD TSCD TOILET TISSUE DISPENSER TOILET SEAT COVER DISPENSER TTD/TSCD TOILET TISSUE DISPENSER / TOILET SEAT COVER DISPENSER WASTE RECEPTACLE ALL FIXTURES AND ACCESSORIES ARE TO BE MOUNTED TO COMPLY WITH FLORIDA PLUMBING, ELECTRICAL, MECHANICAL AND ACCESSIBILITY CODE.

CONSTRUCTION OR NOT **PRELIMINARY**

MOUNTING HEIGHTS

PROGRESS SET (DD) 01/06/2023

LIFE SAFETY GENERAL NOTES REFER CODE ANALYSIS SHEET G-103 FOR INTERIOR FINISH FLAME SPREAD RATING CLASSIFICATION. VERIFY LOCATIONS FOR FIRE ALARM PULL STATIONS, FIRE ALARM ANNUNCIATOR PANEL, FIRE ALARM REMOTE CONTROL PANEL, EMERGENCY LIGHTING, STROBES AND AUDIBLE ALERTS. INSTALL FIRE EXTINGUISHERS IN ACCORDANCE WITH NFPA 10 BY A LICENSED FIRE EQUIPMENT DEALER. INSPECT, TAG, AND MOUNT ALL FIRE EXTINGUISHERS. SEE LOCATION IN PLAN ALL PANIC AND FIRE EXIT HARDWARE TO BE COMPLIANT WITH FBC SECTION 1008.1.10 ALL ACCESS-CONTROLLED EGRESS DOORS TO BE COMPLIANT WITH FBC SECTION 100.1.4.4 SEE FIRE PROTECTION DRAWINGS FOR SPRINKLER LAYOUT THRESHOLDS FOR ALL EXTERIOR DOORS CANNOT EXCEED 1/4" IN HEIGHT FINAL EXIT SIGNS AND EMERGENCY LIGHTING LOCATIONS ARE SUBJECT TO THE APPROVAL OF THE GOVERNING JURISDICTION. REFER SHEET G-104 FOR MOUNTING HEIGHTS U.N.O. BY FIRE



			TOTAL COMMONTATION TOTALL (I LLT)
X-FEC	FIRE EXTINGUISHER (PREFIX INDICATES \underline{S} EMI, \underline{R} ECESSED, OR NONE FOR WALL MOUNTED)	-s-s-s-	SMOKE PARTITION, 30 MINUTE FIRE RATING
OL	OCCUPANCY LOAD SIGN. SEE DETAIL 2 THIS SHEET.		3HR RATED ASSEMBLY
(1001X)	DOOR TAG. SEE SCHEDULE SHEET Ax.x.		2HR RATED ASSEMBLY
\triangle	DOOR EXIT DEVICE (PANIC HARDWARE)		1-HR FIRE SEPARATION
KNOX	KNOX BOX		
	EGRESS DOOR or STAIR EXIT WIDTH (INCHES)		

OL		
(1001X)	DOOR TAG. SEE SCHEDULE SHEET Ax.x.	2HR RATED ASSEMBL
<u> </u>	DOOR EXIT DEVICE (PANIC HARDWARE)	1-HR FIRE SEPARATIO
KNOX	KNOX BOX	
	EGRESS DOOR or STAIR EXIT WIDTH (INCHES)	





PRELIMINARY NOT FOR CONSTRUCTION

GCJFCS - Icot Office Renovation

Project number 2125

MILESTONEDATEPROGRESS SET (DD)01/06/2023

LEVEL 1 - LIFE SAFETY PLAN

B-101

EGRESS DATA EXIT ROUTE DISTANCE

EGRESS WIDTH - LEVEL 1

			DOOR			STAIRWAY	
CCUPANT		DOOR (INCHES PER	DOOR WIDTH	DOOR WIDTH	STAIRWAY (INCHES PER	STAIRWAY WIDTH	STAIRWAY WIDTH
LOAD	Level	OCCUPANT)	REQUIRED (INCHES)	PROVIDED (INCHES)	OCCUPANT)	REQUIRED (INCHES)	PROVIDED (INCHES)
53	LEVEL 1		0			0	

NUMBER	ROOM NAME	AREA	OCCUPANCY TYPE	SQFT PER PERSON	OCCUPANT TOTAL
101	VESTIBULE	102 SF	В	150	1
102	LOBBY	500 SF	В	150	4
103	RECEPTION	118 SF	В	150	1
104		89 SF	S	200	1
105	HUDDLE 1	71 SF	В	150	1
106	STORAGE	49 SF	S	200	1
					1
107	FIN 5	120 SF	В	150	1
108	FIN 6	120 SF	В	150	1
109	FIN 7	120 SF	В	150	1
110	OPEN OFFICES 7	360 SF	В	150	3
111	FIN 4	129 SF	В	150	1
112	FIN 3	128 SF	В	150	1
113	FIN 2	129 SF	В	150	1
114	C.F.O. ASSISTANT	148 SF	В	150	1
115	C.F.O. OFFICE	227 SF	В	150	2
116	C.O.O. ASSISTANT	186 SF	В	150	2
117	CORRIDOR	489 SF	NA	0	
118	FIN 8	124 SF	В	150	1
119	FIN 9	125 SF	В	150	1
120	FIN 10	124 SF	В	150	1
121	C.O.O. OFFICE	228 SF	В	150	2
122	VP PROG. & ADMIN	208 SF	В	150	2
123		184 SF	В	150	2
124	C.E.O. OFFICE	372 SF	В	150	3
125	C.E.O. RR	46 SF	NA	0	
126	BOARDROOM (CONFERENCE)	572 SF	В	150	4
127	HR OFFICE 1	121 SF	В	150	1
					1
128	HR OFFICE 2	119 SF	В	150	
129	HR OFFICE 3	121 SF	В	150	1
130	HR OFFICE 4	121 SF	В	150	1
131	OPEN OFFICES 8	512 SF	В	150	4
132	HR OFFICE 5	136 SF	В	150	1
133	HR OFFICE 6	125 SF	В	150	1
134	MFD OFFICE 1	122 SF	В	150	1
135	CORRIDOR	3430 SF	NA	0	
136	JANITOR	83 SF	S	200	1
137	SUPPLIES	18 SF	S	200	1
138	MENS RESTROOM	219 SF	NA	0	
139	WOMENS RESTROOM	219 SF	NA	0	
140	MFD OFFICE 2	122 SF	В	150	1
141	MFD OFFICE 3	130 SF	В	150	1
142	MFD OFFICE 4	132 SF	В	150	1
143	MFD OFFICE 4	132 SF		150	1
			В		<u> '</u>
144 145	BREAK AREA EXISITING I.T.	614 SF 203 SF	B S	150 200	2
146	SERVER RM EXISTING I.T. HELP DESK /	380 SF	В	150	3
147	STORAGE EXISTING CLIENT	110 SF	S	200	1
	RECORDS				
148	I.T. WORKROOM	151 SF	В	150	2
149	EXISTING CLIENT RECORDS	273 SF	S	200	2
150	EXISTING CLIENT RECORDS	118 SF	S	200	1
151	I.T. MEETING RM	128 SF	В	150	1
152	STORAGE / MECH	148 SF	S	200	1
153	/ ELEC IT STOR.	188 SF			

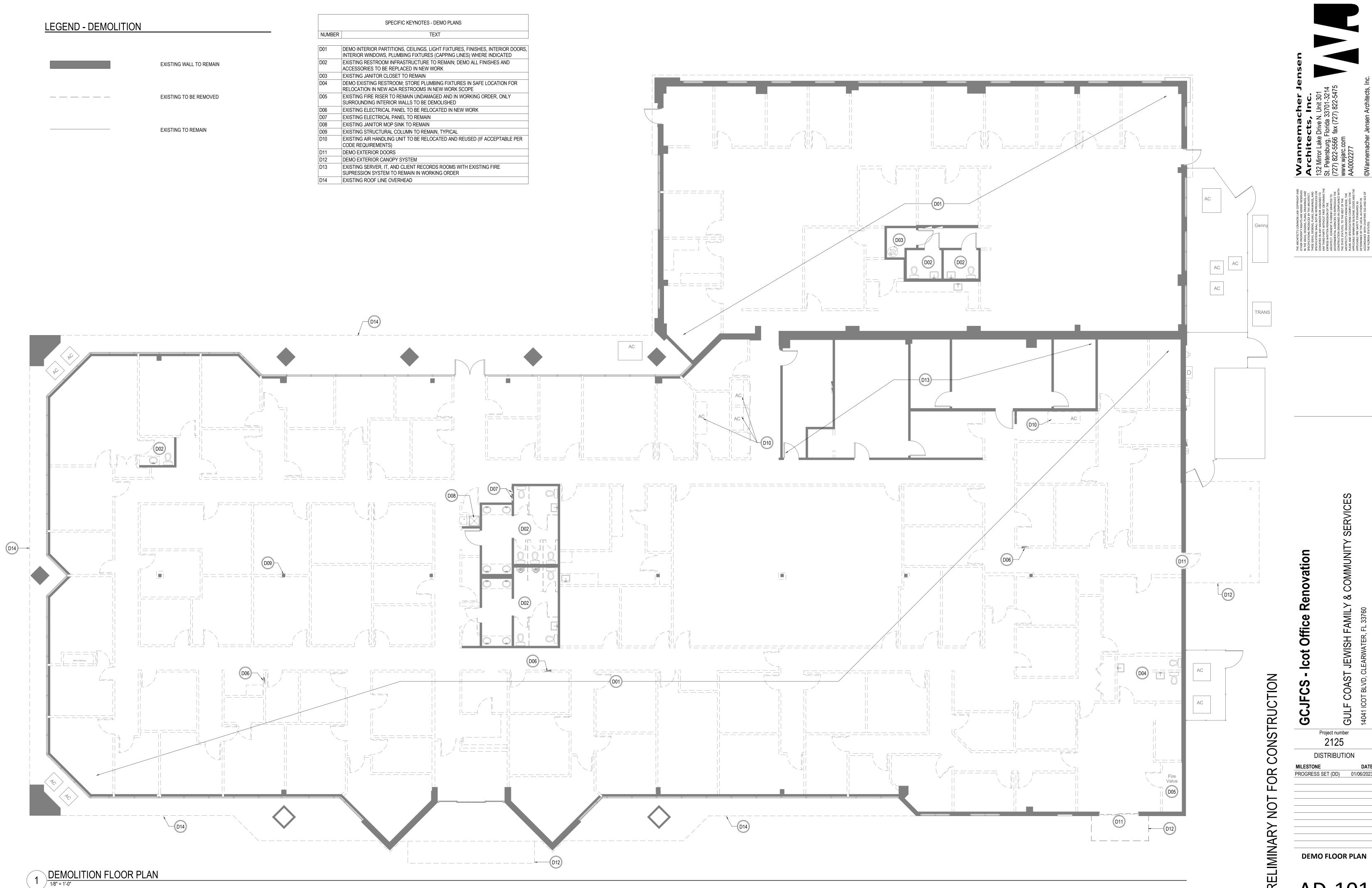
OCCUPANCY COUNT - LEVEL 1					
NUMBER	ROOM NAME	AREA	OCCUPA		
4 = 4	IT 4	440 00	D		

NUMBER	ROOM NAME	AREA	OCCUPANCY TYPE	SQFT PER PERSON	OCCUPANT TOTAL
154	IT 1	116 SF	В	150	1
155	IT 2	118 SF	В	150	1
156	IT 3	118 SF	В	150	1
157	IT 4	118 SF	В	150	1
158	IT 5	118 SF	В	150	1
159	CORRIDOR	404 SF	NA .	0	1
160	CLIENT RECORDS		В	150	1
161	CLIENT RECORDS			150	1
			В		<u> '</u>
162	ALT FAM PROG	120 SF	В	150	1
163	ALT FAM PROG	119 SF	В	150	1
164	ALT FAM PROG	170 SF	В	150	2
165	C.A.L.L.	120 SF	В	150	1
166	MAINTENANCE	120 SF	В	150	1
167	ADA RR	51 SF	NA	0	
168	ADA RR	51 SF	NA	0	
169	FIRE MAIN	78 SF	S	200	1
170	OPEN OFFICES 2	600 SF	В	150	5
171	HOLOCAUST SURVIVOR	119 SF	В	150	1
172	JFS OFFICE 1	118 SF	В	150	1
173	JFS OFFICE 2	119 SF	В	150	1
174	JFS OFFICE 3	119 SF	В	150	1
175	JFS OFFICE 4	119 SF	В	150	1
176	JFS OFFICE 5	119 SF	В	150	1
177	OPEN OFFICES 1	377 SF	В	150	3
178	HEART	162 SF	В	150	2
179	FOUNDATION OPEN OFFICES 6	253 SF	В	150	2
180	H.F. STOR	64 SF	S	200	1
181	RECORDING STUDIO	83 SF	В	150	1
182	FOOD PANTRY	366 SF	S	200	2
183	TRAINING / CONFERENCE	1579 SF	A	15	106
184	CONF. RM STORAGE	146 SF	S	200	1
	STONAGE		В	150	3
185	HUDDLE 2	304 SF			1
	HUDDLE 2			150	1
186	HUDDLE 2 HUDDLE 3	85 SF	В	150 150	4
186 187	HUDDLE 2 HUDDLE 3 OPEN OFFICES 3 REFUGEE			150 150 150	1 4 1
186 187 188	HUDDLE 2 HUDDLE 3 OPEN OFFICES 3 REFUGEE SERVICES	85 SF 526 SF 116 SF	B B B	150 150	1
186 187 188 189	HUDDLE 2 HUDDLE 3 OPEN OFFICES 3 REFUGEE SERVICES Q.I. OFFICE 5	85 SF 526 SF 116 SF	B B B	150 150 150	1
186 187 188 189	HUDDLE 2 HUDDLE 3 OPEN OFFICES 3 REFUGEE SERVICES Q.I. OFFICE 5 Q.I. OFFICE 4	85 SF 526 SF 116 SF 116 SF 116 SF	B B B B	150 150 150 150	1 1 1
186 187 188 189 190	HUDDLE 2 HUDDLE 3 OPEN OFFICES 3 REFUGEE SERVICES Q.I. OFFICE 5 Q.I. OFFICE 4 Q.I. OFFICE 3	85 SF 526 SF 116 SF 116 SF 116 SF 188 SF	B B B B B	150 150 150 150 150	1 1 1 2
186 187 188 189 190 191	HUDDLE 2 HUDDLE 3 OPEN OFFICES 3 REFUGEE SERVICES Q.I. OFFICE 5 Q.I. OFFICE 4 Q.I. OFFICE 3 Q.I. OFFICE 2	85 SF 526 SF 116 SF 116 SF 116 SF 188 SF 114 SF	B B B B B B B B	150 150 150 150 150 150	1 1 1 2 1
186 187 188 189 190 191 192 193	HUDDLE 2 HUDDLE 3 OPEN OFFICES 3 REFUGEE SERVICES Q.I. OFFICE 5 Q.I. OFFICE 4 Q.I. OFFICE 3 Q.I. OFFICE 2 Q.I OFFICE 1 (DIRECTOR)	85 SF 526 SF 116 SF 116 SF 116 SF 188 SF 114 SF 122 SF	B B B B B B B B B B	150 150 150 150 150 150 150	1 1 1 2
186 187 188 189 190 191 192 193	HUDDLE 2 HUDDLE 3 OPEN OFFICES 3 REFUGEE SERVICES Q.I. OFFICE 5 Q.I. OFFICE 4 Q.I. OFFICE 3 Q.I. OFFICE 2 Q.I. OFFICE 1	85 SF 526 SF 116 SF 116 SF 116 SF 188 SF 114 SF	B B B B B B B B	150 150 150 150 150 150	1 1 1 2 1
186 187 188 189 190 191 192 193	HUDDLE 2 HUDDLE 3 OPEN OFFICES 3 REFUGEE SERVICES Q.I. OFFICE 5 Q.I. OFFICE 4 Q.I. OFFICE 3 Q.I. OFFICE 2 Q.I OFFICE 1 (DIRECTOR) SUPP. HOUS.	85 SF 526 SF 116 SF 116 SF 116 SF 188 SF 114 SF 122 SF	B B B B B B B B B B	150 150 150 150 150 150 150	1 1 1 2 1
186 187 188 189 190 191 192 193 194	HUDDLE 2 HUDDLE 3 OPEN OFFICES 3 REFUGEE SERVICES Q.I. OFFICE 5 Q.I. OFFICE 4 Q.I. OFFICE 3 Q.I. OFFICE 2 Q.I OFFICE 1 (DIRECTOR) SUPP. HOUS. PROG	85 SF 526 SF 116 SF 116 SF 116 SF 188 SF 114 SF 122 SF	B B B B B B B B B B B B	150 150 150 150 150 150 150 150	1 1 1 2 1 1
186 187 188 189 190 191 192 193 194 195 196	HUDDLE 2 HUDDLE 3 OPEN OFFICES 3 REFUGEE SERVICES Q.I. OFFICE 5 Q.I. OFFICE 4 Q.I. OFFICE 3 Q.I. OFFICE 1 (DIRECTOR) SUPP. HOUS. PROG VIOLENCE PROT.	85 SF 526 SF 116 SF 116 SF 116 SF 118 SF 114 SF 122 SF 100 SF	B B B B B B B B B B B B B	150 150 150 150 150 150 150 150	1 1 1 2 1 1
186 187 188 189 190 191 192 193 194 195 196 197	HUDDLE 2 HUDDLE 3 OPEN OFFICES 3 REFUGEE SERVICES Q.I. OFFICE 5 Q.I. OFFICE 4 Q.I. OFFICE 3 Q.I. OFFICE 2 Q.I OFFICE 1 (DIRECTOR) SUPP. HOUS. PROG VIOLENCE PROT.	85 SF 526 SF 116 SF 116 SF 116 SF 118 SF 114 SF 122 SF 100 SF 100 SF	B B B B B B B B B B B B B B B B	150 150 150 150 150 150 150 150	1 1 1 2 1 1 1 1
186 187 188 189 190 191 192 193 194 195 196 197 198	HUDDLE 2 HUDDLE 3 OPEN OFFICES 3 REFUGEE SERVICES Q.I. OFFICE 5 Q.I. OFFICE 4 Q.I. OFFICE 3 Q.I. OFFICE 1 (DIRECTOR) SUPP. HOUS. PROG VIOLENCE PROT. VIOLENCE PROT. Q.I. OFFICE 6 GRANTS	85 SF 526 SF 116 SF 116 SF 116 SF 118 SF 114 SF 122 SF 100 SF 100 SF 100 SF 105 SF 166 SF	B B B B B B B B B B B B B B B B B B B	150 150 150 150 150 150 150 150 150 150	1 1 1 2 1 1 1
186 187 188 189 190 191 192 193 194 195 196 197 198 199	HUDDLE 2 HUDDLE 3 OPEN OFFICES 3 REFUGEE SERVICES Q.I. OFFICE 5 Q.I. OFFICE 4 Q.I. OFFICE 2 Q.I. OFFICE 1 (DIRECTOR) SUPP. HOUS. PROG VIOLENCE PROT. VIOLENCE PROT. Q.I. OFFICE 6 GRANTS EX. JAN	85 SF 526 SF 116 SF 116 SF 116 SF 118 SF 114 SF 122 SF 100 SF 100 SF 100 SF 100 SF 105 SF 160 SF 36 SF	B B B B B B B B B B B B B B B B B B B	150 150 150 150 150 150 150 150	1 1 1 2 1 1 1 1 1 1 1 2
186 187 188 189 190 191 192 193 194 195 196 197 198 199 200	HUDDLE 2 HUDDLE 3 OPEN OFFICES 3 REFUGEE SERVICES Q.I. OFFICE 5 Q.I. OFFICE 4 Q.I. OFFICE 2 Q.I OFFICE 1 (DIRECTOR) SUPP. HOUS. PROG VIOLENCE PROT. VIOLENCE PROT. Q.I. OFFICE 6 GRANTS EX. JAN EX. RR	85 SF 526 SF 116 SF 116 SF 118 SF 118 SF 114 SF 122 SF 100 SF 100 SF 100 SF 105 SF 160 SF 36 SF 40 SF	B B B B B B B B B B B B B B B B B B B	150 150 150 150 150 150 150 150	1 1 1 2 1 1 1 1 1 1 1 2
186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201	HUDDLE 2 HUDDLE 3 OPEN OFFICES 3 REFUGEE SERVICES Q.I. OFFICE 5 Q.I. OFFICE 4 Q.I. OFFICE 3 Q.I. OFFICE 1 (DIRECTOR) SUPP. HOUS. PROG VIOLENCE PROT. VIOLENCE PROT. Q.I. OFFICE 6 GRANTS EX. JAN EX. RR EX. RR DONATION	85 SF 526 SF 116 SF 116 SF 116 SF 118 SF 114 SF 122 SF 100 SF 100 SF 100 SF 100 SF 105 SF 160 SF 36 SF	B B B B B B B B B B B B B B B B B B B	150 150 150 150 150 150 150 150	1 1 1 2 1 1 1 1 1 1 1 2
186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202	HUDDLE 2 HUDDLE 3 OPEN OFFICES 3 REFUGEE SERVICES Q.I. OFFICE 5 Q.I. OFFICE 4 Q.I. OFFICE 2 Q.I. OFFICE 1 (DIRECTOR) SUPP. HOUS. PROG VIOLENCE PROT. VIOLENCE PROT. Q.I. OFFICE 6 GRANTS EX. JAN EX. RR EX. RR DONATION STORAGE	85 SF 526 SF 116 SF 116 SF 116 SF 118 SF 114 SF 122 SF 100 SF 100 SF 100 SF 105 SF 160 SF 36 SF 40 SF 40 SF 485 SF	B B B B B B B B B B B B B B B B B B B	150 150 150 150 150 150 150 150	1 1 1 2 1 1 1 1 1 1 1 2 1
186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202	HUDDLE 2 HUDDLE 3 OPEN OFFICES 3 REFUGEE SERVICES Q.I. OFFICE 5 Q.I. OFFICE 4 Q.I. OFFICE 2 Q.I. OFFICE 1 (DIRECTOR) SUPP. HOUS. PROG VIOLENCE PROT. VIOLENCE PROT. Q.I. OFFICE 6 GRANTS EX. JAN EX. RR EX. RR DONATION STORAGE ELDER	85 SF 526 SF 116 SF 116 SF 116 SF 118 SF 114 SF 122 SF 100 SF 100 SF 100 SF 100 SF 40 SF 40 SF 40 SF 485 SF 116 SF	B B B B B B B B B B B B B B B B B B B	150 150 150 150 150 150 150 150	1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 3 1
186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204	HUDDLE 2 HUDDLE 3 OPEN OFFICES 3 REFUGEE SERVICES Q.I. OFFICE 5 Q.I. OFFICE 4 Q.I. OFFICE 2 Q.I OFFICE 1 (DIRECTOR) SUPP. HOUS. PROG VIOLENCE PROT. VIOLENCE PROT. Q.I. OFFICE 6 GRANTS EX. JAN EX. RR EX. RR DONATION STORAGE ELDER ELDER	85 SF 526 SF 116 SF 116 SF 116 SF 118 SF 114 SF 122 SF 100 SF 100 SF 100 SF 105 SF 160 SF 36 SF 40 SF 40 SF 40 SF 41 SF 41 SF 41 SF	B B B B B B B B B B B B B B B B B B B	150 150 150 150 150 150 150 150	1 1 1 2 1 1 1 1 1 1 1 2 1
186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205	HUDDLE 2 HUDDLE 3 OPEN OFFICES 3 REFUGEE SERVICES Q.I. OFFICE 5 Q.I. OFFICE 4 Q.I. OFFICE 2 Q.I. OFFICE 1 (DIRECTOR) SUPP. HOUS. PROG VIOLENCE PROT. VIOLENCE PROT. Q.I. OFFICE 6 GRANTS EX. JAN EX. RR EX. RR DONATION STORAGE ELDER ELDER	85 SF 526 SF 116 SF 116 SF 116 SF 118 SF 114 SF 122 SF 100 SF 100 SF 100 SF 105 SF 160 SF 36 SF 40 SF 40 SF 40 SF 416 SF 116 SF 116 SF 116 SF	B B B B B B B B B B B B B B B B B B B	150 150 150 150 150 150 150 150 150 150	1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206	HUDDLE 2 HUDDLE 3 OPEN OFFICES 3 REFUGEE SERVICES Q.I. OFFICE 5 Q.I. OFFICE 4 Q.I. OFFICE 2 Q.I. OFFICE 1 (DIRECTOR) SUPP. HOUS. PROG VIOLENCE PROT. VIOLENCE PROT. Q.I. OFFICE 6 GRANTS EX. JAN EX. RR EX. RR DONATION STORAGE ELDER ELDER ELDER OPEN OFFICES 5	85 SF 526 SF 116 SF 116 SF 116 SF 118 SF 114 SF 122 SF 100 SF 100 SF 100 SF 105 SF 160 SF 40 SF 40 SF 40 SF 416 SF 116 SF 116 SF 116 SF 116 SF 536 SF	B B B B B B B B B B B B B B B B B B B	150 150 150 150 150 150 150 150 150 150	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207	HUDDLE 2 HUDDLE 3 OPEN OFFICES 3 REFUGEE SERVICES Q.I. OFFICE 5 Q.I. OFFICE 4 Q.I. OFFICE 2 Q.I OFFICE 1 (DIRECTOR) SUPP. HOUS. PROG VIOLENCE PROT. VIOLENCE PROT. Q.I. OFFICE 6 GRANTS EX. JAN EX. RR EX. RR DONATION STORAGE ELDER ELDER OPEN OFFICES 5 OPEN OFFICES 4	85 SF 526 SF 116 SF 116 SF 116 SF 118 SF 114 SF 122 SF 100 SF 100 SF 100 SF 100 SF 40 SF 40 SF 40 SF 40 SF 416 SF 116 SF 116 SF 116 SF 116 SF 116 SF 1350 SF	B B B B B B B B B B B B B B B B B B B	150 150 150 150 150 150 150 150 150 150	1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 581 588	HUDDLE 2 HUDDLE 3 OPEN OFFICES 3 REFUGEE SERVICES Q.I. OFFICE 5 Q.I. OFFICE 4 Q.I. OFFICE 2 Q.I OFFICE 1 (DIRECTOR) SUPP. HOUS. PROG VIOLENCE PROT. VIOLENCE PROT. Q.I. OFFICE 6 GRANTS EX. JAN EX. RR EX. RR DONATION STORAGE ELDER ELDER ELDER OPEN OFFICES 5 OPEN OFFICES 4 CORRIDOR	85 SF 526 SF 116 SF 116 SF 116 SF 118 SF 114 SF 122 SF 100 SF 100 SF 100 SF 105 SF 160 SF 40 SF 40 SF 40 SF 416 SF 116 SF 116 SF 116 SF 116 SF 536 SF	B B B B B B B B B B B B B B B B B B B	150 150 150 150 150 150 150 150 150 150	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

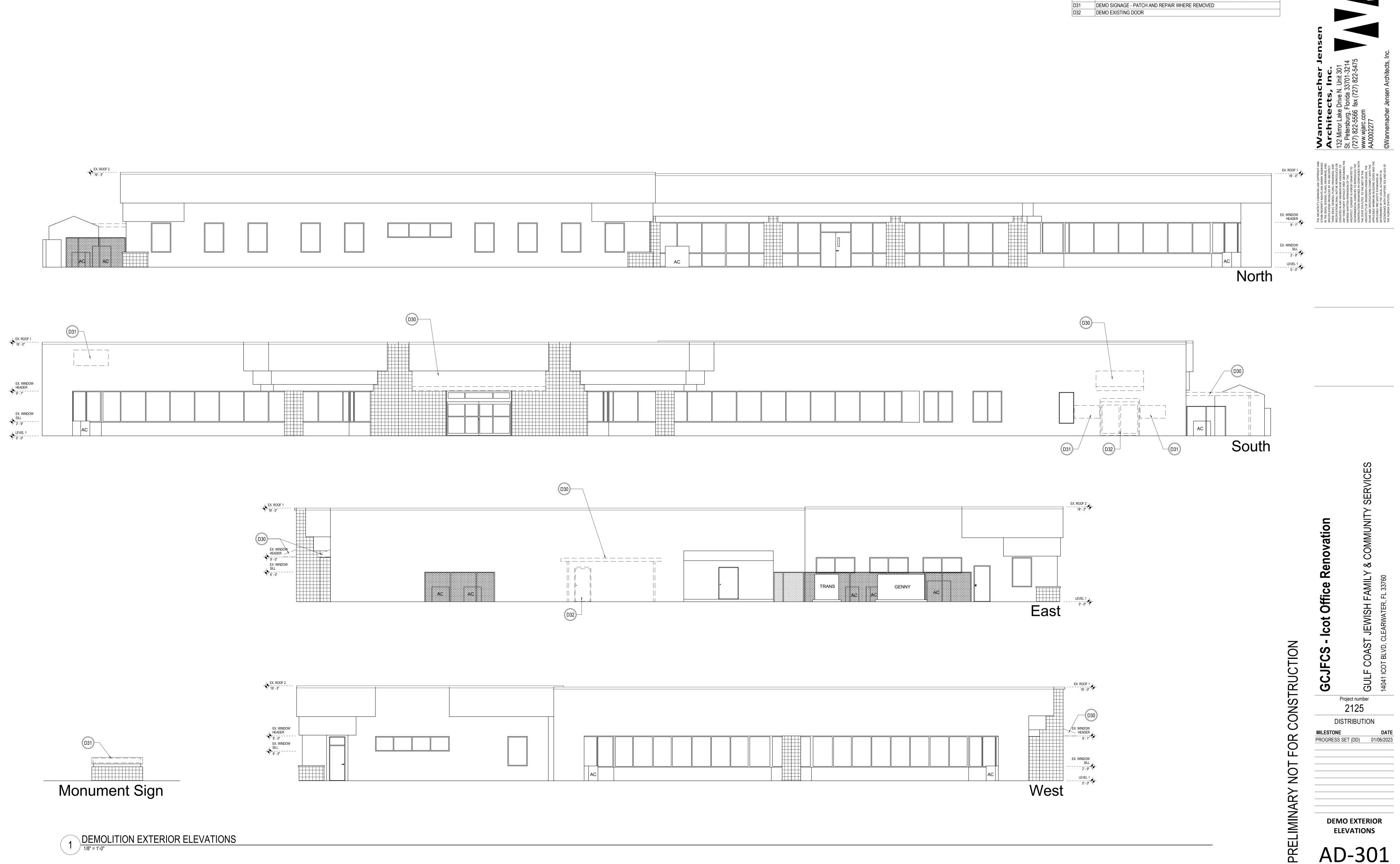
PRELIMINARY NOT FOR CONSTRUCTION

LEVEL 1 - LIFE SAFETY
SCHEDULES

MILESTONEDATEPROGRESS SET (DD)01/06/2023



AD-101

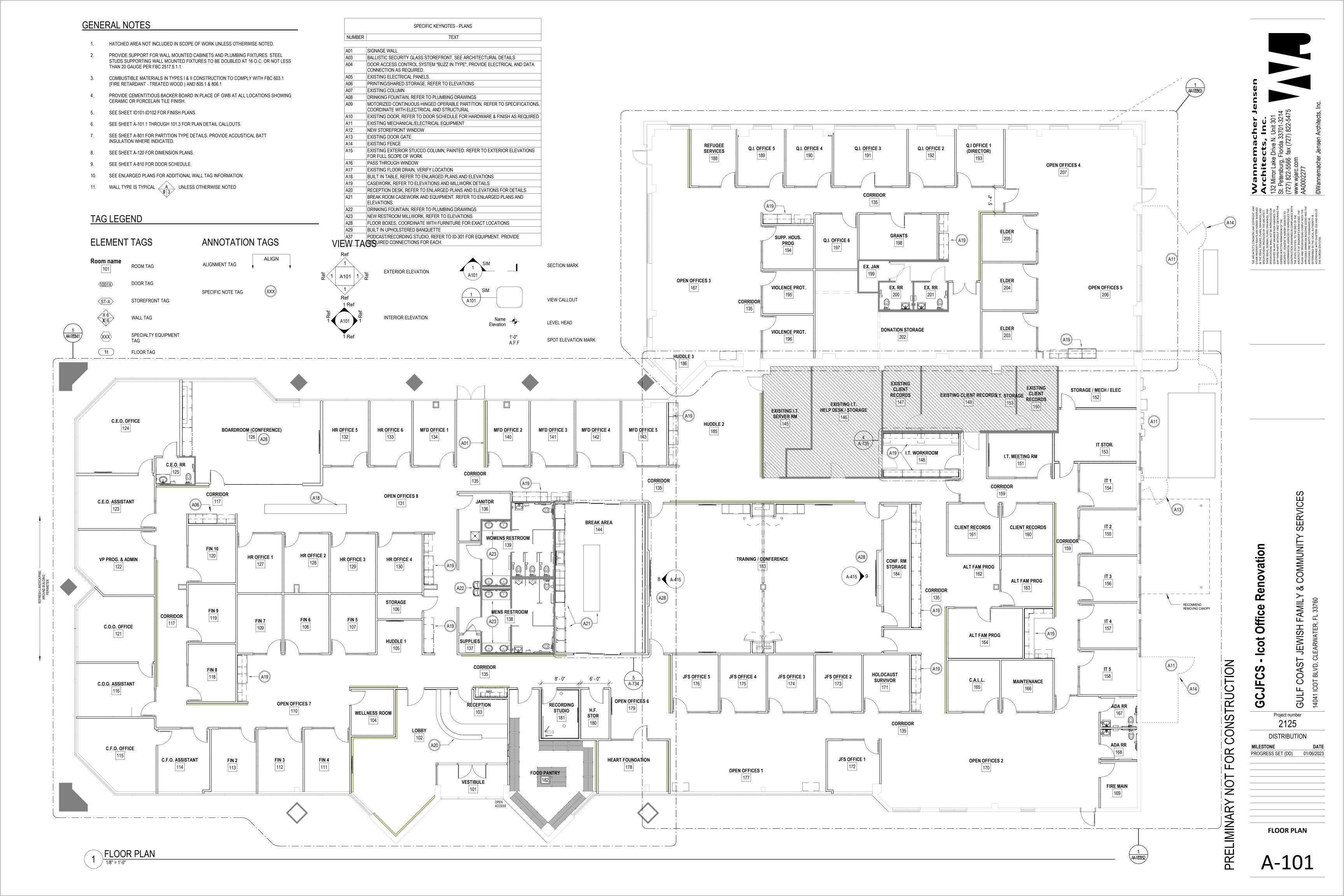


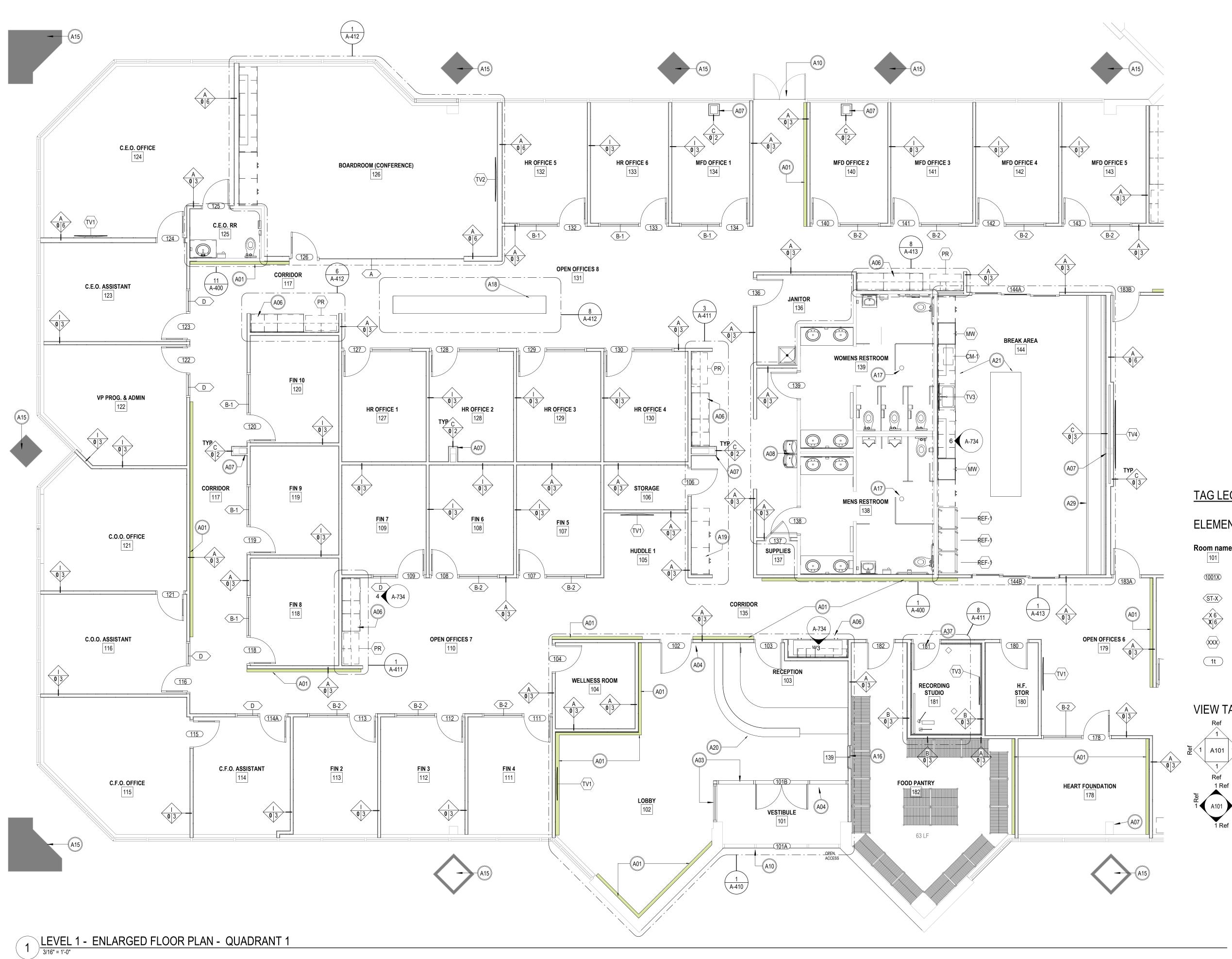
SPECIFIC KEYNOTES - DEMO ELEVATIONS

DEMO CANOPY - PATCH AND REPAIR WALL WHERE FRAMING IS REMOVED

DEMO SIGNAGE - PATCH AND REPAIR WHERE REMOVED

AD-301





- HATCHED AREA NOT INCLUDED IN SCOPE OF WORK UNLESS OTHERWISE NOTED.
- PROVIDE SUPPORT FOR WALL MOUNTED CABINETS AND PLUMBING FIXTURES. STEEL STUDS SUPPORTING WALL MOUNTED FIXTURES TO BE DOUBLED AT 16 O.C. OR NOT LESS THAN 20 GAUGE PER FBC 2517.5.1.1.
- COMBUSTIBLE MATERIALS IN TYPES I & II CONSTRUCTION TO COMPLY WITH FBC 603.1 (FIRE RETARDANT - TREATED WOOD) AND 805.1 & 806.1
- PROVIDE CEMENTITIOUS BACKER BOARD IN PLACE OF GWB AT ALL LOCATIONS SHOWING CERAMIC OR PORCELAIN TILE FINISH.
- SEE SHEET ID101-ID102 FOR FINISH PLANS.
- SEE SHEET A-101.1 THROUGH 101.3 FOR PLAN DETAIL CALLOUTS.
- SEE SHEET A-801 FOR PARTITION TYPE DETAILS. PROVIDE ACOUSTICAL BATT INSULATION WHERE INDICATED.
- SEE SHEET A-120 FOR DIMENSION PLANS.
- SEE SHEET A-810 FOR DOOR SCHEDULE.
- SEE ENLARGED PLANS FOR ADDITIONAL WALL TAG INFORMATION.
- 11. WALL TYPE IS TYPICAL $A \cup A \cup A$ UNLESS OTHERWISE NOTED

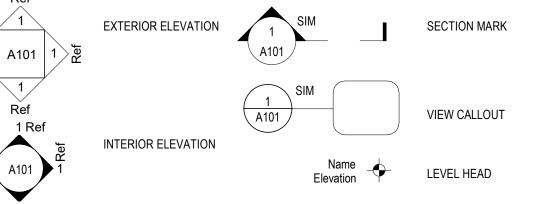
NUMBER	TEXT
A01	SIGNAGE WALL
A03	0.0.0.00
	BALLISTIC SECURITY GLASS STOREFRONT, SEE ARCHITECTURAL DETAILS
A04	DOOR ACCESS CONTROL SYSTEM "BUZZ IN TYPE", PROVIDE ELECTRICAL AND DATA CONNECTION AS REQUIRED.
A05	EXISTING ELECTRICAL PANELS.
A06	PRINTING/SHARED STORAGE, REFER TO ELEVATIONS
A07	EXISTING COLUMN
A08	DRINKING FOUNTAIN, REFER TO PLUMBING DRAWINGS
A09	MOTORIZED CONTINUOUS HINGED OPERABLE PARTITION, REFER TO SPECIFICATIONS COORDINATE WITH ELECTRICAL AND STRUCTURAL
A10	EXISTING DOOR, REFER TO DOOR SCHEDULE FOR HARDWARE & FINISH AS REQUIRED
A11	EXISTING MECHANICAL/ELECTRICAL EQUIPMENT
A12	NEW STOREFRONT WINDOW
A13	EXISTING DOOR GATE
A14	EXISTING FENCE
A15	EXISTING EXTERIOR STUCCO COLUMN, PAINTED. REFER TO EXTERIOR ELEVATIONS FOR FULL SCOPE OF WORK
A16	PASS THROUGH WINDOW
A17	EXISTING FLOOR DRAIN, VERIFY LOCATION
A18	BUILT IN TABLE, REFER TO ENLARGED PLANS AND ELEVATIONS
A19	CASEWORK, REFER TO ELEVATIONS AND MILLWORK DETAILS
A20	RECEPTION DESK, REFER TO ENLARGED PLANS AND ELEVATIONS FOR DETAILS
A21	BREAK ROOM CASEWORK AND EQUIPMENT. REFER TO ENLARGED PLANS AND ELEVATIONS.
A22	DRINKING FOUNTAIN, REFER TO PLUMBING DRAWINGS
A23	NEW RESTROOM MILLWORK, REFER TO ELEVATIONS
A28	FLOOR BOXES, COORDINATE WITH FURNITURE FOR EXACT LOCATIONS
A29	BUILT IN UPHOLSTERED BANQUETTE
A37	PODCAST/RECORDING STUDIO, REFER TO ID-301 FOR EQUIPMENT. PROVIDE
	I

TAG LEGEND

ELEMENT	TAGS	ANNOTATION	TAGS
Room name	ROOM TAG	ALIGNMENT TAG	ALIGN
(1001X)	DOOR TAG	SPECIFIC NOTE TAG	(XXX)
ST-X	STOREFRONT TAG	SPECIFIC NOTE TAG	
X 6 X 6	WALL TAG		
(XXX)	SPECIALTY EQUIPMENT TAG		
1t	FLOOR TAG		

REQUIRED CONNECTIONS FOR EACH.

VIEW TAGS



CONSTRUCTION

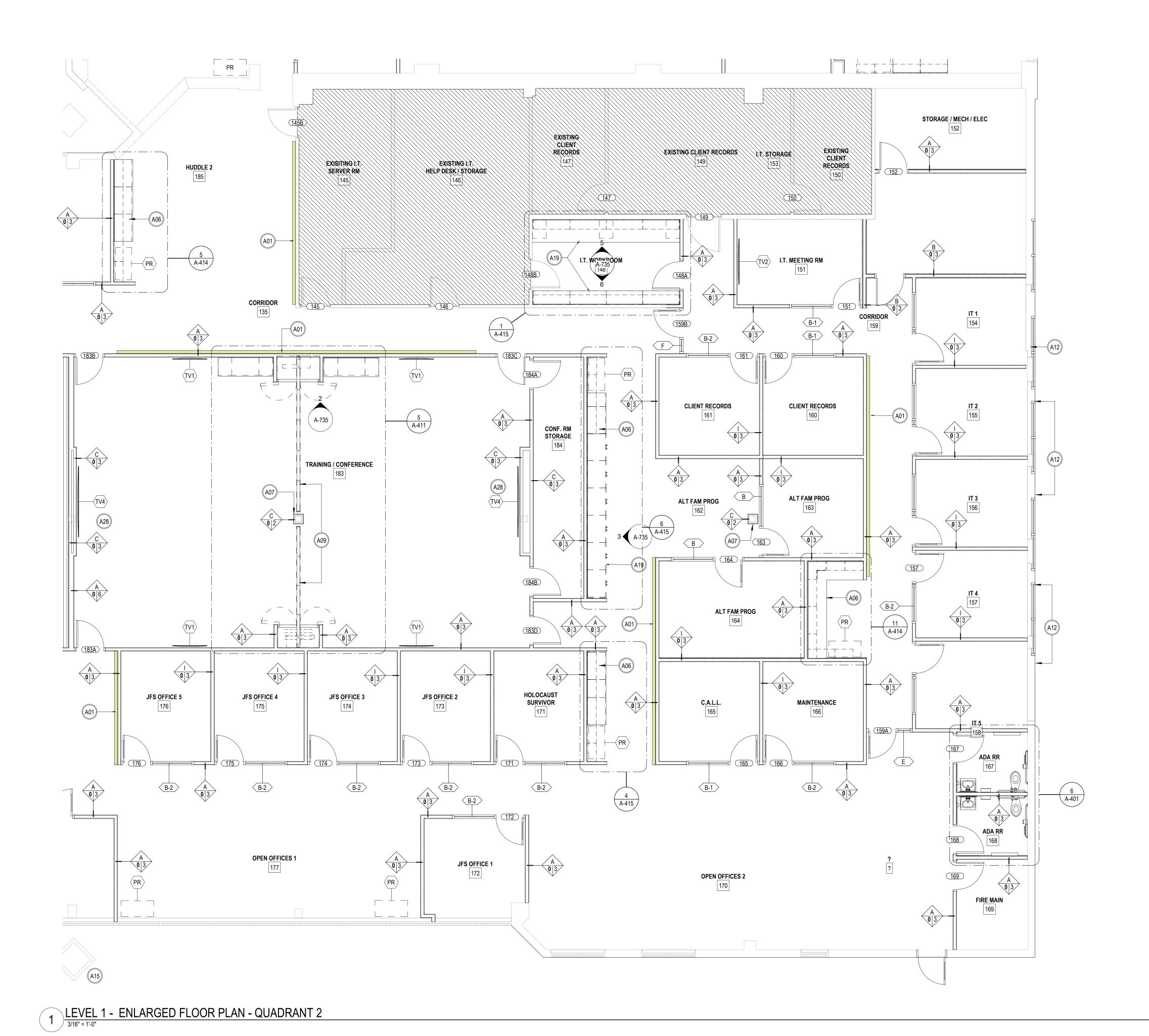
PRELIMINARY

SPOT ELEVATION MARK

ENLARGED FLOOR PLAN

A-101.1

Project number 2125

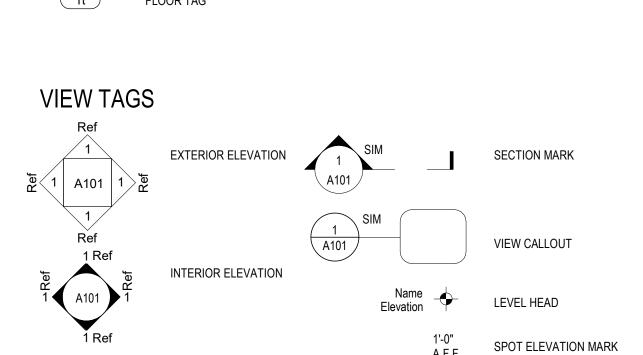


- 1. HATCHED AREA NOT INCLUDED IN SCOPE OF WORK UNLESS OTHERWISE NOTED.
- PROVIDE SUPPORT FOR WALL MOUNTED CABINETS AND PLUMBING FIXTURES. STEEL STUDS SUPPORTING WALL MOUNTED FIXTURES TO BE DOUBLED AT 16 O.C. OR NOT LESS THAN 20 GAUGE PER FBC 2517.5.1.1.
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- 4. PROVIDE CEMENTITIOUS BACKER BOARD IN PLACE OF GWB AT ALL LOCATIONS SHOWING CERAMIC OR PORCELAIN TILE FINISH.
- SEE SHEET ID101-ID102 FOR FINISH PLANS.
- SEE SHEET A-101.1 THROUGH 101.3 FOR PLAN DETAIL CALLOUTS.
- SEE SHEET A-801 FOR PARTITION TYPE DETAILS. PROVIDE ACOUSTICAL BATT INSULATION WHERE INDICATED.
- 8. SEE SHEET A-120 FOR DIMENSION PLANS.
- 9. SEE SHEET A-810 FOR DOOR SCHEDULE.
- 10. SEE ENLARGED PLANS FOR ADDITIONAL WALL TAG INFORMATION.
- 11. WALL TYPE IS TYPICAL A UNLESS OTHERWISE NOTED

NUMBER	TEXT	
TTOMBER		
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A07	EXISTING COLUMN	
A08	DRINKING FOUNTAIN, REFER TO PLUMBING DRAWINGS	
A09	MOTORIZED CONTINUOUS HINGED OPERABLE PARTITION, REFER TO SPECIFICATIONS, COORDINATE WITH ELECTRICAL AND STRUCTURAL	
A10	EXISTING DOOR, REFER TO DOOR SCHEDULE FOR HARDWARE & FINISH AS REQUIRED	
A11	EXISTING MECHANICAL/ELECTRICAL EQUIPMENT	
A12	NEW STOREFRONT WINDOW	
A13	EXISTING DOOR GATE	
A14	EXISTING FENCE	
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A17	EXISTING FLOOR DRAIN, VERIFY LOCATION	
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A19	CASEWORK, REFER TO ELEVATIONS AND MILLWORK DETAILS	
A20	RECEPTION DESK, REFER TO ENLARGED PLANS AND ELEVATIONS FOR DETAILS	
A21	BREAK ROOM CASEWORK AND EQUIPMENT. REFER TO ENLARGED PLANS AND ELEVATIONS.	
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A23	NEW RESTROOM MILLWORK, REFER TO ELEVATIONS	
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TAG LEGEND

Room name 101 ROOM TAG 1001X DOOR TAG ST-X STOREFRONT TAG WALL TAG XX6 WALL TAG 1t FLOOR TAG ANNOTATION TAGS ALIGNMENT TAG ALIGN SPECIFIC NOTE TAG XXXX SPECIALTY EQUIPMENT TAG



GCJFCS - Icot Office Renov

GCJFCS - Icot Office Renov

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ST 25

DISTRIBITION

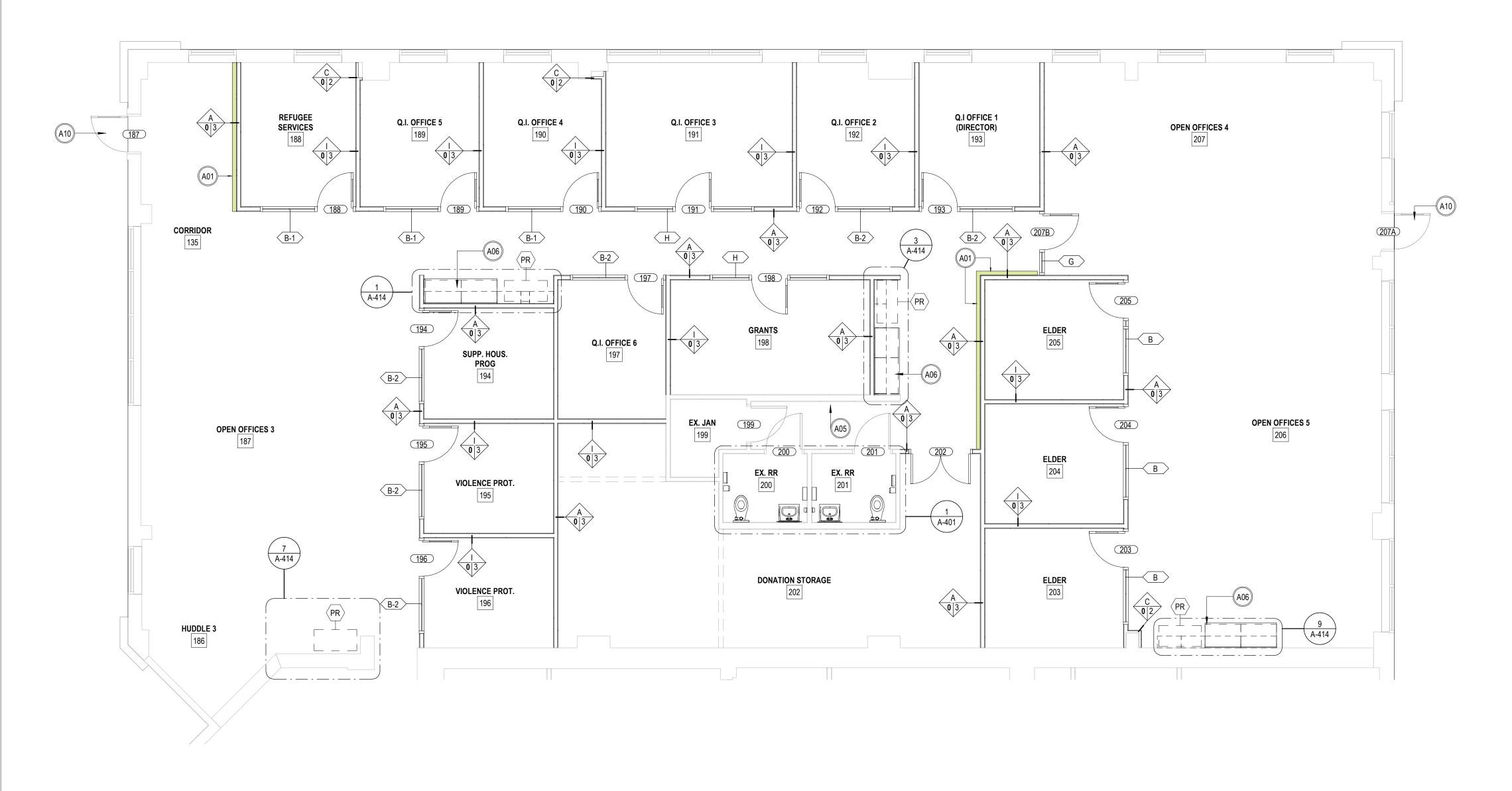
GULF COAST JEWISH FAMILY & CO

14041 ICOT BLVD, CLEARWATER, FL 33760

ENLARGED FLOOR
PLAN

PRELIMINARY

A-101.2



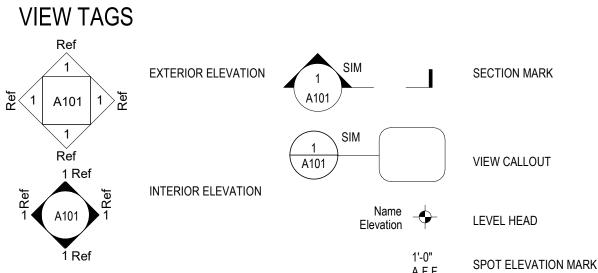
1 LEVEL 1 - ENLARGED FLOOR PLAN - QUADRANT 3

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	SPECIFIC KEYNOTES - PLANS
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A12	NEW STOREFRONT WINDOW
A13	EXISTING DOOR GATE
A14	EXISTING FENCE
415	EXISTING EXTERIOR STUCCO COLUMN, PAINTED. REFER TO EXTERIOR ELEVATIONS FOR FULL SCOPE OF WORK
A16	PASS THROUGH WINDOW
A17	EXISTING FLOOR DRAIN, VERIFY LOCATION
A18	BUILT IN TABLE, REFER TO ENLARGED PLANS AND ELEVATIONS
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	I .

TAG LEGEND

ANNOTATION TAGS ELEMENT TAGS ALIGNMENT TAG **ROOM TAG** SPECIFIC NOTE TAG STOREFRONT TAG WALL TAG SPECIALTY EQUIPMENT TAG 1t FLOOR TAG



PROGRESS SET (DD) 01/06/2023 **PRELIMINARY**

ENLARGED FLOOR

DISTRIBUTION

ELDER SERVICES SECURE RECEPTION, VESTIBULE ACCESS CONTROL, DROP-OFF/PICK-UP 3 PRIVATE OFFICES, 13 OPEN OFFICES, 1 LARGE DONATION STORAGE ADDITIONAL DESKS FOR HMKR WINDOW TO FOOD PANTRY **BREAK ROOM** SUPPORTIVE HOUSING PROGRAM 1 PRIVATE OFFICE, 8 OPEN OFFICE 1 (LARGE & OPEN CONCEPT) Q.I OFFICE 1 **HUDDLE ROOMS JEWISH FAMILY SERVICES** Q.I. OFFICE 5 116 SF 116 SF 116 SF • 3 WITH PRINTER COVE 5 PRIVATE OFFICES, 4 OPEN OFFICES **ELDER OPEN** HOLOCAUST SURVIVOR 1 PRIVATE OFFICE CONFERENCE ROOMS DESKS 2 (1 BOARDROOM W/ 18 SEAT MINIMUM & 1 LARGE TRAINING) **IT** (AWAY FROM NOISE) 99 DESIGNATED SPACE AS SAFE ROOM. • 5 PRIVATE OFFICES, 4 HELP DESKS, 1 WORK ROOM, 1 MEETING ROOM, **LEADERSHIP** 1 RECYCLE STORAGE, LARGE SHIPMENT STORAGE • 4 X PRIVATE OFFICES FOR CEO, COO, CFO + VP PROD & ADMIN **VIOLENCE PROTECTION** • 3 X PRIVATE OFFICES FOR CEO, COO, CFO ASSISTANTS 2 PRIVATE OFFICES 1 PRINTER COVE **COMMUNITY ASSISTANCE LIFE LIASION & FSI** RECORDING STUDIO • 1 PRIVATE OFFICE, 9 OPEN OFFICES **ELDER** 1 PRIVATE OFFICE WITH SOUND PROOFING **GRANTS** SUPP. HOUS. 116 SF **FINANCE** • 2 OPEN OFFICES S.H.P. OPEN ELDER OPEN 11 PRIVATE OFFICES, 2 OPEN OFFICES, 1 STORAGE ROOM, 1 PRINTER **ALTERNATIVE FAMILY PROGRAM** _100 SF 160 SF DESKS DESKS • 1 PRIVATE OFFICE, 1 SHARED OFFICE (2 DESKS), 1 OPEN OFFICE Q.I. OFFICE 6 **QUALITY INSURANCE & SAFETY** (AWAY FROM NOISE) **MAINTENANCE** 105 SF EX. JAN 1 PRIVATE OFFICE • 5 PRIVATE OFFICES WITH STORAGE, 1 SHARED OFFICE **ELDER VIOLENCE** 116 SF **CLIENT RECORDS** (AWAY FROM NOISE) **FOOD PANTRY** PROT. • 2 PRIVATE OFFICES, 1 PRINTER COVE 1 LARGE FOOD STORAGE 100 SF **MARKETING & FUNDING DEVELOPMENT HEART FOUNDATION** 40 SF ROOM CAN BE SUB-DIVIDED IF NEEDED 1 SHARED OFFICE (2 DESKS), 1 SHARED STORAGE • 5 PRIVATE OFFICES, 2 OPEN OFFICES, 1 STORAGE ROOM **HUMAN RESOURCES** REFUGEE SERVICES • 6 PRIVATE OFFICES, SHARED STORAGE, OPEN DROP-IN STATION 1 PRIVATE OFFICE **VIOLENCE** PROT. 116 SF STORAGE STORAGE / **EXISTING** MECH / ELEC **EXISTING** CLIENT I.T. STORAGE CLIENT RECORDS RECORDS RECORDS **EXISTING I.T.** 110 SF 273 SF Redundant Room AREA / **HELP DESK /** STORAGE **EXISITING I.T.** SERVER RM 380 SF 203 SF C.E.O. OFFICE I.T. MEETING RM 372 SF U U U MFD OFFICE 3 MFD OFFICE 4 MFD OFFICE 5 HR OFFICE 5 MFD OFFICE 2 HR OFFICE 6 MFD OFFICE 1/ 136 SF 122 SF 130 SF 132 SF 130 SF WORKROOM BOARDROOM 125 SF 122 SF _____128 SF∋____ C.E.O. RR 151 SF (CONFERENCE) IT 1 116 SF MFD OPEN DESKS PRINT / MFD STORAGE **ASSISTANT JANITOR** HR OPEN STATIONS 83 SF CLIENT RECORDS 119 SF CLIENT (RECORDS 119 SF HR OFFICE 2 HR OFFICE 3 HR OFFICE 1 HR OFFICE 4 IT 2 121 SF 121 SF VP PROG. &
ADMIN
208 SF 614 SF FIN 10 STORAGE 146 SF **ALT FAM PROG** 119 SF **C.O.O. OFFICE**228 SF 118 SF HUDDLE O AREA 125 SF SUPPLIES ALT FAM PROG 170 SF 18 SF IT 5 118 SF FIN OPEN DESKS 120 SF 90 124 SF BUZZ IN ACCESS **ASSISTANT** JFS OFFICE 2 119 SF JFS OFFICE 5 JFS OFFICE 4 JFS OFFICE 3 RECEPTION SURVIVOR 186 SF RECORDING STUDIO 83 SF H.F. STOR 64 SF 119 SF 119 SF ADA RR 51 SF WELLNESS ROOM 89 SF **FIN 3** 128 SF FIN 4 FIN 2 129 SF 129 SF ASSISTANT JFS OFFICE 1 00 ADA RR 148 SF 118 SF 51 SF C.F.O. OFFICE BUZZ IN ACCESS FOUNDATION 162 SF FOOD PANTRY VESTIBULE FIRE MAIN 102 SF 78 SF

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- Icot Office Renovation

CONSTRUCTION

Project number 2125

PROGRESS SET (DD) 01/06/2023

DEPARTMENT PLAN

A-105

PRELIMINARY

DIMENSION NOTES:

- DIMENSIONS ARE INDICATED TO THE FACE OF CONCRETE WALL, NOMINAL FACE OF CMU WALL, OR CENTERLINE OF PARTITION TYPE AS SCHEDULED, UON. INTERIOR PARTITIONS ARE DIMENSIONED TO CENTERLINE OF STUD AND FROM INSIDE FACES OF EXTERIOR BLOCK WALLS.
- ALIGNMENT OF PARTITIONS AND FINISHES AS SCHEDULED SHALL BE STRAIGHT, TRUE & PLUMB. THE PRIORITY FOR PROJECT DIMENSIONS SHALL BE IN THE FOLLOWING ORDER:
 - A. MINIMUM DIMENSIONS FOR ACCESSIBILITY CLEARANCE & BUILDING CODE REQUIREMENT
 - B. STRUCTURAL GRID C. LARGE SCALE DETAILS
 - D. SMALL SCALE DETAILS
 - E. ENLARGED VIEWS F. FLOOR PLANS AND ELEVATIONS
- FLOOR ELEVATIONS ARE INDICATED TO THE FACE OF THE STRUCTURAL SLAB, UNLESS OTHERWISE
- VERTICAL DIMENSIONS ARE INDICATED FROM THE FINISH FLOOR ELEVATION TO FACE OF FINISHED MATERIAL AT THE DIMENSION POINT, UNLESS NOTED ABOVE FINISH FLOOR -"AFF".
- DIMENSIONS SHOWN ON THE DRAWINGS SHALL INDICATE THE REQUIRED SIZE, CLEARANCE, AND DIMENSIONAL RELATIONSHIP BETWEEN PROJECT SYSTEMS AND COMPONENTS. DIMENSIONS SHALL NOT BE DETERMINED BY SCALING THE DRAWINGS.
- MINIMUM DIMENSIONS FOR ACCESSIBILITY CLEARANCES AND BUILDING CODE REQUIREMENTS SHALL BE MAINTAINED.
- 7. OPENINGS OCCURRING IN PARTITIONS OR WALLS:
 - A. WHEN ONE JAMB OCCURS AT A COLUMN OR GRID LINE NO DIMENSIONS WILL BE SHOWN ON THE SMALL SCALE PLANS. THE OPENING WIDTH WILL BE GOVERNED BY CRITERIA OR
 - B. WHEN NEITHER JAMB OCCURS AT A COLUMN OR GRID LINE ONE JAMB WILL BE DIMENSIONED.
- DOOR LOCATIONS ARE TO BE LOCATED BY ONE OF FOLLOWING:
 - A. ONE JAMB FACE LOCATED BY A PARTITION AT RIGHT ANGLE. TYPICAL UNLESS INDICATED ON PLAN.

30' - 1 5/8"

20' - 0"

10' - 0"

8' - 0"

10' - 0" 🔁

6'-3" 8'-0" 8'-0"

10' - 0"

10' - 0"

10' - 0"

9' - 6"

10' - 2 5/8"

9' - 3 5/8"

8'-0" 8'-0"

10' - 0"

2' - 7 3/8'4' - 10 3/4"

24' - 4 3/4"

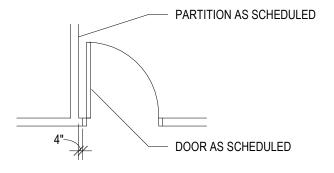
15' - 0 1/8"

9' - 3 1/2"

6' - 6 5/8"

9' - 3 1/4"

9' - 8 5/8"



B. CENTERED IN WALL. C. OR AS DIMENSIONED ON PLAN.

<u>22' - 1"</u>

16' - 6 1/2"

16' - 11 1/8"

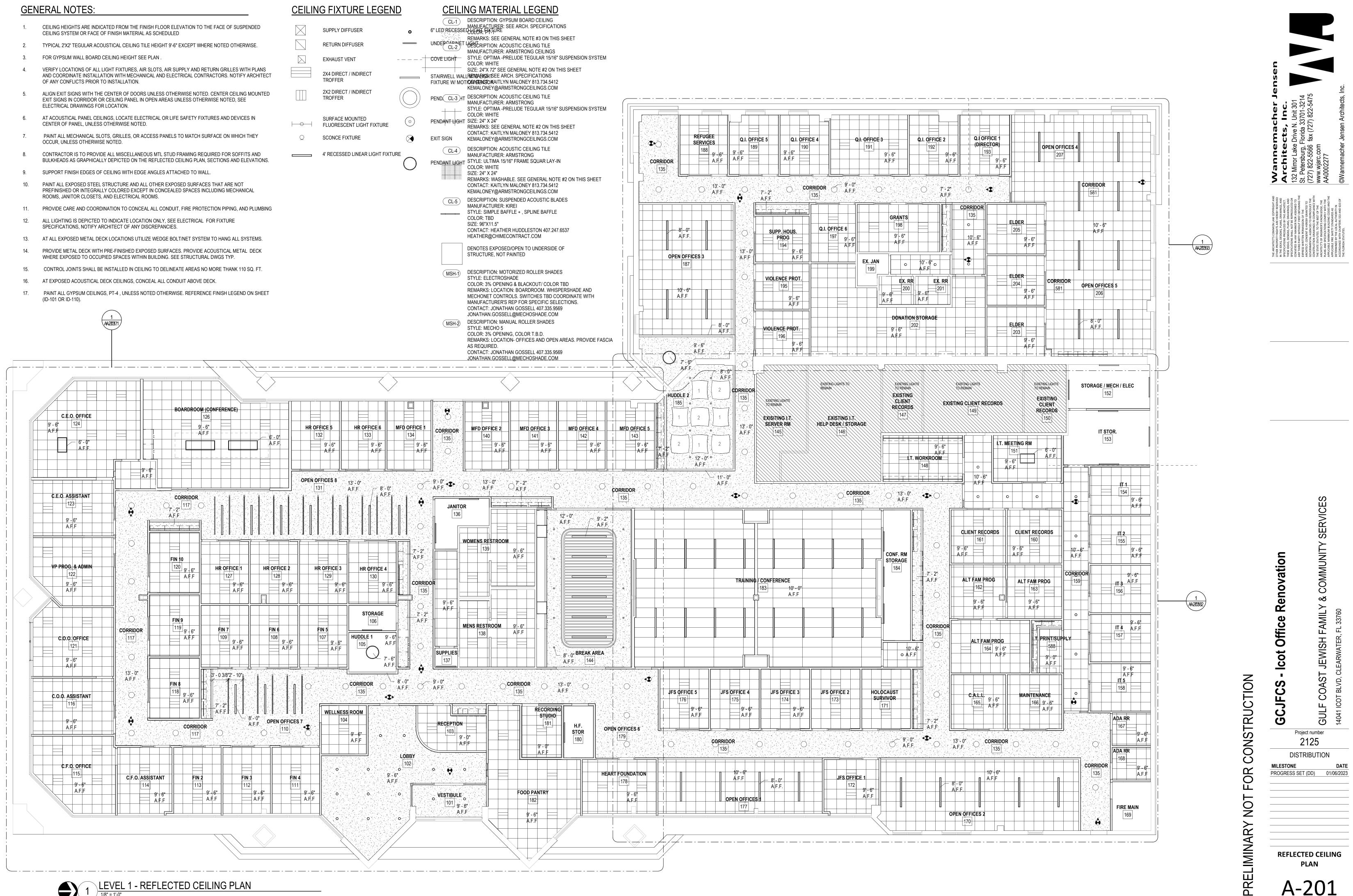
11' - 5 3/4"

10' - 0"



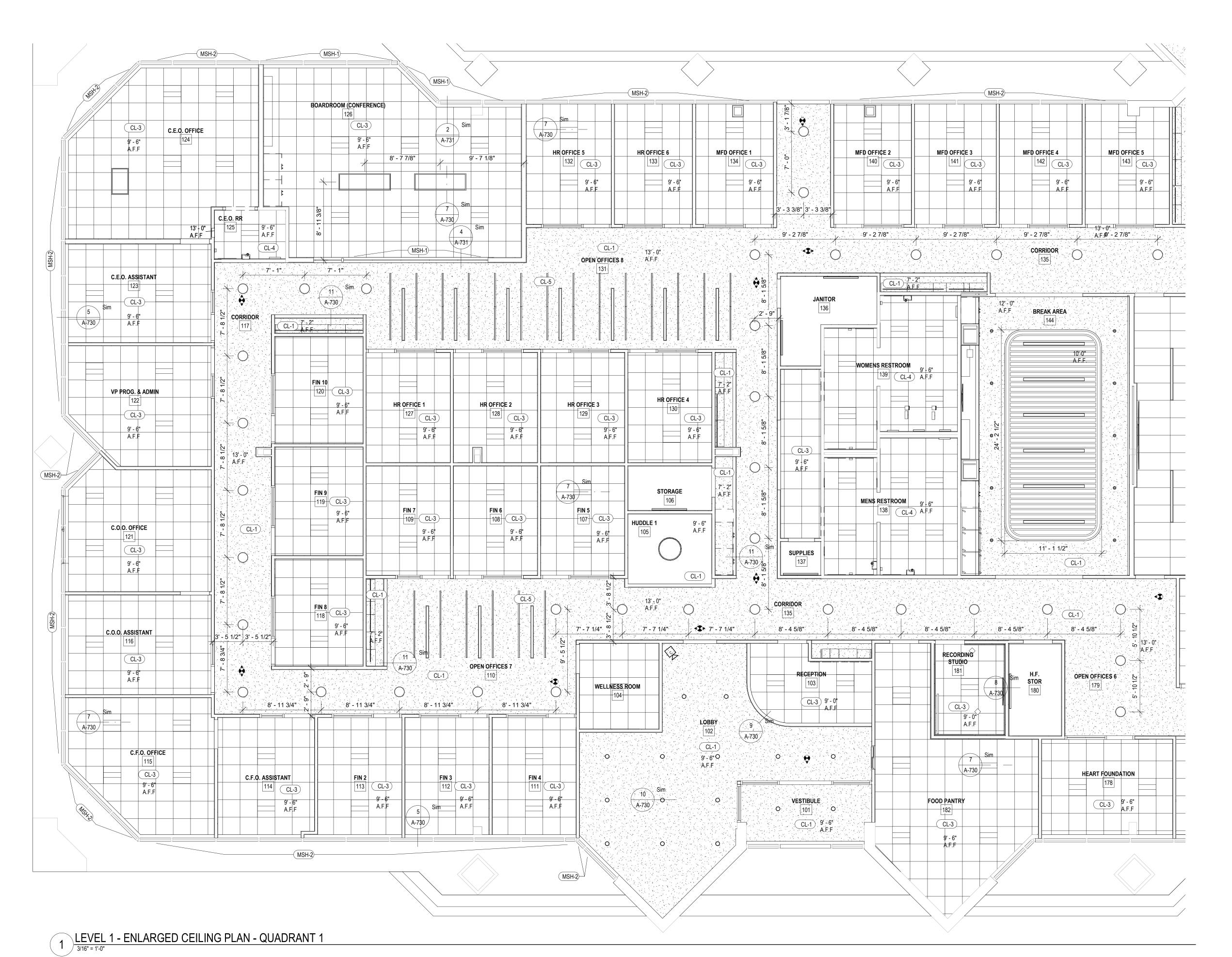


DISTRIBUTION PROGRESS SET (DD) 01/06/2023 **DIMENSION PLAN**



1 LEVEL 1 - REFLECTED CEILING PLAN

1/8" = 1'-0"



- 1. CEILING HEIGHTS ARE INDICATED FROM THE FINISH FLOOR ELEVATION TO THE FACE OF SUSPENDED CEILING SYSTEM OR FACE OF FINISH MATERIAL AS SCHEDULED
- 2. TYPICAL 2'X2' TEGULAR ACOUSTICAL CEILING TILE HEIGHT 9'-6" EXCEPT WHERE NOTED OTHERWISE.
- 3. FOR GYPSUM WALL BOARD CEILING HEIGHT SEE PLAN .
- 4. VERIFY LOCATIONS OF ALL LIGHT FIXTURES, AIR SLOTS, AIR SUPPLY AND RETURN GRILLES WITH PLANS AND COORDINATE INSTALLATION WITH MECHANICAL AND ELECTRICAL CONTRACTORS. NOTIFY ARCHITECT OF ANY CONFLICTS PRIOR TO INSTALLATION.
- ALIGN EXIT SIGNS WITH THE CENTER OF DOORS UNLESS OTHERWISE NOTED. CENTER CEILING MOUNTED EXIT SIGNS IN CORRIDOR OR CEILING PANEL IN OPEN AREAS UNLESS OTHERWISE NOTED, SEE ELECTRICAL DRAWINGS FOR LOCATION.
- AT ACOUSTICAL PANEL CEILINGS, LOCATE ELECTRICAL OR LIFE SAFETY FIXTURES AND DEVICES IN CENTER OF PANEL, UNLESS OTHERWISE NOTED.
- PAINT ALL MECHANICAL SLOTS, GRILLES, OR ACCESS PANELS TO MATCH SURFACE ON WHICH THEY OCCUR, UNLESS OTHERWISE NOTED.
- 8. CONTRACTOR IS TO PROVIDE ALL MISCELLANEOUS MTL STUD FRAMING REQUIRED FOR SOFFITS AND BULKHEADS AS GRAPHICALLY DEPICTED ON THE REFLECTED CEILING PLAN, SECTIONS AND ELEVATIONS.
- SUPPORT FINISH EDGES OF CEILING WITH EDGE ANGLES ATTACHED TO WALL.
- 10. PAINT ALL EXPOSED STEEL STRUCTURE AND ALL OTHER EXPOSED SURFACES THAT ARE NOT PREFINISHED OR INTEGRALLY COLORED EXCEPT IN CONCEALED SPACES INCLUDING MECHANICAL ROOMS, JANITOR CLOSETS, AND ELECTRICAL ROOMS.
- 11. PROVIDE CARE AND COORDINATION TO CONCEAL ALL CONDUIT, FIRE PROTECTION PIPING, AND PLUMBING
- ALL LIGHTING IS DEPICTED TO INDICATE LOCATION ONLY, SEE ELECTRICAL FOR FIXTURE SPECIFICATIONS, NOTIFY ARCHITECT OF ANY DISCREPANCIES.
- 13. AT ALL EXPOSED METAL DECK LOCATIONS UTILIZE WEDGE BOLT/NET SYSTEM TO HANG ALL SYSTEMS.
- 14. PROVIDE METAL DECK WITH PRE-FINISHED EXPOSED SURFACES. PROVIDE ACOUSTICAL METAL DECK WHERE EXPOSED TO OCCUPIED SPACES WITHIN BUILDING. SEE STRUCTURAL DWGS TYP.
- 5. CONTROL JOINTS SHALL BE INSTALLED IN CEILING TO DELINEATE AREAS NO MORE THANK 110 SQ. FT.
- 16. AT EXPOSED ACOUSTICAL DECK CEILINGS, CONCEAL ALL CONDUIT ABOVE DECK.
- 17. PAINT ALL GYPSUM CEILINGS, PT-4, UNLESS NOTED OTHERWISE. REFERENCE FINISH LEGEND ON SHEET (ID-101 OR ID-110).

CEILING MATERIAL LEGEND

- CL-1
 DESCRIPTION: GYPSUM BOARD CEILING
 MANUFACTURER: SEE ARCH. SPECIFICATIONS
- 수업적은 COLOR: PT-1 [연구] REMARKS: SEE GENERAL NOTE #3 ON THIS SHEET
- CL-2 DESCRIPTION: ACOUSTIC CEILING TILE
- MANUFACTURER: ARMSTRONG CEILINGS
 STYLE: OPTIMA -PRELUDE TEGULAR 15/16" SUSPENSION SYSTEM
 - COLOR: WHITE SIZE: 24"X 72" SEE GENERAL NOTE #2 ON THIS SHEET REMARKS: SEE ARCH. SPECIFICATIONS
- CONTACT: KAITLYN MALONEY 813.734.5412
 KEMALONEY@ARMSTRONGCEILINGS.COM

 DESCRIPTION: ACOUSTIC CEILING TILE
- MANUFACTURER: ARMSTRONG
 STYLE: OPTIMA -PRELUDE TEGULAR 15/16" SUSPENSION SYSTEM
- COLOR: WHITE

 SIZE: 24" X 24"
- REMARKS: SEE GENERAL NOTE #2 ON THIS SHEET CONTACT: KAITLYN MALONEY 813.734.5412 KEMALONEY@ARMSTRONGCEILINGS.COM
- CL-4 DESCRIPTION: ACOUSTIC CEILING TILE MANUFACTURER: ARMSTRONG
- STYLE: ULTIMA 15/16" FRAME SQUAR LAY-IN COLOR: WHITE
- SIZE: 24" X 24"

 REMARKS: WASHABLE. SEE GENERAL NOTE #2 ON THIS SHEET
- CONTACT: KAITLYN MALONEY 813.734.5412
 KEMALONEY@ARMSTRONGCEILINGS.COM

 CL-5
 DESCRIPTION: SUSPENDED ACOUSTIC BLADES
- MANUFACTURER: KIREI
 STYLE: SIMPLE BAFFLE + , SPLINE BAFFLE
- COLOR: TBD SIZE: 96"X11.5"
- CONTACT: HEATHER HUDDLESTON 407.247.6537
- HEATHER@CHIMECONTRACT.COM
- DENOTES EXPOSED/OPEN TO UNDERSIDE OF STRUCTURE, NOT PAINTED
- STRUCTURE, NOT PAINTED
- MSH-1 DESCRIPTION: MOTORIZED ROLLER SHADES STYLE: ELECTROSHADE COLOR: 3% OPENING & BLACKOUT/ COLOR TBD
- REMARKS: LOCATION: BOARDROOM. WHISPERSHADE AND MECHONET CONTROLS. SWITCHES TBD COORDINATE WITH MANUFACTURER'S REP FOR SPECIFIC SELECTIONS.
- CONTACT: JONATHAN GOSSELL 407.335.9569
 JONATHAN.GOSSELL@MECHOSHADE.COM

 MSH-2)
 DESCRIPTION: MANUAL ROLLER SHADES
- STYLE: MECHO 5
 COLOR: 3% OPENING, COLOR T.B.D.
 REMARKS: LOCATION- OFFICES AND OPEN AREAS. PROVIDE FASCIA
 AS REQUIRED.
- CONTACT: JONATHAN GOSSELL 407.335.9569 JONATHAN.GOSSELL@MECHOSHADE.COM

CEILING FIXTURE LEGEND

4' RECESSED LINEAR LIGHT FIXTURE

SUPPLY DIFFUSER 6" LED RECESSED LIGHT FIXTURE UNDERCABINET LIGHT RETURN DIFFUSER EXHAUST VENT _ _ _ _ COVE LIGHT 2X4 DIRECT / INDIRECT STAIRWELL WALL MTD LIGHT TROFFER FIXTURE W/ MOTION SENSOR 2X2 DIRECT / INDIRECT TROFFER PENDANT LIGHT SURFACE MOUNTED PENDANT LIGHT FLUORESCENT LIGHT FIXTURE SCONCE FIXTURE EXIT SIGN

FOR CONSTRUCTION

GULF COAST JEWISH F

State of the coast Jewish F

GULF COAST JEWISH F

14041 ICOT BLVD, CLEARWATER, I

PRELIMINARY

PENDANT LIGHT

ENLARGED RCP

A-201.1



LEVEL 1 - REFLECTED CEILING PLAN - QUADRANT 2

GENERAL NOTES:

- 1. CEILING HEIGHTS ARE INDICATED FROM THE FINISH FLOOR ELEVATION TO THE FACE OF SUSPENDED CEILING SYSTEM OR FACE OF FINISH MATERIAL AS SCHEDULED
- TYPICAL 2'X2' TEGULAR ACOUSTICAL CEILING TILE HEIGHT 9'-6" EXCEPT WHERE NOTED OTHERWISE.
- FOR GYPSUM WALL BOARD CEILING HEIGHT SEE PLAN .
- VERIFY LOCATIONS OF ALL LIGHT FIXTURES, AIR SLOTS, AIR SUPPLY AND RETURN GRILLES WITH PLANS AND COORDINATE INSTALLATION WITH MECHANICAL AND ELECTRICAL CONTRACTORS. NOTIFY ARCHITECT OF ANY CONFLICTS PRIOR TO INSTALLATION.
- ALIGN EXIT SIGNS WITH THE CENTER OF DOORS UNLESS OTHERWISE NOTED. CENTER CEILING MOUNTED EXIT SIGNS IN CORRIDOR OR CEILING PANEL IN OPEN AREAS UNLESS OTHERWISE NOTED, SEE ELECTRICAL DRAWINGS FOR LOCATION.
- AT ACOUSTICAL PANEL CEILINGS, LOCATE ELECTRICAL OR LIFE SAFETY FIXTURES AND DEVICES IN CENTER OF PANEL, UNLESS OTHERWISE NOTED.
- PAINT ALL MECHANICAL SLOTS, GRILLES, OR ACCESS PANELS TO MATCH SURFACE ON WHICH THEY OCCUR, UNLESS OTHERWISE NOTED.
- CONTRACTOR IS TO PROVIDE ALL MISCELLANEOUS MTL STUD FRAMING REQUIRED FOR SOFFITS AND BULKHEADS AS GRAPHICALLY DEPICTED ON THE REFLECTED CEILING PLAN, SECTIONS AND ELEVATIONS.
- SUPPORT FINISH EDGES OF CEILING WITH EDGE ANGLES ATTACHED TO WALL.
- PAINT ALL EXPOSED STEEL STRUCTURE AND ALL OTHER EXPOSED SURFACES THAT ARE NOT PREFINISHED OR INTEGRALLY COLORED EXCEPT IN CONCEALED SPACES INCLUDING MECHANICAL ROOMS, JANITOR CLOSETS, AND ELECTRICAL ROOMS.
- 11. PROVIDE CARE AND COORDINATION TO CONCEAL ALL CONDUIT, FIRE PROTECTION PIPING, AND PLUMBING
- 12. ALL LIGHTING IS DEPICTED TO INDICATE LOCATION ONLY, SEE ELECTRICAL FOR FIXTURE SPECIFICATIONS, NOTIFY ARCHITECT OF ANY DISCREPANCIES.
- 13. AT ALL EXPOSED METAL DECK LOCATIONS UTILIZE WEDGE BOLT/NET SYSTEM TO HANG ALL SYSTEMS.
- PROVIDE METAL DECK WITH PRE-FINISHED EXPOSED SURFACES. PROVIDE ACOUSTICAL METAL DECK WHERE EXPOSED TO OCCUPIED SPACES WITHIN BUILDING. SEE STRUCTURAL DWGS TYP.
- CONTROL JOINTS SHALL BE INSTALLED IN CEILING TO DELINEATE AREAS NO MORE THANK 110 SQ. FT.
- 16. AT EXPOSED ACOUSTICAL DECK CEILINGS, CONCEAL ALL CONDUIT ABOVE DECK.
- PAINT ALL GYPSUM CEILINGS, PT-4, UNLESS NOTED OTHERWISE. REFERENCE FINISH LEGEND ON SHEET (ID-101 OR ID-110).

CEILING MATERIAL LEGEND

- DESCRIPTION: GYPSUM BOARD CEILING MANUFACTURER: SEE ARCH. SPECIFICATIONS
- COLOR: PT-1
- REMARKS: SEE GENERAL NOTE #3 ON THIS SHEET
- (CL-2) DESCRIPTION: ACOUSTIC CEILING TILE MANUFACTURER: ARMSTRONG CEILINGS
 - STYLE: OPTIMA -PRELUDE TEGULAR 15/16" SUSPENSION SYSTEM COLOR: WHITE
 - SIZE: 24"X 72" SEE GENERAL NOTE #2 ON THIS SHEET REMARKS: SEE ARCH. SPECIFICATIONS CONTACT: KAITLYN MALONEY 813.734.5412
- KEMALONEY@ARMSTRONGCEILINGS.COM CL-3 DESCRIPTION: ACOUSTIC CEILING TILE MANUFACTURER: ARMSTRONG
- STYLE: OPTIMA -PRELUDE TEGULAR 15/16" SUSPENSION SYSTEM COLOR: WHITE
- SIZE: 24" X 24" REMARKS: SEE GENERAL NOTE #2 ON THIS SHEET
- CONTACT: KAITLYN MALONEY 813.734.5412 KEMALONEY@ARMSTRONGCEILINGS.COM
- CL-4 DESCRIPTION: ACOUSTIC CEILING TILE MANUFACTURER: ARMSTRONG
- STYLE: ULTIMA 15/16" FRAME SQUAR LAY-IN COLOR: WHITE
- SIZE: 24" X 24" REMARKS: WASHABLE. SEE GENERAL NOTE #2 ON THIS SHEET CONTACT: KAITLYN MALONEY 813.734.5412
- KEMALONEY@ARMSTRONGCEILINGS.COM CL-5 DESCRIPTION: SUSPENDED ACOUSTIC BLADES
- MANUFACTURER: KIREI _____ STYLE: SIMPLE BAFFLE + , SPLINE BAFFLE COLOR: TBD
- SIZE: 96"X11.5" CONTACT: HEATHER HUDDLESTON 407.247.6537 HEATHER@CHIMECONTRACT.COM
- DENOTES EXPOSED/OPEN TO UNDERSIDE OF STRUCTURE, NOT PAINTED
- MSH-1) DESCRIPTION: MOTORIZED ROLLER SHADES STYLE: ELECTROSHADE COLOR: 3% OPENING & BLACKOUT/ COLOR TBD
- REMARKS: LOCATION: BOARDROOM. WHISPERSHADE AND MECHONET CONTROLS. SWITCHES TBD COORDINATE WITH MANUFACTURER'S REP FOR SPECIFIC SELECTIONS. CONTACT: JONATHAN GOSSELL 407.335.9569
- JONATHAN.GOSSELL@MECHOSHADE.COM MSH-2) DESCRIPTION: MANUAL ROLLER SHADES STYLE: MECHO 5 COLOR: 3% OPENING, COLOR T.B.D.
- REMARKS: LOCATION- OFFICES AND OPEN AREAS. PROVIDE FASCIA AS REQUIRED. CONTACT: JONATHAN GOSSELL 407.335.9569 JONATHAN.GOSSELL@MECHOSHADE.COM

CEILING FIXTURE LEGEND

CLILIIN	GINIONE LEC	<u>JLIND</u>	
	SUPPLY DIFFUSER	0	6" LED RECESSED LIGHT FIXTUR
	RETURN DIFFUSER		UNDERCABINET LIGHT
	EXHAUST VENT		COVE LIGHT
	2X4 DIRECT / INDIRECT TROFFER		STAIRWELL WALL MTD LIGHT FIXTURE W/ MOTION SENSOR
	2X2 DIRECT / INDIRECT TROFFER		PENDANT LIGHT
	SURFACE MOUNTED		

FLUORESCENT LIGHT FIXTURE SCONCE FIXTURE

4' RECESSED LINEAR LIGHT FIXTURE

FOR PENDANT LIGHT EXIT SIGN PENDANT LIGHT

PRELIMINARY ENLARGED RCP

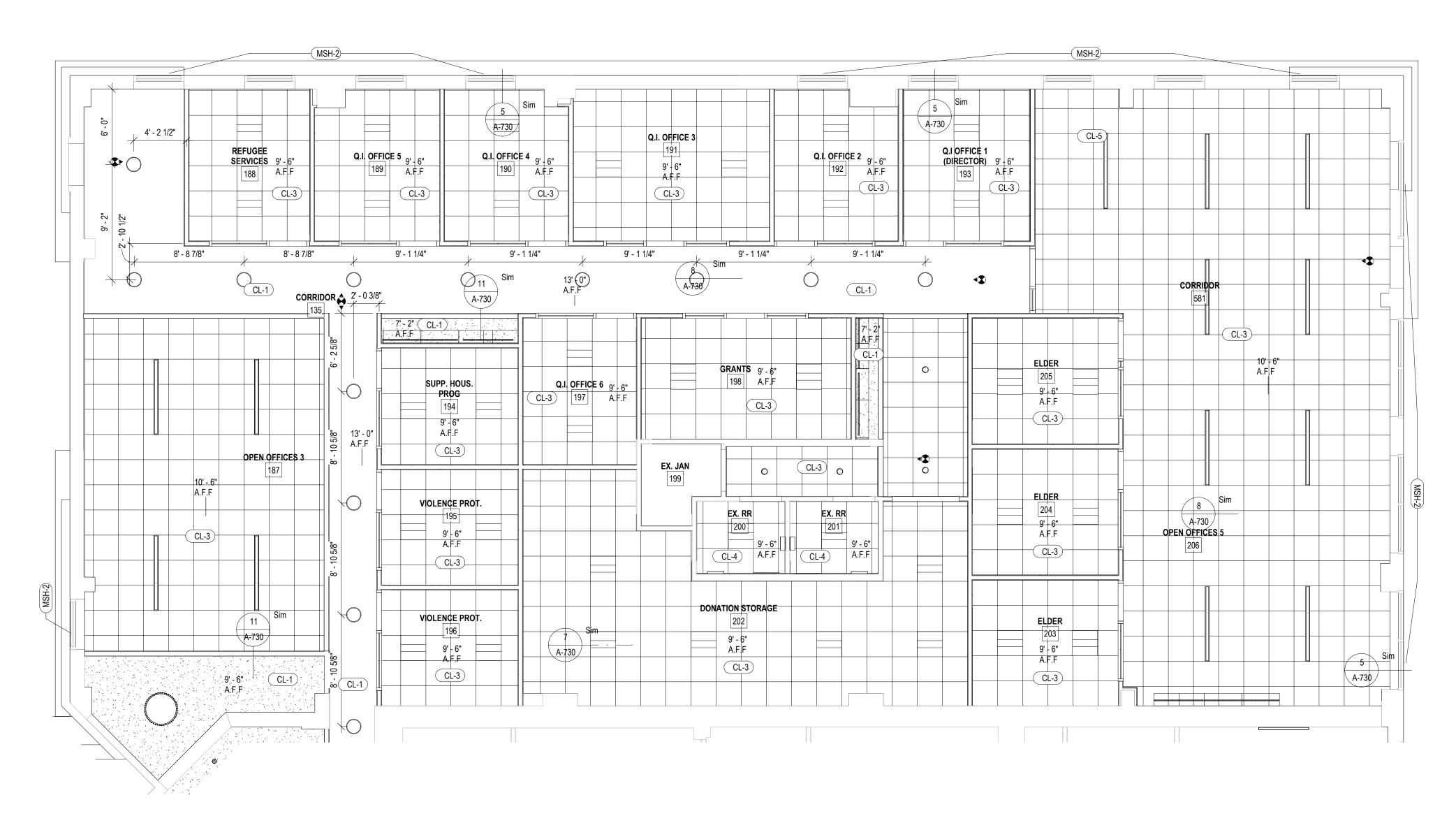
CONSTRUCTION

Project number

DISTRIBUTION

PROGRESS SET (DD) 01/06/2023





LEVEL 1 - REFLECTED CEILING PLAN - QUADRANT 3

- 1. CEILING HEIGHTS ARE INDICATED FROM THE FINISH FLOOR ELEVATION TO THE FACE OF SUSPENDED CEILING SYSTEM OR FACE OF FINISH MATERIAL AS SCHEDULED
- TYPICAL 2'X2' TEGULAR ACOUSTICAL CEILING TILE HEIGHT 9'-6" EXCEPT WHERE NOTED OTHERWISE.
- FOR GYPSUM WALL BOARD CEILING HEIGHT SEE PLAN .
- VERIFY LOCATIONS OF ALL LIGHT FIXTURES, AIR SLOTS, AIR SUPPLY AND RETURN GRILLES WITH PLANS AND COORDINATE INSTALLATION WITH MECHANICAL AND ELECTRICAL CONTRACTORS. NOTIFY ARCHITECT OF ANY CONFLICTS PRIOR TO INSTALLATION.
- ALIGN EXIT SIGNS WITH THE CENTER OF DOORS UNLESS OTHERWISE NOTED. CENTER CEILING MOUNTED EXIT SIGNS IN CORRIDOR OR CEILING PANEL IN OPEN AREAS UNLESS OTHERWISE NOTED, SEE ELECTRICAL DRAWINGS FOR LOCATION.
- AT ACOUSTICAL PANEL CEILINGS, LOCATE ELECTRICAL OR LIFE SAFETY FIXTURES AND DEVICES IN CENTER OF PANEL, UNLESS OTHERWISE NOTED.
- PAINT ALL MECHANICAL SLOTS, GRILLES, OR ACCESS PANELS TO MATCH SURFACE ON WHICH THEY OCCUR, UNLESS OTHERWISE NOTED.
- CONTRACTOR IS TO PROVIDE ALL MISCELLANEOUS MTL STUD FRAMING REQUIRED FOR SOFFITS AND BULKHEADS AS GRAPHICALLY DEPICTED ON THE REFLECTED CEILING PLAN, SECTIONS AND ELEVATIONS.
- SUPPORT FINISH EDGES OF CEILING WITH EDGE ANGLES ATTACHED TO WALL.
- PAINT ALL EXPOSED STEEL STRUCTURE AND ALL OTHER EXPOSED SURFACES THAT ARE NOT PREFINISHED OR INTEGRALLY COLORED EXCEPT IN CONCEALED SPACES INCLUDING MECHANICAL ROOMS, JANITOR CLOSETS, AND ELECTRICAL ROOMS.
- 11. PROVIDE CARE AND COORDINATION TO CONCEAL ALL CONDUIT, FIRE PROTECTION PIPING, AND PLUMBING
- 12. ALL LIGHTING IS DEPICTED TO INDICATE LOCATION ONLY, SEE ELECTRICAL FOR FIXTURE SPECIFICATIONS, NOTIFY ARCHITECT OF ANY DISCREPANCIES.
- 13. AT ALL EXPOSED METAL DECK LOCATIONS UTILIZE WEDGE BOLT/NET SYSTEM TO HANG ALL SYSTEMS.
- PROVIDE METAL DECK WITH PRE-FINISHED EXPOSED SURFACES. PROVIDE ACOUSTICAL METAL DECK WHERE EXPOSED TO OCCUPIED SPACES WITHIN BUILDING. SEE STRUCTURAL DWGS TYP.
- 15. CONTROL JOINTS SHALL BE INSTALLED IN CEILING TO DELINEATE AREAS NO MORE THANK 110 SQ. FT.
- 16. AT EXPOSED ACOUSTICAL DECK CEILINGS, CONCEAL ALL CONDUIT ABOVE DECK.
- 17. PAINT ALL GYPSUM CEILINGS, PT-4, UNLESS NOTED OTHERWISE. REFERENCE FINISH LEGEND ON SHEET (ID-101 OR ID-110).

CEILING MATERIAL LEGEND

CL-1 DESCRIPTION: GYPSUM BOARD CEILING MANUFACTURER: SEE ARCH. SPECIFICATIONS

COLOR: PT-1 REMARKS: SEE GENERAL NOTE #3 ON THIS SHEET

DESCRIPTION: ACOUSTIC CEILING TILE MANUFACTURER: ARMSTRONG CEILINGS

STYLE: OPTIMA -PRELUDE TEGULAR 15/16" SUSPENSION SYSTEM COLOR: WHITE SIZE: 24"X 72" SEE GENERAL NOTE #2 ON THIS SHEET

REMARKS: SEE ARCH. SPECIFICATIONS CONTACT: KAITLYN MALONEY 813.734.5412 KEMALONEY@ARMSTRONGCEILINGS.COM

CL-3 DESCRIPTION: ACOUSTIC CEILING TILE MANUFACTURER: ARMSTRONG STYLE: OPTIMA -PRELUDE TEGULAR 15/16" SUSPENSION SYSTEM

COLOR: WHITE SIZE: 24" X 24" REMARKS: SEE GENERAL NOTE #2 ON THIS SHEET

CONTACT: KAITLYN MALONEY 813.734.5412 KEMALONEY@ARMSTRONGCEILINGS.COM CL-4 DESCRIPTION: ACOUSTIC CEILING TILE MANUFACTURER: ARMSTRONG

STYLE: ULTIMA 15/16" FRAME SQUAR LAY-IN COLOR: WHITE SIZE: 24" X 24" REMARKS: WASHABLE. SEE GENERAL NOTE #2 ON THIS SHEET

CONTACT: KAITLYN MALONEY 813.734.5412 KEMALONEY@ARMSTRONGCEILINGS.COM

CL-5 DESCRIPTION: SUSPENDED ACOUSTIC BLADES MANUFACTURER: KIREI STYLE: SIMPLE BAFFLE + , SPLINE BAFFLE

COLOR: TBD SIZE: 96"X11.5" CONTACT: HEATHER HUDDLESTON 407.247.6537 HEATHER@CHIMECONTRACT.COM

DENOTES EXPOSED/OPEN TO UNDERSIDE OF STRUCTURE, NOT PAINTED

MSH-1 DESCRIPTION: MOTORIZED ROLLER SHADES STYLE: ELECTROSHADE COLOR: 3% OPENING & BLACKOUT/ COLOR TBD REMARKS: LOCATION: BOARDROOM. WHISPERSHADE AND MECHONET CONTROLS. SWITCHES TBD COORDINATE WITH MANUFACTURER'S REP FOR SPECIFIC SELECTIONS. CONTACT: JONATHAN GOSSELL 407.335.9569

JONATHAN.GOSSELL@MECHOSHADE.COM MSH-2) DESCRIPTION: MANUAL ROLLER SHADES STYLE: MECHO 5 COLOR: 3% OPENING, COLOR T.B.D. REMARKS: LOCATION- OFFICES AND OPEN AREAS. PROVIDE FASCIA AS REQUIRED.

UNDERCABINET LIGHT

PENDANT LIGHT

PENDANT LIGHT

PENDANT LIGHT

EXIT SIGN

STAIRWELL WALL MTD LIGHT FIXTURE W/ MOTION SENSOR

_ _ _ _ COVE LIGHT

CONTACT: JONATHAN GOSSELL 407.335.9569 JONATHAN.GOSSELL@MECHOSHADE.COM

CEILING FIXTURE LEGEND

SUPPLY DIFFUSER
RETURN DIFFUSER
EXHAUST VENT
2X4 DIRECT / INDIRECT TROFFER
2X2 DIRECT / INDIRECT TROFFER
SURFACE MOUNTED

FLUORESCENT LIGHT FIXTURE SCONCE FIXTURE

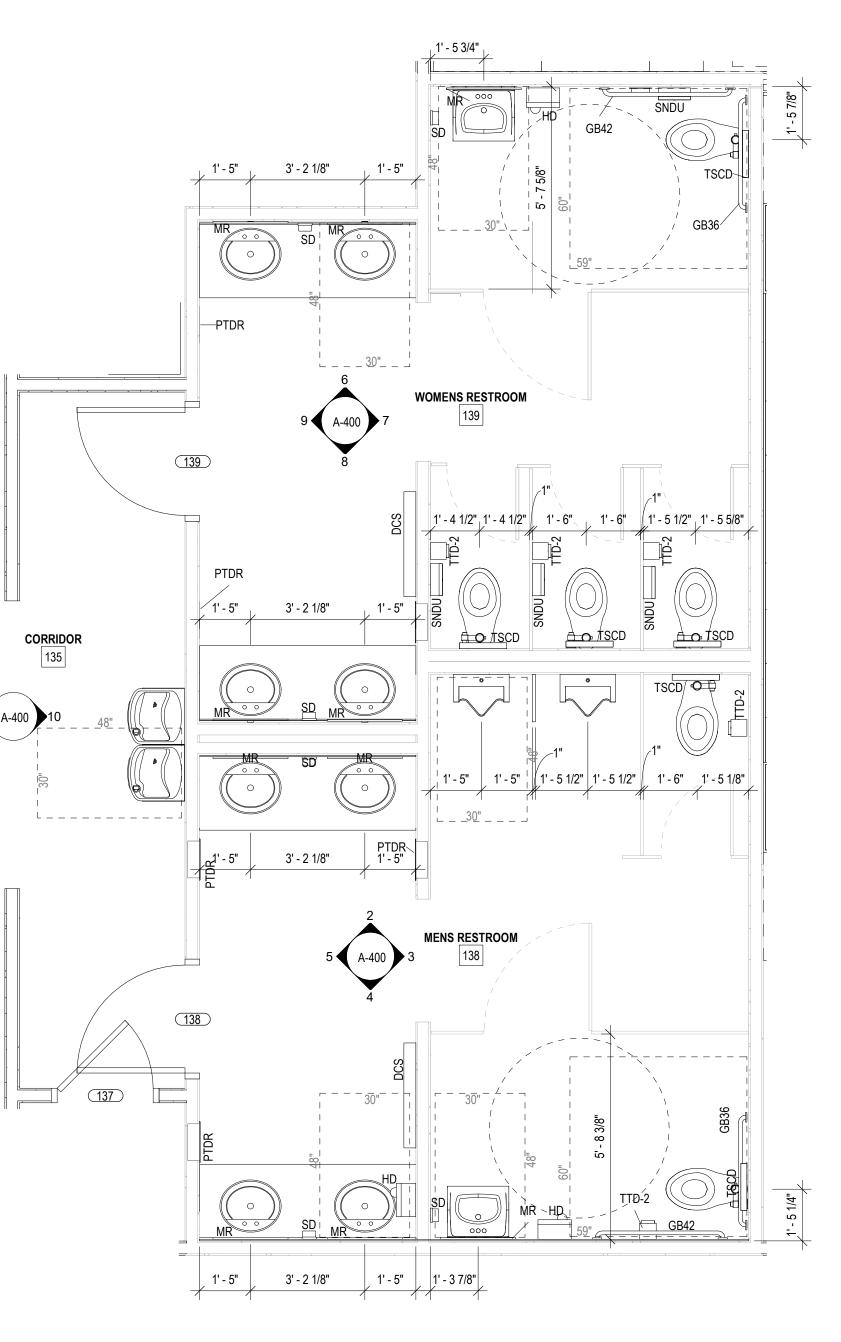
4' RECESSED LINEAR LIGHT FIXTURE

CTION 6" LED RECESSED LIGHT FIXTURE OR <u>N</u> **PRELIMINARY**

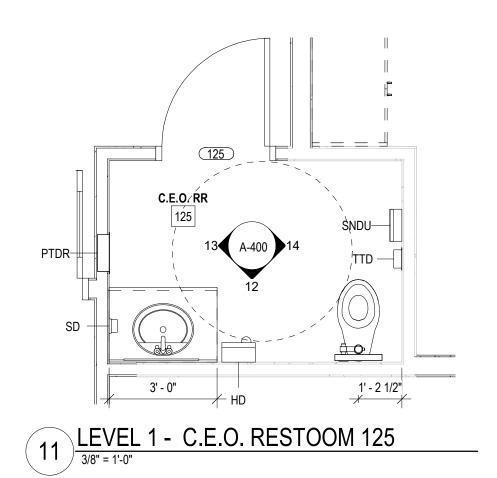
Renovation C Project number 2125 DISTRIBUTION PROGRESS SET (DD) 01/06/2023 **ENLARGED RCP**

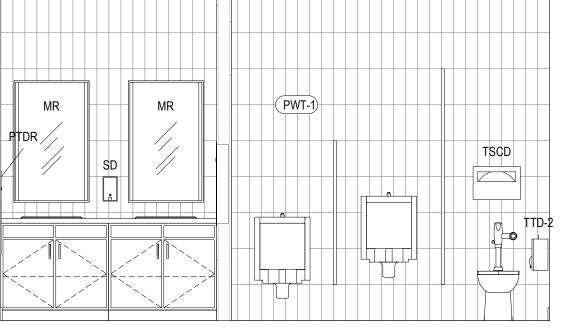


SPECIFIC KEYNOTES - ELEVATIONS

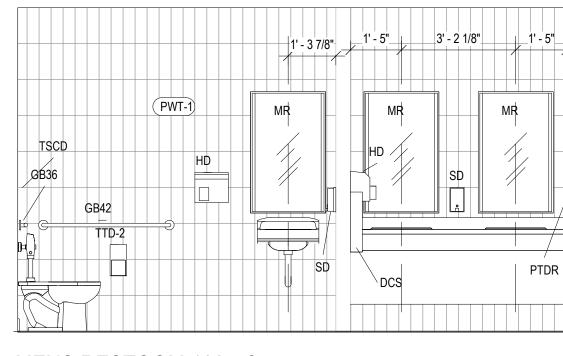


1 LEVEL 1 - RESTROOMS 138 & 139





2 MENS RESTROOM 138 - A

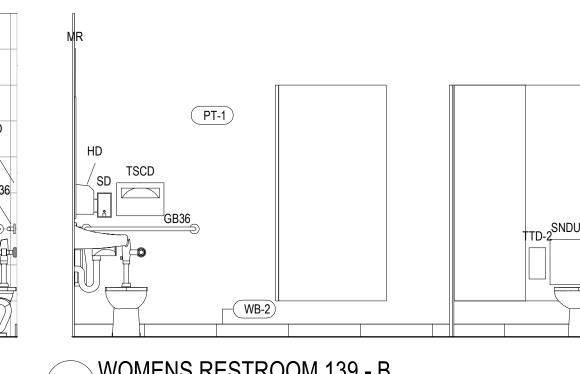


4 MENS RESTOOM 138 - C

6 WOMENS RESTROOM 139 - A

PT-1

(139)



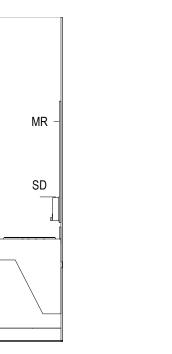
MENS RESTOOM 138 - B

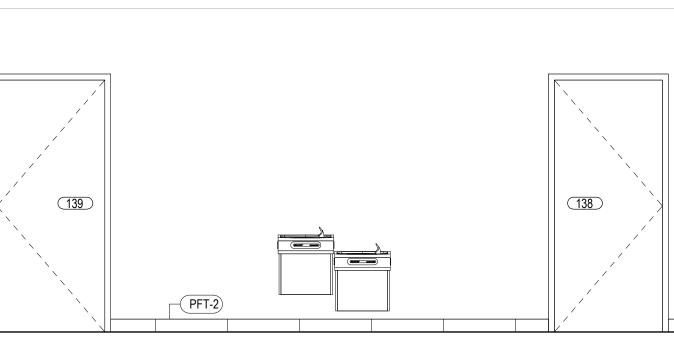
PTDR

5 MENS RESTROOM 138 - D

PT-1

7 WOMENS RESTROOM 139 - B

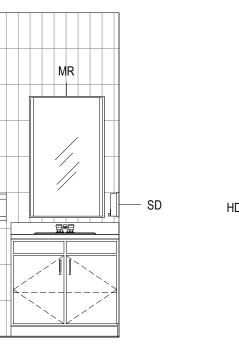




WB-2

CORRIDOR 135 - WATER FOUNTAINS

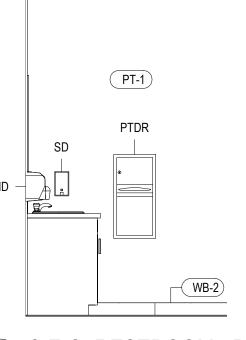
3/8" = 1'-0"



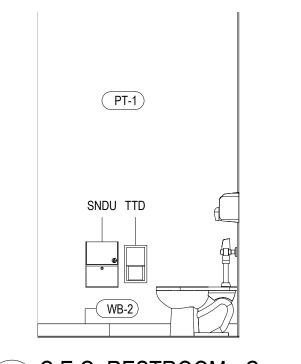
C.E.O. RESTROOM - A

9 WOMENS RESTROOM - D

(PWT-1)



13 <u>C.E.O. RESTROOM - B</u>



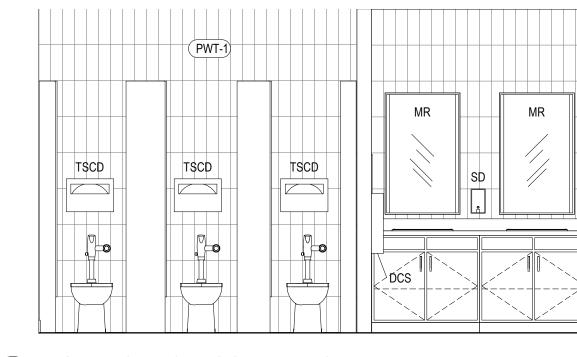
14 C.E.O. RESTROOM - C

GENERAL NOTES

- 1. REFER TO SHEET G-104 FOR BATHROOM FIXTURE MOUNTING HEIGHTS AND INFORMATION.
- 2. REFER TO FINISH PLANS FOR SPECIFIC FINISHES ON SHEET ID-100 SERIES.
- TOILET PARTITIONS TO BE FLOOR MOUNTED, PARTITIONS SHOULD HAVE A CONTINUOUS PLASTIC WALL BRACKET, PLASTIC SHOES, AND A CONTINUOUS HINGE. NO SIGHTLINES. REFER TO FINISH PLANS FOR TYPE AND MANUFACTURER.
- ALIGN CENTER OF MIRRORS WITH CENTERLINE OF LAVATORIES, TYP. U.N.O.
- MANUFACTURERS NOTED IN ACCESSORY AND FIXTURES LEGEND TO BE USED AS BASIS OF DESIGN, UNLESS NOTED OTHERWISE. PLEASE SEE PLUMBING SHEET P-X.XX FOR
- ALL TOILET ACCESSORIES TO BE FURNISHED AND INSTALLED BY CONTRACTOR, UNLESS OTHERWISE NOTED.
- CONTRACTOR TO PROVIDE PRESSURE TREATED WOOD BLOCKING INSIDE WALL PARTITIONS FOR ALL FIXTURES (AS REQUIRED AS PER CONSTRUCTION AND/ OR MANUFACTURER).
- PROVIDE COAT HOOKS AT EVERY TOILET STALL, INSTALL AT 48" A.F.F. UNLESS NOTED
- 9. FOLLOW ALL MANUFACTURER'S INSTALLATION INSTRUCTIONS.
- 10. START TILE AS DEPICTED ON ELEVATIONS AND ALIGN GROUT JOINTS IN FLOOR TILE WITH GROUT JOINTS WITH WALL TILE.
- 11. REFER TO PLUMBING FOR PLUMBING FIXTURE SCHEDULE.
- 12. PROVIDE CEMENTITIOUS BACKER BOARD IN PLACE OF GWB AT ALL LOCATIONS SHOWING CERAMIC OR PORCELAIN TILE FINISH.
- 13. FOLLOW ALL TCNA AND ANSI 108 SERIES STANDARDS FOR INSTALLATION METHODS FOR TILE, SUBSTRATE, SETTING AND GROUTING MATERIALS.
- 14. PROVIDE SCHLUTER TRIM PIECE TO CAP TILE AT EXPOSED EDGES.
- DO NOT PAINT BELOW THE WALL BASE LINE AS RESINOUS COVE BASE MATERIAL WILL NOT ADHERE TO THE SUBSTRATE.

FOR EXISTING/RENOVATION:

- 16. ALL TOILET ACCESSORIES TO BE REUSED AND INSTALLED BY CONTRACTOR UNLESS OTHEWISE NOTED.
- 17. FOR ALL PLUMBING FIXTURES TO REMAIN, VERIFY IN FIELD LOCATIONS AND DIMENSIONS TO COMPLY WITH FBC 604, 605 & 606. NOTIRY ARCHITECT OF ANY FIXTURE THAT IS NON COMPLIANT.



8 WOMENS RESTROOM 139 - C

	SPECIFIC KEYNOTES - INTERIOR				
NUMBER	TEXT				
ID01	EXISTING EXTERIOR STOREFRONT				
ID02	BALLISTIC SECURITY GLASS STOREFRONT, SEE ARCHITECTURAL DETAILS				
ID03	BUILT IN UPHOLSTERED BANQUETTE				
ID04	QUARTZ WATERFALL EDGE, REFER TO MILLWORK SECTIONS				
ID05	SLIDING TEMPERED GLASS DOORS, REFER TO DOOR SCHEDULE				
ID06	GYPSUM SOFFIT.				
ID07	QUARTZ COUNTERTOP				
ID08	FLOATING WOODEN SHELVES				
ID09	FOLDABLE PARTITION, REFER TO WALL DETAILS				
ID10	NEW STOREFRONT, REFER TO STOREFRONT ELEVATIONS				
ID11	BUILT IN TABLE WITH EDGE MOUNTED POWER, REFER TO MILLWORK DETAILS				
ID12	SUSPENDED LIGHT FIXTURE, REFER TO SCHEDULE ON ELECTRICAL SHEETS				
ID13	SUSPENDED ACOUSTIC PANEL, ARKTURA SOUNDSTAR MOUNTED AT DIFFERE HEIGHTS. PROVIDE ALL STANDARD FELT/POWDER COATED ALUMINUM COLOR				
ID14	PAINT STRUCTURAL JOIST ADN BEAMS TO MATCH EXPOSED DECK, REFER TO FINISH PLAN FOR COLOR.				
ID15	PROVIDE OUTLETS ABOVE COUNTER FOR IT USE. REFER TO CONSULTANT DRAWINGS FOR SPECIFICATIONS ON OUTLET TYPE.				
ID16	POWDER COATED ALUMINUM SIGN, FONT AND SIZE TBD				
ID17	COLUMN, FURRED AND PAINTED				
ID18	SPECIALTY CEILING, REFER TO ENLARGED CEILING PLANS				
ID19	RECESSED LIGHT FIXTURE, REFER TO SCHEDULE ON ELECTRICAL SHEETS				
ID20	PROVIDE FLOOR BOXES FOR POWER AND DATA, COORDINATE/VERIFY FOR QUANTITIES AND LOCATIONS				
ID21	MOTORIZED CONTINUOUS HINGED OPERABLE PARTITION, REFER TO SPECIFICATIONS, COORDINATE WITH ELECTRICAL AND STRUCTURAL				
ID22	TV/ AV EQUIPMENT, PROVIDE MOUNTING BRACKET/HARDWARE				

TOILE	T ACCESSORY SCHEDULE			
TYPE MARK	DESCRIPTION	MANUFACTURER	MODEL#	REMARKS
ocs	BOBRICK HORIZONTAL BABY CHANGING STATION - KOALA KARE	BOBRICK	KB200-01SS	
GB36	GRAB BAR 36"	BOBRICK	B-5806 SERIES	
GB42	GRAB BAR 42"	BOBRICK	B-5806 SERIES	
HD D	RECESSED SENSOR HAND DRYER	BOBRICK	B-750	
MR	MIRROR 24" X 32" W INTEGRAL EDGE LIGHTING	TECH LIGHTING	700 VNRFL-CF	COORDINATE WITH ELECTRICAL
PTDR	RECESSED PAPER TOWEL DISPENSER AND WASTE RECEPTABLE	BOBRICK	B-36903	
PTDR2	TrimLineSeries Recessed Paper Towel Dispenser And Waste Receptacle	Bobrick	B-380349	
SD	AUTOMATIC WALL MOUNTED SOAP DISPENSER	BOBRICK	B-2013	
SNDU	SURFACE MOUNTED SANITARY NAPKIN DISPOSAL	BOBRICK	B-254	
TSCD	TOILET SEAT COVER DISPENSER	BRADLEY	5831	
ΓTD	Recessed Multi-Roll Toilet Tissue Dispenser	Bobrick Washroom Equipment, Inc.	B-3888	
ΓTD-2	TOILET TISSUE DISPENSER (ADA)	Bradley Corporation	#723	

er Jensen 1**c.** t301 1-3214 2-5475

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St. Petersburg, Florida 33701-3214
(727) 822-5566 fax (727) 822-5475
www.wjarc.com
AA0002277

THE ARCHITECT'S COMMON LAW COPYRIC OTHER PREPER YER IN THE IDEAS, DESIGNS, PLANS, DRAWING SPECHCATIONS PRODUCED BY THE ARCHITECTONS SHALL NOTE BE REPRODUCED OF THE ARCHITECT CONSENTS IN THE OFFICE STATEMENTAL AGENCIES TO STATE EXPRESS WRITTEN PERMISSION OF THE ARCHITECT. CONSENT IS HREBGY GRANTE CONSTRUCTION DRAWINGS IN COMPLAN THE STATE STATUTES. TO THE BEST OF THE ARCHITECT'S OF ENGINEER'S KNOWLEDGE PLANS AND SECHECATIONS COMPLY WIT ARCHITECT'S OF ENGINEER'S KNOWLEDGE PLANS AND SECHECATIONS COMPLY WIT ARCHITECT'S OF ENGINEER'S KNOWLEDGE PLANS AND SECHECATIONS COMPLY WIT ARCHITECT'S OF ENGINEER'S KNOWLEDGE PLANS AND SECHECATIONS COMPLY WIT ARCHITECT'S OF ENGINEER'S KNOWLEDGE PLANS AND SECHECATIONS COMPLY WIT ARCHITEST STANDARDS AS DETERMINED BY THE LOCAL AUTHORITY I ACCORDANCE WITH CHAPITERS SES AND OFTER HORIDA STATUTES.

CJFCS - Icot Office Renovation

Project number 2125

DISTRIBUTION

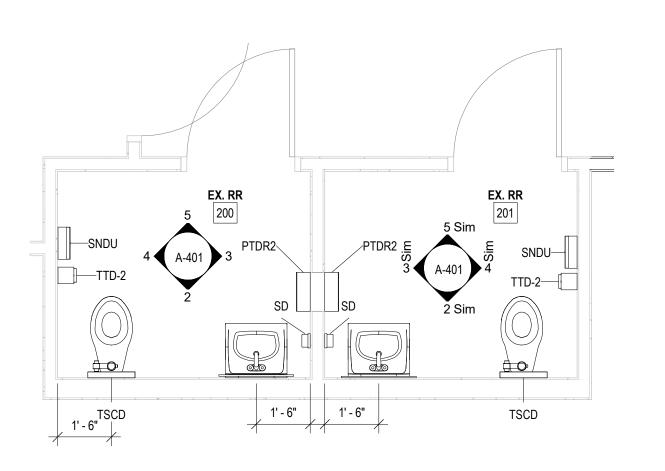
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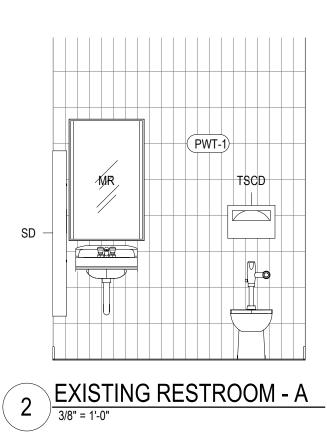
PROGRESS SET (DD) 01/06/2023

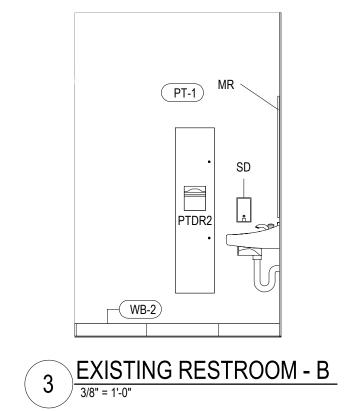
CONSTRUCTION

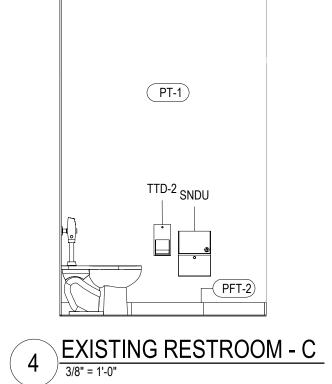
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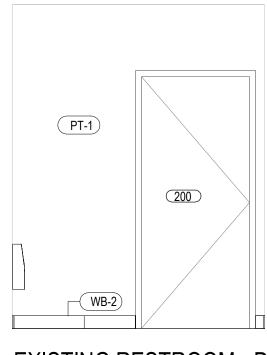
ENLARGED WATER
CLOSET PLANS AND
ELEVATIONS
A-400





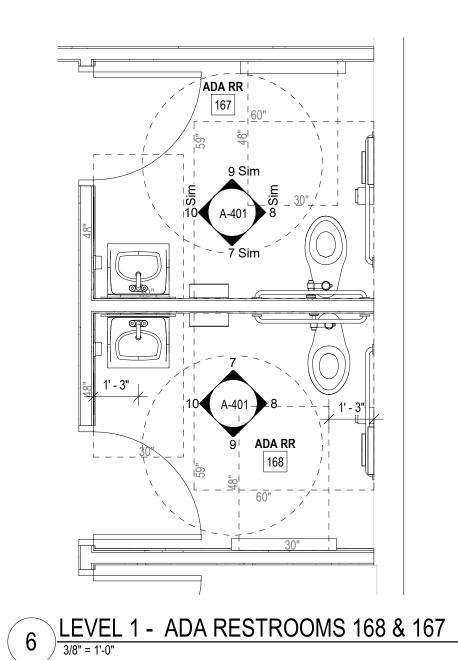


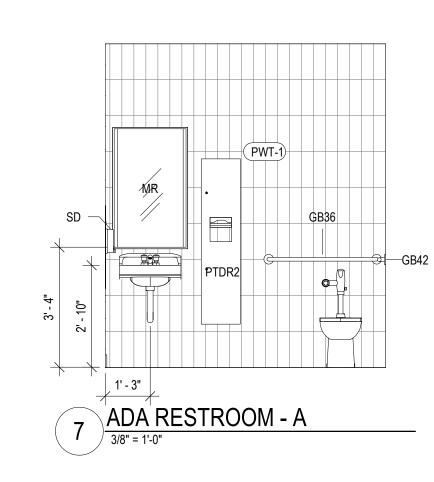


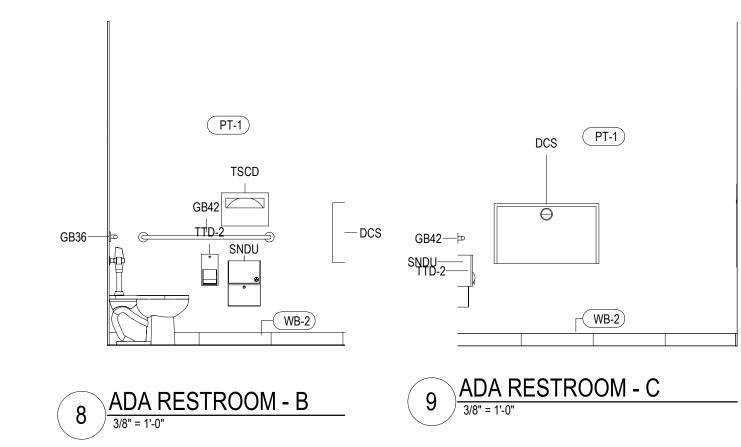


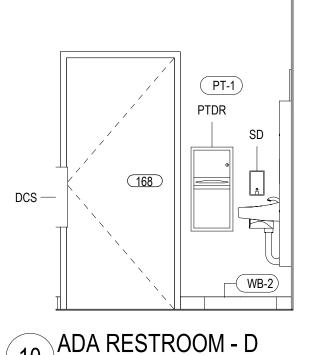
5 EXISTING RESTROOM - D











10 ADA RESTROOM - D

- REFER TO SHEET G-104 FOR BATHROOM FIXTURE MOUNTING HEIGHTS AND INFORMATION.
- REFER TO FINISH PLANS FOR SPECIFIC FINISHES ON SHEET ID-100 SERIES.
- TOILET PARTITIONS TO BE FLOOR MOUNTED, PARTITIONS SHOULD HAVE A CONTINUOUS PLASTIC WALL BRACKET, PLASTIC SHOES, AND A CONTINUOUS HINGE. NO SIGHTLINES. REFER TO FINISH PLANS FOR TYPE AND MANUFACTURER.
- ALIGN CENTER OF MIRRORS WITH CENTERLINE OF LAVATORIES, TYP. U.N.O.
- MANUFACTURERS NOTED IN ACCESSORY AND FIXTURES LEGEND TO BE USED AS BASIS OF DESIGN, UNLESS NOTED OTHERWISE. PLEASE SEE PLUMBING SHEET P-X.XX FOR
- ALL TOILET ACCESSORIES TO BE FURNISHED AND INSTALLED BY CONTRACTOR, UNLESS
- CONTRACTOR TO PROVIDE PRESSURE TREATED WOOD BLOCKING INSIDE WALL PARTITIONS FOR ALL FIXTURES (AS REQUIRED AS PER CONSTRUCTION AND/ OR MANUFACTURER).
- PROVIDE COAT HOOKS AT EVERY TOILET STALL, INSTALL AT 48" A.F.F. UNLESS NOTED OTHERWISE.
- FOLLOW ALL MANUFACTURER'S INSTALLATION INSTRUCTIONS.
- START TILE AS DEPICTED ON ELEVATIONS AND ALIGN GROUT JOINTS IN FLOOR TILE WITH GROUT JOINTS WITH WALL TILE.
- REFER TO PLUMBING FOR PLUMBING FIXTURE SCHEDULE.
- PROVIDE CEMENTITIOUS BACKER BOARD IN PLACE OF GWB AT ALL LOCATIONS SHOWING CERAMIC OR PORCELAIN TILE FINISH.
- FOLLOW ALL TCNA AND ANSI 108 SERIES STANDARDS FOR INSTALLATION METHODS FOR TILE, SUBSTRATE, SETTING AND GROUTING MATERIALS.
- 14. PROVIDE SCHLUTER TRIM PIECE TO CAP TILE AT EXPOSED EDGES.
- DO NOT PAINT BELOW THE WALL BASE LINE AS RESINOUS COVE BASE MATERIAL WILL NOT ADHERE TO THE SUBSTRATE.

FOR EXISTING/RENOVATION:

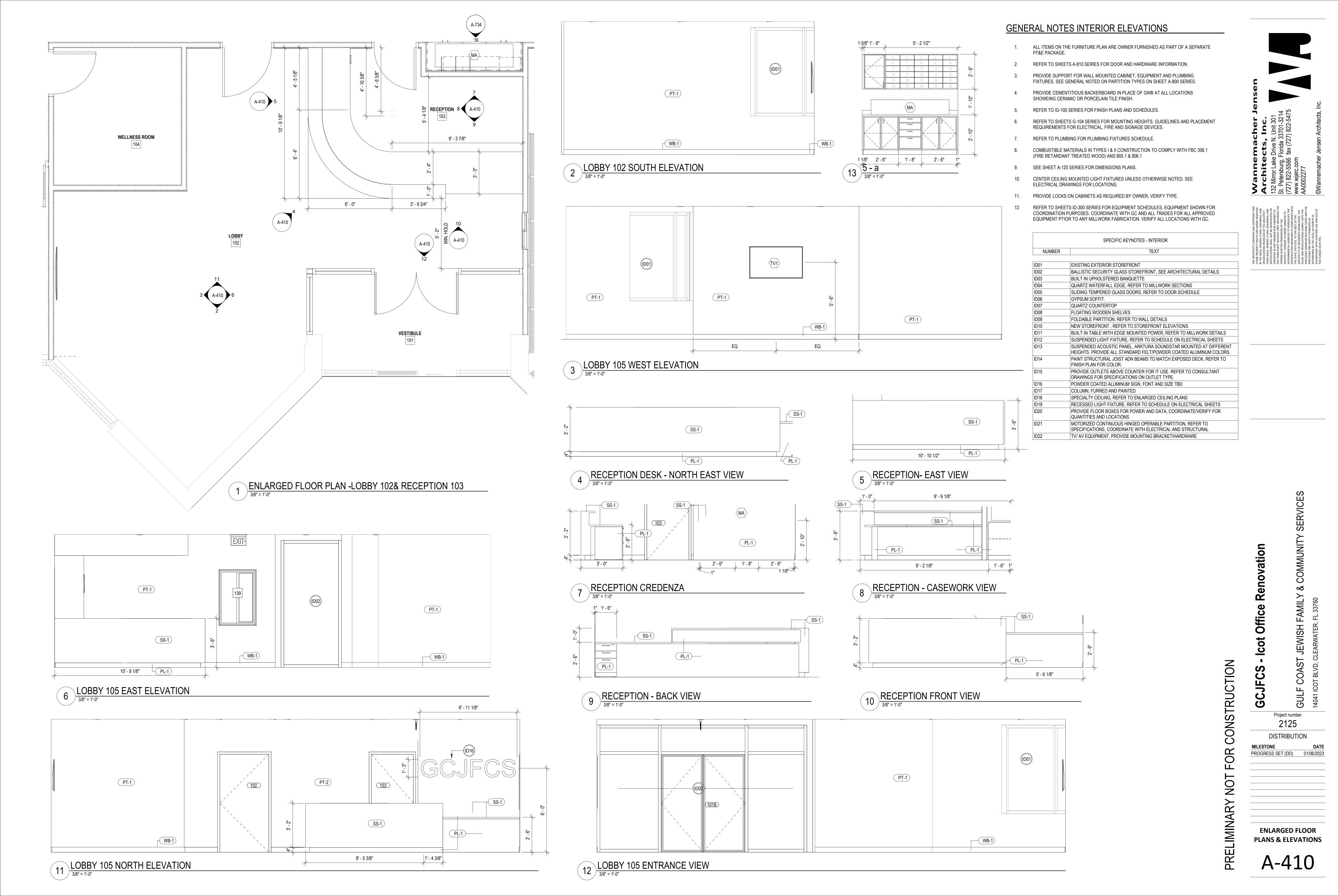
- ALL TOILET ACCESSORIES TO BE REUSED AND INSTALLED BY CONTRACTOR UNLESS OTHEWISE NOTED.
- FOR ALL PLUMBING FIXTURES TO REMAIN, VERIFY IN FIELD LOCATIONS AND DIMENSIONS TO COMPLY WITH FBC 604, 605 & 606. NOTIRY ARCHITECT OF ANY FIXTURE THAT IS NON COMPLIANT.

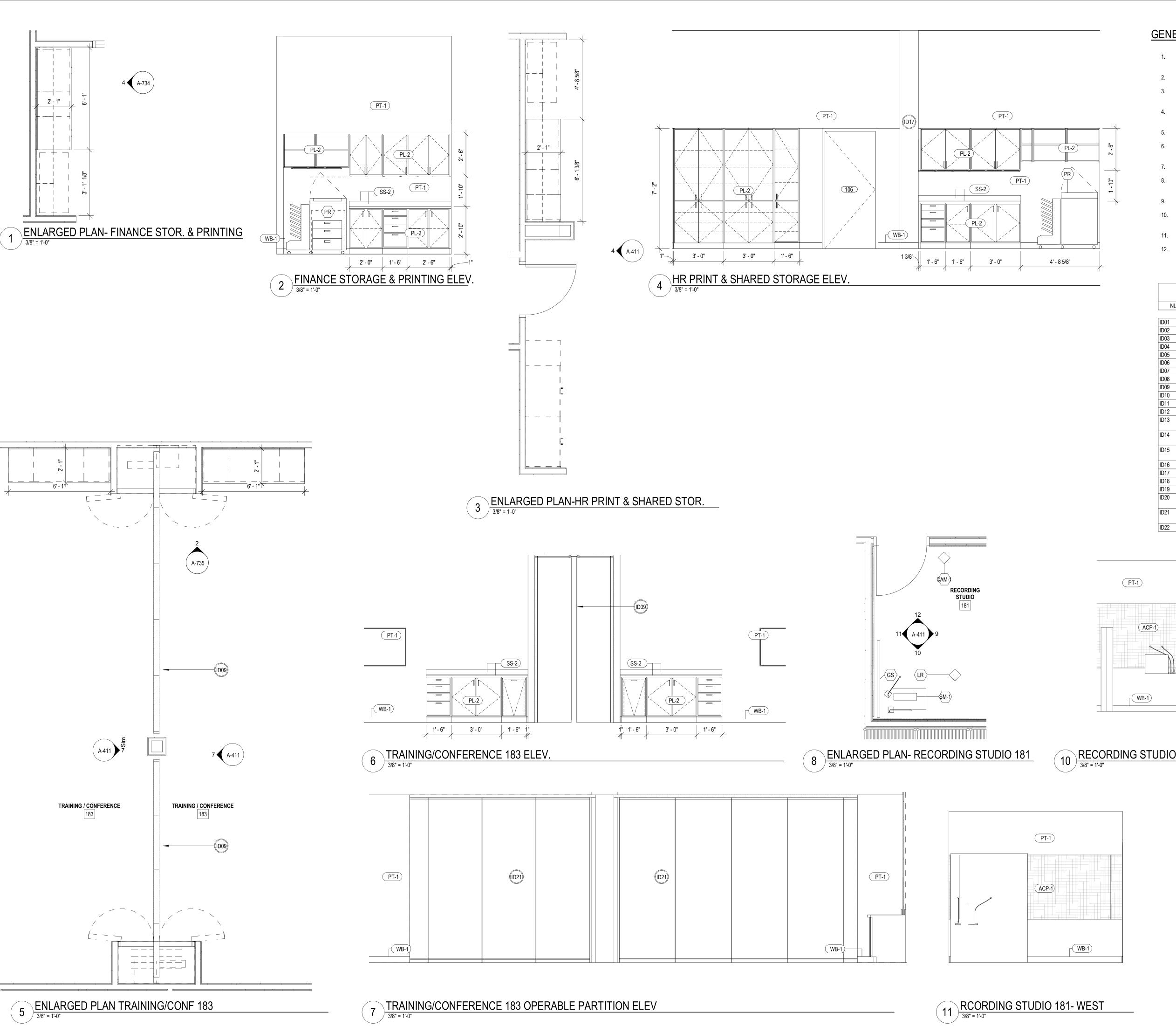
NUMBER	TEXT				
ID01	EXISTING EXTERIOR STOREFRONT				
ID02	BALLISTIC SECURITY GLASS STOREFRONT, SEE ARCHITECTURAL DETAILS				
ID03	BUILT IN UPHOLSTERED BANQUETTE				
ID04	QUARTZ WATERFALL EDGE, REFER TO MILLWORK SECTIONS				
ID05	SLIDING TEMPERED GLASS DOORS, REFER TO DOOR SCHEDULE				
ID06	GYPSUM SOFFIT.				
ID07	QUARTZ COUNTERTOP				
ID08	FLOATING WOODEN SHELVES				
ID09	FOLDABLE PARTITION, REFER TO WALL DETAILS				
ID10	NEW STOREFRONT, REFER TO STOREFRONT ELEVATIONS				
ID11	BUILT IN TABLE WITH EDGE MOUNTED POWER, REFER TO MILLWORK DETAILS				
ID12	SUSPENDED LIGHT FIXTURE, REFER TO SCHEDULE ON ELECTRICAL SHEETS				
ID13	SUSPENDED ACOUSTIC PANEL, ARKTURA SOUNDSTAR MOUNTED AT DIFFERE HEIGHTS. PROVIDE ALL STANDARD FELT/POWDER COATED ALUMINUM COLOR				
ID14	PAINT STRUCTURAL JOIST ADN BEAMS TO MATCH EXPOSED DECK, REFER TO FINISH PLAN FOR COLOR.				
ID15	PROVIDE OUTLETS ABOVE COUNTER FOR IT USE. REFER TO CONSULTANT DRAWINGS FOR SPECIFICATIONS ON OUTLET TYPE.				
ID16	POWDER COATED ALUMINUM SIGN, FONT AND SIZE TBD				
ID17	COLUMN, FURRED AND PAINTED				
ID18	SPECIALTY CEILING, REFER TO ENLARGED CEILING PLANS				
ID19	RECESSED LIGHT FIXTURE, REFER TO SCHEDULE ON ELECTRICAL SHEETS				
ID20	PROVIDE FLOOR BOXES FOR POWER AND DATA, COORDINATE/VERIFY FOR QUANTITIES AND LOCATIONS				
ID21	MOTORIZED CONTINUOUS HINGED OPERABLE PARTITION, REFER TO SPECIFICATIONS, COORDINATE WITH ELECTRICAL AND STRUCTURAL				
ID22	TV/ AV EQUIPMENT, PROVIDE MOUNTING BRACKET/HARDWARE				

TOILE	T ACCESSORY SCHEDULE			
TYPE MARK	DESCRIPTION	MANUFACTURER	MODEL#	REMARKS
DCS	BOBRICK HORIZONTAL BABY CHANGING STATION - KOALA KARE	BOBRICK	KB200-01SS	
GB36	GRAB BAR 36"	BOBRICK	B-5806 SERIES	
GB42	GRAB BAR 42"	BOBRICK	B-5806 SERIES	
HD	RECESSED SENSOR HAND DRYER	BOBRICK	B-750	
MR	MIRROR 24" X 32" W INTEGRAL EDGE LIGHTING	TECH LIGHTING	700 VNRFL-CF	COORDINATE WITH ELECTRICAL
PTDR	RECESSED PAPER TOWEL DISPENSER AND WASTE RECEPTABLE	BOBRICK	B-36903	
PTDR2	TrimLineSeries Recessed Paper Towel Dispenser And Waste Receptacle	Bobrick	B-380349	
SD	AUTOMATIC WALL MOUNTED SOAP DISPENSER	BOBRICK	B-2013	
SNDU	SURFACE MOUNTED SANITARY NAPKIN DISPOSAL	BOBRICK	B-254	
TSCD	TOILET SEAT COVER DISPENSER	BRADLEY	5831	
TTD	Recessed Multi-Roll Toilet Tissue Dispenser	Bobrick Washroom Equipment, Inc.	B-3888	
TTD-2	TOILET TISSUE DISPENSER (ADA)	Bradley Corporation	#723	

CONSTRUCTION **PRELIMINARY**

ENLARGED WATER CLOSET PLANS AND ELEVATIONS A-401





TRAINING/CONFERENCE 183 OPERABLE PARTITION ELEV

5 ENLARGED PLAN TRAINING/CONF 183

GENERAL NOTES INTERIOR ELEVATIONS

ALL ITEMS ON THE FURNITURE PLAN ARE OWNER FURNISHED AS PART OF A SEPARATE FF&E PACKAGE.

REFER TO SHEETS A-810 SERIES FOR DOOR AND HARDWARE INFORMATION.

PROVIDE SUPPORT FOR WALL MOUNTED CABINET, EQUIPMENT AND PLUMBING

FIXTURES. SEE GENERAL NOTED ON PARTITION TYPES ON SHEET A-800 SERIES.

PROVIDE CEMENTITIOUS BACKERBOARD IN PLACE OF GWB AT ALL LOCATIONS SHOWEING CERAMIC OR PORCELAIN TILE FINISH.

REFER TO ID-100 SERIES FOR FINISH PLANS AND SCHEDULES.

REFER TO SHEETS G-104 SERIES FOR MOUNTING HEIGHTS, GUIDELINES AND PLACEMENT REQUIREMENTS FOR ELECTRICAL, FIRE AND SIGNAGE DEVICES.

REFER TO PLUMBING FOR PLUMBING FIXTURES SCHEDULE.

COMBUSTIBLE MATERIALS IN TYPES I & II CONSTRUCTION TO COMPLY WITH FBC 306.1 (FIRE RETARDANT TREATED WOOD) AND 805.1 & 806.1

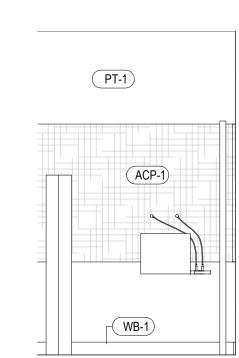
SEE SHEET A-120 SERIES FOR DIMENSIONS PLANS.

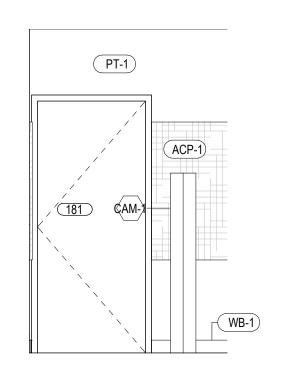
CENTER CEILING MOUNTED LIGHT FIXTURES UNLESS OTHERWISE NOTED. SEE ELECTRICAL DRAWINGS FOR LOCATIONS.

11. PROVIDE LOCKS ON CABINETS AS REQUIRED BY OWNER, VERIFY TYPE.

REFER TO SHEETS ID-300 SERIES FOR EQUIPMENT SCHEDULES. EQUIPMENT SHOWN FOR COORDINATION PURPOSES. COORDINATE WITH GC AND ALL TRADES FOR ALL APPROVED EQUIPMENT PTIOR TO ANY MILLWORK FABRICATION. VERIFY ALL LOCATIONS WITH GC.

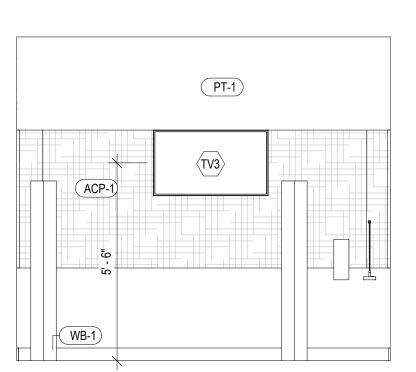
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ID22	TV/ AV EQUIPMENT, PROVIDE MOUNTING BRACKET/HARDWARE				





10 RECORDING STUDIO 181- SOUTH
3/8" = 1'-0"

12 RECORDING STUDIO 181- NORTH

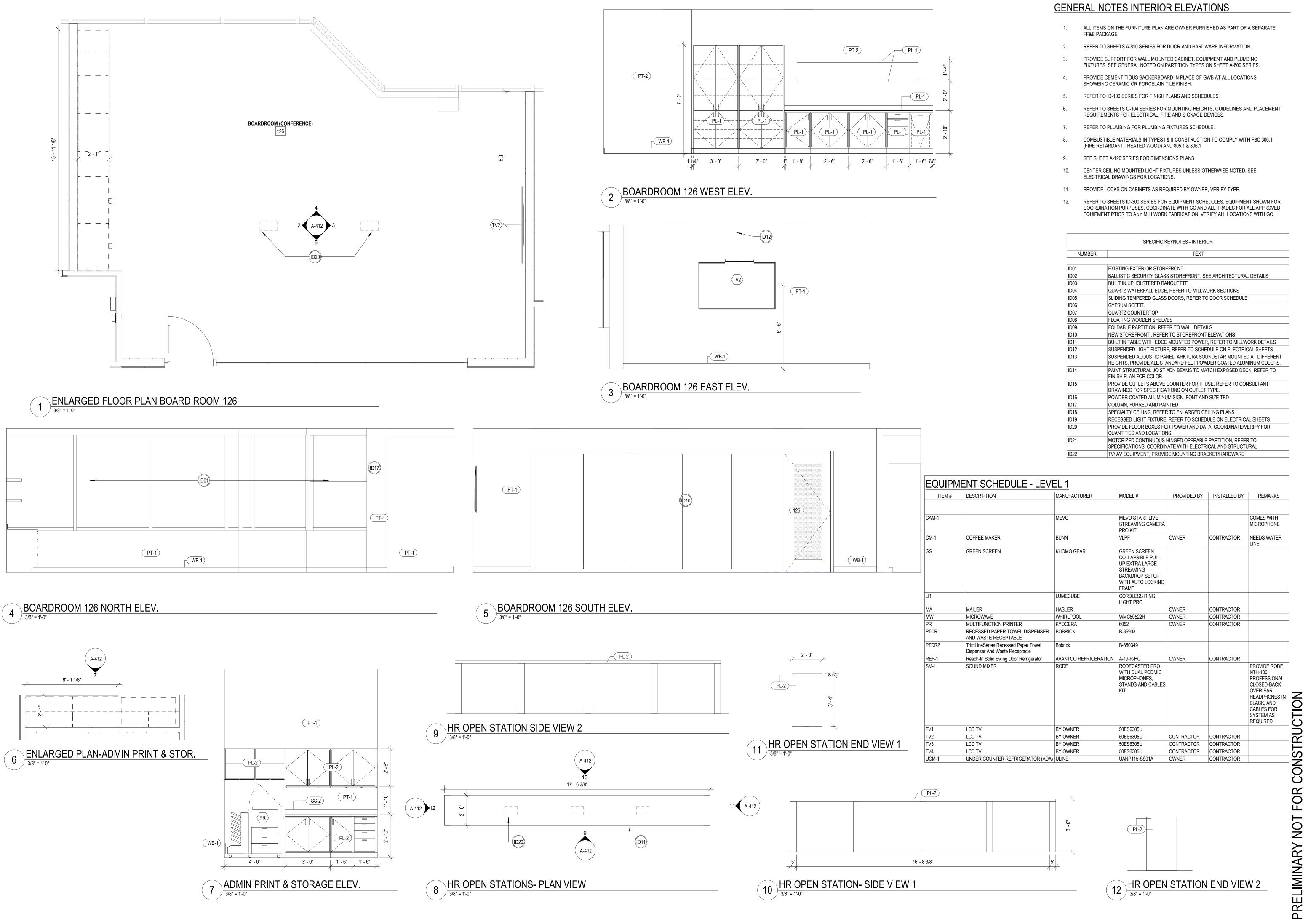


9 RECORDING STUDIO 181- EAST
3/8" = 1'-0"

CONSTRUCTION FOR PROGRESS SET (DD) 01/06/2023 **PRELIMINARY**

ENLARGED FLOOR

DISTRIBUTION



Office Renovation <u>|cot</u> **JFCS** رن ن

Project number

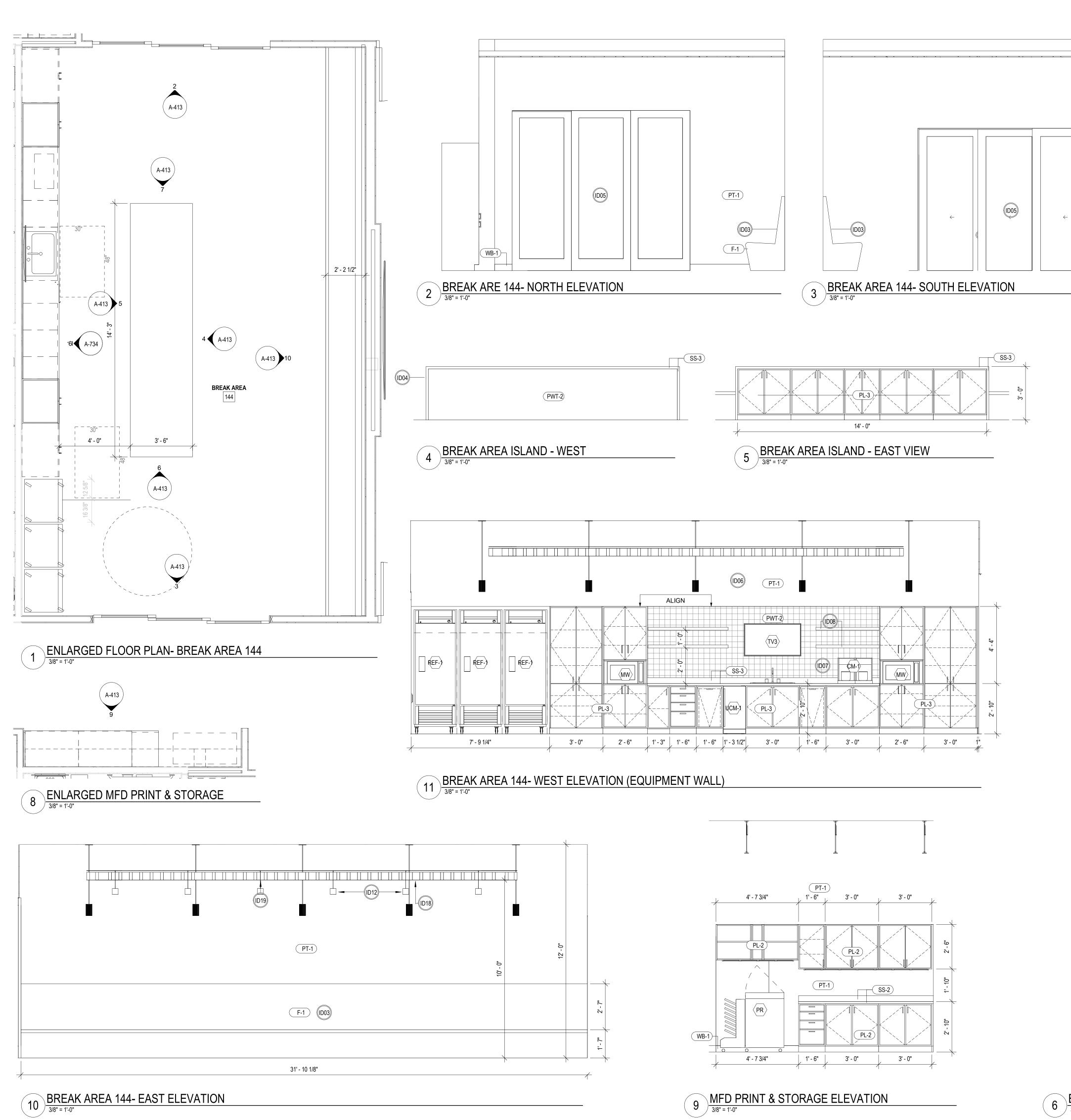
DISTRIBUTION

PROGRESS SET (DD) 01/06/2023

ENLARGED FLOOR

A-412

PLANS & ELEVATIONS

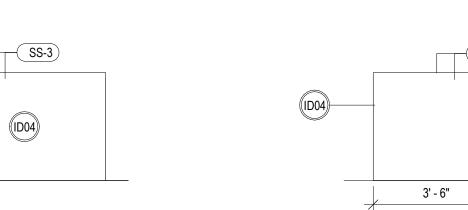


GENERAL NOTES INTERIOR ELEVATIONS

- ALL ITEMS ON THE FURNITURE PLAN ARE OWNER FURNISHED AS PART OF A SEPARATE FF&E PACKAGE.
 - REFER TO SHEETS A-810 SERIES FOR DOOR AND HARDWARE INFORMATION.
- PROVIDE SUPPORT FOR WALL MOUNTED CABINET, EQUIPMENT AND PLUMBING FIXTURES. SEE GENERAL NOTED ON PARTITION TYPES ON SHEET A-800 SERIES.
- PROVIDE CEMENTITIOUS BACKERBOARD IN PLACE OF GWB AT ALL LOCATIONS
- SHOWEING CERAMIC OR PORCELAIN TILE FINISH.
- REFER TO ID-100 SERIES FOR FINISH PLANS AND SCHEDULES.
- REFER TO SHEETS G-104 SERIES FOR MOUNTING HEIGHTS, GUIDELINES AND PLACEMENT REQUIREMENTS FOR ELECTRICAL, FIRE AND SIGNAGE DEVICES.
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ID22	TV/ AV EQUIPMENT, PROVIDE MOUNTING BRACKET/HARDWARE				

ITEM#	DESCRIPTION	MANUFACTURER	MODEL#	PROVIDED BY	INSTALLED BY	REMARKS
CAM-1		MEVO	MEVO START LIVE STREAMING CAMERA PRO KIT			COMES WITH MICROPHONE
CM-1	COFFEE MAKER	BUNN	VLPF	OWNER	CONTRACTOR	NEEDS WATER LINE
GS	GREEN SCREEN	KHOMO GEAR	GREEN SCREEN COLLAPSIBLE PULL UP EXTRA LARGE STREAMING BACKDROP SETUP WITH AUTO LOCKING FRAME			
LR		LUMECUBE	CORDLESS RING LIGHT PRO			
MA	MAILER	HASLER		OWNER	CONTRACTOR	
MW	MICROWAVE	WHIRLPOOL	WMC50522H	OWNER	CONTRACTOR	
PR	MULTIFUNCTION PRINTER	KYOCERA	6052	OWNER	CONTRACTOR	
PTDR	RECESSED PAPER TOWEL DISPENSER AND WASTE RECEPTABLE	BOBRICK	B-36903			
PTDR2	TrimLineSeries Recessed Paper Towel Dispenser And Waste Receptacle	Bobrick	B-380349			
REF-1	Reach-In Solid Swing Door Refrigerator	AVANTCO REFRIGERATION	A-19-R-HC	OWNER	CONTRACTOR	
SM-1	SOUND MIXER	RODE	RODECASTER PRO WITH DUAL PODMIC MICROPHONES, STANDS AND CABLES KIT			PROVIDE RODE NTH-100 PROFESSIONAL CLOSED-BACK OVER-EAR HEADPHONES IN BLACK, AND CABLES FOR SYSTEM AS REQUIRED.
TV1	LCD TV	BY OWNER	50ES6305U			
TV2	LCD TV	BY OWNER	50ES6305U	CONTRACTOR	CONTRACTOR	
TV3	LCD TV	BY OWNER	50ES6305U	CONTRACTOR	CONTRACTOR	
TV4	LCD TV	BY OWNER	50ES6305U	CONTRACTOR	CONTRACTOR	
UCM-1	UNDER COUNTER REFRIGERATOR (ADA)	ULINE	UANP115-SS01A	OWNER	CONTRACTOR	

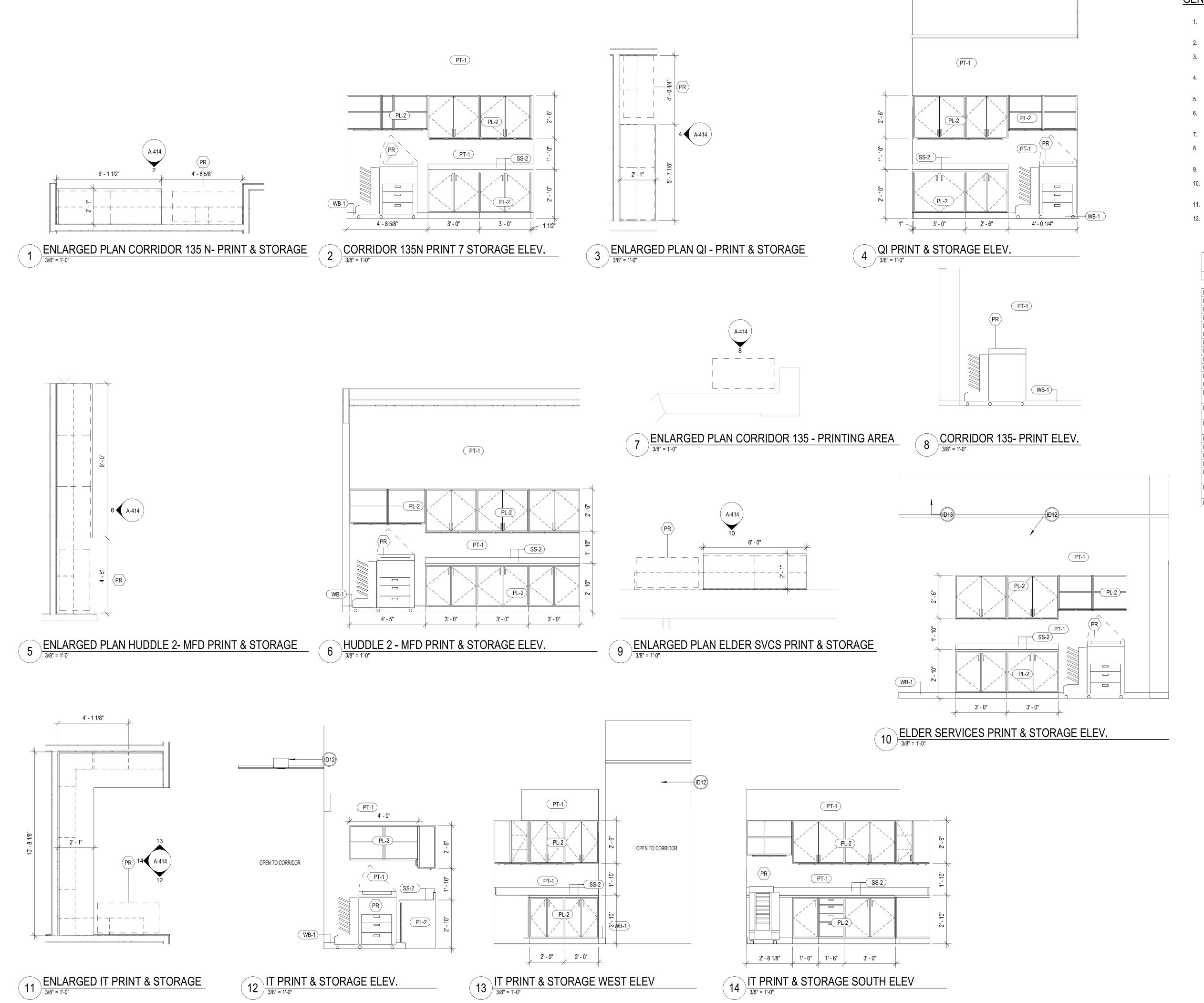


6 BREAK AREA ISLAND - NORTH

7 BREAK AREA ISLAND-SOUTH

PROGRESS SET (DD) 01/06/2023

ENLARGED FLOOR PLANS & ELEVATIONS



GENERAL NOTES INTERIOR ELEVATIONS

- ALL ITEMS ON THE FURNITURE PLAN ARE OWNER FURNISHED AS PART OF A SEPARATE FF&E PACKAGE.
- REFER TO SHEETS A-810 SERIES FOR DOOR AND HARDWARE INFORMATION.
- PROVIDE SUPPORT FOR WALL MOUNTED CABINET, EQUIPMENT AND PLUMBING FIXTURES. SEE GENERAL NOTED ON PARTITION TYPES ON SHEET A-800 SERIES.
- PROVIDE CEMENTITIOUS BACKERBOARD IN PLACE OF GWB AT ALL LOCATIONS
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- REFER TO ID-100 SERIES FOR FINISH PLANS AND SCHEDULES.
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- COMBUSTIBLE MATERIALS IN TYPES I & II CONSTRUCTION TO COMPLY WITH FBC 306.1 (FIRE RETARDANT TREATED WOOD) AND 805.1 & 806.1
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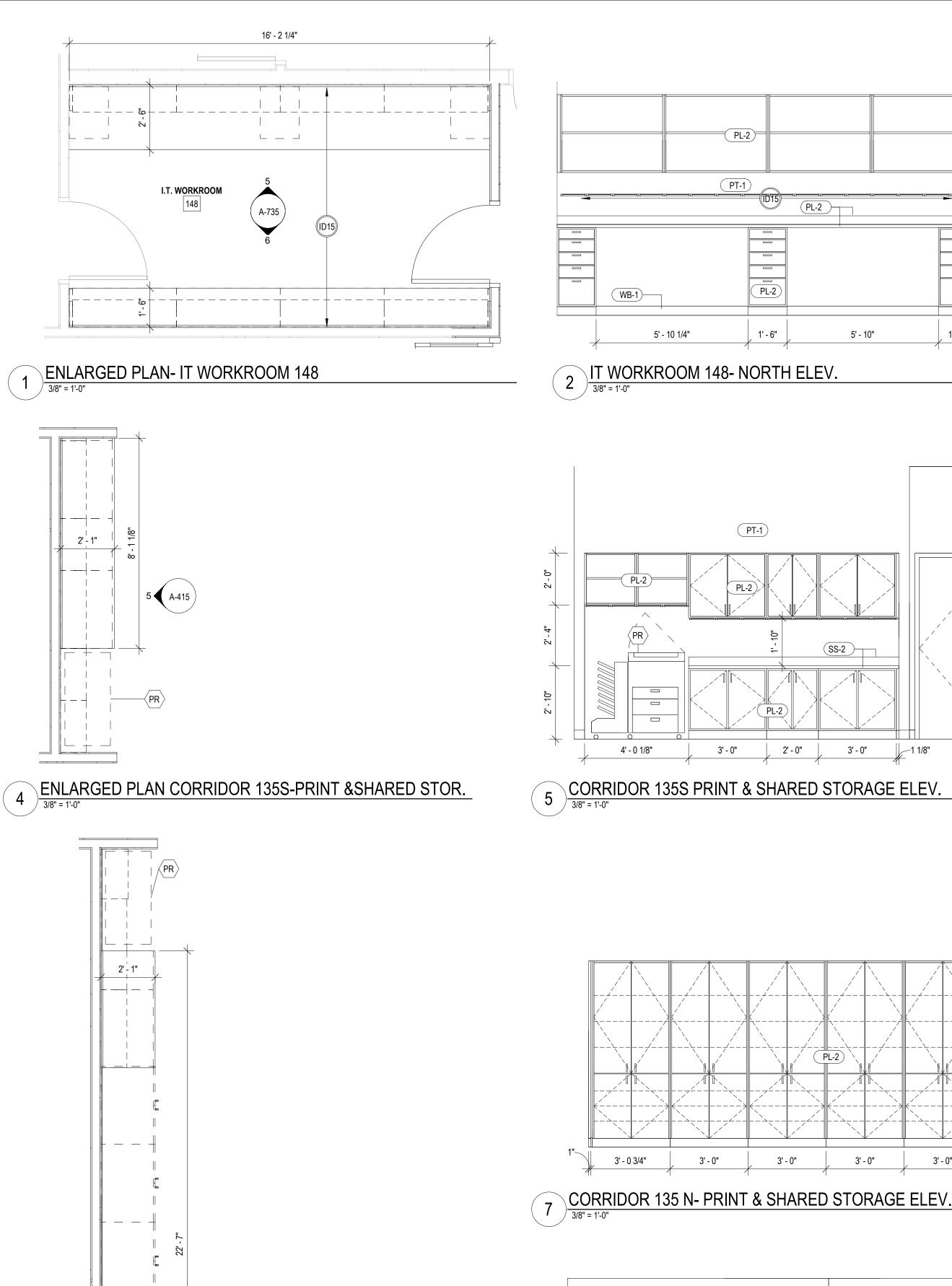
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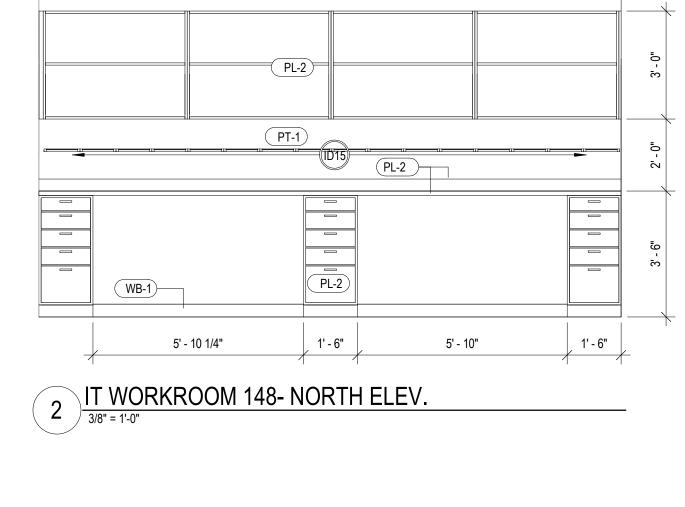
CONSTRUCTION PROGRESS SET (DD) 01/06/2023 **PRELIMINARY**

ENLARGED FLOOR PLANS & ELEVATIONS

Project number 2125

DISTRIBUTION

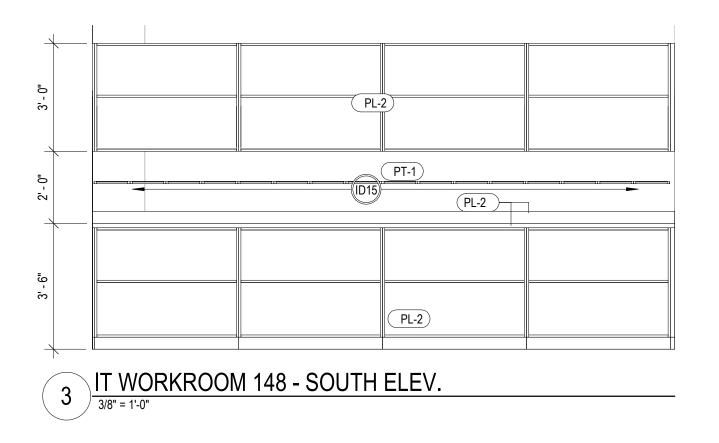


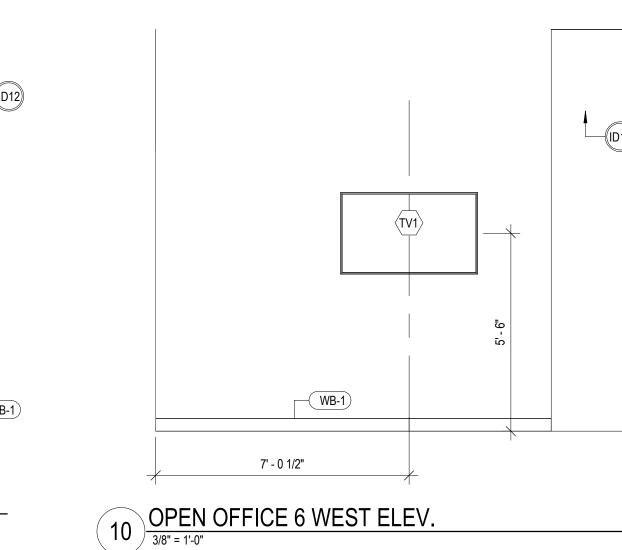


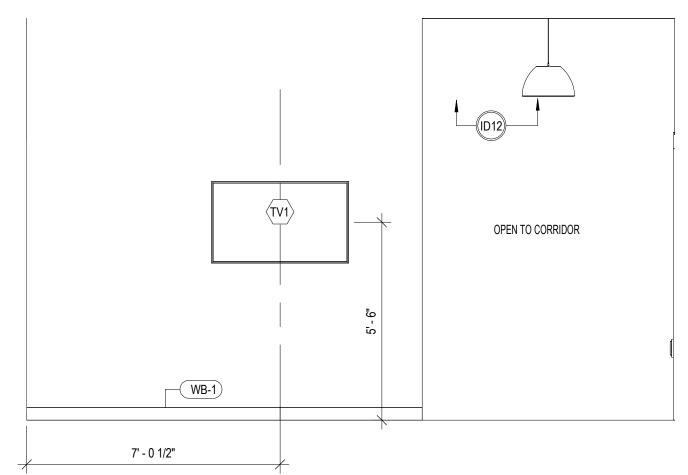
PT-1

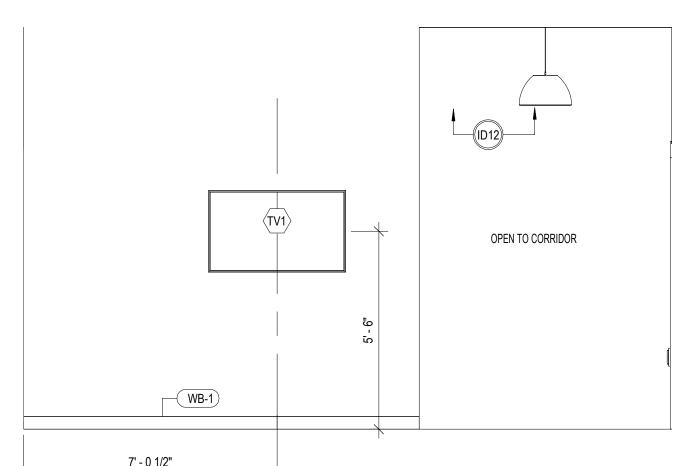
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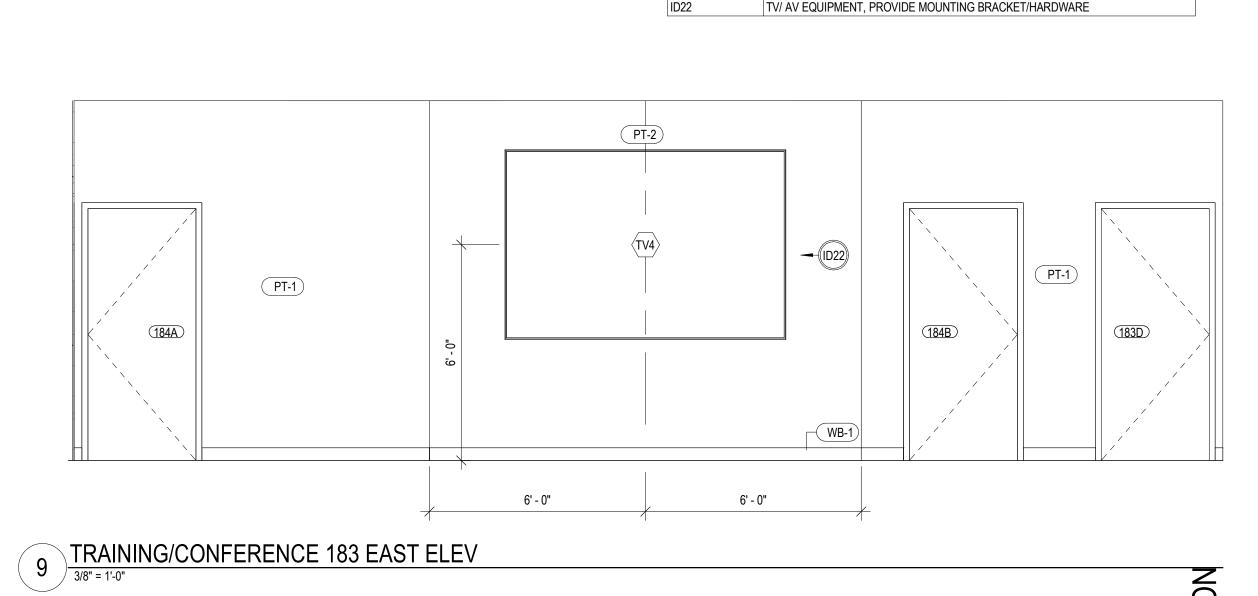
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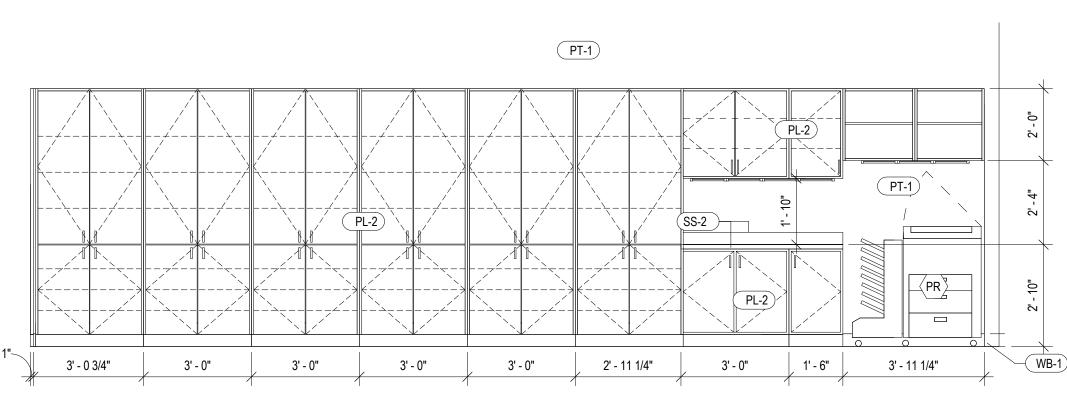






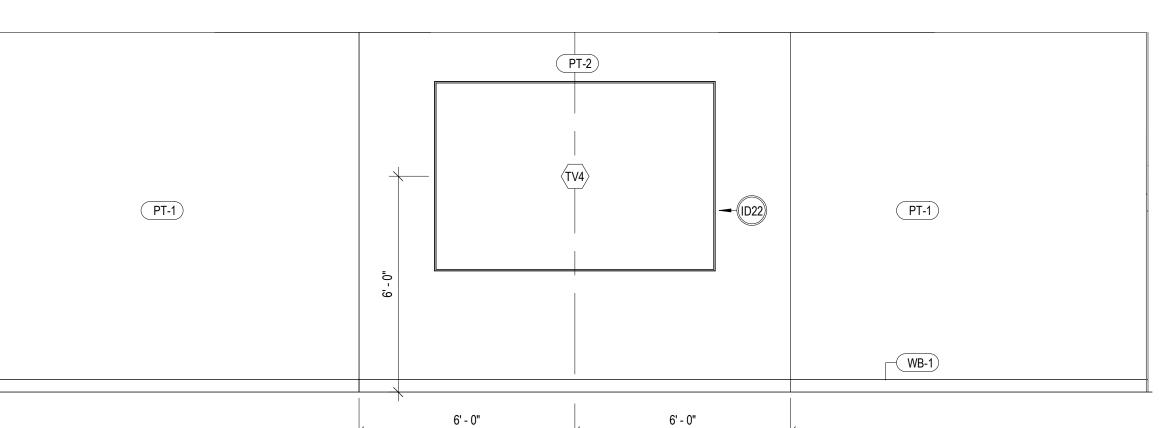






(183D)

7 CORRIDOR 135 N- PRINT & SHARED STORAGE ELEV.



8 TRAINING/CONFERENCE 183 WEST ELEV
3/8" = 1'-0"

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COMBUSTIBLE MATERIALS IN TYPES I & II CONSTRUCTION TO COMPLY WITH FBC 306.1

- REFER TO PLUMBING FOR PLUMBING FIXTURES SCHEDULE.
- (FIRE RETARDANT TREATED WOOD) AND 805.1 & 806.1
- SEE SHEET A-120 SERIES FOR DIMENSIONS PLANS.
- CENTER CEILING MOUNTED LIGHT FIXTURES UNLESS OTHERWISE NOTED. SEE ELECTRICAL DRAWINGS FOR LOCATIONS.
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ID11	BUILT IN TABLE WITH EDGE MOUNTED POWER, REFER TO MILLWORK DETAILS				
ID12	SUSPENDED LIGHT FIXTURE, REFER TO SCHEDULE ON ELECTRICAL SHEETS				
ID13	SUSPENDED ACOUSTIC PANEL, ARKTURA SOUNDSTAR MOUNTED AT DIFFER HEIGHTS. PROVIDE ALL STANDARD FELT/POWDER COATED ALUMINUM COLO				
ID14	PAINT STRUCTURAL JOIST ADN BEAMS TO MATCH EXPOSED DECK, REFER TO FINISH PLAN FOR COLOR.				
ID15	PROVIDE OUTLETS ABOVE COUNTER FOR IT USE. REFER TO CONSULTANT DRAWINGS FOR SPECIFICATIONS ON OUTLET TYPE.				
ID16	POWDER COATED ALUMINUM SIGN, FONT AND SIZE TBD				
ID17	COLUMN, FURRED AND PAINTED				
ID18	SPECIALTY CEILING, REFER TO ENLARGED CEILING PLANS				
ID19	RECESSED LIGHT FIXTURE, REFER TO SCHEDULE ON ELECTRICAL SHEETS				
ID20	PROVIDE FLOOR BOXES FOR POWER AND DATA, COORDINATE/VERIFY FOR QUANTITIES AND LOCATIONS				
ID21	MOTORIZED CONTINUOUS HINGED OPERABLE PARTITION, REFER TO SPECIFICATIONS, COORDINATE WITH ELECTRICAL AND STRUCTURAL				
ID22	TV/ AV FOLIPMENT PROVIDE MOUNTING BRACKET/HARDWARE				

Office Renovation

CONSTRUCTION

PRELIMINARY

2125

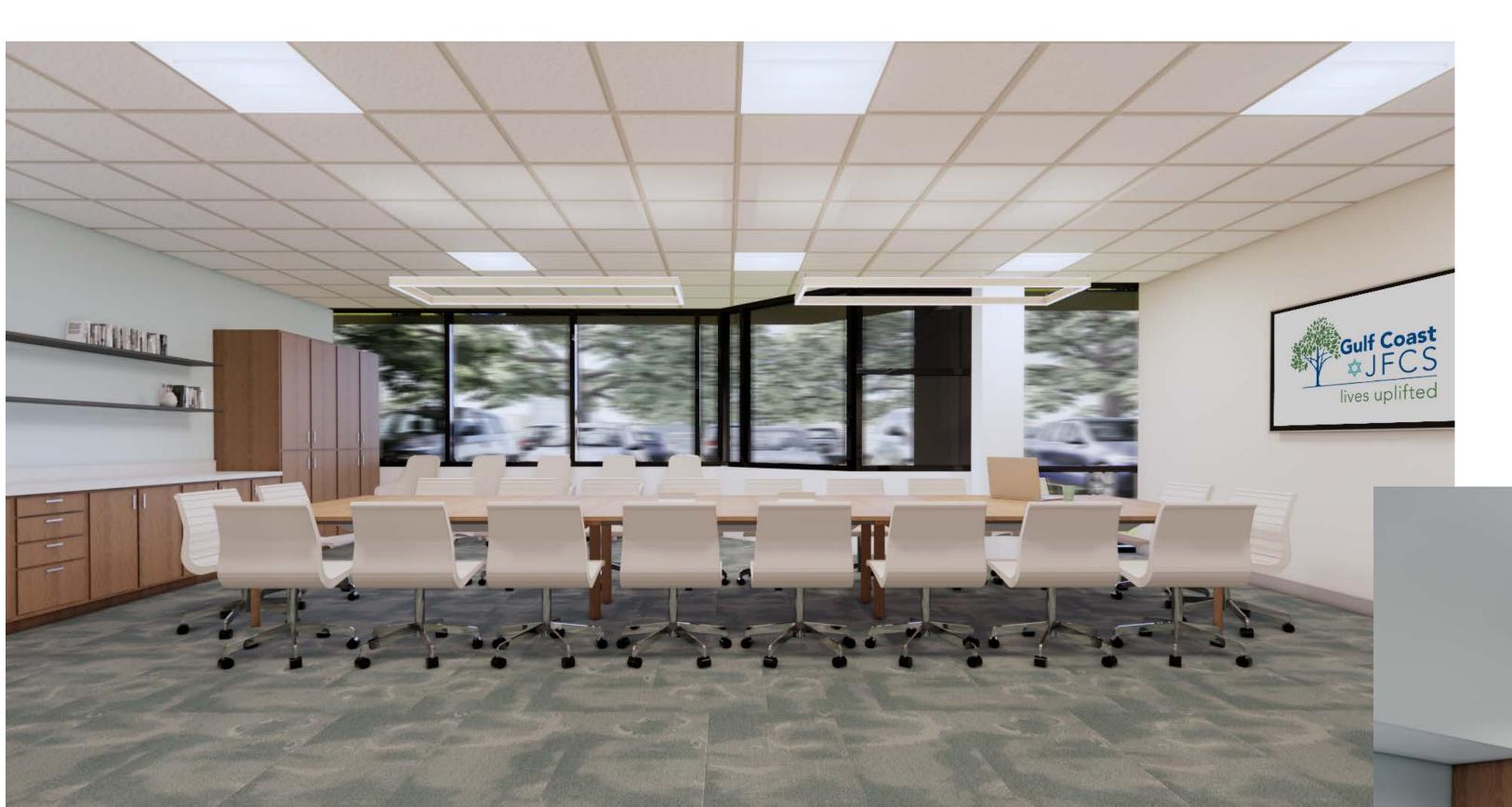
DISTRIBUTION

PROGRESS SET (DD) 01/06/2023

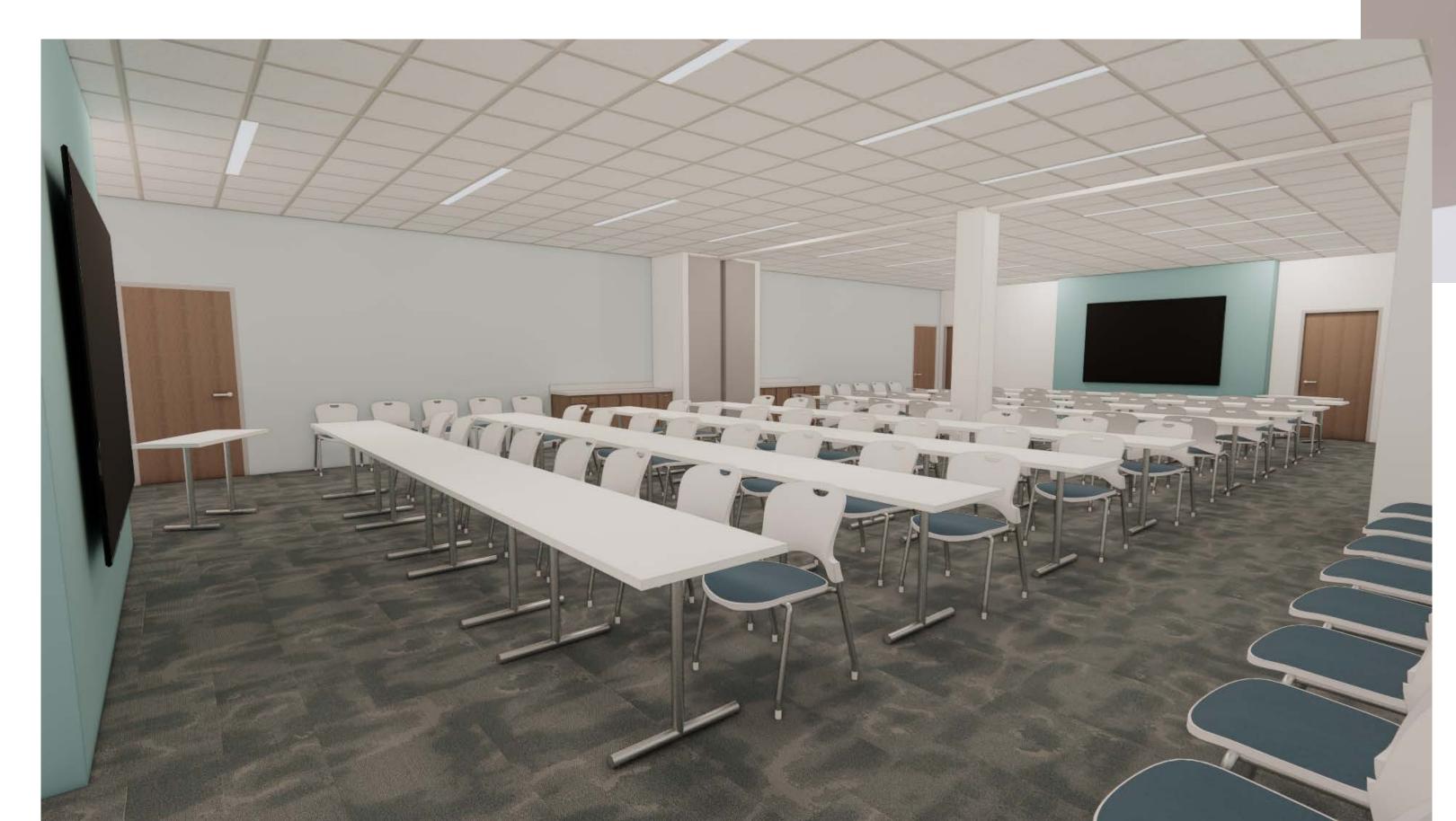
ENLARGED FLOOR PLANS & ELEVATIONS

A-415

6 ENLARGED PLAN CORRIDOR 135N-PRINT & SHARED STORAGE



RENDERING - BOARDROOM VIEW



RENDERING - TRAINING ROOM VIEW

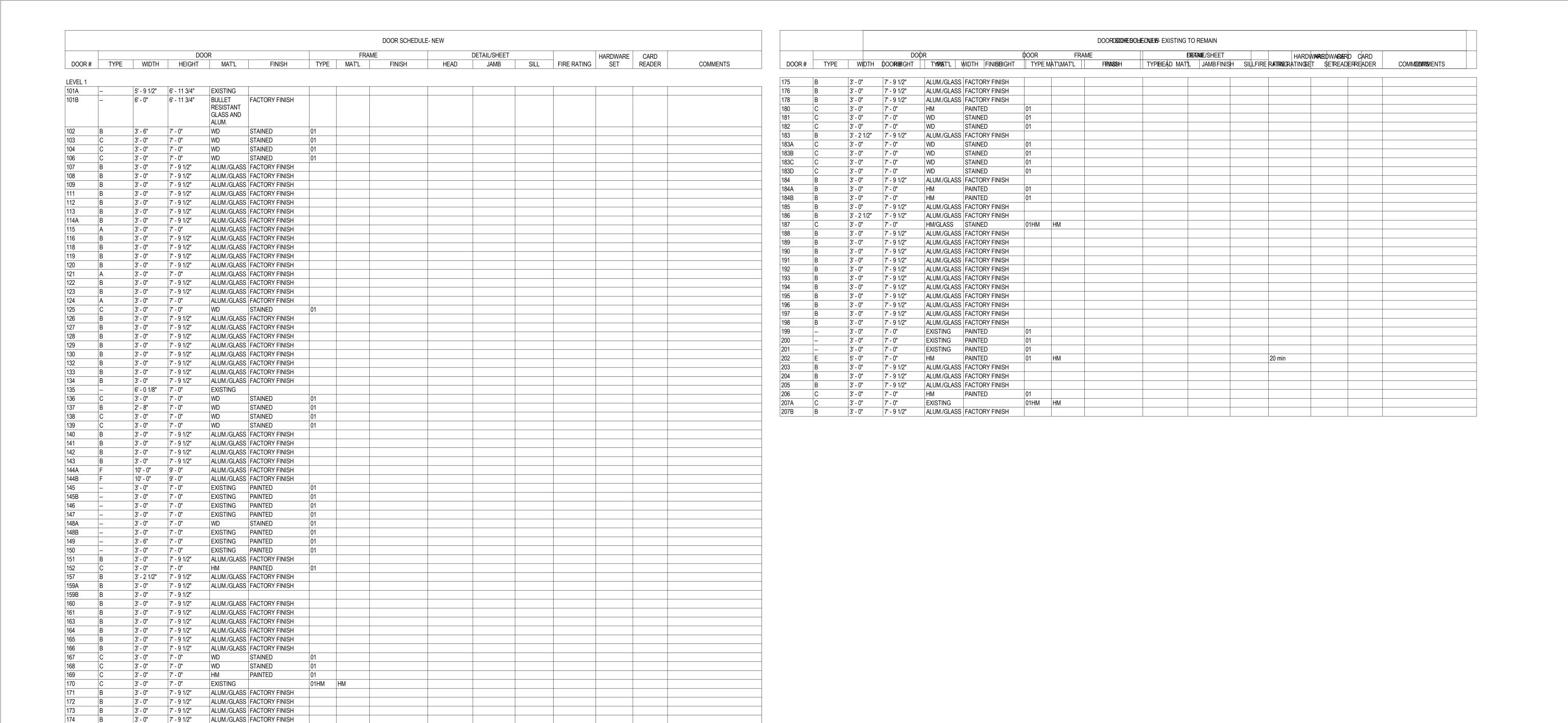


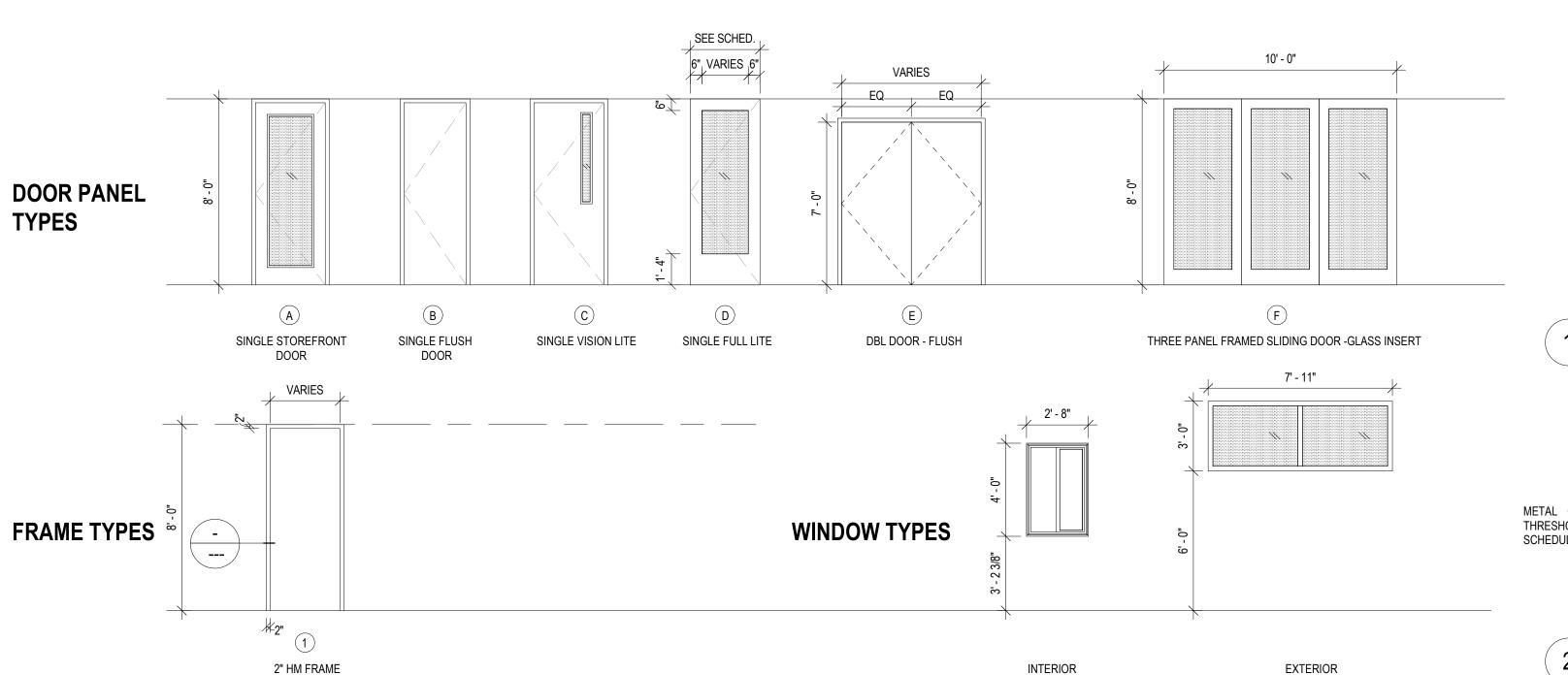
RENDERING - BREAKROOM VIEW

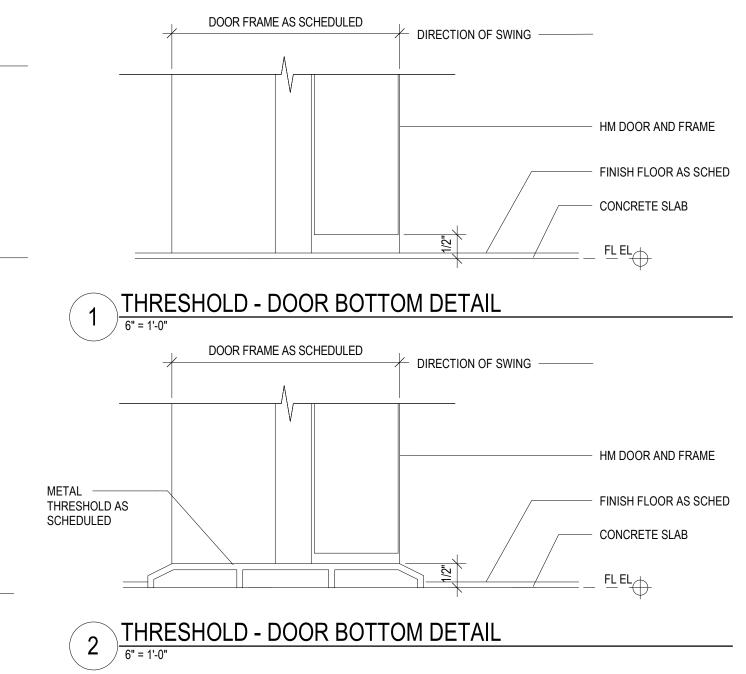
FOR CONSTRUCTION

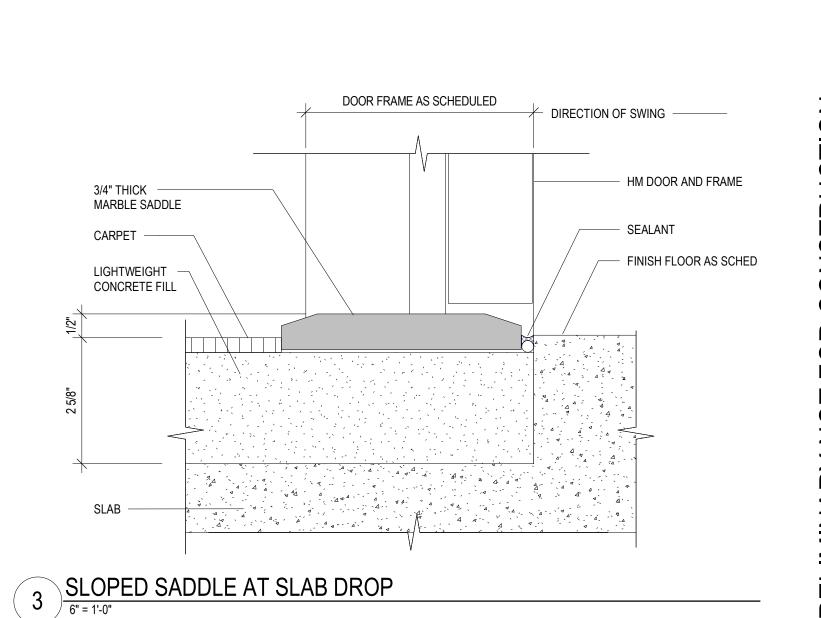
PRELIMINARY

INTERIOR





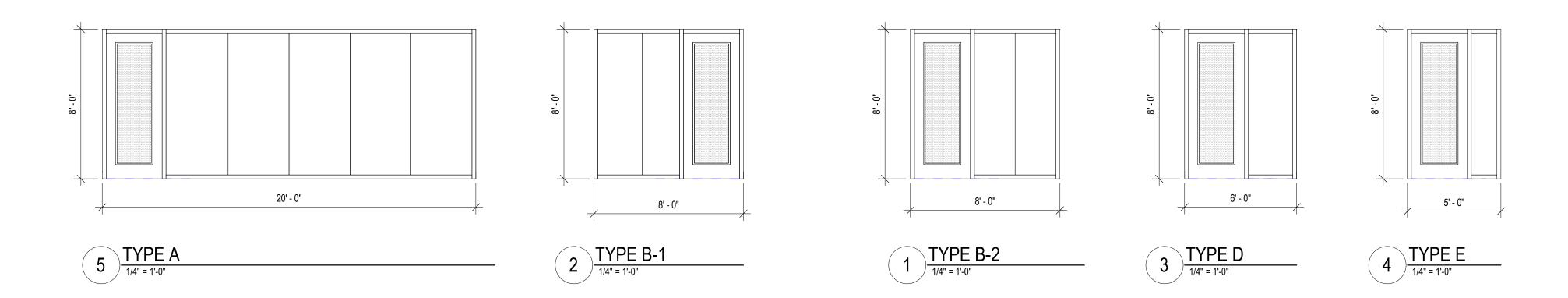


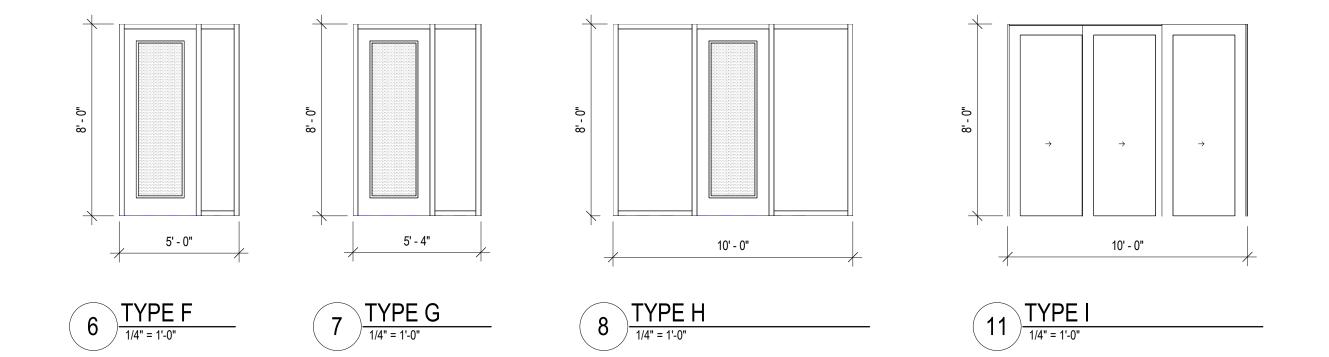


CONSTRUCTION CJFCS

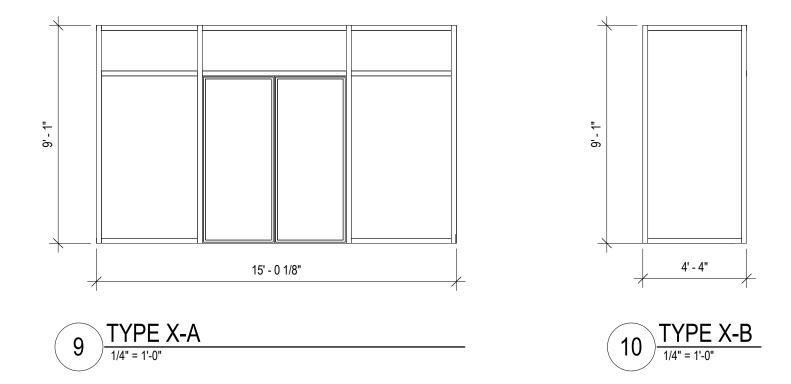
Project number DISTRIBUTION PROGRESS SET (DD) 01/06/2023 **PRELIMINARY DOOR SCHEDULES**

INTERIOR STOREFRONT





EXTERIOR STOREFRONT



STOREFRONT NOTES

- 1. PROVIDE ONLY EXTERIOR OPENING ASSEMBLY PRODUCTS THAT ARE CURRENTLY CERTIFIED FOR: THIS PROJECT LOCATION; THE WIND LOADS INDICATED ON THE DRAWINGS; THE WIND-BORNEMISSILE IMPACTS PER CODE; AND THE MATERIALS AND ASSEMBLES RECEIVING THESE PRODUCTS AS CONFIGURED & DESCRIBED ON THE DRARWINGS BY A FLORIDA PRODUCT APPROVAL ISSUED BY THE FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION; A MIAMI-DADE NOTICE OF ACCEPTANCE (NOA) ISSUED BY THE MIAMI-DADE COUNTY GOVERNMENT OR OTHER DOCUMENTED TESTING ACCEPTED BY THEAUTHORITY HAVING JURISDICTION. PROVIDE THESE DOCUMENTS WITH EACH PRODUCT SUBMITTAL TO THE ARCHITECT AND THE AUTHORITY HAVING JURISDICTION FOR REVIEW AND APPROVAL PRIOR TO PURCHASING AND INSTALLING THESE PRODUCTS.
- REFER TO FPA FOR INSTALLATION INSTRUCTIONS.
- THE OPENING DIMENSIONS INDICATED ON THESE DRAWINGS CONVEY DESIGN INTENT ONLY. FIELD MEASURE TEH ACTUAL SIZE OF THE OPENINGS RECEIVING EACH ASSEMBLY. PROVIDE ASSEMBLIES SIZED AND CONFIGURED TO FIT SECURELY WITHIN THOSE OPENINGS, AND INSTALL THE ASSEMBLLIES PER MANUFACTURER'S INSTRUCTIONS AND WARRANTY REQUIREMENTS, AND THE INSTALLATION INSTRUCTIONS PROVIDED WITH THE PRODUCT APPROVAL DOCUMENTS.
- 4. ALL EXTERIOR OEPNING SYSTEM GLAZING SHALL BE TESTED AND APPROVED FOR LARGE MISSILE IMPACT AT ALL LOCATIONS UNLESS INDICATED OTHERWISE . FOR ALL EXTERIOR GLAZINGPROVIDE ONE PART ACID-CURING SILICONE GLAZING SESALANT AND PERFORMED BUTYL-POLYISOBUTYLENE GLAZING TYPE.
- 5. INTERIOR GLAZING IN NON FIRE RATED LOCATIONS SHALL BE UNCOATED CLEAR HEAT-STRENGTHENED (FULLY TEMPERED) GLASS 3/8" THICK.
- 6. ALL EXTERIOR AND INTERIOR STOREFRONT TO BE CLEAR ANODIZED. REFER TO SPECIFICATIONS FOR BASIS-OF-DESIGN.
- WHERE REQUIRED BY CODE GLAZING WILL MEET FBC 2406 FOR SAFETY AND GLAZING PROPER IDENTIFICATION.
- 8. ALL EXTERIOR LOUVERS TO MEET FBC 1609.1.2.1 FOR IMPACT RESISTANCE (AMCA 540).

XTERIOR STOREFRONT	INTERIOR STOREFROI

MARK TYPE LENGTH HEIGHT MARK TYPE LENGTH HEIGHT

PRELIMINARY NOT FOR CONSTRUCTION

STOREFRONT ELEVATIONS



803.1.1 "INTERIOR WALL AND CEILING FINISH MATERIALS" INTERIOR WALL AND CEILING FINISH MATERIALS SHALL BE CLASSIFIED IN ACCORDANCE WITH ASTM E 84 OR UL 723. SUCH INTERIOR FINISH MATERIALS SHALL BE GROUPED IN THE FOLLOWING CLASSES IN ACCORDANCE WITH THEIR FLAME SPREAD AND SMOKE-DEVELOPED INDEXES. CLASS A = FLAME SPREAD INDEX 0-25; SMOKE-DEVELOPED INDEX 0-450. CLASS B = FLAME SPREAD INDEX 26-75; SMOKE-DEVELOPED INDEX 0-450.

CLASS C = FLAME SPREAD INDEX 76-200; SMOKE-DEVELOPED INDEX 0-450. (EXCEPTION: MATERIALS TESTED IN ACCORDANCE WITH SECTION 803.1.2)

TABLE 803.9 "INTERIOR WALL AND CEILING FINISH REQUIREMENTS BY OCCUPANY" (REF. SHEET G-103)

WINDOW SILLS TO BE \$3.4 (ONLY USE IF SOLID SURFACE WINDOW SILL ARE BEING USED).

FLOORING TRANSITIONS OCCURRING IN THE DOORWAY TO BE CENTERED ON THE CLOSED DOOR WITH THE TRANSITION STRIP NOT VISIBLE. FOLLOW FLORIDA BUILDING CODE REQUIREMENTS ON ACCESSIBILITY (SECTION 303 - CHANGES IN LEVEL FOR ALL ADA REQUIREMENTS). FLOORING TRANSITIONS:

PT TO CPT: SCHLUTER SYSTEM; STYLE: TBD; FINISH: TBD PT TO CS: SCHLUTER SYSTEM; STYLE: TBD; FINISH: TBD PT TO PT: SCHLUTER SYSTEM; STYLE: TBD; FINISH: TBD CPT TO LVT: JOHNSONITE; STYLE: TBD; COLOR: TBD CPT TO CS: JOHNSONITE; STYLE: TBD; COLOR: TBD LVT TO CS: JOHNSONITE; STYLE: TBD; COLOR: TBD

VERIFY WALL FINISHES WITH MANUFACTURER'S RECOMMENDATIONS FOR DRYWALL LEVEL FINISH SURFACE.

PROVIDE WATERPROOFING MEMBRANE AT ALL BATHROOM AND CUSTODIAL AREAS WET SURFACES.

(PFT-2)

WALL BASE, USE ROLL GOODS ONLY, U.O.N. COVE AT RESILIENT AND TOELESS AT CARPET SURFACES.

PROVIDE CORNER GUARDS AT ALL INTERIOR WALL CORNERS, SPEC: ###

PROVIDE #16 GAUGE STAINLESS STEEL BACK AND SIDE PANELS WITH CONCEALED HANGERS AT ALL MOP SINK LOCATIONS, CAULK AS REQUIRED.

FIN 10

CPT-1

+FIN 9

+ 119

CPT-1

C.F.O. ASSISTANT

114

CPT-1

BOARDROOM (CONFERENCE)

CPT-2

HR OFFICE 1

CPT-1+

+ + CPT-1+

+ + FIN 3 + + 112 +

CPT-1

CPT-1

CPT-1 +

HR OFFICE 2

FIN 6 + 108 + 4

HR OFFICE 6

(CPT-1)

+ HR OFFICE 4 + + + + 130 + + +

CPT-1 +

STORAGE

106 CS-1

HUODLE 1 71 SF

CPT-3

PFT-3

HR OFFICE 5

CPT-1

OPEN OFFICES 8

HR OFFICE 3 129

CPT-1

+ FIN-5 + 107 + + + + + + +

CPT-1

WELLNESS ROOM

CS-1

MFD OFFICE 1

MFD OFFICE 2

(CPT-1)

WOMENS RESTROOM

MENS RESTROOM

JANITOR 136

RECEPTION

WM-1

VESTIBULE 101

MFD OFFICE 3

CPT-1

RECORDING

+ + 181 + + + CPT-1

FOOD PANTRY

CORRIDOR

*- FLOORING TRANSITION, OCCURS AT CENTERLINE OF DOOR.

+C.E.O. OFFICE

(CPT-1)

+CPT-1)

VP PROG. & ADMIN

CPT-1

C.O.O. OFFICE

CPT-1

CPT-1

CPT-1



1 <u>LEVEL 1 - FINISH PLAN</u>

CONSTRUCTION

ID-101

LEVEL 1 - FINISH PLAN

PROGRESS SET (DD) 01/06/2023

GCJFCS

FINISH LEGEND

FLOORING:

- CPT-1 DESCRIPTION: CARPET TILE MANUFACTURER: TBD STYLE: TBD COLOR: TBD SIZE: TBD REMARKS: INSTALL IN ALL OFFICES
- DESCRIPTION: CARPET TILE MANUFACTURER: TBD STYLE: TBD COLOR: TBD
- SIZE: TBD REMARKS: INSTALL IN CONFERENCE ROOMS

REMARKS: INSTALL IN HUDDLE AREAS

- DESCRIPTION: CARPET TILE MANUFACTURER: TBD STYLE: TBD COLOR: TBD SIZE: TBD
- DESCRIPTION: CONCRETE SEALED REMARKS: SEE SPECIFICATIONS
- (PFT-1) DESCRIPTION: PORCELAIN FLOOR TILE MANUFACTURER: CAESAR STONE STYLE: AXIS COLOR: BEIGE SIZE: 12" X 24" REMARKS: INSTALL METHOD: ASHLAR. PROVIDE WALL BASE, CAP UNFINISHED TILE EDGES WITH SCHLUTER TRIM PROFILE.
- PFT-2 DESCRIPTION: PORCELAIN FLOOR TILE MANUFACTURER: TBD STYLE: TBD COLOR: TBD SIZE: TBD REMARKS: INSTALL IN RESTROOM FLOORS.PROVIDE WALL BASE, CAP UNFINISHED TILE EDGE WITH SCHLUTER TRIM PROFILE.
- PFT-3 DESCRIPTION: PORCELAIN FLOOR TILE- WOOD LOOK MANUFACTURER: TBD STYLE: TBD COLOR: TBD SIZE: TBD REMARKS: INSTALL IN BREAKROOM AND LOBBY. PROVIDE WALL BASE, CAP UNFINISHED TILE EDGE WITH SCHLUTER TRIM PROFILE.
- WM-1 DESCRIPTION: WALK OFF MAT REMARKS: SEE SPECIFICATIONS FOR PROPER INSTALLATION INSTRUCTIONS

WALL BASE:

- WB-1 DESCRIPTION: WALL BASE- ROLLED GOODS MANUFACTURER: TBD STYLE: TBD COLOR: TBD SIZE: 4" HIGH
- WB-2 DESCRIPTION: TILE WALL BASE COLOR: TBD

CASEWORK:

- PL-1 DESCRIPTION: PLASTIC LAMINATE MANUFACTURER: TBD STYLE: TBD COLOR: TBD REMARKS: TBD
- PL-2 DESCRIPTION: PLASTIC LAMINATE MANUFACTURER: TBD STYLE: TBD COLOR: TBD REMARKS: LOCATION: CABINETS AT PRINTER STATIONS
- SS-1 DESCRIPTION: QUARTZ MANUFACTURER: TBD STYLE: TBD COLOR: TBD
- REMARKS: SOFTENED EDGE (3 CM (1.18") THICKNESS SS-2 DESCRIPTION: SOLID SURFACE COLOR: TBD REMARKS: LOCATION: COUNTERTOPS AT PRINTER STATIONS
- WALLS:
- EP-1 DESCRIPTION: EPOXY PAINT
- EP-2 DESCRIPTION: EPOXY PAINT (ACCENT)
- PT-1 DESCRIPTION: PAINT (FIELD WHITE)
- MANUFACTURER: SHERWIN WILLIAMS

PIPING, CONDUIT)

PT-2 DESCRIPTION: PAINT (FLUSH DOORS & HM FRAMES) MANUFACTURER: SHERWIN WILLIAMS

MANUFACTURER: SHERWIN WILLIAMS

PT-3 DESCRIPTION: PAINT (EXPOSED CEILING: STRUCTURE, DUCTWORK,

- PT-4 DESCRIPTION: PAINT (GWB CEILING/HIGH REFLECTIVE WHITE) MANUFACTURER: SHERWIN WILLIAMS COLOR: SW 7757
- PT-5 DESCRIPTION: PAINT (ACCENT COLOR 1) MANUFACTURER: SHERWIN WILLIAMS
- PT-6 DESCRIPTION: PAINT (ACCENT COLOR 2) MANUFACTURER: SHERWIN WILLIAMS
- PT-7 DESCRIPTION: PAINT (ACCENT COLOR 3) MANUFACTURER: SHÈRWIN WILLIAMS
- PT-8 DESCRIPTION: PAINT (ACCENT COLOR 4) MANUFACTURER: SHERWIN WILLIAMS
- PT-9 DESCRIPTION: PAINT EXTERIOR (FIELD COLOR) MANUFACTURER: SHERWIN WILLIAMS
- PT-10 DESCRIPTION: PAINT EXTERIOR (ACCENT COLOR)

MANUFACTURER: SHERWIN WILLIAMS

- (PWT-1) DESCRIPTION: PORCELAIN WALL TILE MANUFACTURER: TBD STYLE: TBD COLOR: TBD SIZE: TBD
- OTHER:
- XX XX FOR FINISH

REMARKS: INSTALL IN RESTROOMS @ WET WALLS

WD-1) DESCRIPTION: WOOD VENEER

(F-1)	DESCRIPTION: FABRIC
TP-1	DESCRIPTION: TOILET PARTITIONS REMARKS: REF. SPECIFICATION SECTION XX XX CALL-OUTS

FINISH SCHEDULE - LEVEL 1						
ROOM NUMBER	ROOM NAME	FLOOR FINISH	BASE FINISH	WALL FINISH	COMMENTS	
LEVEL 1						
101	VESTIBULE	WM-1	WB-1	PT-1		
102	LOBBY	PFT-3	PFT-3	PT-1/PT-2		
103	RECEPTION	PFT-1	PFT-3	PT-1/PT-2		
104	WELLNESS	CS-1	WB-1	PT-1		
105	ROOM HUDDLE 1	CPT-3	WB-1	PT-1		
106	STORAGE	CS-1	WB-1	PT-1		
107	FIN 5	CPT-1	WB-1	PT-1		
108	FIN 6	CPT-1	WB-1	PT-1		
109	FIN 7	CPT-1	WB-1	PT-1		
110	OPEN OFFICES 7	PFT-1	PFT-1	PT-1		
111	FIN 4	CPT-1	WB-1	PT-1		
112	FIN 3	CPT-1	WB-1	PT-1		
113	FIN 2	CPT-1	WB-1	PT-1		
114	C.F.O. ASSISTANT	CPT-1	WB-1	PT-1		
115	C.F.O. OFFICE	CPT-1	WB-1	PT-1		
116	C.O.O.	CPT-1	WB-1	PT-1		
	ASSISTANT					
117	CORRIDOR	PFT-1	PFT-1	PT-1		
118	FIN 8	CPT-1	WB-1	PT-1		
119	FIN 9	CPT-1	WB-1	PT-1		
120	FIN 10	CPT-1	WB-1	PT-1		
121	C.O.O. OFFICE	CPT-1	WB-1	PT-1		
122	VP PROG. & ADMIN	CPT-1	WB-1	PT-1		
123	C.E.O. ASSISTANT	CPT-1	WB-1	PT-1		
124	C.E.O. OFFICE	CPT-1	WB-1	PT-1		
125	C.E.O. RR	PFT-2	PFT-2	PT-1/PWT-1		
126	BOARDROOM (CONFERENCE)	CPT-2	WB-1	PT-1		
127	HR OFFICE 1	CPT-1	WB-1	PT-1		
128	HR OFFICE 2	CPT-1	WB-1	PT-1		
129	HR OFFICE 3	CPT-1	WB-1	PT-1		
130	HR OFFICE 4	CPT-1	WB-1	PT-1		
131	OPEN OFFICES 8		PFT-1	PT-1		
132	HR OFFICE 5	CPT-1	WB-1	PT-1		
133	HR OFFICE 6	CPT-1	WB-1	PT-1		
134 135	MFD OFFICE 1 CORRIDOR	CPT-1 PFT-1/WM-	WB-1 PFT-1	PT-1 PT-1		
136	JANITOR	CS-1	WB-1	PT-1		
137	SUPPLIES	CS-1	WB-1	PT-1		
138	MENS RESTROOM	PFT-2	PFT-2	PT-1/PWT-1		
139	WOMENS RESTROOM	PFT-2	PFT-2	PT-1/PWT-1		
140	MFD OFFICE 2	CPT-1	WB-1	PT-1		
141	MFD OFFICE 3	CPT-1	WB-1	PT-1		
142	MFD OFFICE 4	CPT-1	WB-1	PT-1		
143	MFD OFFICE 5	CPT-1	WB-1	PT-1		
144	BREAK AREA	CPT-3	PFT-3	PT-1/PT-2		
145	EXISITING I.T. SERVER RM	EXISTING	EXISTING	PT-1		
146	EXISTING I.T. HELP DESK / STORAGE	EXISTING	EXISTING	PT-1		
147	EXISTING CLIENT RECORDS	EXISTING	EXISTING	PT-1		
148	I.T. WORKROOM	PFT-1	PFT-1	PT-1		
149	EXISTING CLIENT	EXISTING	EXISTING	PT-1		
150	RECORDS EXISTING CLIENT RECORDS	EXISTING	EXISTING	PT-1		

RECORDS

STORAGE / MECH / ELEC

I.T. MEETING RM PFT-1 PFT-1 PT-1/PT-2

CS-1

ROOM	ROOM	FLOOR	BASE	WALL	
NUMBER	NAME	FINISH	FINISH	FINISH	COMME
153	I.T. STORAGE	CS-1	WB-1	PT-1	
153	IT STOR.				
154	IT 1	CPT-1	WB-1	PT-1	
155	IT 2	CPT-1	WB-1	PT-1	
156	IT 3	CPT-1	WB-1	PT-1	
157	IT 4	CPT-1	WB-1	PT-1	
158	IT 5	CPT-1	WB-1	PT-1	
159	CORRIDOR	PFT-1	PFT-1	PT-1	
160	CLIENT	CPT-1	WB-1	PT-1	
	RECORDS				
161	CLIENT	CPT-1	WB-1	PT-1	
	RECORDS				
162	ALT FAM PROG	PFT-1	PFT-1	PT-1	
163	ALT FAM PROG	CPT-1	WB-1	PT-1	
164	ALT FAM PROG	CPT-1	WB-1	PT-1	
165	C.A.L.L.	CPT-1	WB-1	PT-1	
166	MAINTENANCE	CPT-1	WB-1	PT-1	
167	ADA RR	PFT-2	PFT-2	PT-1/PWT-1	
168	ADA RR	PFT-2	PFT-2	PT-1/PWT-1	
169	FIRE MAIN	CS-1	WB-1	PT-1	
170	OPEN OFFICES 2	CPT-1	WB-1	PT-1	
171	HOLOCAUST	CPT-1	WB-1	PT-1	
	SURVIVOR				
172	JFS OFFICE 1	CPT-1	WB-1	PT-1	
173	JFS OFFICE 2	CPT-1	WB-1	PT-1	
174	JFS OFFICE 3	CPT-1	WB-1	PT-1	
175	JFS OFFICE 4	CPT-1	WB-1	PT-1	
176	JFS OFFICE 5	CPT-1	WB-1	PT-1	
177	OPEN OFFICES 1	CPT-1	WB-1	PT-1	
178	HEART	CPT-1	WB-1	PT-1	
	FOUNDATION		 		
179	OPEN OFFICES 6		PFT-1	PT-1	
180	H.F.	CS-1	WB-1	PT-1	
101	STOR	CDT 4	WD 4	DT 4	
181	RECORDING STUDIO	CPT-1	WB-1	PT-1	
182	FOOD PANTRY	PFT-1	PFT-1	PT-1	
183	TRAINING /	CPT-2	WB-1	PT-1/PT-2	
100	CONFERENCE	J1 1-Z	**•	1 1/1 1-2	
184	CONF. RM	CS-1	WB-1	PT-1	
-	STORAGE			· ·	
185	HUDDLE 2	CPT-3	WB-1	PT-1/PT-2	
186	HUDDLE 3	CPT-3	WB-1	PT-1/PT-2	
187	OPEN OFFICES 3	CPT-1	WB-1	PT-1	
188	REFUGEE	CPT-1	WB-1	PT-1	
	SERVICES		<u></u>	<u> </u>	
189	Q.I. OFFICE 5	CPT-1	WB-1	PT-1	
190	Q.I. OFFICE 4	CPT-1	WB-1	PT-1	
191	Q.I. OFFICE 3	CPT-1	WB-1	PT-1	
192	Q.I. OFFICE 2	CPT-1	WB-1	PT-1	
193	Q.I OFFICE 1	CPT-1	WB-1	PT-1	
	(DIRECTOR)				
194	SUPP. HOUS.	CPT-1	WB-1	PT-1	
405	PROG	ODT :	NAID 1	DT 4	
195	VIOLENCE PROT.	CPT-1	WB-1	PT-1	
196	VIOLENCE	CPT-1	\\/D 1	PT-1	
130	PROT.	UF 1-1	WB-1	r-1	
197	Q.I. OFFICE 6	PFT-1	WB-1	PT-1	
198	GRANTS	CPT-1	WB-1	PT-1	
199	EX. JAN	CS-1	WB-1	PT-1	
200	EX. JAN	PFT-2	PFT-2	PT-1/PWT-1	
200	EX. RR	PFT-2	PFT-2	PT-1/PWT-1	
202	DONATION	CS-1	WB-1	PT-1/PVV1-1	
LUL	STORAGE	100-1	1 4 A D - 1	1-1	
203	ELDER	CPT-1	WB-1	PT-1	
204	ELDER	CPT-1	WB-1	PT-1	
205	ELDER	CPT-1	WB-1	PT-1	
206	OPEN OFFICES 5		WB-1	PT-1	
207	OPEN OFFICES 4		WB-1	PT-1	
581	CORRIDOR	PFT-1/WM-	WB-1	PT-1	
001	JOHNEON	1	**•	' '	
588	I.T.	PFT-1	PFT-1	PT-1	
	PRINT/SUPPLY		1	1	I.

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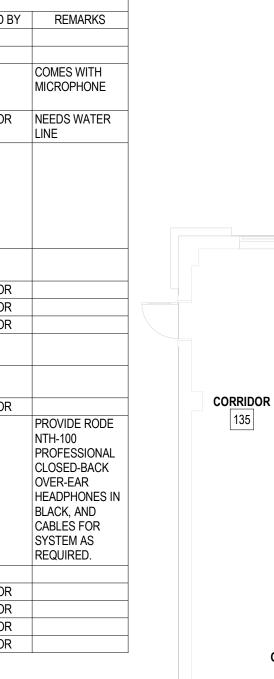
FINISH LEGEND &

PROGRESS SET (DD) 01/06/2023

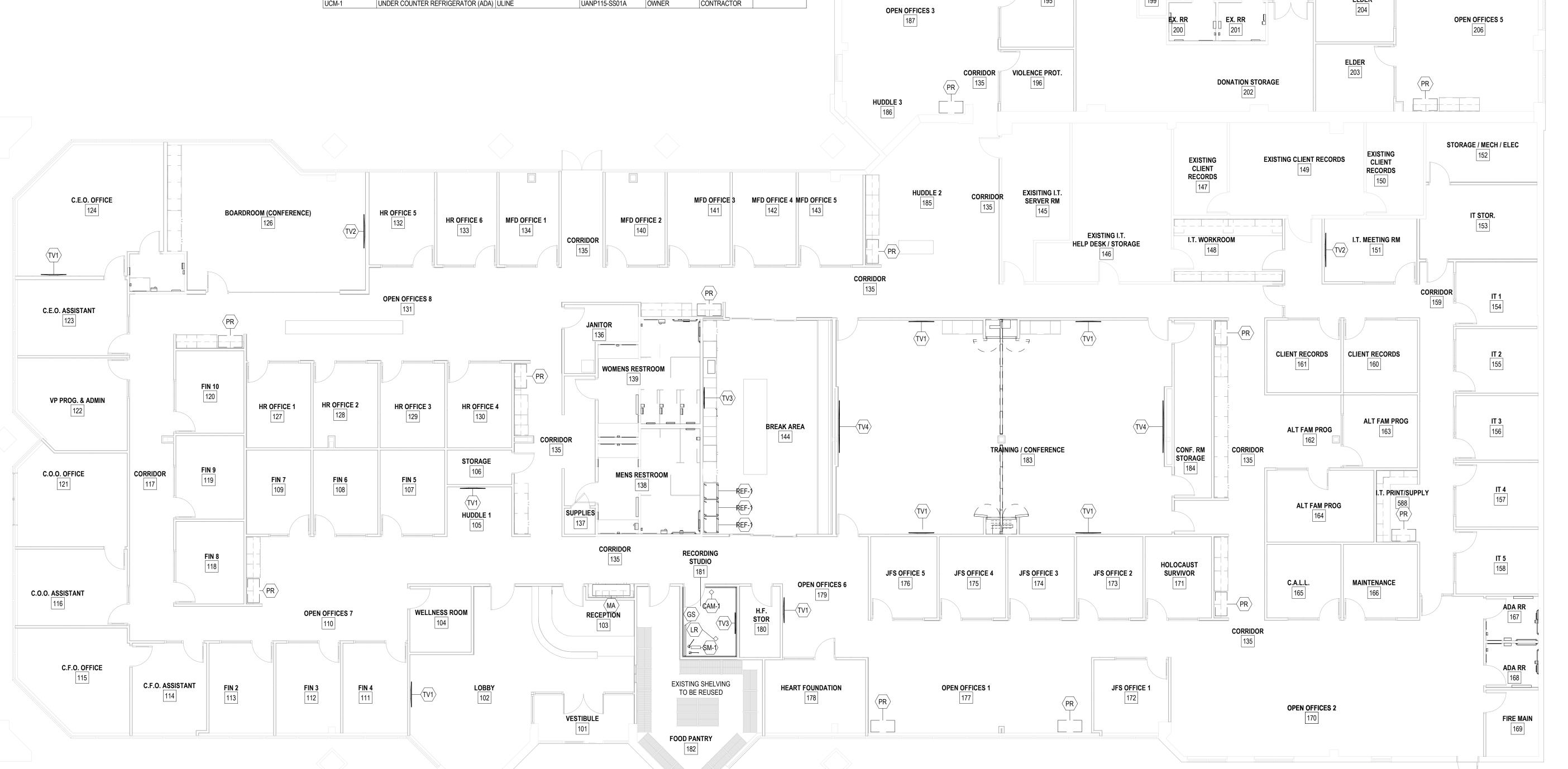
GENERAL NOTES - EQUIPMENT

- ALL EQUIPMENT TO BE VERIFIED. ANY/ALL DISCREPANCIES OF ANY KIND ARE FOUND IN THE DRAWINGS, SPECIFICATIONS OR AT THE JOBSITE, THE CONTRACTOR SHOULD NOTIFY THE ARCHITECT IMMEDIATELY.
- COORDINATE AND VERIFY ALL DIMENSIONS WITH MILLWORK PRIOR TO INSTALLATION.
- ALL EQUIPMENT TO BE FURNISHED BY CONTRACTOR, U.O.N.
- COORDINATE WITH ALL TRADES FOR ALL ELECTRICAL, PLUMBING AND DATA FOR ALL EQUIPMENT CONNECTIONS AND CLEARANCES REQUIRED.
- PROVIDE ALL CODE MINIMUM SIGNAGE, INCLUDING BUT NOT LIMITED TO: RESTROOMS SIGNS, MECHANICAL ROOM SIGNS, ETC.









CONSTRUCTION FOR **PRELIMINARY**

DISTRIBUTION PROGRESS SET (DD) 01/06/2023 **LEVEL 1 - EQUIPMENT**

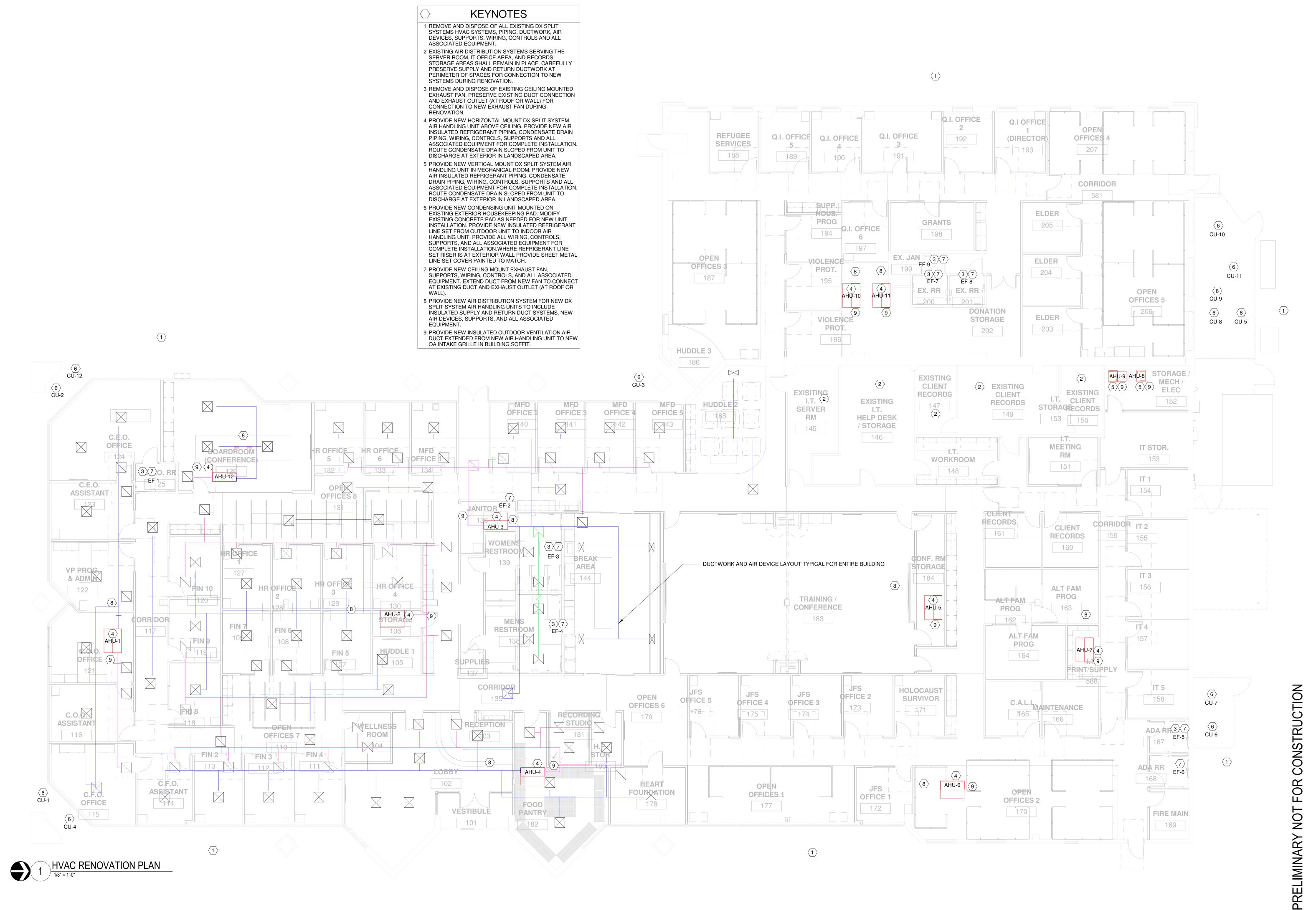
Project number 2125

Icot Office Renovation

GCJFCS

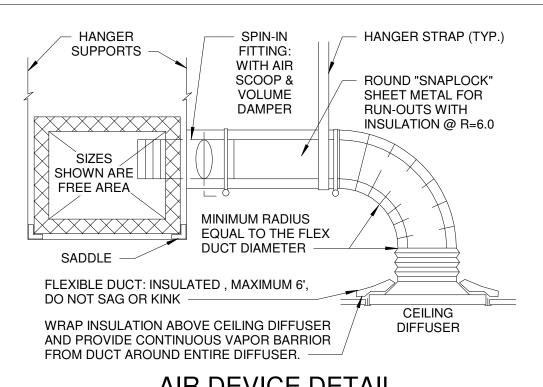
ID-301

PLAN



MECHANICAL PLAN M-101

Project number 2125 PROGRESS SET (DD)



AIR DEVICE DETAIL

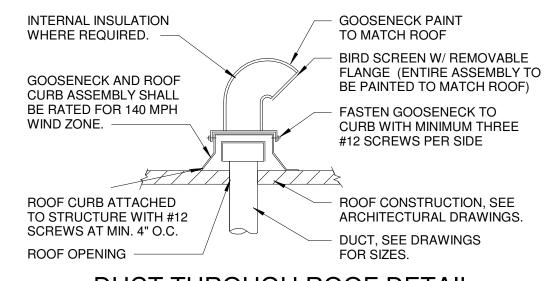
1. HANGER SUPPORTS SHALL BE PER SMACNA AND APPLICABLE SPECIFICATIONS. 2. ELBOWS SHALL BE SQUARE NECK (SAME IN AND OUT DIMENSION) WITH 2" DOUBLE THICKNESS TURNING VANES.

3. OFFSETS SHALL NOT EXCEED 30 DEGREE ANGLE, AND SHALL NOT REDUCE THE FREE AREA OF THE DUCT.

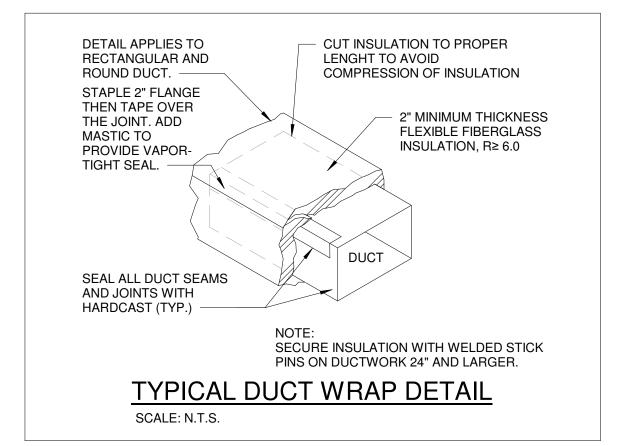
4. TRANSITIONS SHALL NOT EXCEED 1:3 RATIO (4" TRANSITION PER FOOT SINGLE SIDED TRANSITION, AND 8" PER FOOT DOUBLE SIDED TRANSITION). 5. RECTANGULAR BRANCH CONNECTIONS SHALL BE 45 DEGREE ENTRY TYPE, WITH METAL SLEEVE & CLINCH LOCK CONNECTION. ENTRY LENGTH SHALL BE 25% OF

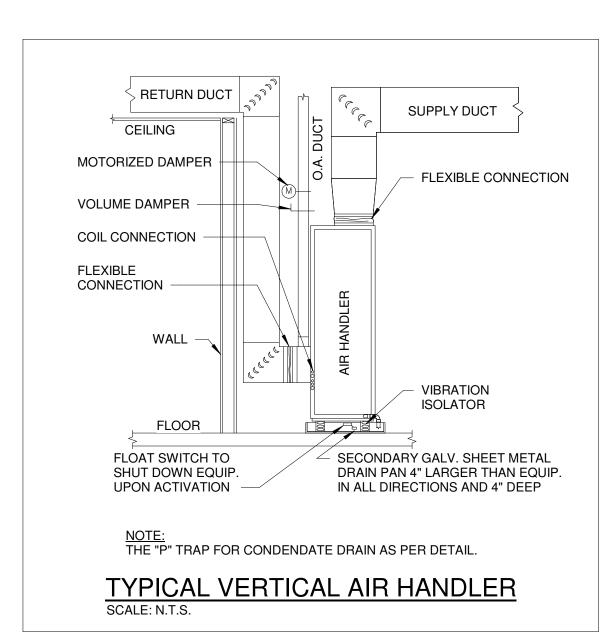
6. ROUND BRANCH DUCT CONNECTIONS SHALL BE SPIN-IN FITTINGS, WITH AIR SCOOP, DAMPER AND HANDLE.

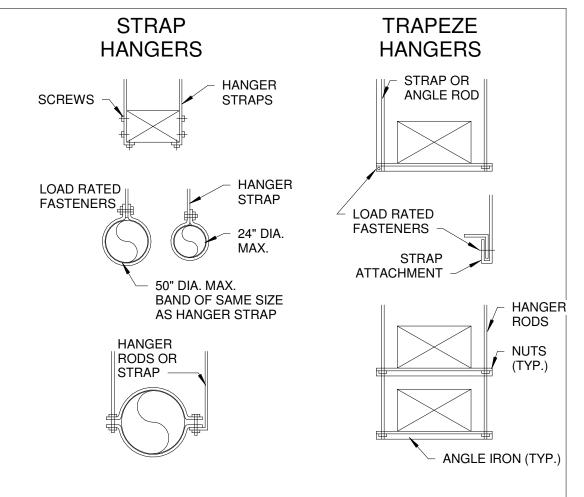
7. FLEXIBLE ROUND DUCT SHALL INCLUDE: BLANKET INSULATION AT A MINIMUM 6.0 R VALUE, AN ALUMINUM FOIL OUTER VAPOR BARRIER, AND BE UL-181 APPROVED.



DUCT THROUGH ROOF DETAIL SCALE: N.T.S.







DUCT HANGER DETAIL

MINIMUM HALF OF	PAIR AT SPACI		PAIR A SPACI		PAIR A SPACI		PAIR A SPACI		
DUCT PERIMETER	STRAP	ROD/ WIRE	STRAP	ROD/ WIRE	STRAP	ROD/ WIRE	STRAP	ROD/ WIRE	
P/2=30"	1"X22 GA.	10 GA. (0.135")	1"X22 GA.	10 GA. (0.135")	1"X22 GA.	12 GA. (0.106")	1"X22 GA.	12 GA. (0.106")	
P/2=72"	1"X18 GA.	3/8"	1"X20 GA.	1/4"	1"X22 GA.	1/4"	1"X22 GA.	1/4"	
P/2=96"	1"X16 GA.	3/8"	1"X18 GA.	3/8"	1"X20 GA.	3/8"	1"X22 GA.	1/4"	
P/2=120"	1.5"X16 GA.	1/2"	1"X16 GA.	3/8"	1"X18 GA.	3/8"	1"X20 GA.	1/4"	
P/2=168"	1.5"X16 GA.	1/2"	1.5"X16 GA.	1/2"	1"X16 GA.	3/8"	1"X18 GA.	3/8"	
P/2=192		1/2"	1.5"X16 GA.	1/2"	1"X16 GA.	3/8"	1"X16 GA.	3/8"	
P/2=193" UP	SPECIAL ANALYSIS REQUIRED								

F/Z=193 OF	31	ECIAL ANALISIS NEQUINE	D
USE THES 1"x 18, 20, #10 OR ON 1"x 16- TW	RAPS ARE LAP JOINED SE MINIMUM FASTENERS: 22 GA TWO NE 1/4" BOLT O 1/4" BOLT O 3/8" BOLT	SINGLE HANGER MAXIMU STRAP 1" 22 GA 260 LBS. 1" 20 GA 320 LBS. 1" 18 GA 420 LBS. 1" 16 GA 700 LBS. 1.5" 16 GA 1100 LBS.	JM ALLOWABLE LOWIRE OR ROD (DI. 0.106" - 80 LBS. 0.135" - 120 LBS. 0.162" - 160 LBS. 1/4" - 270 LBS. 3/8" - 680 LBS. 1/2" - 1250 LBS.
_	RS SHALL BE PLACED IN OT SIDE BY SIDE		5/8" - 2000 LBS. 3/4" - 3000 LBS.

1. DIMENSIONS OTHER THAN GAUGE ARE IN INCHES. 2. TABLES ALLOW FOR DUCT WEIGHT, 1 LB./SF. INSULATION WEIGHT AND NORMAL REINFORCEMENT AND TRAPEZE WEIGHT, BUT NO EXTERNAL LOADS. 3. STRAPS ARE GALVANIZED STEEL; OTHER MATERIALS ARE UNCOATED STEEL. 4. ALLOWABLE LOADS FOR P/2 ASSUME THAT DUCTS ARE 16 GA. MAX., EXCEPT THAT WHEN MAX. DUCT DIMENSION (W) IS OVER 60" THEN P/2 MAX. IS 1.25 W.

·ΡΙ	EZE		
G	ERS		AIR
RAF	POR II		MAI
	E ROD		AIR
			МО
>			ТОТ
			SYS
	II		AIR
ΞD			MA
S -			MA
RAP ENT			MA
_111			MA
	II /	HANGER RODS	АНІ
			ТО
_		NUTS (TYP.)	EXT
		()	FAN
\times			FAN
			ELE
_	ANGLE IRO	N (TYP.)	VOI
		, ,	MC
			CO
			ТО
	PAIR A	T 4'	OU.
	SPACI	NG	NE ⁻
D/ RE	STRAP	ROD/ WIRE	NE ⁻
ìΑ.	4"V00 C A	12 GA.	EN
)6")	1"X22 GA.	(0.106")	LEA
ļ"	1"X22 GA.	1/4"	MIN
3"	1"X22 GA.	1/4"	CO
3"	1"X20 GA.	1/4"	MA
3"	1"X18 GA.	3/8"	MO
			CO
3"	1"X16 GA.	3/8"	MA
D			MAX
I IM	ALLOWABL	FLOAD	MA
٧	VIRE OR RO	D (DIA)	MAX
	.106" - 80 LB .135" - 120 L		CO
	.135" - 120 L .162" - 160 L /4" - 270 LBS		OU.
3	/8" - 680 LBS	S.	CO
	/2" - 1250 LB /8" - 2000 LB		CO
	/4" - 3000 LB		VOI
			MC
ΗТ	AND NORM	ΔΙ	NO.

- MECHANICALLY FASTENED TO CONCRETE DECK REFRIGERANT **VIBRATION** LINES -**ISOLATOR** 3/8" ALL THREAD ROD MIN. (TYP.) DISCONNECT FLEX DUCT (TYP.) INSULATED SUPPLY DUCT INSULATED AHU RETURN DUCT AUX GALV. DRAIN PAN WITH FLOAT SWITCH 3" WIDER & LONGER THAN UNIT & 4" DEEP CONDENSATE DRAIN W/ P-TRAP CEILING HORIZONTAL AIR HANDLING UNIT TYPICAL INSTALLATION N.T.S.

				DX	SPLIT SYS	TEM SCHE	DULE					
AIR HANDLING UNIT												
MARK	AHU-1	AHU-2	AHU-3	AHU-4	AHU-5	AHU-6	AHU-7	AHU-8	AHU-9	AHU-10	AHU-11	AHU-12
AIR HANDLING UNIT MANUFACTURER	TRANE	TRANE	TRANE	TRANE	TRANE	TRANE	TRANE	TRANE	TRANE	TRANE	TRANE	TRANE
MODEL	TWE07243BAA	TEM6B0C60H51	TWE07243BAA	TEM6B0C60H51	TWE09043BAA	TWE07243BAA	TEM6B0C60H51	TEM6A0B30H21	TEM6A0B30H21	TEM6B0C60H51	TEM6B0C60H51	TEM6A0C36H31
TOTAL NOMINAL TONS	6	5	6	5	7.5	6	5	2	2	5	5	3
SYSTEM EFFICIENCY (SEER / EER)	12.0 EER	14.25 / 11.7	12.0 EER	14.25 / 11.7	12.8 EER	12.0 EER	14.25 / 11.7	14.6 / 12.0	14.6 / 12.0	14.25 / 11.7	14.25 / 11.7	16.0 / 13.0
AIR HANDLING UNIT PHYSICAL DATA								I				
MAX UNIT LENGTH (in.)	67-9/16	57-3/8	67-9/16	57-3/8	67-9/16	67-9/16	57-3/8	21-1/8	21-1/8	57-3/8	57-3/8	21-1/16
MAX UNIT WIDTH (in.)	47-1/2	21-1/8	47-1/2	21-1/8	47-1/2	47-1/2	21-1/8	18-1/2	18-1/2	21-1/8	21-1/8	23-1/2
MAX UNIT HEIGHT (in.)	25-1/2	23-1/2	25-1/2	23-1/2	25-1/2	25-1/2	23-1/2	45	45	23-1/2	23-1/2	51-1/2
MAX UNIT WEIGHT (lbs)	373	174	373	174	373	373	174	117	117	174	174	144
AHU FAN, HEATER, AND POWER DATA												
TOTAL FAN CFM	2400	2000	2400	2000	3000	2400	2000	800	800	2000	2000	1200
EXTERNAL STATIC PRESSURE (IN. WG)	1	1	1	1	1	1	1	0.5	0.5	1	1	0.5
FAN HP	#	0.75	#	0.75	#	#	0.75	0.33	0.33	0.75	0.75	0.5
FAN STYLE	FC CENTRIFUGAL	FC CENTRIFUGAL	FC CENTRIFUGAL	FC CENTRIFUGAL	FC CENTRIFUGAL	FC CENTRIFUGAL	FC CENTRIFUGAL	FC CENTRIFUGAL	FC CENTRIFUGAL	FC CENTRIFUGAL	FC CENTRIFUGAL	FC CENTRIFUGAL
ELECTRIC HEATER (KW)	7.45	7.2	7.45	7.2	11.25	7.45	7.2	3.6	3.6	7.2	7.2	7.2
VOLTAGE/PHASE/FREQUENCY	208 / 3 / 60	208 / 3 / 60	208 / 3 / 60	208 / 3 / 60	208 / 3 / 60	208 / 3 / 60	208 / 3 / 60	208 / 1 / 60	208 / 1 / 60	208 / 3 / 60	208 / 3 / 60	208 / 3 / 60
MCA/MOCP (A)	34.0 / 35.0	33.0 / 35.0	34.0 / 35.0	33.0 / 35.0	48.0 / 50.0	34.0 / 35.0	33.0 / 35.0	25.0 / 25.0	25.0 / 25.0	33.0 / 35.0	33.0 / 35.0	30.0 / 30.0
COOLING COIL PERFORMANCE DATA												
TOTAL COIL AIRFLOW (CFM)	2400	2000	2400	2000	3000	2400	2000	800	800	2000	2000	1200
OUTDOOR VENTILATION AIRFLOW (CFM)	130	300	275	175	565	260	210	90	0	180	230	160
NET TOTAL COOLING CAPACITY (MBH)	67.66	56.882	68.86	56.016	88.1	68.73	56.305	23.079	22.475	56.016	56.401	34.562
NET TOTAL SENSIBLE CAPACITY (MBH)	55.81	44.543	56.33	44.284	70.46	56.33	44.244	19.945	17.831	44.472	44.42	27.434
ENTERING AIR TEMPERATURE (DB/WB)	75.9 / 63.3	77.6 / 64.7	77.0 / 64.2	76.5 / 63.8	78.3 / 65.3	76.9 / 64.1	76.8 / 64.1	77.0 / 64.2	75.0 / 62.5	76.6 / 63.8	77.0 / 64.2	77.3 / 64.5
LEAVING AIR TEMPERATURE (DB/WB)	54.01 / 53.35	56.7 / 55.0	54.93 / 54.27	55.8 / 54.1	55.89 / 55.24	54.83 / 54.17	56.1 / 54.4	56.0 / 54.2	54.2 / 52.5	55.8 / 54.1	56.2 / 54.5	55.9 / 54.6
MINIMUM # REFRIGERATION CIRCUITS	2	1	2	1	2	2	1	1	1	1	1	1
CONDENSING UNIT												
MARK	CU-1	CU-2	CU-3	CU-4	CU-5	CU-6	CU-7	CU-8	CU-9	CU-10	CU-11	CU-12
CONDENSING UNIT MANUFACTURER	TRANE	TRANE	TRANE	TRANE	TRANE	TRANE	TRANE	TRANE	TRANE	TRANE	TRANE	TRANE
MODEL	TTA07243DAA	4TTA4060A3	TTA07243DAA	4TTA4060A3	TTA09043DAA	TTA07243DAA	4TTA4060A3	4TTR4024N1	4TTR4024N1	4TTA4060A3	4TTA4060A3	4TTA4036A3
CONDENSING UNIT PHYSICAL DATA								I				
MAX UNIT LENGTH (in.)	42	37-1/4	42	37-1/4	42	42	37-1/4	28-1/2	28-1/2	37-1/4	37-1/4	32-5/8
MAX UNIT WIDTH (in.)	36	34-1/4	36	34-1/4	36	36	34-1/4	25-5/8	25-5/8	34-1/4	34-1/4	29-3/4
MAX UNIT HEIGHT (in.)	40-3/4	37-1/8	40-3/4	37-1/8	40-3/4	40-3/4	37-1/8	28-3/4	28-3/4	37-1/8	37-1/8	32-3/4
MAX UNIT WEIGHT (lbs)	307	211	307	211	343	307	211	133	133	211	211	156
CONDENSING UNIT ELECTRICAL DATA			•				•		•	•		
OUTDOOR FAN # / FLA	1 / 2.3	1 / 1.05	1 / 2.3	1 / 1.05	1 / 2.3	1 / 2.3	1 / 1.05	1 / 0.90	1 / 0.90	1 / 1.05	1 / 1.05	1 / 0.77
COMPRESSOR #1 RLA / LRA	9.0 / #	15.9 / 110.0	9.0 / #	15.9 / 110.0	14.0 / #	9.0 / #	15.9 / 110.0	10.1 / 52.0	10.1 / 52.0	15.9 / 110.0	15.9 / 110.0	9.0 / 71.0
COMPRESSOR #2 RLA / LRA	9.0 / #	N/A	9.0 / #	N/A	14.0 / #	9.0 / #	N/A	N/A	N/A	N/A	N/A	N/A
VOLTAGE/PHASE/FREQUENCY	208 / 3 / 60	208 / 3 / 60	208 / 3 / 60	208 / 3 / 60	208 / 3 / 60	208 / 3 / 60	208 / 3 / 60	208 / 1 / 60	208 / 1 / 60	208 / 3 / 60	208 / 3 / 60	208 / 3 / 60
MCA/MOCP (A)	23.0 / 30.0	21.0 / 35.0	23.0 / 30.0	21.0 / 35.0	34.0 / 45.0	23.0 / 30.0	21.0 / 35.0	13.0 / 20.0	13.0 / 20.0	21.0 / 35.0	21.0 / 35.0	12.0 / 20.0
NOTES:												
1. PROVIDE NON-CORROSIVE, SLOPED IAQ	DRAIN PAN.		1	1	1	1	1	1	1	1		
2. PROVIDE ANTI-SHORT CYCLE TIMER (TIM	E DELAY) ON ALL COM	PRESSORS.										

| 2. PROVIDE ANTI-SHORT CYCLE TIMER (TIME DELAY) ON ALL COMPRESSORS.

3. PROVIDE LOSS OF PHASE AND PHASE REVERSAL DETECTORS WITH AUTOMATIC RESET ON ALL COMPRESSORS.

4. PROVIDE 2" PLEATED MEDIA REPLACEABLE FILTERS IN CARDBOARD FILTER FRAME, 30% EFFICIENT.

5. PROVIDE TWO COMPLETE SETS OF FILTER CHANGES FOR EACH UNIT.

 \mid 6. PROVIDE CONDENSATE DRAIN LINES WITH P-TRAP SIZED AND INSTALLED IN ACCORDANCE WITH MANUFACTURER RECOMMENDATIONS.

7. PROVIDE COMPLETE VIBRATION ISOLATION FOR MOTOR DRIVEN EQUIPMENT.

8. STARTUP BY FACTORY-TRAINED REPRESENTATIVE.

9. PROVIDE UNIT WITH PROGRAMMABLE THERMOSTAT WITH OCCUPIED MODES. DURING THE OCCUPIED MODES. DURING THE UNIT SUPPLY AIR FAN SHALL RUN AND THE REFRIGERATION EQUIPMENT (OR HEATING) SHALL CYCLE TO MAINTAIN SPACE TEMPERATURE OF 75°F (ADJUSTABLE) WHILE COOLING OR 68°F(ADJUSTABLE) WHILE HEATING. DURING THE OCCUPIED MODE THE ASSOCIATED OA DAMPER SHALL SHUT AND THE SUPPLY AIR FAN AND REFRIGERATION EQUIPMENT (OR HEATING) SHALL CYCLE TO MAINTAIN SPACE SETBACK TEMPERATURE

2. INTERLOCK WITH RESTROOM LIGHT SWITCH. PROVIDE 10 MINUTE OFF DELAY.

3. INTERLOCK WITH ASSOCIATED AHU OA DAMPER. FAN SHALL RUN WHEN OA DAMPER IS OPEN (OCCUPIED MODE).

 \mid 10. AHU-5 ONLY: PROVIDE ALL EQUIPMENT AND CONTROLS REQUIRED FOR DEMAND-CONTROLLED VENTILATION SEQUENCE OF OPERATIONS.

11. AHU-5 ONLY: PROVIDE EASY-DRI COIL AND ALL REQUIRED COMPONENTS AND CONTROLS FOR DEHUMIDIFICATION CONTROL.

	SYSTEM VENTILATION											
Name	Occupancy	Area	Rp (CFM/Person)	Ra (CFM/SF)	Base OA People	Base OA Space	Base OA CFM Required	Base OA CFM Provided				
AHU-1	8	1451 SF	5 CFM	0.06 CFM/SF	40 CFM	87 CFM	127 CFM	130 CFM				
AHU-2	20	3203 SF	5 CFM	0.06 CFM/SF	100 CFM	192 CFM	292 CFM	300 CFM				
AHU-3	16	3230 SF	5 CFM	0.06 CFM/SF	80 CFM	194 CFM	274 CFM	275 CFM				
AHU-4	10	2018 SF	5 CFM	0.06 CFM/SF	50 CFM	121 CFM	171 CFM	175 CFM				
AHU-5	90	1892 SF	5 CFM	0.06 CFM/SF	450 CFM	113 CFM	563 CFM	565 CFM				
AHU-6	15	3090 SF	5 CFM	0.06 CFM/SF	75 CFM	185 CFM	260 CFM	260 CFM				
AHU-7	12	2497 SF	5 CFM	0.06 CFM/SF	60 CFM	150 CFM	210 CFM	210 CFM				
AHU-8	5	1031 SF	5 CFM	0.06 CFM/SF	25 CFM	62 CFM	87 CFM	90 CFM				
AHU-9	0	203 SF	0 CFM	0.00 CFM/SF	0 CFM	0 CFM	0 CFM	0 CFM				
AHU-10	10	2144 SF	5 CFM	0.06 CFM/SF	50 CFM	129 CFM	179 CFM	180 CFM				
AHU-11	12	2760 SF	5 CFM	0.06 CFM/SF	60 CFM	166 CFM	226 CFM	230 CFM				
AHU-12	25	572 SF	5 CFM	0.06 CFM/SF	125 CFM	34 CFM	159 CFM	160 CFM				

MARK	MANUFACTURER	MODEL	TYPE	CFM	STATIC ELECTRICAL			BACKDRAFT	NOTES	
IVIANN	MANUFACTUREN	MODEL	ITPE	CFIVI	PRESSURE	HP	PHASE	VOLTAGE	DAMPER	NOTES
EF-1	Greenheck	SB-B80	Ceiling	70 CFM	0.25	0.01	1	115	YES	1,2
EF-2	Greenheck	SB-B80	Ceiling	50 CFM	0.25	0.01	1	115	YES	1,3
EF-3	Greenheck	SB-A290	Ceiling	200 CFM	0.5	0.04	1	115	YES	1,3
EF-4	Greenheck	SB-A290	Ceiling	200 CFM	0.5	0.04	1	115	YES	1,3
EF-5	Greenheck	SB-B80	Ceiling	70 CFM	0.25	0.01	1	115	YES	1,2
EF-6	Greenheck	SB-B80	Ceiling	70 CFM	0.25	0.01	1	115	YES	1,2
EF-7	Greenheck	SB-B80	Ceiling	70 CFM	0.25	0.01	1	115	YES	1,2
EF-8	Greenheck	SB-B80	Ceiling	70 CFM	0.25	0.01	1	115	YES	1,2
EF-9	Greenheck	SB-B80	Ceiling	50 CFM	0.25	0.01	1	115	YES	1,3

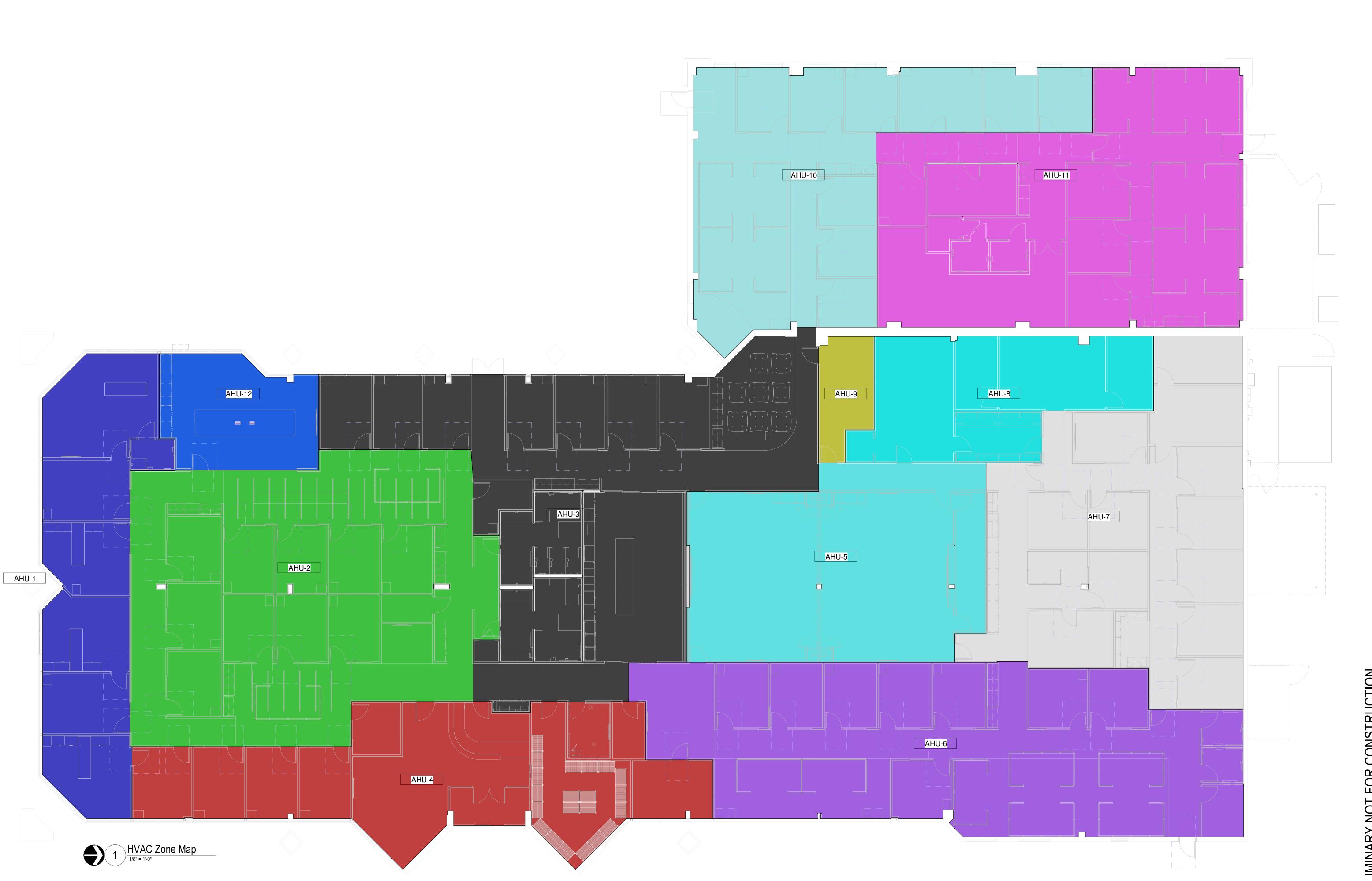
ONSTRUCTION

MECHANICAL SCHEDULES, NOTES,

DISTRIBUTION

MILESTONE

PROGRESS SET (DD)

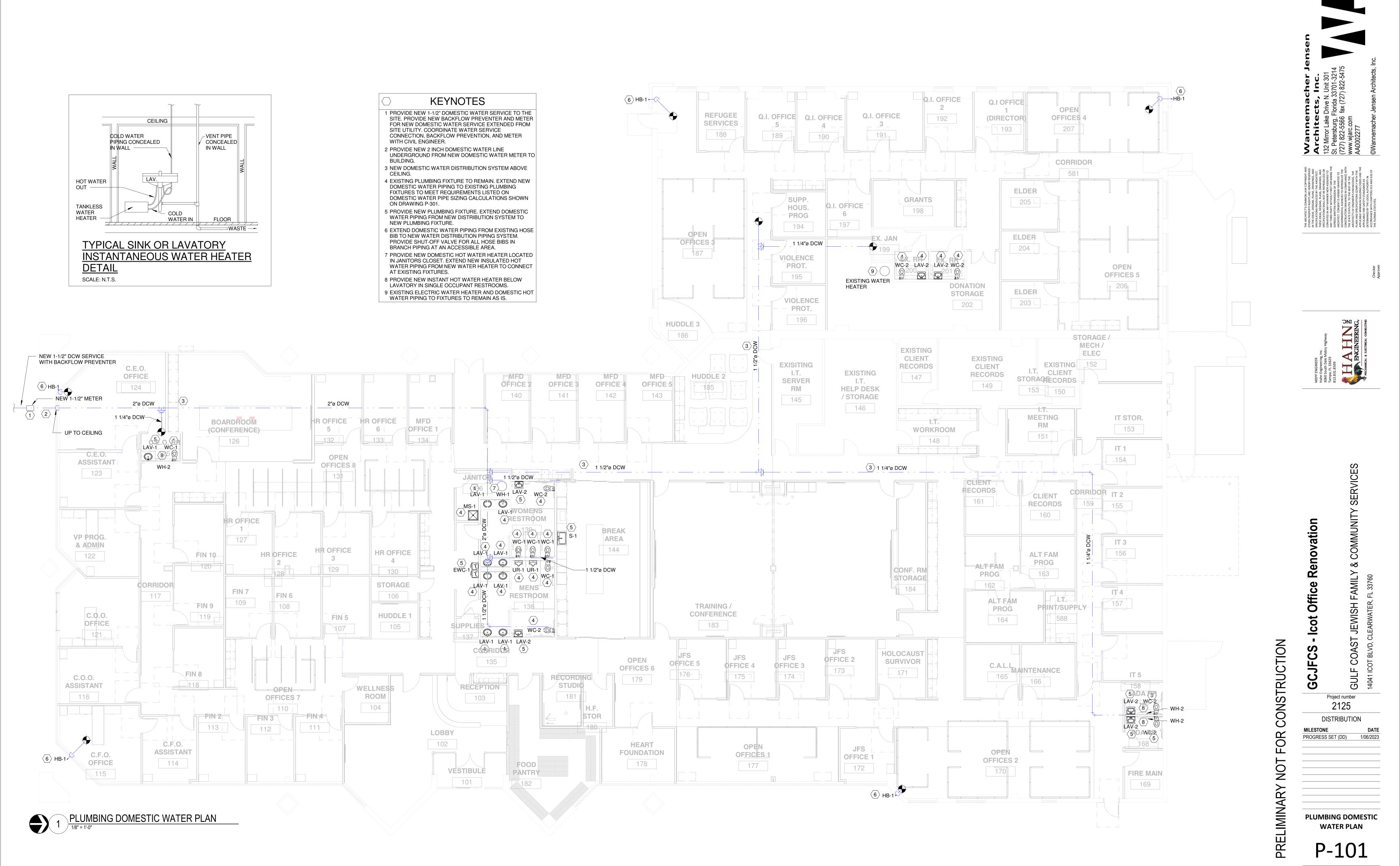


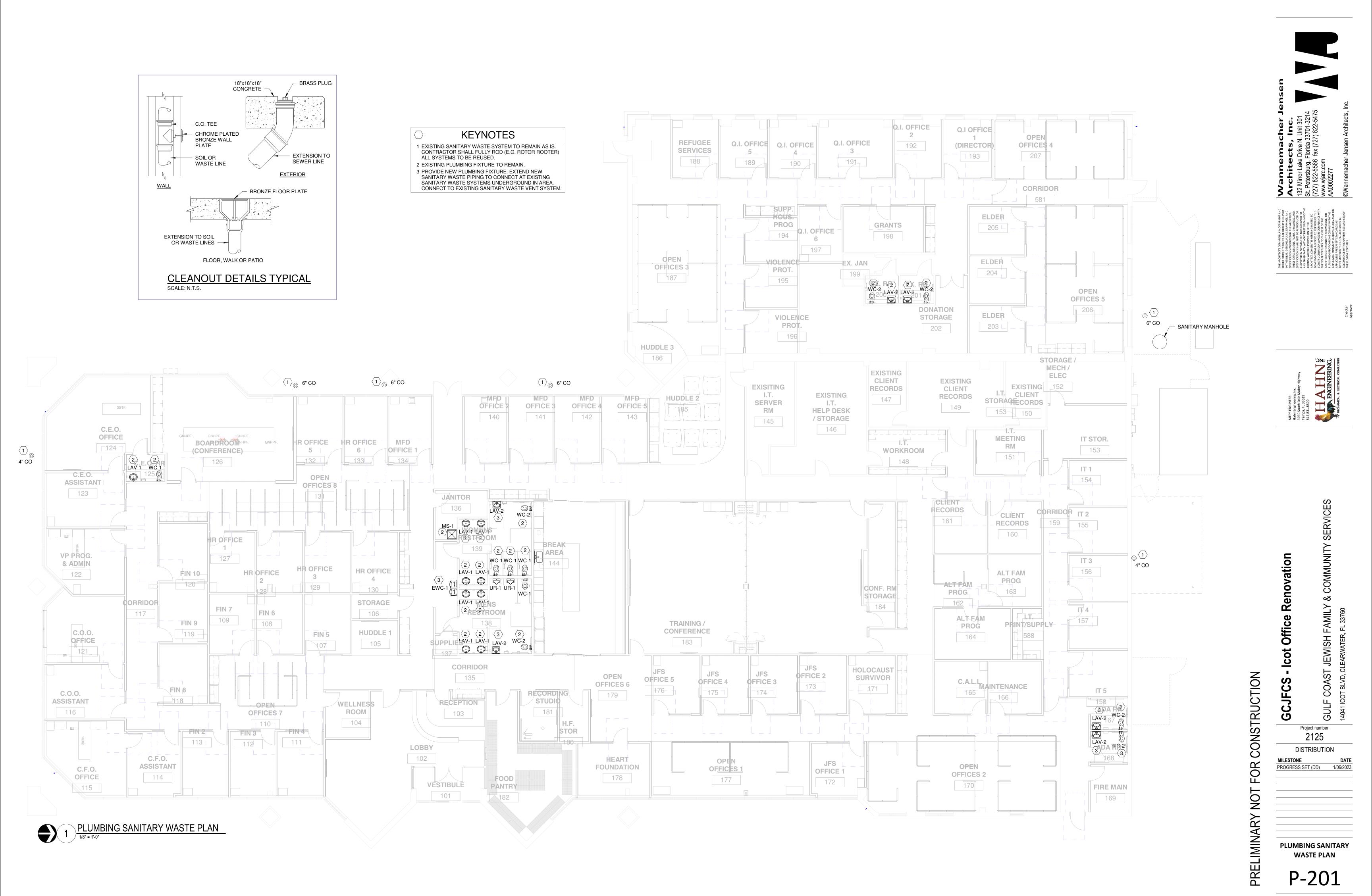
FOR CONSTRUCTION PRELIMINARY

M-202

HVAC ZONE MAP

Project number 2125

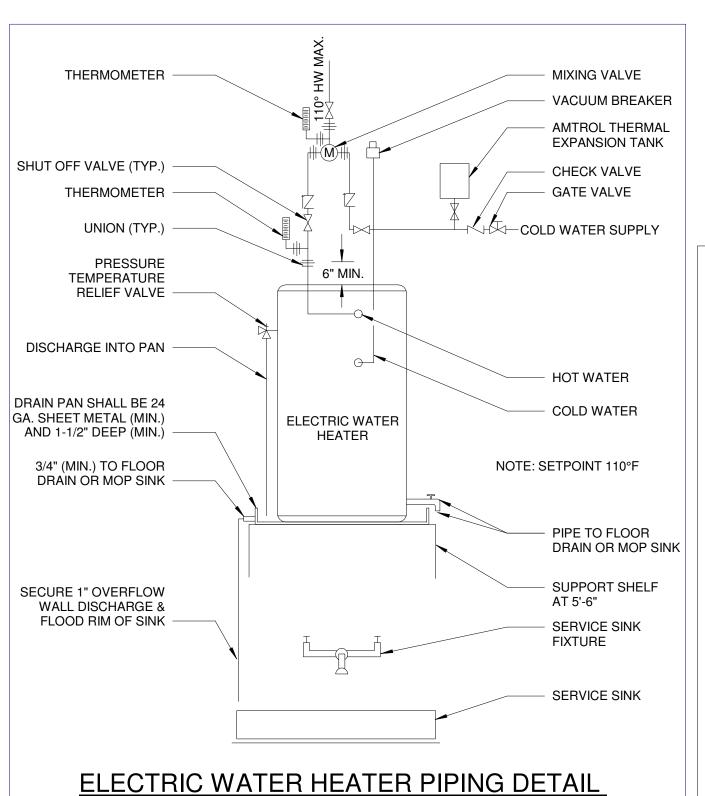




FIVE: 15 = - :		WATER SUP	PLY FIXTURE UNI	TS (WSFU) *	FIXTURE DCW PIPE	FIXTURE DHW PIPE	DCW PIPE SECTION	DCW PIPE SECTION	DHW PIPE SECTION	DHW PIPE SECTION	
FIXTURE TAG	FIXTURE TYPE	COLD (DCW)	HOT (DHW)	TOTAL	DIA. (IN.) **	DIA. (IN.) **	COMBINED WSFU	COMBINED DIA (IN.)**	COMBINED WSFU	COMBINED DIA (IN.)**	TOTAL W
PIPE SECTION A	A - NORTHEAST ANNEX										
HB-1	HOSE BIB	2.5	0.0	2.5	3/4		2.5	3/4	0.0		2.5
HB-1	HOSE BIB	2.5	0.0	2.5	3/4		5.0	1	0.0		5.0
LAV-2	LAVATORY - PUBLIC	1.5	1.5	2.0	1/2	1/2	6.5	1	1.5	1/2	7.0
WC-2	WATER CLOSET - FLUSH VALVE	10.0	0.0	10.0	1		16.5	1-1/4	1.5		17.0
LAV-2	LAVATORY	1.5	1.5	2.0	1/2	1/2	18.0	1-1/4	3.0	3/4	19.0
WC-2	WATER CLOSET - FLUSH VALVE	10.0	0.0	10.0	1		28.0	1-1/4	3.0		29.0
MS-1	MOP SINK	2.3	2.3	3.0	3/4	3/4	30.3	1-1/2	5.3	1	32.0
PIPE SECTION B	3 - BLDG NORTHWEST RR					T.					
LAV-2	LAVATORY - PUBLIC	1.5	1.5	2.0	1/2	1/2	1.5	1/2	1.5	1/2	2.0
WC-2	WATER CLOSET - FLUSH VALVE	10.0	0.0	10.0	1		11.5	1-1/4	1.5		12.0
LAV-2	LAVATORY	1.5	1.5	2.0	1/2	1/2	13.0	1-1/4	3.0	3/4	14.0
WC-2	WATER CLOSET - FLUSH VALVE	10.0	0.0	10.0	1		23.0	1-1/4	3.0		24.0
HB-1	HOSE BIB	2.5	0.0	2.5	3/4		25.5	1-1/4	3.0		26.5
PIPE SECTION C	C - MENS RR										
WC-2	WATER CLOSET - FLUSH VALVE	10.0	0.0	10.0	1		10.0	1-1/4	0.0		10.0
LAV-2	LAVATORY - PUBLIC	1.5	1.5	2.0	1/2	1/2	11.5	1-1/4	1.5	1/2	12.0
LAV-1	LAVATORY - PUBLIC	1.5	1.5	2.0	1/2	1/2	13.0	1-1/4	3.0	3/4	14.0
LAV-1	LAVATORY - PUBLIC	1.5	1.5	2.0	1/2	1/2	14.5	1-1/4	4.5	1	16.0
HB-1	HOSE BIB	2.5	0.0	2.5	3/4		17.0	1-1/4	4.5		18.5
WC-1	WATER CLOSET - FLUSH VALVE	10.0	0.0	10.0	1		27.0	1-1/4	4.5		28.5
UR-1	URINAL - 3/4" FLUSH VALVE	5.0	0.0	5.0	3/4		32.0	1-1/2	4.5		33.5
UR-1	URINAL - 3/4" FLUSH VALVE	5.0	0.0	5.0	3/4		37.0	1-1/2	4.5		38.5
LAV-1	LAVATORY - PUBLIC	1.5	1.5	2.0	1/2	1/2	38.5	1-1/2	6.0	1	40.5
LAV-1	LAVATORY - PUBLIC	1.5	1.5	2.0	1/2	1/2	40.0	1-1/2	7.5	1	42.5
PIPE SECTION D	O - WOMENS RR / BREAK / JAN										
S-1	BREAKROOM SINK	1.0	1.0	1.4	1/2	1/2	1.0	1/2	1.0	1/2	1.4
WC-1	WATER CLOSET - FLUSH VALVE	10.0	0.0	10.0	1		11.0	1-1/4	1.0		11.4
WC-1	WATER CLOSET - FLUSH VALVE	10.0	0.0	10.0	1		21.0	1-1/4	1.0		21.4
WC-1	WATER CLOSET - FLUSH VALVE	10.0	0.0	10.0	1		31.0	1-1/2	1.0		31.4
LAV-1	LAVATORY - PUBLIC	1.5	1.5	2.0	1/2	1/2	32.5	1-1/2	2.5	3/4	33.4
LAV-1	LAVATORY - PUBLIC	1.5	1.5	2.0	1/2	1/2	34.0	1-1/2	4.0	1	35.4
DF-1	DRINKING FOUNTAIN	0.3	0.0	0.3	1/2		34.3	1-1/2	4.0		35.7
WC-2	WATER CLOSET - FLUSH VALVE	10.0	0.0	10.0	1		44.3	1-1/2	4.0		45.7
LAV-2	LAVATORY - PUBLIC	1.5	1.5	2.0	1/2	1/2	45.8	1-1/2	5.5	1	47.7
LAV-1	LAVATORY - PUBLIC	1.5	1.5	2.0	1/2	1/2	47.3	1-1/2	7.0	1	49.7
LAV-1	LAVATORY - PUBLIC	1.5	1.5	2.0	1/2	1/2	48.8	1-1/2	8.5	1-1/4	51.7
HB-1	HOSE BIB	2.5	0.0	2.5	3/4		51.3	1-1/2	8.5		54.2
MS-1	MOP SINK	2.3	2.3	3.0	3/4	3/4	53.5	1-1/2	10.8	1-1/4	57.2
PIPE SECTION E	- CEO RR / BLDG WEST										
WC-2	WATER CLOSET - FLUSH VALVE	10.0	0.0	10.0	1		10.0	1-1/4	0.0		10.0
LAV-1	LAVATORY - PUBLIC	1.5	1.5	2.0	1/2	1/2	11.5	1-1/4	1.5	1/2	12.0
HB-1	HOSE BIB	2.5	0.0	2.5	3/4		14.0	1-1/4	1.5		14.5
HB-1	HOSE BIB	2.5	0.0	2.5	3/4		16.5	1-1/4	1.5		17.0
OMESTIC WA	TER SYSTEM TOTALS										
						DCW WSFU =	165.8	DHW WSFU =	28.0	TOTAL WSFU =	175
								DOM	IESTIC WATER METER A	AND SERVICE SIZE** =	1-1/
								DOMESTI	C WATER MAIN DISTRI	BUTION PIPE SIZE** =	2

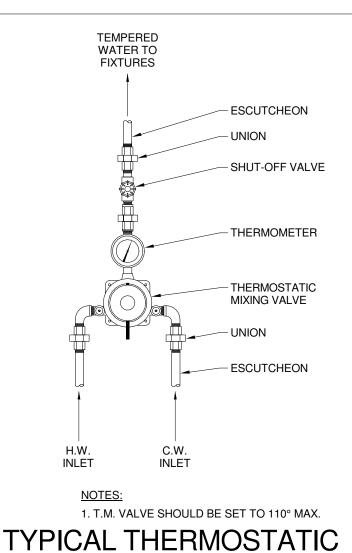
** 2020 FL BUILDING CODE - PLUMBING, 7TH ED. - TABLE E201.1 - PRESSURE RANGE 50 TO 60 PSI - MAX DEVELOPED LENGTH = 500 FT (410FT *1.2 = 492 FT)

*** 2020 FL BUILDING CODE - PLUMBING, 7TH ED. - TABLE E103.3(3) - TABLE FOR ESTIMATING DEMAND - SUPPLY SYSTEMS FOR PREDOMINANTLY FLOSHOMETER VALVES



AT JANITOR'S SINK

SCALE: N.T.S.



MIXING V

SCALE:N.T.S.

THERMOMETER	
THERMOSTATIC MIXING VALVE UNION	PIPE H
C.W. INLET LIVE SHOULD BE SET TO 110° MAX. THERMOSTATIC ALVE	PIPIN COPF ALLO AND COPF ALLO AND CAST PVC I NOTE CONT CODE SPACE

CLAMP PIPE SIZE | ROD SIZE (IN) (IN) 1/4 ALL THREAD 1-1/2 3/8 PIPE HANGER 3/8 RING 1/2 **PVC PIPING** ALL THREAD ROD SIZING 4 AND 3/8 SMALLER 6 AND 8 1/2 HANGER DETAIL PIPE HANGER SPACING IG MATERIAL MAXIMUM HORZ. MAXIMUM VERT. |SPACING (FEET) | SPACING (FEET) PER OR COPPER OY TUBING 1-1/4" 10 SMALLER PER OR COPPER OY TUBING 1-1/2" ARGER **IRON PIPING** 15 TRACTOR SHALL REFER TO FLORIDA 2020 BUILDING E-PLUMBING CHAPTER #3 TABLE 308.5 FOR CING, 308.6 SWAY BRACING, AND 308.7 ANCHORAGE.

PIPE HANGER

PLUMBING GENERAL NOTES

THE SCOPE OF WORK CONSISTS OF PROVIDING COMPLETE SUPPLY OF CITY WATER AND OF SANITARY CONNECTING IN EXISTING PIPING, PURCHASING AND INSTALLING ALL FIXTUR AS NOTED ON THE PLUMBING PLAN. THE WATER PIPING SH BE INSTALLED IN SUCH A MANNER THAT IT CAN BE TURNED VIA A MASTER SHUT OFF VALVE FOR EACH ROOM.

THE PLUMBING CONTRACTOR SHALL VISIT THE JOB SITE ANI VERIFY THE EXISTING PLUMBING. COMPARE IT TO THE DESI BEFORE PURCHASE, FABRICATION AND INSTALLATION OF AN FIXTURES, PIPE, EQUIPMENT, ETC..

THE PLUMBING CONTRACTOR SHALL COORDINATE HIS WOR WITH THE ELECTRICAL, AND MECHANICAL CONTRACTORS TO

PREVENT ANY CONFLICT. PLUMBING INSTALLATION SHALL BE IN ACCORDANCE WITH FLORIDA BUILDING CODE - PLUMBING, 2020 7TH EDITION.

PROVIDE WATER HAMMER ARRESTORS ON ALL COLD AND H WATER SUPPLIES, TO AND FOR EACH FIXTURE.

ALL EXTERIOR PIPING SHALL BE BURIED IN A MANNER TO PREVENT PIPE DAMAGE.

PLUMBING CONTRACTOR SHALL BE RESPONSIBLE FOR INSTALLATION AND/OR PLUMBING CONNECTION OF ANY FIXTURES PURCHASED BY THE OWNER.

ALL COPPER PIPING SHALL BE ISOLATED FROM CONCRETE MASONRY SURFACES BY ONE OF THE FOLLOWING METHODS ALL VENTS THROUGH ROOF SHALL BE COMPATIBLE WITH

ROOFING SYSTEM.

10 FLOOR DRAINS IN THE TOILET ROOMS SHALL BE EQUIPPED WITH TRAP PRIMER CONNECTION TO NEAREST LAVATORY. 11 ALL WATER CLOSETS SHALL BE EQUIPPED WITH BEE'S WAX RING SEAL.

12 ALL SUPPLY WATER AND SANITARY PIPING SHALL BE DISTRIBUTED AND INSTALLED IN ACCORDANCE WITH THE PLUMBING CODE AND LOCAL ORDINANCES.

13 WHERE SERVICES ARE REQUIRED TO BE REMOVED. RELOCATED OR ABANDONED, BY-PASS UTILITY SERVICES, SUCH AS PIPE OR CONDUIT, BEFORE CUTTING. CUT-OFF PII OR CONDUIT IN WALLS OR PARTITIONS TO BE REMOVED. C VALVE, OR PLUG AND SEAL THE REMAINING PORTION OF PI OR CONDUIT TO PREVENT ENTRANCE OF MOISTURE OR OTH FOREIGN MATTER AFTER BY-PASSING AND CUTTING.

14 PROVIDE LABELS ON ALL EXISTING AND NEW WATER AND GA PIPING AS CALLED FOR IN SPECIFICATIONS. 15 REFER TO ARCHITECTURAL DRAWING FOR EXACT LOCATION

AND ROUGHING DIMENSIONS OFF ALL FIXTURES, DRAINS, E 16 PLUMBING CONTRACTOR SHALL PROVIDE SHUT-OFF VALVES BEFORE EACH FIXTURE AND ON THE MAIN. THE MAIN SHUT-

VALVE SHALL BE LOCATED IN THE VALVE BOX. 17 PLUMBING CONTRACTOR SHALL REVIEW THE FIXTURE TYPE WITH THE OWNER AND ARCHITECT BEFORE PURCHASE AND

INSTALLATION. 18 ALL WALL CLEANOUT COVERS TO BE STAINLESS STEEL.

19 ALL PLUMBING FIXTURES SHALL BE VENTED. 20 ALL WALL HUNG HANDICAPPED LAVATORIES SHALL HAVE LA GUARD PROTECTION AROUND ALL PIPING AND ACCESSORIE

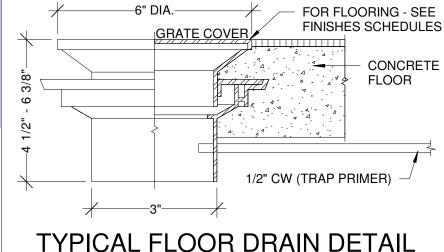
UNDERNEATH THE LAVATORY. 21 PROVIDE SLEEVES (2 PIPE SIZES GREATER THAN PASSING P ON ALL PIPING THROUGH WALLS, OR FOOTINGS. 22 ALL BUILDING SEWER PIPE INSTALLED WITHIN 10 FEET OF WATER SERVICE SHALL CONFORM TO STANDARDS FOR ABS

PLASTIC PIPE, CUSTOM PIPE, COPPER OR COPPER ALLOY TUBING OR PVC PLASTIC AS LISTED IN TABLE FPC 702.3 23 ALL SHUT-OFF VALVES IN CEILING SHALL BE PROVIDED WITH

ACCESS PANEL. 24 ALL PIPING SHALL BE CLAMPED AND SUPPORTED TO AVOID WATER HAMMER AND RATTLE.

25 ALL SANITARY WASTE PIPING ABOVE FIRST FLOOR SLAB SHA BE WRAPPED IN 1" FIBERGLASS INSULATION FOR NOISE ATTENUATION.

26 CONTRACTOR SHALL REFER TO CONTRACT SPECIFICATIONS FOR ADDITIONAL REQUIREMENTS.



TYPICAL FLOOR DRAIN DETAIL WITH TRAP PRIMER

SCALE: N.T.S.

RIGID PIPING

L THREAD ROD SIZING

				LOIVIL	лись г	FIXTURE SCHEDULE
TAG	FIXTURE	SAN. (IN.)	VENT (IN.)	CW (IN.)	HW (IN.)	FIXTURE DESCRIPTION
WC-1	WATER CLOSET- NON_ADA	4	2	1		AMERICAN STANDARD MODEL 2234.001, MADERA FLOWISE 15" HEIGHT ELONGATED LE EVERCLEAN, FLOOR MOUNT FLUSHOMETER VALVE TOILET, VITREOUS CHINA, 1-1/2" IN SPUD. AMERICAN STANDARD MODEL 6065.121 SELECTRONIC SENSOR OPERATED FLUVALVE, 1.28 GPF, BATTERY POWERED. AMERICAN STANDARD MODEL 5901.100SS TOILI SEAT. PROVIDE TRAP, STOPS, SUPPLIES, ETC. FOR COMPLETE INSTALLATION.
WC-2	WATER CLOSET - ADA	4	2	1		AMERICAN STANDARD MODEL 3043.001, MADERA FLOWISE 16.5" HEIGHT ELONGATED L EVERCLEAN, FLOOR MOUNT FLUSHOMETER VALVE TOILET, VITREOUS CHINA, 1-1/2" INL SPUD. AMERICAN STANDARD MODEL 6065.121 SELECTRONIC SENSOR OPERATED FLUS VALVE, 1.28 GPF, BATTERY POWERED. AMERICAN STANDARD MODEL 5901.100SS TOILE SEAT. MOUNT FIXTURE TO ADA COMPLIANT HEIGHT. PROVIDE TRAP, STOPS, SUPPLIES FOR COMPLETE INSTALLATION.
LAV-1	LAVATORY - COUNTERTOP	1-1/2	1-1/4	1/2	1/2	AMERICAN STANDARD MODEL 0475.047 AQUALYN COUNTERTOP SINK, SINGLE HOLE. AMERICAN STANDARD MODEL 6055.105, 0.5 GPM, VANDAL RESISTANT, BATTERY POWE SENSOR FAUCET, AMERICAN STANDARD MODEL 605XTMV1070 MIXING VALVE. DEARBOWN MODEL 760-1, 1-1/4" GRID DRAIN. DEARBORN MODEL 510-1, 1-1/2" CAST P-TRAP, BRASS OCR19XC 1/2"X3/8" COMP ANGLE STOP. PROVIDE TRAP, STOPS, SUPPLIES, ETC. FOR COMPLETE INSTALLATION. COLOR BY ARCHITECT/OWNER.
LAV-2	LAVATORY - ADA	1-1/2	1-1/4	1/2	1/2	AMERICAN STANDARD MODEL 9140.047 WHEELCHAIR USERS LAVATORY, SINGLE HOLE VITREOUS CHINA WALL MOUNT SINK. AMERICAN STANDARD MODEL 6055.165, 0.5 GPM, VANDAL RESISTANT, BATTERY POWERED SENSOR FAUCET, AMERICAN STANDARD MO 605XTMV1070 MIXING VALVE. DEARBORN MODEL 760W-1, 1-1/4" OFFSET GRID DRAIN. DEARBORN MODEL 510-1, 1-1/2" CAST P-TRAP, BRASSCRAFT OCR19XC 1/2"X3/8" COMP STOP. TRUEBRO 103EZ LAV GUARD2 TRAP AND SUPPLY WRAP. ZURN Z1231-79 CONCE. ARM CARRIER. MOUNT FIXTURE TO ADA COMPLIANT HEIGHT. PROVIDE TRAP, STOPS, SUPPLIES, ETC. FOR COMPLETE INSTALLATION. COLOR BY ARCHITECT/OWNER.
UR-1	URINAL	1-1/2	1-1/4	1/2		AMERICAN STANDARD MODEL 6590.001 WASHBROOK FLOWISE UNIVERSAL URINAL, WAHUNG FLUSHOMETER VALVE TOILET. VITREOUS CHINA, 3/4" TOP INLET SPUD. ZURN AMERICAN STANDARD MODEL 6063.013 SELECTRONIC SENSOR OPERATED URINAL FLUVALVE, 1.25 GPF, BATTERY POWERED. ZURN Z1222 URINAL CARRIER. PROVIDE TRAP, SUPPLIES, ETC. FOR COMPLETE INSTALLATION. COLOR BY ARCHITECT/OWNER.
S-1	SINK - COUNTERTOP	1-1/2	1-1/4	1/2	1/2	ELKAY MODEL PSR2522, PACEMAKER STAINLESS STEEL SINK, 25"X22"X7-1/2" SINGLE B TOP MOUNT SINK, SINGLE HOLE. ELKAY MODEL LKD2223C, SCRUB/HANDWASH FLEXIBI FAUCET, 1.5 GPM, DEARBORN MODEL 14 BASKET STRAINER. DEARBORN MODEL 510-1, CAST P-TRAP, BRASSCRAFT OCR19XC 1/2"X3/8" COMP ANGLE STOP. PROVIDE TRAP, SUPPLIES, ETC. FOR COMPLETE INSTALLATION. COLOR BY ARCHITECT/OWNER.
EWC-1	DRINKING FOUNTAIN W/ BOTTLE FILLER	1-1/2	1-1/4	1/2		ELKAY MODEL LZWS-EDFPBM117K EZH2O BOTTLE FILLING STATION WITH BI-LEVEL INT SWIRLFLO FOUNTAIN, FILTERED, NON-REFRIGERATED, STAINLESS. PROVIDE WITH MOUNTING FRAME AND FILTER. PROVIDE TRAP, STOPS, SUPPLIES, ETC. FOR COMPLET INSTALLATION. COLOR BY ARCHITECT/OWNER. PROVIDE WITH REMOTE WATER CHILLE
HB-1	HOSE BIB			3/4		INDOOR - WOODFORD MODEL 65 W/LOOSE KEY OUTDOOR - WOODFORD MODEL B65 W/LOOSE CHROME BOX W/DOOR ASSEMBLY, BACKFLOW PROTECTED, VACUUM BREAKER, BRAS
MS-1	MOP SINK	3	1-1/2	1/2	1/2	CASTING, CHROME FINISH FIAT MODEL TSB100 TERAZZO MOP SERVICE BASIN 12" DEPTH CONTINUOUS, STAINLES STEEL TILING FLAGES AND CAPS. PROVIDE WITH MOP SERVICE BASIN ACCESSORIES INCLUDING STAINLESS STEEL WALL GUARDS (MSG2424), 5/8" HOSE AND BRACKET (832 MOP BRACKET (889 CC). PROVIDE TRAP, STOPS, SUPPLIES, ETC. FOR COMPLETE INSTALLATION. COLOR BY ARCHITECT/OWNER.
FD-1	FLOOR DRAIN	3	1-1/2	1/2		ZURN MODEL Z415S, STRAINER SIZE SPECIFIED BY THE OWNER/ARCHITECT, GRATE SI BE FLUSH WITH FLOOR. PROVIDE WITH GALVANIZED CAST IRON BODY, AUTOMATIC TF PRIMER, SEDIMENT BUCKET AND BACKWATER VALVE
WCO	WALL CLEANOUT					ZURN MODEL ZANB1460-9-VP, 9"X9" SQUARE WALL ACCESS COVER. PROVIDE CLEANOR PLUG TO MATCH PIPE SIZE OF LINE SERVED.
CO	FLOOR CLEANOUT					ZURN MODEL ZB1400-B-VP FLOOR CLEANOUTPROVIDE CLEANOUT PLUG TO MATCH PI OF LINE SERVED.
WH-1	ELECTRIC WATER HEATER - STORAGE			3/4	3/4	AO SMITH MODEL DEL-30, 30 GAL., 2 - 4.5 KW ELEMENTS, 480V/3PH. PROVIDE WITH SHELF/STAND, EXPANSION TANK, VACUUM RELIEF VALVE, DRAIN PAN AND ALL ACCESS FOR COMPLETE INSTALLATION.
WH-2	INSTANT ELECTRIC WATER HEATER			1/2	1/2	EEMAX LavAdvantage MODEL SPEX3512T, 120 V, 3.5 KW, 29 A.
MV-1	MIXING VALVE - SYSTEM			3/4	3/4	SYMMONS MODEL 7-400A, INLET 120 F - 195 F, OUTLET 85 F - 110 F
TP-1	TRAP PRIMER			1/2		SIOUX CHIEF 695 SERIES PRIMEPERFECT TRAP PRIMER. COORDINATE FINAL FIXTURE

1. LAVATORY SUPPLY SHALL BE BRASS WITH BRASS ANGLE STOPS FOR 1/2" WATER SUPPLY LINES, WITHH LOOSE KEY (WITH CAP) AND WALL FLANGE. ALL COMPONENTS SHALL BE POLISHED CHROME FINISH. MANUFACTURED BY BRASSCRAFT OR APPROVED EQUAL. 2. PROVIDE CAST BODY P-TRAP 1-1/4"X1-1/4" WITH HEAVY DUTY CAST J-BEND AND FLAT CLEANOUT PLUG, SLIP NUTS, AND WALL FLANGE. ALL COMPONENTS SHALL BE

POLISHED CHROME FINISH. MANUFACTURED BY BRASSCRAFT OR APPROVED EQUAL.

3. STRAINERS SHALL BE FURNISHED WITH FIXTURES AS REQUIRED. FOR HANDICAPPED LAVATORIES OR SINKS PROVIDE OFFSET TAILPIECE. 4. PROVIDE TRUEBRO MODEL 103EZ ANTI-MICROBIAL LAV GUARD KIT (OR APPROVED EQUAL) AT ALL WHEELCHAIR ACCESSIBLE LAVATORIES AND SINKS FOR ALL WATER

5. THE PLUMBING FIXTURE VENDOR SHALL COORDINATE ALL PLUMBING FIXTURE ROUGH-IN DIMENSIONS AND REQUIREMENTS WITH THE PLUMBING CONTRACTOR AND THE GENERAL CONTRACTOR PRIOR TO PROJECT CONSTRUCTION

6. UNLESS SHOWN ABOVE, PLUMBING FIXTURES MANUFACTURER, TRIM COLOR AND FINISH SHALL BE FURNISHED AS DIRECTED BY THE OWNER/ARCHITECT.

	PLUMBING PIPING SCHEDULE										
TYPE/LOCATION	DOMESTIC COLD WATER DISTRIBUTION	DOMESTIC HOT WATER DISTRIBUTION	DRAIN, WASTE & VENT	STORM WATER	GREASE WASTE & VENT						
ABOVE GROUND	CPVC	CPVC	PVC	PVC	PVC						
BELOW GROUND	CPVC	TYPE "K" COPPER	PVC	PVC	PVC/CAST IRON						
RETURN AIR PLENUM	TYPE "L" COPPER	TYPE "L" COPPER	CAST IRON	CAST IRON	CAST IRON						
AREA UNDERGROUND SUBJECT TO STRESS (THRU FOOTING)	STEEL	STEEL	CAST IRON	CAST IRON	CAST IRON						

1. INSULATE THE FOLLOWING PIPING SYSTEMS WITH 1" THICK INSULATION:

A. INTERIOR ABOVE GROUND STORM WATER PIPING.

B. PLUMBING VENTS WITHIN 6 LINEAL FEET OF ROOF OUTLET. C. POTABLE HOT WATER PIPING.

D. CAST IRON SHALL BE USED IF OVER 140°F WATER IS DISCHARGED INTO WASTE SYSTEM e.g. STEAM.

UL SYSTEM NO. W-J-1063 F RATING - 1,2,3 & 4 HR (SEE ITEM 1) T RATING - 0 & 1/4 HR (SEE ITEM 2) **SECTION A-A**

> PIPING FIRE WALL **PENETRATION** SCALE: N.T.S.

1. WALL ASSEMBLY - MIN. 4-7/8 IN., 6-1/8 IN., 7-3/8 IN. OR 8-5/8 IN. THICK LIGHTWEIGHT OR NORMAL WEIGHT (100-150 PCF) CONCRETE FOR 1, 2, 3 OR 4 HOUR RATED ASSEMBLIES, RESPECTIVELY. WALL MAY ALSO BE CONSTRUCTED OF ANY UL CLASSIFIED CONCRETE BLOCKS*. MAX. DIAM. OF OPENING IS 25 IN. 2. THROUGH PENETRANTS - ONE METALLIC PIPE, CONDUIT OR TUBING INSTALLED EITHER CONCENTRICALLY OR ECCENTRICALLY WITHIN THE FIRESTOP SYSTEM. THE ANNULAR SPACE BETWEEN PIPE, CONDUIT OR TUBING AND PERIPHERY OF OPENING SHALL BE MIN. 0 IN. TO MAX. 1-3/8 IN. PIPE, CONDUIT OR TUBING TO BE RIGIDLY SUPPORTED ON BOTH SIDES OF WALL ASSEMBLY. THE FOLLOWING TYPES AND SIZES OF METALLIC PIPES, CONDUITS OR TUBING MAY BE USED:

A. STEEL PIPE - THE FOLLOWING TYPES AND SIZES OF STEEL PIPES MAY BE USED: a. NOM. 4 IN. DIAM. (OR SMALLER) SCHEDULE 7 (OR HEAVIER) STEEL PIPE. b. NOM. 8 IN. DIAM. (OR SMALLER) SCHEDULE 10 (OR HEAVIER) STEEL PIPE.

c. NOM. 10 IN. DIAM. (OR SMALLER) SCHEDULE 20 (OR HEAVIER) STEEL PIPE

d. NOM. 24 IN. DIAM. (OR SMALLER) SCHEDULE 40 (OR HEAVIER) STEEL PIPE WHEN STEEL PIPE IS USED, T RATING IS 1/4 HR FOR NOM. 4 IN. DIAM. (OR SMALLER) AND 0 HR FOR STEEL PIPES GREATER THAN NOM. 4 IN. DIAM.

B. IRON PIPE - NOM. 24 IN. DIAM. (OR SMALLER) CAST OR DUCTILE IRON PIPE. WHEN IRON PIPE IS USED T C. CONDUIT - NOM. 4 IN. DIAM. (OR SMALLER) STEEL ELECTRICAL METALLIC TUBING (EMT). WHEN EMT IS

USED T RATING IS 1/4 HR. D. CONDUIT - NOM. 6 IN. DIAM. (OR SMALLER) STEEL CONDUIT. WHEN STEEL CONDUIT IS USED T RATING

E. COPPER TUBING - NOM. 6 IN. DIAM. (OR SMALLER) TYPE L (OR HEAVIER) COPPER TUBING. WHEN

COPPER TUBE IS USED T RATING IS 0 HR. F. COPPER PIPE - NOM. 6 IN. DIAM. (OR SMALLER) REGULAR (OR HEAVY) COPPER PIPE. WHEN COPPER PIPE IS USED T RATING IS 0 HR. 3. FILL, VOID OR CAVITY MATERIAL* - SEALANT - MIN. 5/8 IN. THICKNESS OF FILL MATERIAL FOR 1 HR RATED

WALL ASSEMBLIES AND 1 IN. THICKNESS OF FILL MATERIAL FOR 2, 3 AND 4 HR RATED WALL ASSEMBLIES, APPLIED WITHIN THE ANNULUS, FLUSH WITH BOTH SURFACES OF WALL. AT POINT CONTACT LOCATION BETWEEN PENETRANT AND PERIPHERY OF OPENING, A MIN. 1/2 IN. DIAM. BEAD OF FILL MATERIAL SHALL BE INSTALLED AT THE CONCRETE/PENETRANT INTERFACE ON BOTH SURFACES OF WALL

*BEARING THE UL CLASSIFICATION MARKING

9 NO O 0 PRELIMIN

DISTRIBUTION

PROGRESS SET (DD)

PLUMBING SCHEDULES, NOTES,

KEYNOTES 1 EXISTING ELECTRICAL SHALL REMAIN, WHERE EXISTING RECEPTACLES ON EXISTING TO REMAIN WALLS ARE AFFECTED BY THE SCOPE OF WORK, RELOCATE ACCORDINGLY. 2 NEW WALLS ARE SHOWN DARKER THAN EXISTING TO REMAIN WALLS: TYPICAL LAYOUT. OPEN OFFICES 3-187 FOR TYPICAL LAYOUT. MECHANICAL PLANS. COORDINATE. INSTA-HOTS, WATER HEATERS, AND EWCS. EQUIPMENT REQUIRING IT. NEW WALL, IF REQUIRED. OC OC OC C.E.O. **OFFICE** 124 125 🤅 C.E.O. **ASSISTANT** 123 VP PROG. & ADMIN 122 CORRIDOR

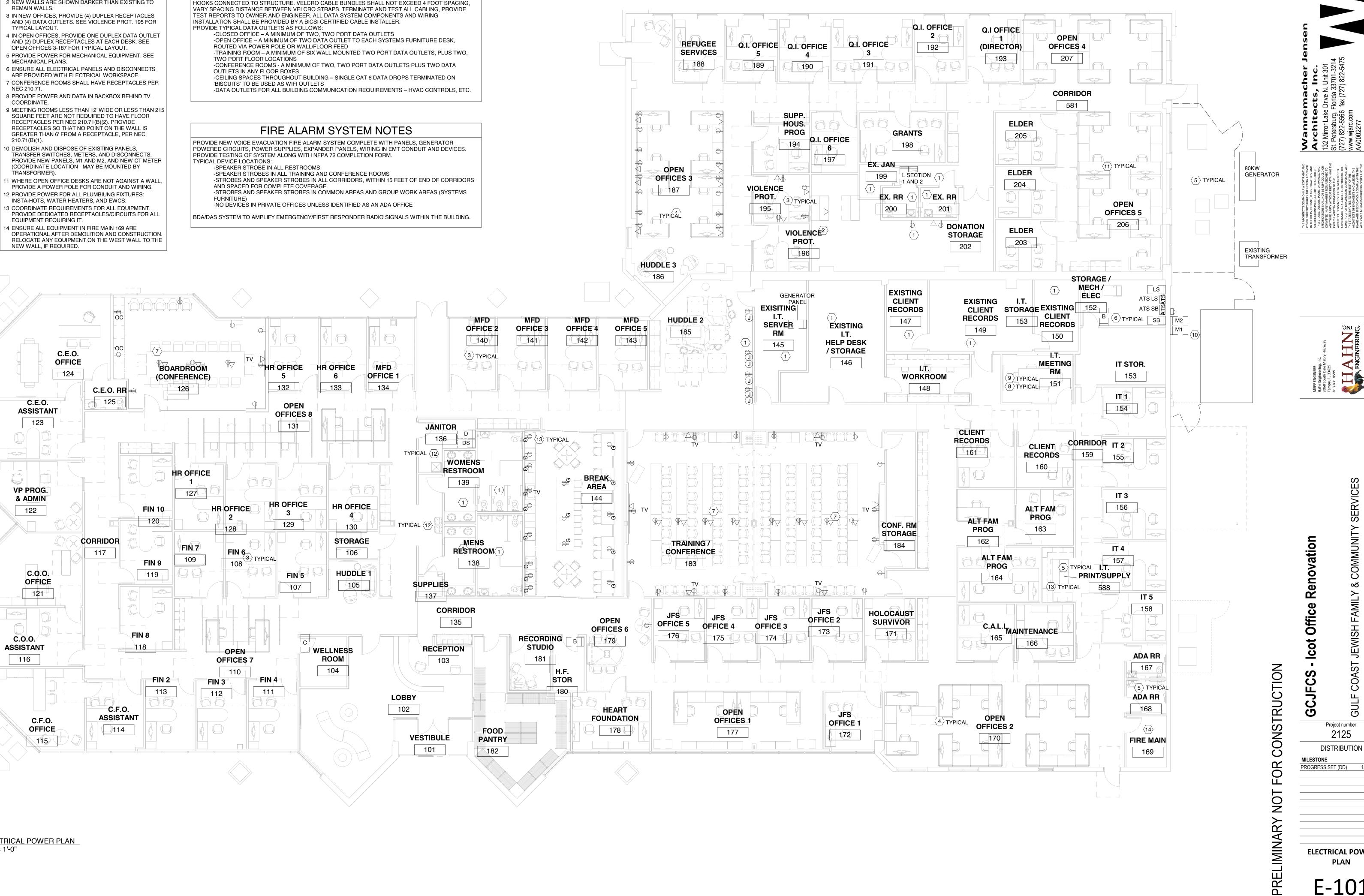
DATA SYSTEM NOTES

EXISTING SERVERS AND DATA RACKS ARE IN EXISTING OWNER INFORMATION TECHNOLOGY ('I.T.')

AREAS. PROVIDE CAT 6 DATA CABLING FROM EACH OUTLET IN QUANTITIES DESIGNATED, CONCEALED

IN WALLS AND ABOVE CEILING, ROUTED TO THE EXISTING DATA RACKS IN THE I.T. SPACES. ALL DATA

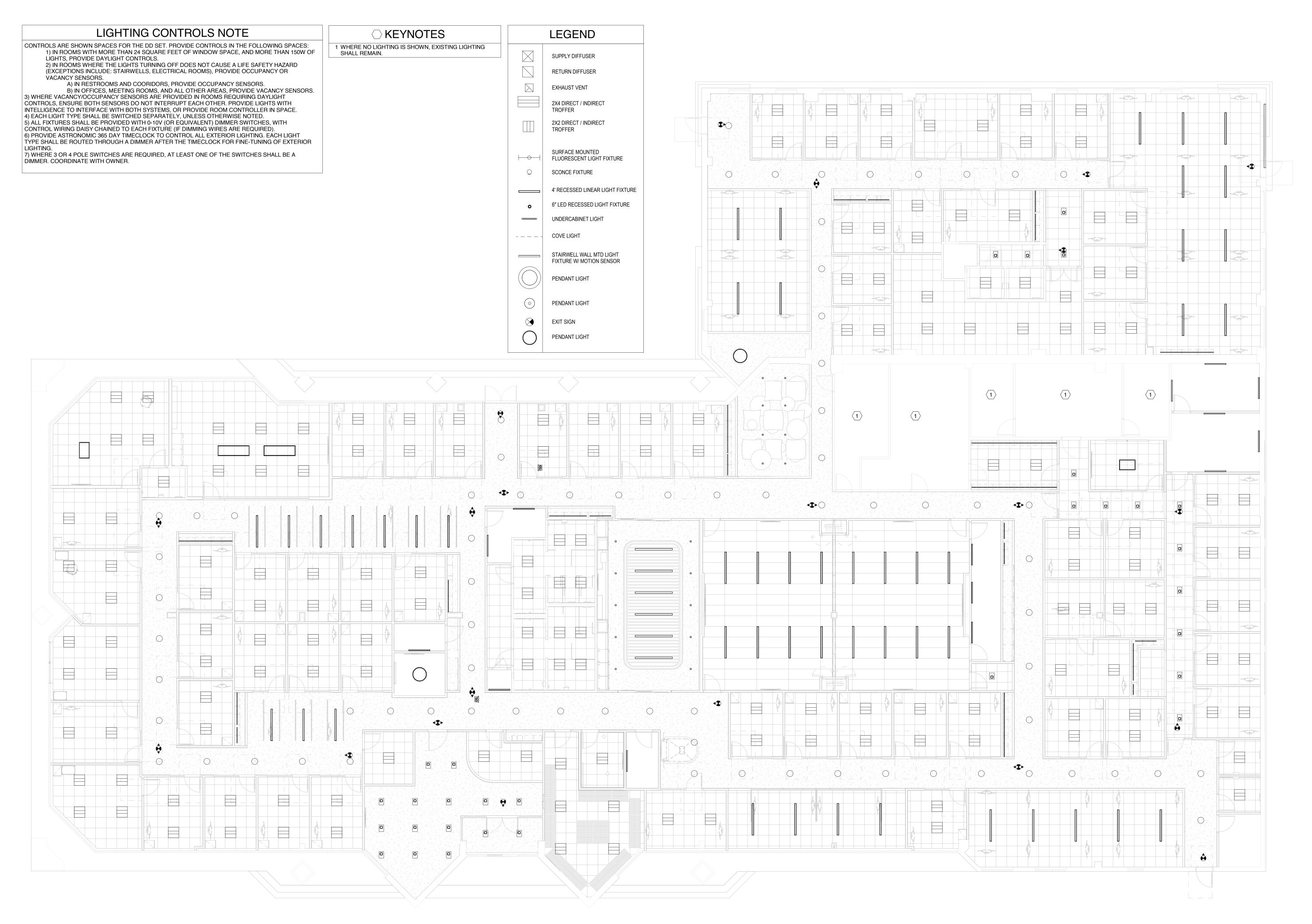
CABLING SHALL BE NEATLY BUNDLED WITH VELCRO STRAPS AND HUNG INDEPENDENTLY FROM J-



1 ELECTRICAL POWER PLAN
1/8" = 1'-0"

PLAN E-101

ELECTRICAL POWER



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MILESTONE

PROGRESS SET (DD) 1/

GCJFCS - Icot Office Renovation

ELECTRICAL LIGHTING PLAN

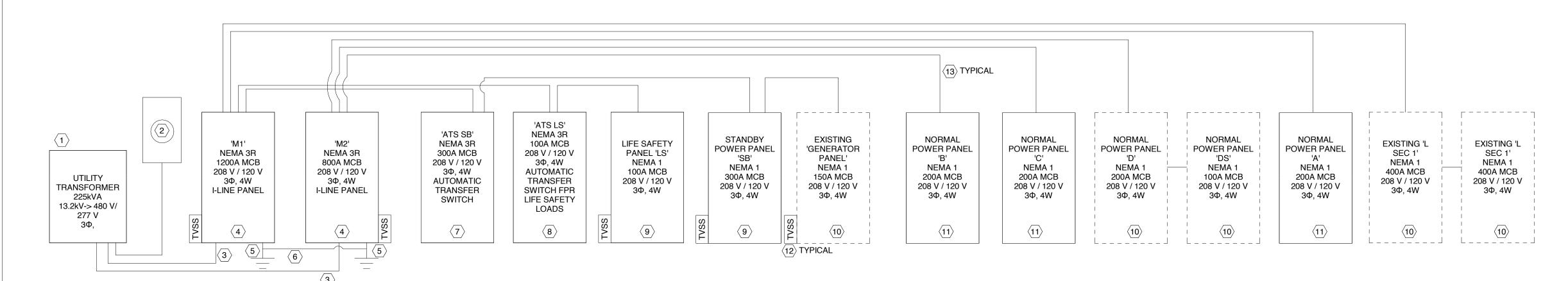
E-102

RISER KEYNOTES

- EXISTING UTILITY TRANSFORMER SHALL REMAIN. COORDINATE IF LARGER TRANSFORMER IS REQUIRED WITH UTILITY COMPANY. VERIFY AFC PRIOR TO PURCHASING ELECTRICAL GEAR. COORDINATE SHUT-DOWN FOR INSTALLATION OF SECONDARY WIRING AND CTS FOR METER WITH THE UTILITY COMPANY.
- 2 PROVIDE NEW CT METER FOR FULL SERVICE. 3 PROVIDE SECONDARY WIRING FOR BUILDING, EITHER AS ONE SERVICE WITH A WIREWAY, OR AS TWO SERVICES AS SHOWN.
- 4 PROVIDE NEMA 3R I-LINE PANELS TO FEED NEW AND EXISTING ELECTRICAL PANELS.
- 5 PROVIDE NEC ARTICLE 250 COMPLIANT GROUNDING ELECTRODE SYSTEM. PROVIDE A #3/0 THWN COPPER MAIN SERVICE GROUNDING ELECTRODE CONDUCTOR IN CONDUIT FROM METER CENTER TO GROUND RODS WITH NAMEPLATE LABELED INSPECTION WELLS: PROVIDE THREE COPPER CLAD GROUND RODS. SPACED AND ARRANGED PER NEC ARTICLE 250.53, 5/8" DIA X 10'-0" LONG. DRIVE ADDITIONAL GROUND RODS TO ENSURE RESISTANCE IS 20 OHMS OR LESS. MEASURE RESISTANCE AND PROVIDE REPORT TO OWNER AND ENGINEER. CONNECT TO BUILDING STEEL. CONCRETE ENCASED ELECTRODE, AND METAL WATER LINES VIA #3/0 THWN CU WIRE.
- 6 PROVIDE A #3/0 BONDING WIRE TO BOND THE TWO GEC SYSTEMS TOGETHER.
- 7 PROVIDE A STANDBY ATS FOR OPTIONAL LOADS ON THE GENERATOR.

EACH PANEL.

- 8 PROVIDE A LIFE SAFETY ATS FOR ALL LIFE SAFETY/EMERGENCY LOADS ON THE GENERATOR.
- 9 PROVIDE A LIFE SAFETY ATS FOR ALL LIFE SAFETY/EMERGENCY LOADS ON THE GENERATOR. 10 EXISTING PANELS SHALL REMAIN. REFEED AS SHOWN.
- 11 DEMOLISH EXISTING PANEL ON DEMOLISHED WALLS. IF PANEL IS IN SATISTACTORY CONDITION, RELOCATE TO NEW LOCATIONS, AS SHOWN ON FLOOR PLANS.
- 12 PROVIDE UL LISTED SURGE ARRESTER ON ALL
- PANELS INDICATED. 13 RISER DIAGRAM DESIGNED PER DESIGN DEVELOPMENT DRAWINGS. CONSTRUCTION DOCUMENTS WILL INCLUDE WIRE SIZES FOR ALL FEEDERS, PANEL SCHEDULES FOR ALL PANELS, AND FAULT CURRENT/VOLTAGE DROP CALCULATIONS FOR



1 ELECTRICAL RISER DIAGRAM [/] 1/8" = 1'-0"

ELECTRICAL SCOPE

- 1 PROVIDE ALL EQUIPMENT AND MATERIAL SHOWN ON DRAWINGS AND IN SPECIFICATIONS, WHETHER OR NOT NOTES INCLUDE THE WORDS 'PROVIDE' OR 'ALL' 2 PROVIDE ELECTRICAL FIXTURES, DEVICES AND EQUIPMENT SHOWN AND REQUIRED MATERIALS, LABOR AND EQUIPMENT FOR A COMPLETE AND OPERATIONAL FACILITY.
- 3 POWER: PROVIDE NEW ELECTRICAL SERVICE ENTRANCE PANELS, CT METER(S), SECONDARY WIRING, POWER DISTRIBUTION SYSTEM PANELS AND BRANCH CIRCUITS. OVER CURRENT PROTECTION DEVICES, BREAKERS, EQUIPMENT CONNECTIONS, SURGE SUPPRESSION AND OTHER DEVICES UNLESS OTHERWISE SHOWN. PROVIDE PERMANENT LABELS ON ALL DEVICE COVERS WITH CIRCUIT NUMBER. DEVICE COLOR AND COVER PLATES SHALL BE SELECTED BY ARCHITECT. PROVIDE ENGRAVED NAMEPLATES ON ALL EQUIPMENT WITH ITEM NAME AND CIRCUIT NUMBER.
- 4 LIGHTING: PROVIDE A COMPLETE LIGHTING SYSTEM INCLUDING LIGHT FIXTURES, BRANCH CIRCUITS, BREAKERS, SWITCHES AND CONTROLS, VACANCY/OCCUPANCY SENSORS SHALL BE PROVIDED TO COMPLY WITH ENERGY CODE REQUIREMENTS. EMERGENCY LIGHTING SHALL BE PROVIDED BY GENERATOR POWERED LIFE SAFETY TRANSFER SWITCH CIRCUITS. PROVIDE GENERATOR POWERED EXIT LIGHTS TO INDICATE EGRESS PATH. PROVIDE TIME CLOCK WITH PHOTOCELL ON ROOF FOR CONTROL OF EXTERIOR LIGHTING. FLUSH MOUNT TIME CLOCK ADJACENT TO POWER PANELS.
- 5 DATA: EXISTING HEAD ENDS ARE IN EXISTING OWNER INFORMATION TECHNOLOGY ('I.T.') AREAS. PROVIDE CAT 6 DATA CABLING FROM EACH OUTLET, CONCEALED IN WALLS AND ABOVE CEILING, ROUTED TO THE EXISTING DATA RACKS IN THE I.T. SPACES. ALL DATA CABLING SHALL BE NEATLY BUNDLED WITH VELCRO STRAPS AND HUNG INDEPENDENTLY FROM J-HOOKS CONNECTED TO STRUCTURE. VELCRO CABLE BUNDLES SHALL NOT EXCEED 4 FOOT SPACING, VARY SPACING DISTANCE BETWEEN VECRO STRAPS, TERMINATE AND TEST ALL CABLING. PROVIDE TEST REPORTS TO OWNER AND ENGINEER. ALL DATA SYSTEM COMPONENTS AND WIRING INSTALLATION SHALL BE PROVIDED BY A BICSI CERTIFIED CABLE INSTALLER.
- 6 FIRE ALARM SYSTEM: PROVIDE NEW VOICE EVACUATION FIRE ALARM SYSTEM COMPLETE WITH PANELS, GENERATOR POWERED CIRCUITS, POWER SUPPLIES, EXPANDER PANELS, WIRING IN EMT CONDUIT AND DEVICES. PROVIDE TESTING OF SYSTEM ALONG WITH NFPA 72 COMPLETION
- 7 DAS SYSTEM: PROVIDE A SIGNAL SURVEY AND BDA/DAS SYSTEM TO AMPLIFY EMERGENCY/FIRST RESPONDER RADIO SIGNALS WITHIN THE BUILDING.
- 8 ACCESS CONTROL: IF PROVIDED, DESIGN BY VENDORS/OTHERS.
- 9 SECURITY INTRUSION DETECTION: NONE. 10 TV DISTRIBUTION: PROVIDE DATA AND POWER IN BACKBOX AT EACH TV LOCATION.
- 11 SOUND: NONE.
- 12 LIGHTNING PROTECTION: PROVIDE A COMPLETE NFPA 780 COMPLIANT LIGHTNING PROTECTION SYSTEM.
- 13 WORKMANSHIP FOR ALL ELECTRICAL SYSTEMS SHALL BE NEAT AND PROFESSIONAL AND SHALL COMPLY WITH CURRENT NECA/NEIS STANDARDS.

- 1 WORK SHALL MEET OR EXCEED REGULATORY REQUIREMENTS, INCLUDING LATEST EDITION OF THE NFPA 101 (LIFE SAFETY CODE), THE NATIONAL ELECTRICAL CODE 2017, FLORIDA BUILDING CODE 7TH EDITION (2020) AND LOCAL REQUIREMENTS & BUILDING CODES.
- 2 EQUIPMENT, FIXTURES, SWITCHES, STARTERS, CONTACTORS, CONTROLS, DEVICES, CONNECTIONS, BOXES, MOUNTING SUPPORTS, HARDWARE, WIRE, CONDUIT & ACCESSORIES SHALL BE PER PLANS AND SPECIFICATIONS FOR COMPLETE AND OPERATING ELECTRICAL SYSTEMS. 3 CIRCUIT NUMBERS INDICATED ON THE DRAWINGS ARE FOR REFERENCE USE, CONTRACTOR TO BALANCE THE LOADS IN ALL PANELS IN WHICH WORK IS PERFORMED. MAINTAIN COMPLETE AS-BUILT DRAWINGS. PROVIDE ELECTRONIC AS-BUILT DRAWINGS AT COMPLETION OF PROJECT.
- USE TO UPDATE THROUGHOUT PROJECT. 4 PROVIDE ENGRAVED NAMEPLATES FOR ALL ELECTRICAL

ELECTRONIC SET OF DRAWINGS WILL BE PROVIDED FOR

- EQUIPMENT. 5 PROVIDE REQUIRED CONDUIT & CABLE PENETRATIONS THROUGH PARTITIONS, WALLS, FLOORS, SLABS & ROOFS, WITH APPROVED FIRE SEALANT COMPOUND.
- 6 CONDUCTORS SHALL BE COPPER, 600 VOLT WITH MINIMUM SIZE OF #12 AWG THWN / THHN, UNLESS OTHERWISE SPECIFIED. WIRE SIZES OF #10 AND LARGER SHALL BE STRANDED.
- 7 EQUIPMENT SHALL BE RATED FOR MAXIMUM AVAILABLE VOLTAGE AND GROUND FAULT CURRENT. ALL EQUIPMENT SHALL BE TESTED BY A NATIONAL TESTING LAB.
- 8 CONTRACTOR SHALL COORDINATE ELECTRICAL REQUIREMENTS AND MAKE FINAL CONNECTIONS OF EQUIPMENT FURNISHED BY OTHER TRADES 9 CONTRACTOR SHALL MAINTAIN A COMPLETE TEMPORARY
- POWER SYSTEM DURING CONSTRUCTION. COORDINATE ALL POWER OUTAGES & CHANGEOVERS WITH THE OWNER. 10 CONTRACTOR SHALL GUARANTEE MATERIALS AND WORKMANSHIP FOR ONE YEAR.
- 11 CONTRACTOR SHALL OBTAIN AND PAY FOR PERMITS AND INSPECTIONS.
- 12 RECESSED LIGHTING FIXTURES SHALL HAVE THERMAL PROTECTION. PROVIDE A FIXTURE SUPPORT AT EACH CORNER FOR ALL LAY-IN LIGHT FIXTURES, OR PROVIDE UL LISTED FIXTURE CLIPS AND REQUIRED MOUNTING HARDWARE & ACCESSORIES. DRIVERS AND BALLASTS SHALL BE FUSED.
- 13 EXPOSED EXTERIOR CONDUIT SHALL BE RIGID GALVANIZED STEEL. ALL EXPOSED INTERIOR CONDUIT SHALL BE RIGID GALVANIZED STEEL OR EMT. MC CABLE IS ALLOWABLE WHERE CONCEALED AND ALLOWED BY CODE. CONDUIT INSTALLED BELOW SLAB OR UNDERGROUND MAY BE SCHEDULE 40 PVC OR RIGID GALVANIZED STEEL PAINTED WITH HEAVY COAT OF BITUMASTIC PAINT (3/4" MINIMUM). CONDUIT SHALL BE CONCEALED WHERE POSSIBLE. CONCEALED CONDUIT IN WALLS AND CEILINGS SHALL BE EMT. EMT FITTINGS SHALL BE DIE CAST SET SCREW TYPE AT DRY INTERIOR LOCATIONS. EMT FITTINGS AT DAMP. OR WET LOCATIONS SHALL BE DIE CAST COMPRESSION RAIN-TIGHT TYPE. WIRING (POWER, LIGHTING, FIRE ALARM) SHALL BE IN CONDUIT.

ELECTRICAL GENERAL NOTES

14 PROVIDE GREEN GROUND WIRE IN EACH RACEWAY, SIZE WIRE IN ACCORDANCE WITH TABLE 250.122 OF THE NEC. 15 PANELBOARDS SHALL BE CIRCUIT BREAKER TYPE AS MANUFACTURED BY SQUARE D, SIEMENS, GENERAL ELECTRIC. OR CUTLER HAMMER. OR AS NOTED. PANELBOARDS SHALL HAVE A HINGED LOCKING DOOR. PANELS RATED 600 AMPS AND LARGER SHALL HAVE HINGES ON THE COVER SO THAT THE COVER IS SUPPORTED AND

MAY SWING TO THE SIDE WHEN THE COVER BOLTS ARE

- 16 PROVIDE A TYPEWRITTEN CIRCUIT DIRECTORY WITH PROTECTIVE COVERING. WIRES IN PANEL SHALL BE TAGGED WITH CIRCUIT NUMBER. CIRCUIT BREAKERS FOR MECHANICAL EQUIPMENT SHALL BE HACR TYPE.
- 17 SWITCHBOARDS, MCC'S, PANELBOARDS, CIRCUIT BREAKERS, TRANSFORMERS, DISCONNECT SWITCHES, MOTOR STARTERS AND OTHER ELECTRICAL APPARATUS INSTALLED FOR THE OPERATION OF ANY EQUIPMENT SHALL BE PROPERLY IDENTIFIED WITH ENGRAVED LAMINATED PLASTIC NAMEPLATES ATTACHED TO EQUIPMENT BY STAINLESS STEEL SCREWS.
- 18 WIREWAYS, PULLBOXES, OUTLETS AND JUNCTION BOXES SHALL BE PROPERLY SIZED PER THE NATIONAL ELECTRICAL CODE. ALL PULLBOXES AND OUTLET BOXES SHALL BE PLAINLY COLOR CODED AND HAVE WIRING TAGGED TO INDICATE PANEL AND CIRCUIT NUMBERS. 19 DISCONNECT SWITCHES SHALL BE SQUARE D. SIEMENS.
- GENERAL ELECTRIC OR CUTLER HAMMER SAFETY SWITCHES. SWITCHES SHALL BE HEAVY DUTY AND RATED FOR THE PROPER VOLTAGE. SWITCHES SHALL BE RATED AS INDICATED ON THE DRAWINGS FOR SIZE, NUMBER OF POLES AND TYPE ENCLOSURE.
- 20 FUSES SHALL BE BUSSMAN CURRENT LIMITING TYPE. 21 LETTER INSIDE OR ADJACENT TO FIXTURE SYMBOL INDICATED TYPE - SEE FIXTURE SCHEDULE.
- 22 FOR EXACT LOCATIONS OF INTERIOR LIGHTING FIXTURES, SEE ARCH. REFLECTED CEILING PLANS. 23 WHERE RECEPTACLES ARE INSTALLED CLOSER THAN 72"
- FROM EDGE OF SINK OR LAV, RECEPTACLE SHALL BE OF THE GROUND FAULT CIRCUIT INT. TYPE, OR SERVED BY A GFCI BREAKER. 24 EXTERIOR RECEPTACLES SHALL BE WP GFCI TYPE WITH WP
- WHILE IN USE COVER. PROVIDE RECEPTACLE AT HVAC EQUIPMENT.
- 25 IN ADDITION TO THE LEGEND THE CONTRACTOR SHALL COORDINATE EXACT LOCATION OF OUTLETS AND DEVICES WITH ARCHITECTURAL INTERIOR ELEVATIONS & CABINET
- 26 BRANCH CIRCUIT CONDUCTORS SHALL BE SIZED FOR NO MORE THAN 3% VOLTAGE DROP AT THE FARTHEST POINT. 20 AMPERE BRANCH CIRCUITS SHALL HAVE MINIMUM SIZE #10 COPPER HOMERUN WIRING FOR CIRCUITS OVER 57' LONG & #8 COPPER HOMERUN WIRING FOR CIRCUITS OVER 150' LONG. WHERE BRANCH CIRCUITS AND FEEDER CIRCUITS ARE OVERSIZED FOR VOLTAGE DROP, ENSURE LUGS AND OTHER TERMINALS FOR MAIN CIRCUIT BREAKERS, BRANCH CIRCUIT BREAKERS, DISCONNECT SWITCHES, OR ANY OTHER EQUIPMENT WITH LUGS FOR WIRING TERMINATION ARE LARGE ENOUGH TO TERMINATE THE OVERSIZED WIRING

- 27 DISPOSE OF LAMPS, BALLASTS, & OTHER HAZARDOUS MATERIALS IN ACCORDANCE WITH FEDERAL, STATE, LOCAL, & EPA REGULATIONS.
- 28 MOTOR STARTERS, SAFETY SWITCHES, VARIABLE SPEED DRIVES, RELAYS, MOTOR CONTROL CENTER, MDP'S SWITCHBOARDS, PANELBOARDS, CONTACTORS, & ALL OTHER ELECTRICAL EQUIPMENT, SHALL BE OF THE SAME MANUFACTURER, UNLESS PROVIDED AS ELECTRICAL EQUIPMENT ON APPROVED FACTORY FABRICATED EQUIPMENT, SUCH AS CHILLER STARTERS, ROOF TOP UNITS, CONDENSING UNITS, ETC
- 29 PROVIDE FLEXIBLE CONDUIT & WIRING CONNECTION TO MOTORS & VIBRATING EQUIPMENT.
- 30 OUTDOOR EQUIPMENT, CONDUIT & CONNECTIONS SHALL BE WEATHERPROOF. 31 PROVIDE A DEDICATED NEUTRAL FOR ALL CIRCUITS.
- 32 WHERE GFCI RECEPTACLES ARE SHOWN, A SEPARATE GFCI DEVICE SHALL BE PROVIDED, THEY SHALL NOT BE SLAVED. 33 PRIOR TO COMPLETION OF THE PROJECT, PROVIDE
- WRITTEN CERTIFICATION FOR EACH LIFE SAFETY AND LOW VOLTAGE ELECTRICAL SYSTEM. 34 EXIT LIGHTS ARE SHOWN FOR ELECTRICAL CIRCUITING ONLY. THE CONTRACTOR SHALL VERIFY LOCATIONS WITH
- THE ARCHITECTURAL LIFE SAFETY PLAN. NOTIFY THE ARCHITECT AND ENGINEER OF ALL DISCREPANCIES PRIOR TO ROUGH-IN OF ELECTRICAL CIRCUITS. 35 PER THE FLORIDA ENERGY CODE C408.3.2. THE
- CONTRACTOR SHALL PROVIDE DOCUMENTS CERTIFYING THAT THE INSTALLED LIGHTING CONTROLS MEET DOCUMENTED PERFORMANCE CRITERIA OF SECTION C405 WITHIN 90 DAYS OF THE DATE OF THE RECEIPT OF THE CERTIFICATE OF OCCUPANCY. 36 PER FLORIDA BUILDING CODE C405.5.4.1, WITHIN 30 DAYS
- AFTER THE DATE OF SYSTEM ACCEPTANCE, RECORD DRAWINGS OF THE ACTUAL INSTALLATION SHALL BE PROVIDED TO THE BUILDING OWNER, INCLUDING: 1.A SINGLE-LINE DIAGRAM OF THE BUILDING ELECTRICAL DISTRIBUTION SYSTEM AND
- 2.FLOOR PLANS INDICATING LOCATION AND AREA SERVED FOR ALL DISTRIBUTION ADDITIONALLY, AN OPERATING MANUAL AND MAINTENANCE MANUAL SHALL BE PROVIDED TO THE BUILDING OWNER. THE MANUALS SHALL INCLUDE, AT A MINIMUM, THE FOLLOWING: 1.SUBMITTAL DATA STATING EQUIPMENT RATING AND
- SELECTED OPTIONS FOR EACH PIECE OF EQUIPMENT REQUIRING MAINTENANCE. 2.OPERATION MANUALS AND MAINTENANCE MANUALS FOR EACH PIECE OF EQUIPMENT REQUIRING MAINTENANCE. REQUIRED ROUTINE MAINTENANCE ACTIONS SHALL BE CLEARLY IDENTIFIED.
- 3.NAMES AND ADDRESSES OF AT LEAST ONE QUALIFIED SERVICE AGENCY.



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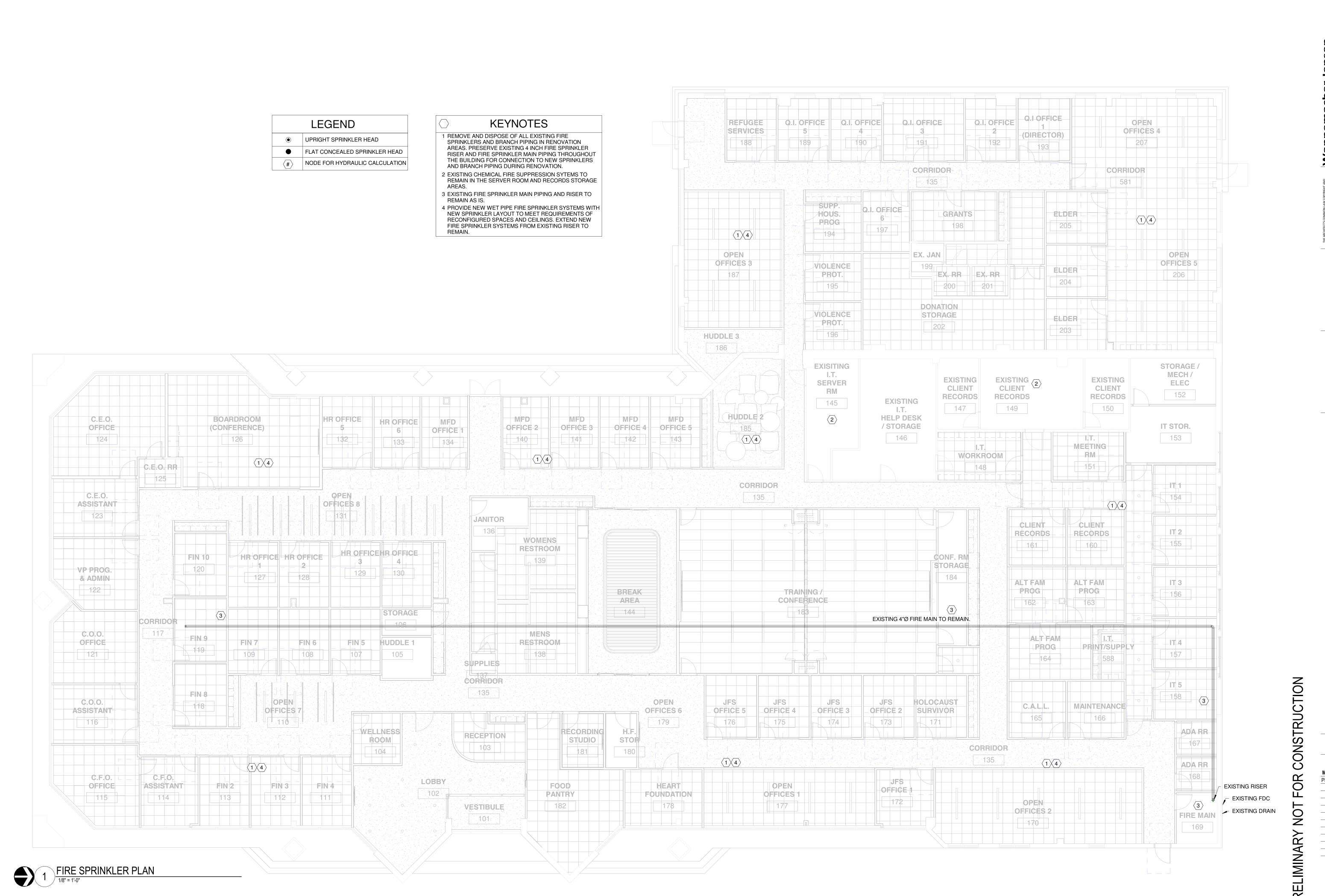
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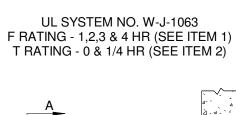
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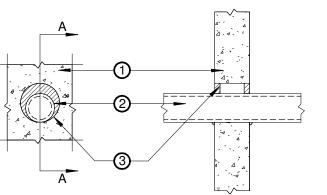
ELECTRICAL RISER. NOTES, AND DETAILS



GCJFCS PROGRESS SET (DD) 1/06/2023

FIRE SPRINKLER PLAN





SECTION A-A

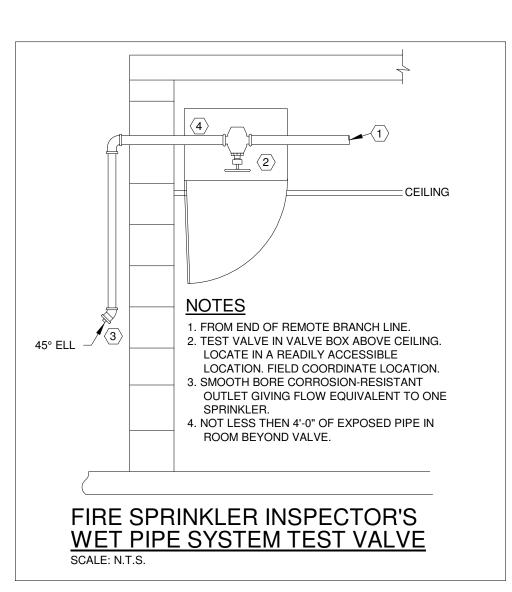
PIPING FIRE WALL **PENETRATION**

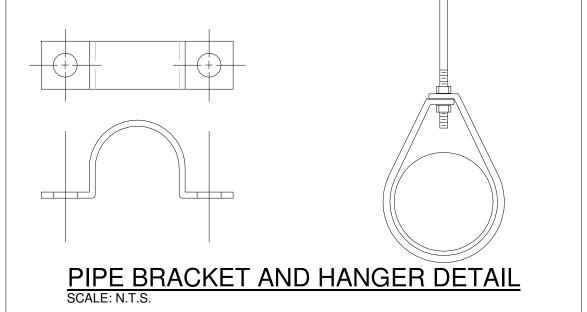
SCALE: N.T.S.

- 1. WALL ASSEMBLY MIN. 4-7/8 IN., 6-1/8 IN., 7-3/8 IN. OR 8-5/8 IN. THICK LIGHTWEIGHT OR NORMAL WEIGHT (100-150 PCF) CONCRETE FOR 1, 2, 3 OR 4 HOUR RATED ASSEMBLIES, RESPECTIVELY. WALL MAY ALSO BE CONSTRUCTED OF ANY UL CLASSIFIED CONCRETE BLOCKS*. MAX. DIAM. OF OPENING IS 25 IN.
- 2. THROUGH PENETRANTS ONE METALLIC PIPE, CONDUIT OR TUBING INSTALLED EITHER CONCENTRICALLY OR ECCENTRICALLY WITHIN THE FIRESTOP SYSTEM. THE ANNULAR SPACE BETWEEN PIPE, CONDUIT OR TUBING AND PERIPHERY OF OPENING SHALL BE MIN. 0 IN. TO MAX. 1-3/8 IN. PIPE, CONDUIT OR TUBING TO BE RIGIDLY SUPPORTED ON BOTH SIDES OF WALL ASSEMBLY. THE FOLLOWING TYPES AND SIZES OF METALLIC PIPES, CONDUITS OR TUBING MAY BE USED:
- A. STEEL PIPE THE FOLLOWING TYPES AND SIZES OF STEEL PIPES MAY BE USED: a. NOM. 4 IN. DIAM. (OR SMALLER) SCHEDULE 7 (OR HEAVIER) STEEL PIPE.
- b. NOM. 8 IN. DIAM. (OR SMALLER) SCHEDULE 10 (OR HEAVIER) STEEL PIPE. . NOM. 10 IN. DIAM. (OR SMALLER) SCHEDULE 20 (OR HEAVIER) STEEL PIPE.
- d. NOM. 24 IN. DIAM. (OR SMALLER) SCHEDULE 40 (OR HEAVIER) STEEL PIPE. WHEN STEEL PIPE IS USED, T RATING IS 1/4 HR FOR NOM. 4 IN. DIAM. (OR SMALLER) AND 0 HR FOR STEEL PIPES GREATER THAN NOM. 4 IN. DIAM.
- B. IRON PIPE NOM. 24 IN. DIAM. (OR SMALLER) CAST OR DUCTILE IRON PIPE. WHEN IRON PIPE IS USED T RATING IS 1/4 HR.
- C. CONDUIT NOM. 4 IN. DIAM. (OR SMALLER) STEEL ELECTRICAL METALLIC TUBING (EMT). WHEN EMT IS USED T RATING IS 1/4 HR.
- D. CONDUIT NOM. 6 IN. DIAM. (OR SMALLER) STEEL CONDUIT. WHEN STEEL CONDUIT IS USED T RATING
- E. COPPER TUBING NOM. 6 IN. DIAM. (OR SMALLER) TYPE L (OR HEAVIER) COPPER TUBING. WHEN COPPER TUBE IS USED T RATING IS 0 HR.
- PIPE IS USED T RATING IS 0 HR. 3. FILL, VOID OR CAVITY MATERIAL* - SEALANT - MIN. 5/8 IN. THICKNESS OF FILL MATERIAL FOR 1 HR RATED WALL ASSEMBLIES AND 1 IN. THICKNESS OF FILL MATERIAL FOR 2, 3 AND 4 HR RATED WALL ASSEMBLIES, APPLIED WITHIN THE ANNULUS. FLUSH WITH BOTH SURFACES OF WALL. AT POINT CONTACT LOCATION BETWEEN PENETRANT AND PERIPHERY OF OPENING, A MIN. 1/2 IN. DIAM. BEAD OF FILL MATERIAL SHALL BE INSTALLED AT THE CONCRETE/PENETRANT INTERFACE ON BOTH SURFACES OF WALL.

F. COPPER PIPE - NOM. 6 IN. DIAM. (OR SMALLER) REGULAR (OR HEAVY) COPPER PIPE. WHEN COPPER

*BEARING THE UL CLASSIFICATION MARKING





FIRE SPRINKLER GENERAL NOTES

1. THE WET SPRINKLER AND MANUAL WET STANDPIPE SYSTEM SHALL BE PROVIDED IN ACCORDANCE WITH THE REQUIREMENTS OF NFPA 13, NFPA 14 STATE OF FLORIDA, AND ALL APPLICABLE CODES. THE FACILITY SHALL BE PROVIDED WITH AUTOMATIC WET PIPE SYSTEM WITH THE FOLLOWING OCCUPANCY

> LIGHT HAZARD OCCUPANCY, 0.1 GPM/SQ FT OVER REMOTE 1500 SQ FT, 225 SQ FT PER SPRINKLER MAXIMUM SPACING

2. PROJECT: GULF COAST JEWISH AND FAMILY COMMUNITY SERVICES RENOVATION

3. JURISDICTION: LARGO, FL

4. ALL MATERIAL SHALL BE UL LISTED.

5. STEEL PIPE: 1 INCH - 2 INCH PIPE TO BE SCHEDULE 40 WALL PIPE WITH CAST IRON SCREWED FITTINGS. 2 1/2 INCH - 6 INCH PIPE TO BE SCHEDULE 40 WELDED OUTLETS AND GROOVED COUPLINGS.

6. ALL PIPE PENETRATIONS OF RATED ASSEMBLIES SHALL BE PATCHED WITH AN NFPA "APPROVED" METHOD.

7. ALL WORK TO BE TESTED AT 200 PSI FOR 2 HOURS. TEST TO BE WITNESSED BY FIRE INSPECTOR. CONTRACTOR SHALL SCHEDULE ALL TESTS IN ADVANCE WITH

8. HANGERS SHALL BE PER NFPA. HANGERS SHALL BE SPACED IN ACCORDANCE WITH NFPA 13 REQUIREMENTS. HANGERS ARE NOT SHOWN FOR CLARITY.

9. CAP TO BE PROVIDED AT THE END OF EACH MAIN FOR FLUSHING PURPOSES.

10. FOR FURTHER INFORMATION SEE STRUCTURAL, MECHANICAL, ARCHITECTURAL, AND ELECTRICAL DRAWINGS.

11. SPRINKLER HEADS TO BE EQUIVALENT TO CENTRAL WITH 2 PIECE CHROME ESCUTCHEONS.

12. SPRINKLER PIPING TO BE RUN ABOVE FINISH CEILING.

13. ALL WORK TO BE COORDINATED WITH OTHER TRADES.

14. PROVIDE AND INSTALL ACCESS PANELS AS REQUIRED.

15. THE SPRINKLER HEADS SHALL BE CENTERED IN THE CEILING TILES UNLESS OTHERWISE NOTED.

16. SEE THE REFLECTED CEILING PLAN FOR CEILING HEIGHTS, LIGHTING AND HVAC GRILLES AND DIFFUSERS.

18. ALL TRAPPED AREAS TO BE PROVIDED WITH LOW POINT DRAINS, AS REQUIRED BY NFPA 13. DRAINS TO BE 1 INCH GLOBE VALVE WITH NIPPLE AND CAP. INSTALL SIGN AS REQUIRED.

19. COORDINATE ALARM WIRING BY DIVISION 16.

20. IN LOCATING SPRINKLER HEAD PIPING, INSTALLER SHALL COORDINATE HIS WORK WITH THE LIGHTING AND AIR CONDITIONING LAYOUT. VISIT JOB SITE PRIOR TO START OF FABRICATION TO ASCERTAIN CLEARANCES.

21. SPACING OF SPRINKLER HEADS: THE SPACING AND SIZE OF SPRINKLER HEADS AND PIPES SHALL CONFORM TO THE REQUIREMENTS OF NFPA PAMPHLET NO. 13. SPRINKLER SHALL BE INSTALLED BY PERSONNEL WHO HAVE ENGINEERING FACILITIES AND EXPERIENCE IN SUCH WORK AND WHO ARE REGULARLY EMPLOYED TO DO SUCH WORK.

22. PROVIDE SHOP DRAWINGS PREPARED IN ACCORDANCE WITH NFPA 13 IDENTIFIED "WORKING PLANS", INCLUDING HYDRAULIC CALCULATIONS SIGNED AND SEALED BY A PROFESSIONAL ENGINEER, WHO WILL BECOME ENGINEER OF RECORD, AND WHICH HAVE BEEN APPROVED BY THE AUTHORITY HAVING JURISDICTION.

23. PROVIDE TAMPER SWITCHES AND FLOW SWITCHES IN ACCORDANCE WITH APPLICABLE CODES. TAMPER SWITCH AND FLOW SWITCH SHALL BE CONNECTED FOR SUPERVISION AND ALARM TO THE FIRE ALARM SYSTEM.

24. PROVIDE THE FOLLOWING SYSTEM DATA: HAZARD CLASSIFICATION HYDRAULIC DESIGN DENSITY HYDRAULIC DESIGN GPM / SQ FT HYDRAULIC DESIGN SQ FT HD AREA OF APPLICATION - SQ FT HOSE ALLOWANCE - GPM TOTAL SYSTEM REQUIREMENTS - GPM AT PSI WATER SUPPLY STATIC PRESSURE - PSI

25. PROVIDE TEST DATA AFTER SYSTEM INSTALLATION.

26. CONTRACTOR SHALL BE RESPONSIBLE FOR ALL FIRE PROTECTION CONNECTIONS UNLESS OTHERWISE NOTED.

27. THE FIRE PROTECTION CONTRACTOR SHALL BE RESPONSIBLE FOR COMMUNICATIONS WITH THE PROPERTY OWNER'S PERSONNEL TO REVIEW CONTRACT DOCUMENTS PRIOR TO INSTALLATION.

28. IN GENERAL, PLANS AND DETAILS ARE DIAGRAMMATIC ONLY AND SHOULD NOT BE SCALED. COORDINATE ALL FIRE PROTECTION WORK WITH ELECTRICAL, PLUMBING AND HVAC WORK SO AS NOT TO CONFLICT IN LOCATION OR PERFORMANCE OF OTHER SYSTEMS.

29. FIRE PROTECTION CONTRACTOR SHALL KEEP A MASTER SET OF BLUE LINES THAT ARE TO BE MARKED UP TO REFLECT "AS BUILT" CONDITIONS ON A DAILY BASIS. THESE "AS BUILT" MARK UPS MAY BE REVIEWED BY THE ARCHITECT, ENGINEER, OR OWNER'S REPRESENTATIVE, AT THEIR REQUEST AND WITHOUT PRIOR NOTIFICATION. THESE "AS BUILT" DRAWINGS WILL BE TURNED OVER TO THE OWNER AT THE CONCLUSION OF THE PROJECT.

30. THE FIRE PROTECTION CONTRACTOR SHALL INCLUDE ALL NECESSARY FEES AND CHARGES IN HIS BID.

31. CONTRACTOR TO SEAL ALL FLOOR AND WALL PENETRATIONS IN AN APPROVED MANNER TO INSURE THE FIRE RATING INTEGRITY OF THE AREAS INVOLVED.

32. THOROUGHLY REVIEW FINAL LOCATION, TYPE, MOUNTING HEIGHT AND CONTROL OF ALL DEVICES PRIOR TO ROUGH-IN.

33. CONTRACTOR IS RESPONSIBLE TO LEAVE TO NATURAL STATE ALL AREAS AFFECTED BY EXCAVATION AND INSTALLATION OF NEW FIRE MAIN.

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FIRE SPRINKLER

NOTES AND DETAILS



1/6/2023

Elke Cumming Gulf Coast Jewish Family & Community Services 14041 Icot Blvd Clearwater, Florida 33760

Re: GCJFCS Icot Renovation - Estimate

Greetings Elke,

Please see below breakdowns for your use with the LOI for the grant application.

Completion of construction drawings

- See attached WJA proposal to complete construction documents, assist with furniture selections, assist with bidding/permitting, assist with construction administration.
 - Construction Documents Completion: \$101,989
 - Task 1 Design Development \$40,472
 - Task 2 Construction Documents \$61,517
 - Permitting/Bidding Phase: \$3,238
 - Task 3 Bidding/Permitting Assistance \$3,238
 - Construction Administration Phase: \$24,283
 - Task 4 Construction Administration \$24,283
 - o Reimburseables = \$3,500
 - o Total Fee = \$129,510

Construction estimate

- Due to covid and market escalation in the last year from the original estimate, and some added scope for exterior improvements, the current estimated cost per SF is in the \$130-135 / SF range.
 - 26,148 SF @ \$135 = \$3,529,980

Contingency

• Recommended Contingency = 10% at DD Phase start (Task 1), 8% at CD Phase start (Task 2), 5% during CA Phase start (Task 4)

Project management and oversight

• General Conditions for General Contractor are included in lump sum budget estimate

Overall Estimated Total Project costs with design and construction = \$3,659,490

Let us know if you have any questions, comments or concerns.

Sincerely,

Wannemacher Jensen Architects, Inc.

Kelsi Thrasher, Project Manager



PROCEDURE

Developed: 09/02 Revised: 12/22

Procedure: PM020

PROGRAM/DEPARTMENT: Purchasing

TITLE: Methods of Procurement

PURPOSE: To establish internal controls and methods for securing routine and non-routine

items/services while complying with established fiscal requirements of the

Board and funding sources, public or private.

The Program Managers or designee are responsible for the procurement of goods and services of every description and nature necessary to the operations of its programs and support services departments. To be successful, the Program Managers or designee shall be generally knowledgeable of the operations and needs of all Programs. Gulf Coast JFCS is tax-exempt, certified by the State of Florida. Vendors shall be given proof of certification on request.

This procedure discusses methods of procurement for goods and/or services including competitive sealed bid, competitive sealed proposal, request for quotation and other standard methods of procurement. In general, preference will be given to purchasing from Florida-based businesses in order to maximize the use of state residents, state products and other Florida-based businesses. Procurements shall be subject to the federal, state, and local laws related to nepotism, conflict of interest and criminal and fraudulent activities. Preference will also be given to specific vendors as required by the Agency's Funders (i.e., MBEs, PRIDE, etc.)

Responsibility

The primary objective of a de-centralized procurement system is to achieve savings through the application of efficient management techniques. Under de-centralized purchasing, responsibility rests with the Program Manager/Director and is not incidental to other operating functions, though due to its complexity, requires the cooperation of employees, whether or not directly involved in the purchasing function. A specialized effort devoted to coordinating the requirements of various departments, the evaluation of quality and commitment of a vendor/supplier to provide required goods or services, and inviting competition, results in maximum value in the following ways:

- 1. Combining volume reduces pricing
- 2. Planned purchases reduce the number of small and emergency orders
- 3. Proper planning and coordination results in fewer requisitions, bid invitations, purchase orders and other related paperwork.
- 4. Greater value is achieved through improved specifications, quality standards and vendor cooperation.

Planning and scheduling reaps the best benefits. By anticipating requirements, Purchasing can control the price it pays. The timing of going into any given market can make the difference between paying "reasonable" or "exorbitant" prices and whether the required goods or services can be obtained at all. Purchasing requires historical and continuing information from all user departments. Without these details, it is virtually impossible to effectively plan or manage the function. Always provide justification when ordering a non-routine item or service. Justification should contain, at a minimum, the need for the good or service and the impact on the program/department if the item is not procured.

At no time shall Gulf Coast JFCS use Federal, State or Local Funding for the purchase of equipment not specifically approved by the funding source. Once the funder grants approval, the Program Manager or designee shall procure the item(s) in the most advantageous manner in accordance with the parameters set forth by the Funder.

Ordering

All Requests must be in writing. Verbal requests will not be honored. Program Managers should use the Purchase Requisition as the supporting documentation for the invoice. The Program/Department Director must sign all Requests. All Requests that have been approved by Grant Accountants with a value of \$1,000.00 or more shall bear the signature of the Program Director and the Chief Financial Officer (CFO) and/or Chief Executive Officer (CEO). Requests for items with a value exceeding \$25,000.00 will require approval from the Board of Directors.

Office supplies, including copier paper, are typicall purchased monthly via the Gulf Coast JFCS Amazon Corporate Account. The purchase must be approved by an authorized supervisor, manager, or director.

Purchases should be planned to allow sufficient time for the order to be processed appropriately and for the supplier to deliver. Requests should provide a full description of materials or services required.

Emergency requests for routine items or services can be avoided by planning properly. In a true emergency, the Manager or Director of the affected Department must contact their Director/Supervisor to explain the situation. Emergencies will be handled on a case-by-case basis. Exceptions: On occasion good business judgment or common sense may cause deviation from procedure. In such case, the justified reason for deviation shall not violate any requirement of these Policies and Procedures.

Some expenditures do not require the assistance. Common examples are:

- 1. Magazine subscriptions, Newspaper subscriptions, Periodicals
- 2. Trade shows, Conferences
- 3. Travel, Mileage Reimbursement
- 4. Check Requests
- 5. Petty Cash

The following items have additional requirements on them:

Cellular phones: Cellular phones will only be provided to those persons authorized by their program or department Director. This is handled by the Information Technlogy (IT) Department.

Business Cards, Door Plates: Requests will be granted for only those persons who have satisfactorily completed their first ninety days of employment. Certain positions may be exempted from the requirement, at the discretion of the CFO, CEO, or designated member of Senior Leadership.

Computer/Data Equipment or services: Requests must be approved by the Director of IT or CFO. This is handled by the IT Department.

Printed Forms: The Requisition shall be submitted complete accompanied by a sample attached either electronically or by hand. No forms will be printed unless the form has been approved. The vendor submits a proof prior to printing if applicable, then it shall be the responsibility of the Requestor to review and approve the proof, ultimately giving the authorization to proceed.

Whenever practical, products or materials with recycled content will be procured in accordance with the provisions of Florida State Statute, Section 403.7065.

The Director of Finance and Program Managers/Supervisors have the responsibility to inform the CFO when the purchasing policies and procedures are not being used.

Competitive Bidding

In most instances where goods and/or services exceed \$5,000.00, procurement shall be made through competitive bid, except where other methods are deemed to be in the best interest of Gulf Coast JFCS (i.e.,

soliciting competitive proposals, cooperative purchasing sole source procurement). Requirements may not be artificially divided so as to constitute a small and less formal procurement. If a Program/Department foresees a need for products or services of a like or similar nature, on a routine basis in aggregate in a fiscal year, it shall request Competitive Bidding, even though the products or services may not be of high dollar value individually. Although competitive sealed bidding is preferred, consideration of the time and cost involved dictates that a less formal procedure be used for some purchases. At the discretion of the Director/Manager, the procurement of goods and services may be made in the open market without competitive bid, providing that these procurements, when practical, shall utilize competitive oral or written requests (which will clearly define the needs, expectations and terms of Gulf Coast JFCS) for a quote.

A minimum of three (3) written bids (a "no bid" can be included) will be required for routine items/services with a value of \$5,000.00 or greater, except where other methods are deemed to be in the best interest of Gulf Coast JFCS (i.e.: cooperative purchasing with other entities, sole source procurement).

Informal Bidding

For procurement of items and/or services with a value of less than \$5,000.00, the Director/Manager will determine, on a case by case basis, the means for securing the items/services.

The Program Manager/Supervisor is responsible for obtaining the bids and quotations required by this procedure. In instances where it is more practical, the Director may delegate the obtaining of quotes to the user or other qualified person.

Award of bids, quotes or proposals shall go to the offeror providing the most value while meeting the minimum specified needs, all other considerations being equal.

Competitive Proposals

In most instances where professional design services (architectural, engineering) exceed \$10,000.00, or where there is a project requiring professional services that is valued at \$100,000 or more, procurement shall be made through competitive sealed proposals, except where other methods are deemed to be in the best interest of Gulf Coast JFCS (i.e., cooperative purchasing with other entities, sole source procurement). Requirements may not be artificially divided so as to constitute a small and less formal procurement. Although Requests for Proposals is preferred, consideration of the time and cost involved dictates that a less formal procedure be used for some projects. At the discretion of the Chief Financial Officer, the procurement of services may be made in the open market without competitive sealed proposal, providing that these procurements, when practical, shall utilize competitive oral or written requests for quote.

Sole Source Purchase

A contract may be awarded without competition when the Director/Supervisor determines in writing that there is only one source or by the CEO or CFO for professional services (i.e., Legal, Accounting, etc.). In administering this provision, the following shall apply:

Specifications shall not be purposefully designed to declare a sole source. All reasonable steps shall be taken to ensure specifications are developed to permit competition. Purchasing shall be sufficiently convinced that there is only one source for the goods or service required.

Unsolicited Offers

An unsolicited offer is any offer other than one submitted in response to a request for bid, proposal and/or quote. To be considered, an unsolicited offer must be in writing and be sufficiently detailed to allow a judgment to be made concerning the potential offer. A person submitting an unsolicited offer should be advised that competitive procurement is the preferred method and Gulf Coast JFCS may choose to solicit offers from their competitors.

Tie Bids

In the event of a tie bid, award shall be made in one of the following ways:

- 1. To the business that rates highest by references or manufacturer recommendation (certified/accredited, higher level of performance, etc.)
- 2. To the business that shows best visually inspected sample work or service
- 3. To the business providing supplies produced or manufactured in Florida

Emergencies

Emergency procurements are exempt from the provisions of this procedure. In certain circumstances there may be a situation in which the urgency for a requirement will not permit the delay incurred by soliciting competitive bids.

PROJECT NAME:	lcot Building Renovation
CONTRACTOR SFS PAYEE NAME:	Gulf Coast JFCS
CONTRACT PERIOD:	From:
	To:

CATEGORY OF EXPENSE	GRANT FUNDS	MATCH FUNDS	МАТСН %	OTHER FUNDS	TOTAL
1. Scoping and Pre-Development	\$0.00	\$33878.00			\$33878.00
2. Design	\$0.00	\$101989.00			\$101989.00
3. Acquisition	\$0.00	\$0.00			\$0.00
4. Construction	\$2400000.00	\$1181982.00			\$3581982.00
5. Administration	\$0.00	\$31021.00			\$31021.00
6. Working Capital/Reserves		\$360000.00			\$360000.00
7. Other		\$691130.00			\$691130.00
TOTAL	\$2400000.00	\$2400000.00		\$0.00	\$4800000.00

Contract Number: #	
Page 1 of 5, Attachment B-3 – Capital Based Budget	

ATTACHMENT B-3 – CAPITAL BASED BUDGET DETAIL

SCOPING AND PRE DEVELOPMENT -	ITEM#	QUANTITY	UNIT PRICE	TOTAL
TYPE/DESCRIPTION	(IF APPLICABLE)	(IF APPLICABLE)	(IF APPLICABLE)	1 9 11 12
1. WJA - Scope Project, Conceptual/Schematic Design				\$33878.00
2.				
3.				
4.				
5.				
6.				
7.				
8.				
TOTAL				\$33878.00

DESIGN - TYPE/DESCRIPTION	ITEM # (IF APPLICABLE)	QUANTITY (IF APPLICABLE)	UNIT PRICE (IF APPLICABLE)	TOTAL
1.Design Development				\$40472.00
2. Construction Documents				\$61517.00
3.				
4.				
5.				
6.				
7.				
8.				
TOTAL				\$101989.00

Contract Number: #	
Page 2 of 5 Attachment B-3 - Capital Based Budget	

ACQUISITION - TYPE/DESCRIPTION	ITEM # (IF APPLICABLE)	QUANTITY (IF APPLICABLE)	UNIT PRICE (IF APPLICABLE)	TOTAL
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
TOTAL				\$0.00

CONSTRUCTION - TYPE/DESCRIPTION	ITEM # (IF APPLICABLE)	QUANTITY (IF APPLICABLE)	UNIT PRICE (IF APPLICABLE)	TOTAL
1.City of Largo Building Permits		3530	\$8.00	\$28240.00
2. Fire/Engineering Reviews, State FL, Surcharge Fees				\$3686.00
3. Plan Review Fee/Revisions Reviews				\$20076.00
4. Construction Costs				\$3529980.00
5.				
6.				
7.				
8.				
TOTAL				\$3581982.00

ADMINISTRATION - TYPE/DESCRIPTION	ITEM # (IF APPLICABLE)	QUANTITY (IF APPLICABLE)	UNIT PRICE (IF APPLICABLE)	TOTAL
1. WJA Permitting/Bidding Management				\$3238.00
2. WJA Construction Administration				\$24283.00
3. Reimbursables				\$3500.00
4.				
5.				
6.				
7.				
8.				
TOTAL				\$31021.00

WORKING CAPITAL/RESERVES - TYPE/DESCRIPTION	ITEM # (IF APPLICABLE)	QUANTITY (IF APPLICABLE)	UNIT PRICE (IF APPLICABLE)	TOTAL
1. Contigencies (7% of construction)				\$360000.00
2.				
3.				
4.				
5.				
6.				
7.				
8.				
TOTAL				\$360000.00

OTHER - TYPE/DESCRIPTION	ITEM # (IF APPLICABLE)	QUANTITY (IF APPLICABLE)	UNIT PRICE (IF APPLICABLE)	TOTAL
1. Office Space Rental/Moving Costs		6	\$40000.00	\$240000.00
2. Security System			\$80000.00	\$80000.00
3. Landscaping/Signage			\$80000.00	\$80000.00
4. Furnishings/Appliances				\$291130.00
5.				
6.				
7.				
8.				
TOTAL				\$691130.00



1/12/2023

Elke Cumming Gulf Coast Jewish Family & Community Services 14041 Icot Blvd Clearwater, Florida 33760

Re: GCJFCS Icot Renovation - Estimate

Greetings Elke,

To provide further clarification as a supplement to the estimate submission, please utilitize this letter to aid in answering any questions that may come up. The drawings for this renovation have not yet been put out to bid since they are still being developed. Best practices we follow are to wait until the construction documents are developed to at least 60% or more completion prior to getting an initial bid breakdown ordered. WJArchitects are currently at about 45% construction document development at this point in our project schedule, though it is nearly there, the drawings still require more detail to be able to provide a contractor an accurate basis of design to bid off of.

Therefore, the estimate provided at this stage has been vetted through a seasoned contractor who has provided insights based on their experience in the field and taking into account the scope of work and current costs in today's market. The contractor consulted on the estimate is WJCreate Construction, who has significant experience with projects of this similar nature and are well versed in market escalation impacts. They were fully informed on the level of alteration that is proposed for this renovation, to which they provided their real time cost per square foot that they have gotten back on multiple recently completed projects of equivalent scope. WJArchitects reviewed the final values of the recently completed projects by WJCreate and are in agreement with the estimated provided on this project at this stage.

Let us know if you have any questions, comments or concerns.

Sincerely,

Wannemacher Jensen Architects, Inc.

Kelsi Thrasher, Project Manager



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

For July 1, 2022, to June 30	, 2023
Operating Profit before Overhead	
Program Revenue	
Contract Revenue	\$44,931,102
Medicare & Medicaid	\$383,840
1st & 3rd Party Fees	\$322,906
Jewish Federation	\$162,000
Intercompany Revenue	\$182,831
Management Fees	\$87,114
Other Income	\$412,305
Total Program Revenue	\$46,482,098
Operating Expenses Direct	
Staff Expenses	\$36,976,274
Other Staffing Costs	\$116,050
Direct Client Expenses	\$5,727,536
Occupancy Expense	\$3,007,096
Intercompany Expenses	\$139,740
Direct Admin & Other	\$2,672,656
Total Operating Expenses	\$48,639,352
	(\$2,157,253)
Overhead Allocation	\$0
Net Operating Income (Loss)	(\$2,157,253)
Other Revenue	
Contribution Revenue	\$1,218,100
In-Kind Contributions	\$716,567
Total	\$1,934,667
Special Event Activity	
Special Event Revenue	\$500,000
Special Event Expenses	(\$100,000)
Total Special Event Activity	\$400,000
la contra native e e e	40
Investment Income	\$0
Interest Income	\$0
Total	\$0
Total Other Revenue	\$2,334,667
Net Income (Loss)	\$177,414

NET SURPLUS/(DEFICIT) \$177,414



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

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

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

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

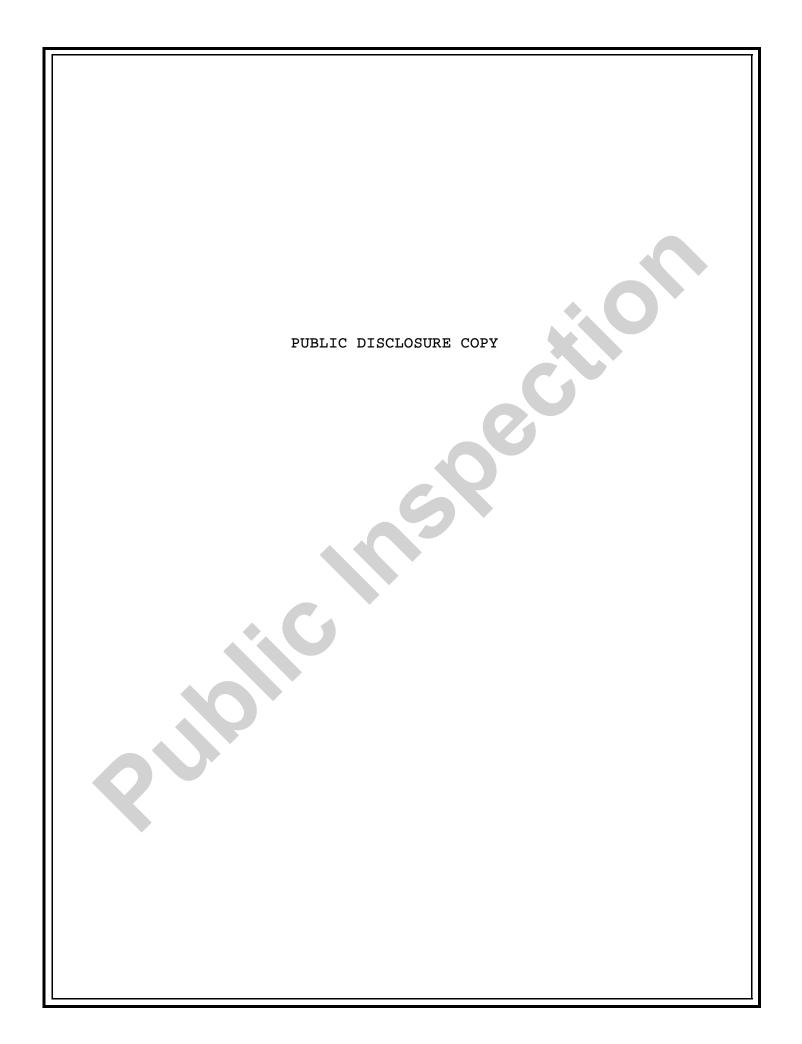
Legend

**Denotes Ex-Officio

7/27/22 TB

Updated

^{*}Denotes contact/mailing preference



THE POWER OF BEING UNDERSTOOD AUDIT | TAX | CONSULTING



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

DEAR PAUL

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

2020 FORM 990

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

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

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

REGARDS,

CATHERINE MARY SULLIVAN

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2021

PREPARED FOR:

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

PREPARED BY:

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

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

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

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

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

Department of the Treasury Internal Revenue Service

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

A F	or the	2020 calendar year, or tax year beginning $$ JUL 1 , 2020 and en	nding J	UN 30, 2021							
B c	heck if oplicable	C Name of organization GULF COAST JEWISH FAMILY AND COMMUNITY		D Employer identifi	cation number						
	Addres	GERVICES INC									
	Name change Initial	Doing business as		59-12293							
	return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 14041 ICOT BLVD.	oom/suite	E Telephone number (727) 47							
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	38,297,241.						
Г	Amende return			H(a) Is this a group return							
F	Applica tion		ſ		? Yes X No						
II	SAME AS C ABOVE I Tax-exempt status: X 501(c)(3)										
		E: ► GULFCOASTJEWISHFAMILYANDCOMMUNITYSERVIC									
		organization: X Corporation Trust Association Other			M State of legal domicile: FL						
		Summary	12 , 54, 5		e clate of regar definitions.						
	1 [Briefly describe the organization's mission or most significant activities: ${ m \underline{TO}}{ m \ HEL}$	LP PE	OPLE ACHIEV	 E						
Activities & Governance		FULFILLING LIVES BY EMPOWERING INDIVIDUALS									
nar	_	Check this box if the organization discontinued its operations or disposed									
Ver				3	18						
ဗိ		Number of independent voting members of the governing body (Part VI, line 1b)			18						
ა ა		otal number of individuals employed in calendar year 2020 (Part V, line 2a)			763						
itie		otal number of volunteers (estimate if necessary)			169						
cţi		otal unrelated business revenue from Part VIII, column (C), line 12			0.						
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.						
				Prior Year	Current Year						
ø)	8 (Contributions and grants (Part VIII, line 1h)		33,191,503.	37,119,345.						
ğ		Program service revenue (Part VIII, line 2g)		1,319,278.	1,032,483.						
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		35,000.	4,649.						
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		180,254.	76,740.						
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		34,726,035.	38,233,217.						
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,004,196.	1,026,873.						
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.						
ç	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		24,360,660.	25,977,951.						
Expenses	16 a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.						
ф	b∃	Total fundraising expenses (Part IX, column (D), line 25) 532,945	5.								
Û	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		9,450,788.							
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		34,815,644.	37,748,460.						
		Revenue less expenses. Subtract line 18 from line 12		-89,609.	484,757.						
Net Assets or Fund Balances				ginning of Current Year	End of Year						
sets	20	Total assets (Part X, line 16)		<u>16,287,943.</u>	20,463,485.						
t As	21	Total liabilities (Part X, line 26)		5,902,613.	8,288,091.						
		Net assets or fund balances. Subtract line 21 from line 20		10,385,330.	12,175,394.						
	rt II	Signature Block									
	-	ties of perjury, I declare that I have examined this return, including accompanying schedules an			/ knowledge and belief, it is						
true,	correct	, and complete. Declaration of preparer (other than officer) is based on all information of which	n preparer f	nas any knowledge.							
		Signature of officer		I Date							
Sigr		,		Date							
Her	e	PAUL DENNISON, CFO Type or print name and title									
			Ιn	ate Check	PTIN						
Dviv		Print/Type preparer's name CATHERINE MARY SULLIVAN Preparer's signature		5/13/22 self-employ							
Paid			JU :		42-0714325						
Prep				FIFTH S EIN	77_01T#272						
Use	Ulliy	Firm's address 100 2ND AVENUE S #600 ST. PETERSBURG, FL 33701		Dhone no 70	7-821-6161						
N 4 ~ ·	the ID			Pilotie no. / Z							
ıvıay	uie IK	S discuss this return with the preparer shown above? See instructions			X Yes No						

Pai	rt III Statement of Program Service Accomplishments	[
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	INSPIRED BY JEWISH VALUES, WE PROTECT THE VULNERABLE, EMPOWER	
	INDIVIDUALS AND STRENGTHEN FAMILIES. (CONTINUED ON SCHEDULE O)	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
•	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 21,290,438. including grants of \$) (Revenue \$	511,511.)
	CHILDREN AND FAMILY SERVICES - SEE SCHEDULE O	
4h	(Code:) (Expenses \$ 5,527,557. including grants of \$ 1,026,873.) (Revenue \$	
4b	(Code:) (Expenses \$5,527,557 including grants of \$1,026,873) (Revenue \$ BEHAVIORAL HEALTH - SEE SCHEDULE O)
	BEHAVIORE HEALTH BEE BEHADOLE C	
	.	
4c	(Code:) (Expenses \$ 3,546,547. including grants of \$) (Revenue \$)	<u>520,972.</u>)
	JEWISH FAMILY SERVICES AT THE HARVEY HERTZ CENTER - SEE SCHEDUL	E O
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 6,850,973 • including grants of \$) (Revenue \$ 139,193	•)
4e	Total program service expenses ▶ 37,215,515.	
		000 /

GULF COAST JEWISH FAMILY AND COMMUNITY

Form 990 (2020) SERVICES, INC.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	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			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	•	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	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			
	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		X
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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	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	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			l
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
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,			
	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			,,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			,,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? 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		ν,	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
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			,,
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Form 990 (2020) SERVICES, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? 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	Х	
24a				
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			٦,
	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			٦,
	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%			٦,
	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			, v
	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	00-		x
	"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		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		X
20	"Yes," complete Schedule L, Part IV	28c 29	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	- 25	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization required the complete schedule N, Part I	31		- 22
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
J-7		34	Х	
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
-	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	"		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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 763								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b	X						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
			3a 3b		X					
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	ccount)?	4a		X					
D	b If "Yes," enter the name of the foreign country See instructions for filling requirements for FinCFN Form 114. Beneat of Foreign Book and Financial Accounts (FRAR)									
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). ia Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?									
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?		5a 5b	-	X					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		 					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the									
	any contributions that were not tax deductible as charitable contributions?	-	6a		х					
b	If "Yes," did the organization include with every solicitation an express statement that such contribution									
	were not tax deductible?		6b							
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	vices provided to the payor?	7a	X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required								
	to file Form 8282?		7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e 7f		X					
f	3 , 3 , 11 , 1									
g										
_	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
0	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.		8							
а	Did the grant of the control of the grant of the grant of the distribution of the control of the grant of the		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									
	amounts due or received from them.)	11b								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a							
	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.		40-							
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		13a							
h	Enter the amount of reserves the organization is required to maintain by the states in which the									
b	organization is licensed to issue qualified health plans	13b								
С	Enter the amount of reserves on hand	13c								
14a	Did the consideration and the constant of the first of the constant of the con	•	14a		х					
	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O									
15										
	excess parachute payment(s) during the year?		15		Х					
	If "Yes," see instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X					
	If "Yes," complete Form 4720, Schedule O.									

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Form 990 (2020)

59-1229354

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 18 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 18 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? Х The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶FL Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website X Upon request ___ Other (explain on Schedule O) Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records PAUL DENNISON, CFO - (727) 479-1800

33760-3702

14041 ICOT BLVD., CLEARWATER, FL

SERVICES, INC.

59-1229354

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Form 990 (2020) 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.

Check this box if neither the organization por any related organization compensated any current officer, director, or trustee

• 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		orga T	nıza			nper	isate			
(A)	(B)			(C Pos	C)			(D)	(E)	(F)
Name and title	Average		not c	heck i	more	than o		Reportable	Reportable	Estimated
	hours per	box	, unles cer an	ss per id a d	son i	s both	n an tee)	compensation	compensation	amount of
	week (list any					Π	T ,	from the	from related organizations	other compensation
	hours for	direct				_		organization	(W-2/1099-MISC)	from the
	related	9e 0r	stee			nsate		(W-2/1099-MISC)	(** 27 1000 141100)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		(and related
	below	idual	ution	la e	Key employee	est co	le.			organizations
	line)	Indiv	Instit	Officer	Key 6	High	Former			
(1) SANDRA BRAHAM	40.00									
PRESIDENT/CEO	4.50			Х				255,044.	0.	17,451.
(2) LORIS DIXON	40.00					7				
CFO	4.50			Х				169,643.	0.	6,434.
(3) TERRI BALLIET	40.00			'						
CO-COO				X				144,441.	0.	6,233.
(4) LLOYD DE FRANCE	40.00									
CHIEF HUMAN RESOURCES				X	Ĺ			119,552.	0.	12,015.
(5) ERIC FEDER	2.00								_	_
CHAIR		Х						0.	0.	0.
(6) ELIZABETH SAMUELSON	2.00									
VICE CHAIR		Х						0.	0.	0.
(7) KAREN RAYMUND MARDER	2.00								_	_
SECRETARY		Х						0.	0.	0.
(8) DAVID PILKINGTON	2.00	l								
TREASURER		Х						0.	0.	0.
(9) JEFF BAKER	2.00	1							_	_
DIRECTOR		Х						0.	0.	0.
(10) VIVIAN BENCI, MD	2.00								_	_
DIRECTOR		Х						0.	0.	0.
(11) STEVE BENOV	2.00	1								
DIRECTOR		Х						0.	0.	0.
(12) VERNON BRYANT	2.00	l								
DIRECTOR		Х						0.	0.	0.
(13) EVAN CHRISTENSON	2.00	ļ								
DIRECTOR		Х						0.	0.	0.
(14) ANDREW HANO, MD	2.00	ļ								
DIRECTOR		Х						0.	0.	0.
(15) JULIE KLAVANS	2.00	ļ								
CHAIR	2.00	X						0.	0.	0.
(16) SUSAN LANDRESS	2.00								_	^
DIRECTOR	2 22	Х					_	0.	0.	0.
(17) JAY MILLER	2.00	٦,						_	_	•
DIRECTOR	2.00	Х		<u> </u>				0.	0.	0.

SERVICES, INC.

Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A)	(B) (C)							(D) (E)			(F)	
	Name and title	Average	(da	Position			Reportable Reportabl		l l				
		hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)		n an	compensation	compensation		amou	nt of		
		week		cer ar	id a di	irecto	or/trus T	tee)	from	from related		oth	er
		(list any	ector						the	organizations		ompen	
		hours for related	or di	e e			ated		organization	(W-2/1099-MISC	′ I	from	
		organizations	ustee	trust		e e	Suedic		(W-2/1099-MISC)			organiz and re	
		below	dual tr	tional	١. ا	yoldı	st con	_			, ا	organiz	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			`	or garme	2110110
(18)	DAVID PUNZAK	2.00	_	_		×	1						
DIRE	CTOR		Х						0.).		0.
(19)	ALAN SCHWARTZ	2.00					\vdash				Ĝ		
DIRE	CTOR		х						0.).		0.
	DR. EMILIE SOCASH	2.00											
DIRE			х						0.).		0.
	ABBY STERENSIS	2.00					\vdash				_		
DIRE			х						0.).		0.
	BECCA TIEDER	2.00					\vdash				_		<u> </u>
DIRE			х						0.).		0.
							\vdash				_		<u> </u>
			1										
							L						
			1				7						
					L (100				
	Subtotal								688,680.).	42,	133.
С	Total from continuation sheets to Part VI	I, Section A		.,.,				\triangleright	0.).		0.
d	Total (add lines 1b and 1c)					$\overline{}$	<u></u>	<u> </u>	688,680.).	42,	133.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			_
	compensation from the organization												<u>4</u>
												Ye	s No
3	Did the organization list any former officer,	director, trust	ee, k	сеу е	empl	oye	e, or	hig	hest compensated emp	loyee on			
	line 1a? If "Yes," complete Schedule J for s	uch individual									. 上:	3	<u> </u>
4	For any individual listed on line 1a, is the su	im of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization			
	and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	edule	Jf	for such individual		<u>L</u>	4 X	
5	Did any person listed on line 1a receive or a	ccrue comper	ısati	on fr	om a	any	unre	elate	ed organization or individ	dual for services			
	rendered to the organization? If "Yes," com	plete Schedule	e J f	or st	ıch r	oers	on .				;	5	X
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest co	mpensated inc	lepe	ndei	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compe	nsatior	n from	
	the organization. Report compensation for	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin	the organization's tax y	ear.			
	(A)								(B)		_	(C)	
	Name and business							_	Description of s		Con	pensat	ion
	BETTER SOLUTION OF VENI		_	<u>.</u>		_			MEDICAL AND		_		- 4 -
	00 E. VENICE AVENUE, VE	NICE, F	L	<u> 34</u>	29	2		$\overline{}$	CARE SERVICE		7	/85 <u>,</u>	<u>514.</u>
UCI	TA PROPERTIES							j	MEDICAL AND :	HEALTH			

(A)	(B)	(C)
Name and business address	Description of services	Compensation
A BETTER SOLUTION OF VENICE	MEDICAL AND HEALTH	
1500 E. VENICE AVENUE, VENICE, FL 34292	CARE SERVICES	785,514.
UCITA PROPERTIES	MEDICAL AND HEALTH	
1300 N WESTSHORE BLVE, TAMPA, FL 33607	CARE SERVICES	533,850.
A BETTER SOLUTION SARASOTA	MEDICAL AND HEALTH	
5600 BEE RIDGE ROAD, SARASOTA, FL 34233	CARE SERVICES	364,503.
RIGHT AT HOME PINELLAS	MEDICAL AND HEALTH	
304 SO. BELCHER ROAD, CLEARWATER, FL 33765	CARE SERVICES	335,976.
ADVANCED HORIZONS II	MEDICAL AND HEALTH	
711 N. SHERILL STREET, TAMPA, FL 33609	CARE SERVICES	211,084.
2 Total number of independent contractors (including but not limited to those liste		
\$100,000 of compensation from the organization • 6		
		000

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Form 990 (2020) SERVICE
Part VIII Statement of Revenue

		Check if Schedule O contains a resp	onse or note	e to any lin	e in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
						lunction revenue	business revenue	sections 512 - 514
တ္ တ	1 a	Federated campaigns 1a	3	317,263.				
an	b							
⊋,8	С			561,257.				
ifts		Related organizations 1d		150,001.				
niis G	е		25,0	053,904.				
Sir		All other contributions, gifts, grants, and						
her	-	similar amounts not included above 1f	10,7	736,920.				
	g	··· .		271,595.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f	Ψ		37,119,345.			
<u> </u>			Busir	ness Code	, ,			
o l	2 a	ELDER & DISABLED SERVICES		120	533,686.	533,686.		
<u>ķ</u>	_ b	BEHAVIORAL HEALTH SERVICES	624	120	396,757.	396,757.		
Ser	c	MANAGEMENT FEES	541	610	102,040.	102,040.		
m S	d				, -			
gra Re	٠ -							
Program Service Revenue	f	All other program service revenue						
	,	Total. Add lines 2a-2f			1,032,483.			
-	3			٠	=,,=			
	3 Investment income (including dividends, interest, other similar amounts)				4,535.			4,535.
	4	Income from investment of tax-exempt be						
	5	Royalties	ond proceed					
	J	(i) Rea	al (ii) F	Personal				
	6 a	Ouese wents	(.,, .	0.00.10.				
	b	Rental income or (loss) 6c						
	4	Net rental income or (loss)						
		Gross amount from sales of (i) Security	ities (ii)	Other				
	ı a	(7	685.	Julion				
	h	Less: cost or other basis	-					
ø	b		571.	•				
Revenue	_	12 ,	114.					
eve		Net gain or (loss)			114.			114.
<u>بر</u>		Gross income from fundraising events (not						
)ther	0 a	including \$ 561,257. of						
٥		contributions reported on line 1c). See						
		Part IV, line 18	8a	0.				
	h	Less: direct expenses		62,453.				
		Net income or (loss) from fundraising eve		,	-62,453.			-62,453.
		Gross income from gaming activities. See			-2,233			, 255.
	Эа	Part IV, line 19	1 1					
	h	Less: direct expenses						
		Net income or (loss) from gaming activitie						
		Gross sales of inventory, less returns	-s					
	ю а	and allowances	10a					
	h		1 1					
		Less: cost of goods sold						
\rightarrow	C	Net income or (loss) from sales of invento		ness Code				
SI	11 a	OTHER INCOME	624		139,193.	139,193.		
neo Tue	ıı a b		_					
Miscellaneous Revenue	C							
Sce		All other revenue						
Σ		Total. Add lines 11a-11d			139,193.			
	12	Total revenue. See instructions			38,233,217.	1,171,676.	0.	-57,804.

Form 990 (2020) SERVICES, INC. Part IX Statement of Functional Expenses

04	== F01(=\forall \cdot \c	-1-4111 All -4-		(A)						
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 respon	(A)	(B)	(C)	(D)					
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses					
1	Grants and other assistance to domestic organizations		сдренеес	general expenses	σχροποσσ					
•	and domestic governments. See Part IV, line 21									
2	Grants and other assistance to domestic									
_	individuals. See Part IV, line 22	1,026,873.	1,026,873.							
3	Grants and other assistance to foreign	1,020,075	1,020,073.							
3	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,									
3	trustees, and key employees	786,877.		660,961.	125,916.					
6	Compensation not included above to disqualified	700,0176		000,501.	123,310.					
O	persons (as defined under section 4958(f)(1)) and									
7		21,020,077.	18,791,677.	2,035,209.	193,191.					
7 8	Other salaries and wages Pension plan accruals and contributions (include	21,020,011•	±0,75±,077•	2,033,2031	<u> </u>					
0	section 401(k) and 403(b) employer contributions)	35,920.	35,920.							
9		2,487,578.		264,039.	22,397.					
10	Other employee benefits	1,647,499.	1,414,447.	205,521.	27,531.					
11	Payroll taxes Face for services (nonemployees):	±,0±,,±,,,	+ / + + + + + + + + + + + + + + + + + +	203,321.	41,3310					
	Fees for services (nonemployees): Management									
	-	29,051.		29,051.						
	Legal	100,700.		100,700.						
	Accounting	26,250.		100,7001	26,250.					
	Lobbying Professional fundraising services. See Part IV, line 17	20,250.			20,230.					
	Investment management fees	1,685.		1,685.						
g	Other. (If line 11g amount exceeds 10% of line 25,	1,005.		1,003.						
9	column (A) amount, list line 11g expenses on Sch 0.)	3,665,627.	3,537,056.	139,941.	-11,370.					
12	Advertising and promotion	93,494.		7,975.	20,319.					
13	Office expenses	2,700,862.	2,684,669.	-51,699.	67,892.					
14	Information technology	874,536.	338,416.	531,398.	4,722.					
15	Royalties	0,2,000	333,1231	332,3331						
16	Occupancy	1,536,569.	1,386,492.	144,433.	5,644.					
17	Travel	773,226.	763,917.	8,853.	456.					
18	Payments of travel or entertainment expenses	,====		0,0001						
.0	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	35,710.	28,167.	7,432.	111.					
20	Interest	32,881.	24,472.	8,409.						
21	Payments to affiliates	,	, v	-,						
22	Depreciation, depletion, and amortization	436,834.	284,652.	148,141.	4,041.					
23	Insurance	369,493.	277,561.	90,956.	976.					
24	Other expenses. Itemize expenses not covered		,	, , , , ,						
-	above (List miscellaneous expenses on line 24e. If									
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)									
а	MEDICAL & PHARMACY	51,430.	51,430.							
b	ALLOCATION OF M & G	0.	4,293,473.	-4,336,841.	43,368.					
С										
d										
е	All other expenses	15,288.	9,951.	3,836.	1,501.					
25	Total functional expenses. Add lines 1 through 24e	37,748,460.	37,215,515.	0.	532,945.					
26	Joint costs. Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)									
					000					

Form 990 (2020)
Part X Balance Sheet

Par	ert X Balance Sheet						
		Check if Schedule O contains a response or note	to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			5,910,196.	1	7,259,799.
	2	Savings and temporary cash investments			508,072.	2	255,888.
	3				4,377,912.	3	5,653,750.
	4				460,037.	4	464,674.
	5						
		trustee, key employee, creator or founder, substantial contributor, or 35%					
		controlled entity or family member of any of thes	e perso	ons		5	
	6						
						6	
Ş	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9				324,435.	9	718,336.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		10,169,462.			
	b	Less: accumulated depreciation	10b	6,068,455.	4,379,560.	10c	4,101,007.
	11	Investments - publicly traded securities			125,244.	11	202,323.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets			4	14	
	15	Other assets. See Part IV, line 11			202,487.	15	1,807,708.
	16	Total assets. Add lines 1 through 15 (must equa			16,287,943.	16	20,463,485.
	17	Accounts payable and accrued expenses			2,241,763.	17	2,264,198.
	18	Grants payable			000 000	18	2 400 501
	19	Deferred revenue			909,929.	19	3,427,571.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
es	22						
Liabilities		trustee, key employee, creator or founder, substa					
iak		controlled entity or family member of any of these persons			000 001	22	646 222
_	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·	800,921.	23	646,322. 1,900,000.
	24	Unsecured notes and loans payable to unrelated third parties			1,300,000.	24	1,900,000.
	25	Other liabilities (including federal income tax, payables to related third					
		parties, and other liabilities not included on lines 17-24). Complete Part X			50,000.	25	50,000.
	26	of Schedule D Total liabilities. Add lines 17 through 25			5,902,613.	26	8,288,091.
	26	Organizations that follow FASB ASC 958, chee			3,302,013.	20	0,200,031.
S		and complete lines 27, 28, 32, and 33.	K HEI				
uce I	27	Net assets without donor restrictions			9,859,037.	27	11,513,338.
Net Assets or Fund Balances	28				526,293.	28	662,056.
		Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here			3=3,4=33.		
		and complete lines 29 through 33.	, , , , , ,				
	29	Capital stock or trust principal, or current funds				29	
	30	Paid-in or capital surplus, or land, building, or eq				30	
	31	Retained earnings, endowment, accumulated inc				31	
et,	32	¥			10,385,330.	32	12,175,394.
Z	33				16,287,943.	33	20,463,485.
					.,,		Farm 990 (2000)

GULF COAST JEWISH FAMILY AND COMMUNITY

Form 990 (2020) SERVICES, INC.

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Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	38	3,23	3,2	<u>17.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	37	7,74		
3	Revenue less expenses. Subtract line 2 from line 1	3		48	4,7	57.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))				5,3	30.
5	Net unrealized gains (losses) on investments	5		1	4,9	11.
6	Donated services and use of facilities 6					
7	Investment expenses 7					
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1	L,29	0,3	96.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))			2,17	5,3	94.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u>)</u>			X
					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	0.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,					
	consolidated basis, or both:					
	Separate basis X 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 audit,					
	review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit					
	Act and OMB Circular A-133?				Х	
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х	

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

GULF COAST JEWISH FAMILY AND COMMUNITY

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

SERVICES INC. 59-1229354 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

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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	tion 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.")	33564727.	31883523.	31417864.	33191503.	37119345.	167176962
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	33564727.	31883523.	31417864.	33191503.	37119345.	167176962
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						6765230.
	Public support. Subtract line 5 from line 4.						160411732
	ction B. Total Support	1				ı	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	***************************************	33564727.	31883523.	3141/864.	33191503.	3/119345.	16/1/6962
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	20 514	2.202	14 260	25 000	4 525	0,6,600
	and income from similar sources	30,514.	2,303.	14,268.	35,000.	4,535.	86,620.
9	Net income from unrelated business						
	activities, whether or not the				2 250		2 250
40	business is regularly carried on				3,250.		3,250.
10	Other income. Do not include gain						
	or loss from the sale of capital	30 651	126,969.	10 070	179,119.		355,717.
44	assets (Explain in Part VI.)	30,031.	120,909.	10,970.	1/9,119.		167622549
	Total support. Add lines 7 through 10	ata (ana inaturatio					,413,377.
	Gross receipts from related activities, First 5 years. If the Form 990 is for the	— ·	,				,413,377.
13	organization, check this box and sto						▶ □
Sec	ction C. Computation of Publi					• • • • • • • • • • • • • • • • • • • •	
	Public support percentage for 2020 (I			column (f))		14	95.70 %
	Public support percentage from 2019					15	99.84 %
	33 1/3% support test - 2020. If the						
100	stop here. The organization qualifies						
h	33 1/3% support test - 2019. If the						
	and stop here. The organization qual	•		•		•	
17a	10% -facts-and-circumstances test						
u	and if the organization meets the fact	-					
	meets the facts-and-circumstances te						
h	10% -facts-and-circumstances test	•			•		
	more, and if the organization meets the						, 0 0,
	organization meets the facts-and-circle		· ·				ightharpoonup
18	Private foundation. If the organization				•		s

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.)

Se	ction A. Public Support	ciow, picase comp	nete i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(-)	(2) 2011	3,2510	(3) 25 15	(3) 2020	(-)
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the 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						
7	Amounts included on lines 1, 2, and 3 received from disqualified persons				(5)		
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6				. ,	, ,	,,
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ł	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	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	•			•	. , . ,	. —
8^	check this box and stop herection C. Computation of Publi						P
				l (f\)		145	
	Public support percentage for 2020 (I					15	<u>%</u>
	Public support percentage from 2019 ction D. Computation of Inves					16	%
	•			ino 12 polyma (fl)		17	0/
	Investment income percentage for 20						<u>%</u>
	Investment income percentage from 1					18 2 1/30/ and line 1	7 is not
198	a 33 1/3% support tests - 2020. If the more than 33 1/3%, check this box ar						▶ □
,	33 1/3% support tests - 2019. If the	=	-	•	• •		
١	line 18 is not more than 33 1/3%, che	•			•	·	
20	Private foundation. If the organization						

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		
1			
	3a		
	3b		
	3с		
	4a		
	Λh		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	J		
	7		
	8		
	9a		
	9b		
	0-		
	9с		
	10a		
	iva		
	10b		
n 9	90 or 99	0-EZ	2020

		4733	т P	19e 5
Pa	rt IV Supporting Organizations (continued)		I	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and	4.4		
	11c below, the governing body of a supported organization?	11a		-
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110		
Sec	<u>detail in</u> Part VI. tion B. Type I Supporting Organizations	11c		
	tion of type i capporang organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	NO
•	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			
	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			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		ı	
			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	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	(c)	
2	Activities Test. Answer lines 2a and 2b below.	Struction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	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.	За		_
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.	3b		

Schedule A (Form 990 or 990-EZ) 2020 SERVICES, INC.

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Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.							
	All other Type III non-functionally integrated supporting organizations must co	omplet	e Sections A through E.					
Section A - Adjusted Net Income (A) Prior Year (B) Cu (c)								
_1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
_3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
_5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
c	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
_3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
_5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting orga	nization (see				
	instructions).							

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 SERVICES, INC.

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continued}	<u>d)</u>	
Secti	on D - Distributions			\perp	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro		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				
	(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		1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020		(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
<u>i</u>	Carryover from 2015 not applied (see instructions)				
_ <u>i</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				
b	Applied to 2020 distributable amount				
с	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.			+	
	Breakdown of line 7:			+	
	Excess from 2016			+	
	Excess from 2017			+	
	Excess from 2018			+	
	Excess from 2019			+	
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 SERVICES, INC.

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10: Part II, line 17a or 17b: Part III, line 12:
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
OTHER INCOME
2016 AMOUNT: \$ 30,651.
2017 AMOUNT: \$ 126,969.
2018 AMOUNT: \$ 18,978.
2019 AMOUNT: \$ 179,119.
A. (C1)

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.

2020 ► Go to www.irs.gov/Form990 for the latest information.

Name of the organization

GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES, INC.

Employer identification number

OMB No. 1545-0047

59-1229354

Organization type (check one):						
Filers of	:	Section:				
Form 99	0 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 99	0-PF	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	Rule					
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
	year, contributions is checked, enter he purpose. Don't com	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., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year				
	•	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), 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				

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

59-1229354

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$1,481,209.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$ <u>1,188,340.</u>	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
3	Nume, address, and Zir + 4	\$ 1,288,787.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$3,124,461.	Person X Payroll
(a)	(b)	(c)	(d)
No5_	Name, address, and ZIP + 4	\$1,386,217.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		\$ <u>1,684,524</u> .	Person X Payroll

Name of organization

GULF COAST JEWISH FAMILY AND COMMUNITY

SERVICES, INC.

Employer identification number

59-1229354

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$ 4,215,618.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$ 4,057,279.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9		\$ <u>10,454,184.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

GULF COAST JEWISH FAMILY AND COMMUNITY

SERVICES, INC.

Employer identification number

59-1229354

Partii	Noticasti Property (see instructions). Use duplicate copies of Part II if ac	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) **Employer identification number** Name of organization GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES, INC. 59-1229354 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (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 (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 (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 (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 C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

 Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization GULF COAST JEWISH FAMILY AND COMMUNITY Employer identification number SERVICES, INC. 59-1229354 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures Volunteer hours for political campaign activities Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 **▶**\$_ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? No 4a Was a correction made? Yes Nο b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities _____ > \$_____ 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b▶\$_ Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (d) Amount paid from (a) Name (b) Address (c) EIN (e) Amount of political contributions received and filing organization's promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

59-1229354 Page 2 Schedule C (Form 990 or 990-EZ) 2020 SERVICES, INC.

-	-	n is exen	npt under section	501(c)(3) and file	ed Form 5768 (ele	ction und	er
section 501(h))							
· · · · · · · · · · · · · · · · · · ·	=	-	liated group (and list in	Part IV each affiliated	group member's name	, address, E	N,
	d share of exces		•				
3 Check ▶ if the filing org	ganization checi	ed box A ar	nd "limited control" pro	visions apply.	(-) Files	(I-) A (CIII-1-	-1
	Limits on Lob				(a) Filing organization's	(b) Affiliate tota	• .
(The term "e	expenditures" n	eans amou	nts paid or incurred.)		totals		
1a Total lobbying expenditures	to influence pub	lic opinion (d	arassroots lobbying)				
· ·	b Total lobbying expenditures to influence a legislative body (direct lobbying)						
c Total lobbying expenditures					26,250. 26,250.		
d Other exempt purpose exper					37,782,981.		
e Total exempt purpose expen					37,809,231.		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.					1,000,000.		
If the amount on line 1e, colum	n (a) or (b) is:	The lob	bying nontaxable am	ount is:			
Not over \$500,000		20% of	the amount on line 1e.				
Over \$500,000 but not over	\$1,000,000	\$100,00	00 plus 15% of the exce	ess over \$500,000.			
Over \$1,000,000 but not ove	er \$1,500,000	\$175,00	00 plus 10% of the exce	ess over \$1,000,000.			
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.							
Over \$17,000,000 \$1,000,000.							
g Grassroots nontaxable amou	ınt (enter 25% o	f line 1f)			250,000.		
h Subtract line 1g from line 1a	. If zero or less,	enter -0			0.		
i Subtract line 1f from line 1c.	•				0.		
j If there is an amount other th		er line 1h or l	line 1i, did the organiza	tion file Form 4720	_	_	
reporting section 4911 tax fo	or this year?					Yes	No_
(0			eraging Period Under		. C. Hara Character and Indian		
(Some organizati			01(h) election do not l ate instructions for lin		of the five columns be	iow.	
			nditures During 4-Yea				
		bying Exper	latta es Buring 4 Tea	Averaging Ferrod			
Calendar year	(a)	2017	(b) 2018	(c) 2019	(d) 2020	(e) To	otal
(or fiscal year beginning in)	(-,		(4)	(2) = 2 · 2	(4)	(-)	
2a Lobbying nontaxable amoun	t 1,00	0,000.	1,000,000.	1,000,000.	1,000,000.	4,000	,000.
b Lobbying ceiling amount						-	
(150% of line 2a, column(e))	4 1					6,000	,000.
c Total lobbying expenditures	2	6,250.	26,250.	26,250.	26,250.	105	<u>,000.</u>
		,					
d Grassroots nontaxable amou	ınt 25	0,000.	250,000.	250,000.	250,000.	1,000	<u>,000.</u>
e Grassroots ceiling amount							

Schedule C (Form 990 or 990-EZ) 2020

1,500,000.

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

59-1229354 Page 3

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

r each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(k	o)
he lobbying activity.		Yes No		ount
During the year, did the filing organization attempt to influence foreign, national, state, or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
art III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	5), or se	ction	
501(c)(6).				
			Yes	N
Were substantially all (90% or more) dues received nondeductible by members?		1		l
, , ,				
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	e prior year n 501(c)(5	2 3 5), or se		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	e prior year' n 501(c)(5 'No" OR	2 3 5), or se (b) Part		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members	e prior year n 501(c)(5 'No" OR	2 3 5), or se (b) Part		3, is
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Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	e prior year's n 501(c)(s 'No" OR	2 3 5), or se (b) Part		3, is
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Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Carryover from last year	e prior year/ n 501(c)(5 'No" OR	2 3 5), or set (b) Part 1 2a 2b 2c		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the lart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	e prior year/ n 501(c)(t 'No" OR	2 3 5), or set (b) Part 1 2a 2b 2c		3, is
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES, INC.

Employer identification number 59-1229354

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accou	nts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.		·
		(a) Donor advised funds	(b) Fu	nds 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 v	writing that the assets held in donor adv	ised funds	
	are the organization's property, subject to the organization's	•		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	e conferring	
	impermissible private benefit?			Yes No
Pai				
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recrea	tion or education) Preservation	of a historically	important land area
	Protection of natural habitat	Preservation	of a certified h	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	n of a conserva	ation 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 stru	ucture included in (a)	2c	
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic struc	ture	
	listed in the National Register	,	2d	
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	ne organization	during the tax
	year ▶			
4	Number of states where property subject to conservation eas	sement is located -	_	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	f	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation eas	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easemer	its 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 conservation	•		
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial stater	nents that des	cribes the
Dai	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Transuras or C	hhor Simila	ur Assots
Fai	Complete if the organization answered "Yes" on Form			ii Assets.
			and balance	hoot works
та	If the organization elected, as permitted under FASB ASC 95			
	of art, historical treasures, or other similar assets held for pub			public
	service, provide in Part XIII the text of the footnote to its finar			haulus af
D	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	tnerance of pu	blic service,
	provide the following amounts relating to these items:			Φ
	(i) Revenue included on Form 990, Part VIII, line 1			\$
•	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art, historical treation of a state of the fall and the state of the state o		iai gain, provid	е
_	the following amounts required to be reported under FASB A	_		c
a	Revenue included on Form 990, Part VIII, line 1			\$
a	Assets included in Form 990, Part X			Φ

	t III Organizations Maintaining Co	ollections of Ar	t, Historical T	reasures, c	r Othe	r Similar Asse	ets _{(conti}	nued)	age
3	Using the organization's acquisition, accessic						,		
	collection items (check all that apply):								
а	Public exhibition	d	I Loan or e	xchange progi	am				
b	Scholarly research	е		0.0					
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explair	n how they furthe	the organizati	on's exen	npt purpose in Pa	art XIII.		
5	During the year, did the organization solicit or	•	•	ū					
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang	jements. Comple	ete if the organiza	tion answered	"Yes" on	Form 990, Part I	V, line 9, o		
	reported an amount on Form 990, Par	X, line 21.							
1a	Is the organization an agent, trustee, custodia	n or other intermed	iary for contributi	ons or other as	sets not i	included			
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII a								
							Amour	nt	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year								
f	Ending balance					1f			
2a	Did the organization include an amount on Fo					ity?	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has bee	en provided on	Part XIII	<u> </u>			
Par	t V Endowment Funds. Complete if	the organization an	swered "Yes" on	Form 990, Par	t IV, line 1	10.			
		(a) Current year	(b) Prior year	(c) Two year	ars back	(d) Three years ba	ck (e) Fou	r years	back
1a	Beginning of year balance	418,876.	295,36	2. 1,16	9,389.	996,96	5. 5	,936,	111.
b	Contributions	0.	124,96	4. 10	0,225.	130,68	4.	46,	525.
С	Net investment earnings, gains, and losses	25,157.	-19	7.	8,825.	41,74	0.	182,	704.
d	Grants or scholarships	0.							
е	Other expenditures for facilities								
	and programs	0.	1,25	3. 98	3,077.		5	,168,	375.
f	Administrative expenses								
g	End of year balance	444,033.	418,87	6. 29	5,362.	1,169,38	9.	996,	965.
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	59.3100	%						
b	Permanent endowment ► 40.6900	%	-						
С	Term endowment ▶ .0000 g	6							
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.							
За	Are there endowment funds not in the posses	sion of the organiza	tion that are held	and administe	red for th	e organization			
	by:							Yes	No
	(i) Unrelated organizations						3a(i)	Х	
	(ii) Related organizations								X
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requir	ed on Schedule F	r?			3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI Land, Buildings, and Equipme	ent.							
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11a	. See Form 99	D, Part X,	line 10.			
	Description of property	(a) Cost or o	, , ,	ost or other iis (other)	1 ' '	ccumulated preciation	(d) Boo	k value	е
10	Land		,	04,915.	40	p. 35.4511	9.0	4,9	15.
b	Land Buildings			78,740.	4	284,285.	2,99		
C	Buildings Leasehold improvements		,,,,	98,705.		86,519.		$\frac{1}{2}, 18$	
d	Equipment	l l	1 6	84,766.		498,181.		$\frac{2}{6}, \frac{1}{5}$	
	Other			02,336.		199,470.		2,8	
	. Add lines 1a through 1e. (Column (d) must ed		•	-			4,10		
	ioolamii jaj mast et	isari omi ooo, i ait.	<u>.,</u>						

59-1229354 Page **3**

Part VII	Investments - Other Securities.			
(a) Decerin	Complete if the organization answered "Yes" of of Security or Category (including name of security)	on Form 990, Part IV, line (b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-	of year market value
		(b) Book value	(c) Method of Valuation. Cost of end-	or-year market value
	al derivatives			
· ·	held equity interests			
(3) Other	-			
(A) (B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
<u>(8)</u> (9)				
	b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes"	on Form 990. Part IV line	11d. See Form 990. Part X. line 15.	
		Description		(b) Book value
(1) IN	TERCOMPANY RECEIVABLES			1,706,196
	CURITY DEPOSITS			101,512
(3)				-
(4)		<u> </u>		
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) line	e 15.))	1,807,708
Part X	Other Liabilities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(1) D
1.	(a) Description of liability			(b) Book value
	deral income taxes			E0 000
	HIRD PARTY PAYBACKS		+	50,000
(3)			+	
(4)			+	
<u>(5)</u>			+	
(6)			+	
<u>(7)</u> (8)			+	
(8)			+	
	umn (b) must equal Form 990, Part X, col. (B) line	25.)		50,000.
	rinn (<i>b) must equal Form 990, Part ۸, coi. (B) line المراتب f</i> or uncertain tax positions. In Part XIII. provide	*	the organization's financial statements 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

59-1229354 Page 4

	t XI Reconciliation of Revenue per Audited Financial Statemen	ts Wi	ith Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		-		
1	Tatal managers and abless are not alter the second and alter the second			1	
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			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	
Pai	t XII Reconciliation of Expenses per Audited Financial Statement	nts W	/ith Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2 d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b		•	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	
Pai	t XIII Supplemental Information.				
Provi	de 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,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi				, ,
PAF	RT V, LINE 4:				
THE	ORGANIZATION'S INTERNALLY-CONTROLLED ENDO	ME1	NT NET ASSETS	AR	E
CON	MPRISED OF INVESTMENTS HELD IN DONOR ENDOWM	ENTS	S AND FUNDS D	ESI	GNATED BY
THE	BOARD OF DIRECTORS TO FUNCTION AS ENDOWMEN	NTS.	•		
THE	E ORGANIZATION'S PERMANENT ENDOWMENT CONSIST	rs c	OF THREE INDI	VID	UAL FUNDS
- 7	THE WEINBERG ENDOWMENT MATCH, THE OHLHAUSEN	ENI	OOWMENT. AND	THE	YAD B YAD
	,,				
ENI	DOWMENT. UNDER THE TERMS OF THE WEINBERG EN	WOC	MENT, THE ORG	ANI	ZATION IS
==					
REC	QUIRED TO SPEND THE LESSER OF ACTUAL EARNING	as c	OR 5% ON MATN	TEN	ANCE OF
CEF	RTAIN FACILITIES. IF THE REQUIRED MINIMUM IS	S NO	OT SPENT ON M	AIN'	TENANCE.
					<i>-</i>
THE	AMOUNT UNSPENT IS ADDED TO THE PERMANENT	ENDO	DWMENT. UNDER	TH	E TERMS OF

THE OHLHAUSEN ENDOWMENT AGREEMENT, THE ORGANIZATION MAY SPEND UP TO 5% OF

Part XIII Supplemental Information (continued)
THE ENDOWMENT ANNUALLY TO SUPPORT THE ORGANIZATION'S MISSION.
PART X, LINE 2:
GULF COAST JFCS, GCC, HERON AND EGRET ARE RECOGNIZED BY THE INTERNAL
REVENUE SERVICE (IRS) AS TAX-EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3)
OF THE INTERNAL REVENUE CODE. INCOME EARNED IN FURTHERANCE OF THESE
ENTITIES' TAX-EXEMPT PURPOSES IS EXEMPT FROM FEDERAL AND STATE INCOME
TAXES. AS SUCH, NO PROVISION FOR INCOME TAX EXPENSE HAS BEEN MADE IN THE
ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.
THE ORGANIZATION HAS ADOPTED THE ACCOUNTING STANDARD ON ACCOUNTING FOR
UNCERTAINTY IN INCOME TAXES. MANAGEMENT ASSESSED WHETHER THERE WERE ANY
UNCERTAIN TAX POSITIONS WHICH MAY GIVE RISE TO INCOME TAX LIABILITIES AND
DETERMINED THAT THERE WERE NO SUCH MATTERS REQUIRING RECOGNITION IN THE
ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. GENERALLY, THE
ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL OR STATE INCOME TAX
EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE JUNE 30, 2018.

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

Name of the organization GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES, INC. 59-1229354 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations Special fundraising events С g In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2020 SERVICES, INC.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

59-1229354 Page 2

		of fundraising event contributions and gro		EZ, lines 1 and 6b. List		
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			FACES ANNUAL		NONE	· · ·
			CELEBRATION			(add col. (a) through
_			(event type)	(event type)	(total number)	col. (c))
Revenue						
eve	1	Gross receipts	561,257.			561,257.
Œ						
	2	Less: Contributions	561,257.			561,257.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
ses		D 46 333	60 452			60 452
ber	6	Rent/facility costs	62,453.			62,453.
Direct Expenses	_	Food and house are				
irec	7	Food and beverages				
Δ	8	Entertainment				
	9	Other direct expenses				
	l -	Direct expense summary. Add lines 4 through			>	62,453.
		Net income summary. Subtract line 10 from li				62,453. -62,453.
Pa	irt I	II Gaming. Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Φ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(4, 295	bingo/progressive bingo	(0, 0 and gaming	col. (a) through col. (c))
Še						
	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncoch prizes				
EXD	3	Noncash prizes				
ect	 	Rent/facility costs				
Ë	•					
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
9		ter the state(s) in which the organization condu	-			
		he organization licensed to conduct gaming ac	ctivities in each of these s	states?		Yes No
k) IT "	No," explain:				
	_					
10=		ere any of the organization's gaming licenses re	evoked suspended or te	rminated during the tax v	vear?	Yes No
		Yes," explain:	, ,	g in tax	, ,	
	_	· · ·				

Sch	nedule G (Form 990 or 990-EZ) 2020 SERVICES, INC.	59-12	229	354	Page 3
11	Does the organization conduct gaming activities with nonmembers?			Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?			Yes	No
13	Indicate the percentage of gaming activity conducted in:				
а	a The organization's facility		13a		%
b	o An outside facility	L	13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	s:			
	Name				
	Address				
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	unt			
	of gaming revenue retained by the third party > \$				
C	c If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	Gaming manager information:				
	Name ▶				
	Gaming manager compensation \$				
	Description of services provided				
	☐ Director/officer ☐ Employee ☐ Independent contractor				
17	Mandatory distributions:				
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
Ī	retain the state gaming license?			Yes	No
Ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in				
-	organization's own exempt activities during the tax year > \$				
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part	III, lin	es 9, 9	b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			,	

GULF COAST JEWISH FAMILY AND COMMUNITY Schedule G (Form 990 or 990-EZ) SERVICES, Part IV Supplemental Information (continued) SERVICES, INC. 59-1229354 Page 4

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.

2020
Open to Public Inspection

GULF COAST JEWISH FAMILY AND COMMUNITY **Employer identification number** Name of the organization 59-1229354 SERVICES, INC. Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Page 2

SERVICES, INC.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ADULT FAMILY STIPENDS	83	1,026,873.	0.		
			0		
			0		
Part IV Supplemental Information. Provide the information re	quired in Part I, line	e 2; Part III, column	(b); and any other ac	ditional information.	
PART I, LINE 2:					
INDIVIDUAL GRANT FUNDS ARE MONITOR	ED THROUG	H DEVELOPM	MENT OF AN	INITIAL	
BUDGET FOR THE GRANT, THE REQUIREM	ENT OF AD	VANCE APPE	ROVAL FOR E	XPENDITURES	
AND THROUGH MONTHLY REVIEWS OF THE					
GRANT COMPARED TO THE AMOUNT BUDGE					
GRANT ACCOUNTANTS ASSIGNED TO THE	GRANT AS	WELL AS TH	HE CFO, COO	, AND THE	
GRANT PROGRAM DIRECTOR.	-		,	-	

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Questions Regarding Compensation

Department of the Treasury

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

GULF COAST JEWISH FAMILY AND COMMUNITY

SERVICES, INC.

 $Employer\ identification\ number \\ 59-1229354$

Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Written employment contract Compensation committee X Compensation survey or study Independent compensation consultant X Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X **a** Receive a severance payment or change-of-control payment? 4a Х **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X **c** Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a Х 5b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: X a The organization? 6a X **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III X 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III Х 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2020

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred benefits		(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deficition	(6)(1)(0)	reported as deferred on prior Form 990	
(1) SANDRA BRAHAM (i	243,544.	11,500.	0.	2,682.	15,243.	272,969.	0.	
PRESIDENT/CEO (ii	0.	0.	0.	0.	0.	0.	0.	
(2) LORIS DIXON (i	169,643.	0.	0.	1,708.	5,615.	176,966.	0.	
CFO (iii		0.	0.	0.	0.	0.	0.	
(3) TERRI BALLIET (i		5,000.	0.	1,506.	5,578.	151,525.	0.	
co-coo (ii		0.	0.	0.	0.	0.	0.	
(i								
(ii								
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(ii								

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

 Go to www.irs.gov/Form990 for instructions and the latest information. GULF COAST JEWISH FAMILY AND COMMUNITY

Open to Public Inspection

Employer identification number 59-1229354

SERVICES, INC. Part I Types of Property

(a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or applicable amounts reported on noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 60,581. FAIR MARKET VALUE Х Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles 40,320. FAIR MARKET VALUE X 43 19 Food inventory Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 24 Archeological artifacts 170,694. FAIR MARKET VALUE (SUPPLIES AND 25 26 Other 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions 0 for which the organization completed Form 8283, Part V, Donee Acknowledgement _____29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

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

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

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

contributions?

Schedule M (Form 990) 2020

32a

Х

33

b If "Yes," describe in Part II.

describe in Part II.

SERVICES, INC. 59-1229354 Schedule M (Form 990) 2020 Page 2 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization Part II is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. SCHEDULE M, PART I, COLUMN (B): REPORTING THE NUMBER OF ITEMS RECEIVED SCHEDULE M, LINE 32B: THE ORGANIZATION UTILIZES A SALVAGE COMPANY TO SELL EXCESS NONCASH CONTRIBUTIONS (CLOTHING AND SUPPLIES).

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

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.

GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES, INC.

2020 Open to Public Inspection

OMB No. 1545-0047

Employer identification number 59-1229354

FORM 990, PART I, LINE 1

GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES, INC. (GULF COAST JFCS) IS A NONSECTARIAN, COMMUNITY-BASED, FLORIDA NOT-FOR-PROFIT THAT HAS BEEN SERVING FLORIDIANS FOR 60 YEARS. IN 1960, THE AGENCY BEGAN PROVIDING COUNSELING AND FAMILY SUPPORT SERVICES TO THE JEWISH COMMUNITY IN PINELLAS COUNTY. ON JULY 2, 1974, GULF COAST JFCS WAS INCORPORATED AND BEGAN TO EXPAND AND DIVERSIFY ITS ARRAY OF SERVICES OFFERED TO THE COMMUNITY-AT-LARGE THROUGH PUBLIC FUNDING. TODAY, GULF COAST JFCS HAS OVER 500 EMPLOYEES PROVIDING SERVICES IN 40 FLORIDA COUNTIES. WE SERVE OVER 37,000 INDIVIDUALS ANNUALLY, WITH A POINT-IN-TIME OPEN CASELOAD OF ABOUT 3,500 INDIVIDUALS. OFFICES ARE MAINTAINED IN PINELLAS (HQ), PASCO, HILLSBOROUGH, POLK, ORANGE OSCEOLA, BROWARD, MIAMI-DADE, SARASOTA, LEE, AND ALACHUA COUNTIES.

OUR VAST ARRAY OF PROGRAMS SERVES DIVERSE POPULATIONS INCLUDING ALL

AGES, FAITHS, CULTURES, AND LIFESTYLES, INCLUDING INDIVIDUALS WITH
BEHAVIORAL HEALTH CHALLENGES WITH THE TOOLS NECESSARY TO FUNCTION WELL
IN SOCIETY; UNEMPLOYED INDIVIDUALS WITH THE SKILLS TO FIND JOBS,
SUPPORT THEIR FAMILIES AND BE BETTER PARENTS; REFUGEES AND SURVIVORS OF
TORTURE WITH BASIC SERVICES THAT SUPPORT THEM TO SUCCESSFULLY ADAPT TO
LIFE IN AMERICA; ELDERLY AND DISABLED CITIZENS WITH SUPPORT SERVICES
ENABLING THEM TO LIVE INDEPENDENTLY, SAFELY AND WITH DIGNITY; JEWISH
FAMILIES WITH SERVICES THAT CONNECT THEM TO THE JEWISH COMMUNITY AND
IMPROVE THEIR LIVES; AND CHILDREN IN NEED WITH INTENSIVE SUPPORT TO
ENSURE STABILITY, SAFETY AND WELLBEING. EACH INDIVIDUALIZED SERVICE IS
BASED ON RESEARCH, EVIDENCE-BASED/BEST PRACTICES, AND TRAUMA-INFORMED

Schedule O (Form 990 or 990-EZ) 2020 Page 2 Name of the organization GULF COAST JEWISH FAMILY AND COMMUNITY **Employer identification number** SERVICES, INC. 59-1229354 CARE PRINCIPLES FOR A POSITIVE IMPACT ON THE SOCIAL DETERMINANTS OF HEALTH IN THE COMMUNITIES SERVED. GULF COAST JFCS HAS BEEN NATIONALLY ACCREDITED BY THE COMMISSION ON ACCREDITATION OF REHABILITATION (CARF) SINCE 1988, A TESTAMENT TO THE FOCUS ON INDIVIDUALIZED SERVICES AND CONTINUOUS QUALITY IMPROVEMENT NOW AND IN THE YEARS TO COME. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: CHILD WELFARE CASE MANAGEMENT PROVIDES PROTECTIVE SUPERVISION FOR CHILDREN REFERRED BY THE FLORIDA ABUSE HOTLINE AND CHILD PROTECTIVE INVESTIGATORS. COMMUNITY-BASED SERVICES ARE PROVIDED IN-HOME AND IN ALTERNATIVE PLACEMENTS WITH RELATIVES, NON-RELATIVES AND LICENSED FOSTER CARE SETTINGS TO ENSURE SAFETY, WELL-BEING AND PERMANENCY, INCLUDING ADOPTION, FOR AN ACTIVE CASELOAD OF OVER 1,000 CHILDREN. THIS PROJECT IS PART OF THE STATEWIDE PRIVATIZATION OF STATE PROTECTIVE SERVICES. CAREGIVER SUPPORT PROVIDES DIRECT CHILD WELL-BEING AND HOME SUPPORT SERVICES TO LICENSED (LEVEL II) CAREGIVERS AND CHILDREN PLACED IN THESE HOMES. INCLUDES FACE-TO-FACE CONTACTS, MEDICAL AND DENTAL CARE, PSYCHOTROPIC MEDICATIONS AND MENTAL HEALTH SERVICES, AND ANY ADDITIONAL NEEDS INDIVIDUALIZED TO THE CHILD. CAREGIVER SUPPORT MANAGERS ARE ASSIGNED TO (TRADITIONAL FOSTER) HOMES TO COMPLETE THE RELATIONAL

TRANSITIONAL SUPPORT SPECIALISTS ASSIGNED TO CHILDREN, AGES 13-17 YEARS

ASPECTS OF LICENSURE/RE-LICENSURE, TO INCLUDE HOME ASSESSMENT, PROVIDE

SUPPORT TO THE CAREGIVER, AND ENSURE STABILITY IN THE HOUSE.

INVESTIGATORS.

GULF COAST JEWISH FAMILY AND COMMUNITY Name of the organization **Employer identification number** SERVICES, INC. 59-1229354 OLD, PLACED IN LICENSED SETTINGS, AND SECURE INDEPENDENT LIVING AND OTHER GOALS, UNIQUE TO THIS AGE DEMOGRAPHIC, ARE MET. DIVERSION/PREVENTION PROGRAMS PROVIDE FAMILY INTERVENTION AND SUPPORT PROVIDES INTENSIVE IN-HOME FAMILY PRESERVATION SERVICES AND COMMUNITY OUTREACH WITH THE GOAL OF KEEPING AT-RISK CHILDREN "SAFE AT HOME." THE PROGRAM HELPS THE FAMILY TO IDENTIFY AND PROBLEM SOLVE REGARDING THOSE ISSUES THAT LEAD TO ABUSE AND NEGLECT; TO LEARN ABOUT, PRACTICE, AND DEVELOP PROFICIENCY IN STRATEGIES TO AVOID, DEAL WITH, OR OVERCOME THOSE ISSUES; AND TO TEACH AND MODEL WITH THE FAMILY REGARDING HOW TO UTILIZE COMMUNITY RESOURCES EFFECTIVELY AND TO THEIR BEST ADVANTAGE. FAMILIES AT-RISK OF HAVING THEIR CHILDREN REMOVED FROM THE HOME DUE TO

ABUSE/NEGLECT ARE REFERRED TO THE PROGRAM BY CHILD PROTECTION

FAMILY REUNIFICATION SERVICES DESIGNED TO COMPLEMENT CASE MANAGEMENT

SERVICES IN HILLSBOROUGH COUNTY BY PROVIDING INTENSIVE IN-HOME FAMILY

ENGAGEMENT THROUGH CASE MANAGEMENT AND THERAPEUTIC SERVICES TO ENSURE A

SAFE AND PERMANENT REUNIFICATION OF THE CHILD AND FAMILY. SERVICES ARE

DESIGNED TO RESPOND TO INDIVIDUAL SITUATIONS THAT MAY INCLUDE MENTAL

HEALTH ISSUES OF PARENTS AND/OR THEIR CHILDREN, SUBSTANCE ABUSE, AND/OR

SIGNIFICANT THREATS OR A RECENT OCCURRENCE OF DOMESTIC VIOLENCE IN THE

HOME. THESE EVENTS IMPACT THE FAMILY'S ABILITY TO PROVIDE A SAFE

ENVIRONMENT FOR THE CHILD. FAMILY SKILL BUILDERS (FSB) PROGRAM DESIGNED

TO REDUCE CHILD ABUSE, NEGLECT, FAMILY CONFLICT, AND CHILD BEHAVIOR

PROBLEMS. IMPROVEMENTS TO FAMILY FUNCTIONING AND PROTECTIVE FACTORS ARE

MADE BY PROVIDING IN-HOME THERAPEUTIC INTERVENTIONS, CASE MANAGEMENT,

PARENTING EDUCATION, CRISIS STABILIZATION, AND SUPPORT. SERVICES ARE

AVAILABLE TO FAMILIES WITH CHILDREN AGES 0-17 WHO RESIDE IN BROWARD

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SERVICES, INC.

COUNTY. ALL DIRECT SERVICES ARE PROVIDED IN-HOME AND/OR COMMUNITY

SETTINGS AT TIMES THAT ARE "FAMILY FRIENDLY," INCLUDING EVENINGS,

WEEKENDS, AND HOLIDAYS WITH 24/7 STAFF AVAILABILITY IN THE EVENT OF A

CRISIS. FSB PROGRAM REFERRAL SOURCES INCLUDE BROWARD SHERIFF'S OFFICE -

CHILD PROTECTIVE INVESTIGATIONS SECTION AND BROWARD SCHOOLS.

FAMILY SERVICES INITIATIVE (FSI) PROVIDES NAVIGATION SERVICES FOR

FAMILIES IN PINELLAS COUNTY, TO INCLUDE ACCESS TO INFORMATION, SUPPORT,

AND RESOURCES, TO ASSIST IN REGAINING FAMILY STABILITY. SYSTEM

NAVIGATORS WORK COLLABORATIVELY WITH THE FAMILY TO ASSESS, IDENTIFY,

AND PRIORITIZE A FAMILY'S BARRIERS AND NEEDS TO STRENGTHEN FAMILY

STABILITY. PROVIDES SERVICES BY DEVELOPING FAMILY-CENTERED,

STRENGTH-BASED AND NEEDS-DRIVEN, FAMILY SUPPORT PLANS, WITH FAMILY

PARTICIPATION. FOR FAMILIES WITH EMERGENT NEEDS, PROVIDE FINANCIAL

RESOURCES TO THE FAMILY SO THAT STABILITY IS ACHIEVED IN A 7-10 DAY

SERVICE DELIVERY. FOR FAMILIES WITH MORE COMPLEX NEEDS, PROVIDE

EFFECTIVE SYSTEM NAVIGATION WITH A 30-DAY SERVICE DELIVERY. FOR

FAMILIES NEEDING TRUANCY NAVIGATION, FOCUS ON REDUCING SCHOOL ABSENCES

GOOD AFTERNOON FRIENDS AND AMIGOS (GAFA) IS AN AFTERSCHOOL PROGRAM THAT
WILL PROVIDE TUTORING AND HOMEWORK ASSISTANCE TO SCHOLARS FROM
KINDERGARTEN TO 3RD GRADE. PARENTS/CAREGIVERS OF PARTICIPATING STUDENTS
WILL BE INVOLVED IN THEIR DEVELOPMENT AND FAMILY ACTIVITIES. RESOURCES
WILL BE AVAILABLE TO PARENTS/CAREGIVERS TO HELP MEET IDENTIFIED NEEDS
TO INCLUDE HOME VISITATION. SCHOLARS IN KINDERGARTEN THROUGH 3RD GRADE
ENROLLED AT IDENTIFIED ELEMENTARY SCHOOLS IN HILLSBOROUGH COUNTY
(REDDICK AND ROBINSON ELEMENTARY).

AND PREVENTING (FURTHER) INVOLVEMENT IN THE TRUANCY COURT SYSTEM.

HEALTHY YOUTH TRANSITIONS IS A PROGRAM THAT TARGETS ADJUDICATED YOUTH,

YOUTH IN PROTECTIVE SUPERVISION, AND ADJUDICATED YOUTH IN RELATIVE AND

NON-RELATIVE CAREGIVER LIVING ARRANGEMENTS WITH SIGNIFICANT BEHAVIORAL

AND EMOTIONAL DIFFICULTIES WHO REQUIRE EXTENSIVE SUPPORT AND

INDIVIDUALIZED SERVICES TO TRANSITION SUCCESSFULLY TO ADULTHOOD AND

INDEPENDENCE. THROUGH THE USE OF A TEAM APPROACH, PROGRAM STAFF

ADVOCATE, AND COACH YOUTH IN INDEPENDENT LIVING SKILLS. AGES 15-22.

HEART GALLERY OF PINELLAS & PASCO PROVIDES ADOPTION SUPPORT FOR FOSTER

CARE CHILDREN. PROFESSIONAL PHOTOGRAPHERS VOLUNTEER TO PROVIDE PHOTOS

OF THE CHILDREN WHICH DISPLAY ACROSS WEBSITE, SOCIAL MEDIA, AND

PHYSICAL GALLERIES LOCATED THROUGHOUT THE COMMUNITY IN HOPES OF

FACILITATING AN ADOPTION. THIS PROGRAM ALSO SERVES AS A RESOURCE AND

LIAISON FOR FAMILIES INTERESTED IN ADOPTING, CELEBRATES ADOPTION

CEREMONIES AT COURT, AND PROVIDES POST-ADOPTION SUPPORT THROUGH

RESOURCE SHARING, MEETINGS, AND EVENTS.

KINSHIP SUPPORT PROGRAM IS DESIGNED TO COMPLEMENT CASE MANAGEMENT

SERVICES BY PROVIDING DIRECT SUPPORT TO NON-LICENSED CAREGIVERS

(RELATIVES AND NON-RELATIVES) OF CHILDREN IN THE HILLSBOROUGH COUNTY

CHILD WELFARE SYSTEM. SERVICES ARE PROVIDED IN THE CAREGIVERS' HOME AND

LOCAL COMMUNITIES. THE PROGRAM UTILIZES DIRECT FAMILY INVOLVEMENT TO

DEVELOP AN INDIVIDUALIZED SUPPORT PLAN TO ADDRESS NECESSARY SERVICES

SUCH AS CASE MANAGEMENT, CAREGIVER BENEFIT ASSISTANCE, CRISIS

INTERVENTION, AND PEER SUPPORT. SUPPORT SERVICES ARE DESIGNED TO

STRENGTHEN AND STABILIZE KINSHIP PLACEMENTS TO MAINTAIN CHILDREN,

REQUIRING OUT OF HOME PLACEMENT, WITH THEIR "FAMILY" VERSUS LICENSED

Schedule O (Form 990 or 990-EZ) 2020 Page 2 Name of the organization GULF COAST JEWISH FAMILY AND COMMUNITY **Employer identification number** 59-1229354 SERVICES, INC. FOSTER CARE. WOMAN-TO-WOMAN PROGRAM IS AN EVIDENCE-BASED PREVENTION PROGRAM FOR TEEN MOTHERS AND PREGNANT GIRLS FROM HILLSBOROUGH COUNTY WHO ARE AT HIGH RISK FOR ACADEMIC FAILURE AND REPEAT PREGNANCIES. THE PROGRAM PROVIDES ONE-ON-ONE MENTORING FROM TRAINED VOLUNTEERS, WEEKEND RETREATS, WORKSHOPS, PARENT SEMINARS, AND LINKAGE WITH EDUCATIONAL AND VOCATIONAL SERVICES. VIOLENCE PREVENTION PROGRAM IS AN EVIDENCE-BASED INTERVENTION OFFERED IN NINE PINELLAS COUNTY MIDDLE SCHOOLS TO DECREASE DISRUPTIVE, AGGRESSIVE, BULLYING BEHAVIOR AND SUBSTANCE ABUSE WHILE SIMULTANEOUSLY INTRODUCING, PRACTICING, AND ROLEPLAYING PROSOCIAL BEHAVIORS THAT IMPROVE ACADEMIC PERFORMANCE AND OVERALL STUDENT SUCCESS. YOUNG ADULT TRANSITIONAL PROGRAM IN BROWARD COUNTY PROVIDES SUPPORT AND ASSISTANCE TO YOUNG ADULTS AGES 17-24, WHO HAVE SERIOUS EMOTIONAL/BEHAVIORAL ISSUES OR SUBSTANCE ABUSE AND/OR PERSISTENT MENTAL ILLNESS. WITH THE GOAL OF SUCCESSFUL TRANSITION INTO ADULTHOOD.

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

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: BEHAVIORAL HEALTH RESIDENTIAL TREATMENT SYSTEM WAS ONE OF THE FIRST PILOT PROJECTS IN FLORIDA TO FOCUS ON THE DEINSTITUTIONALIZATION OF YOUNG ADULTS AND SENIORS WITH SERIOUS AND PERSISTENT MENTAL ILLNESS.

Name of the organization GULF COAST JEWISH FAMILY AND COMMUNITY **Employer identification number** 59-1229354 SERVICES, INC. DARLINGTON RESIDENTIAL TREATMENT FACILITY IS A 16-BED LEVEL 2 STATE LICENSED FACILITY THAT PROVIDES SHORT TERM (39 MONTH) RESIDENTIAL TREATMENT TO ADULTS WHO ARE 18+ AND ARE DIAGNOSED WITH SEVERE AND PERSISTENT MENTAL ILLNESS AND/OR A CO-OCCURRING DISORDER. THE FACILITY PROVIDES ACCESS TO PSYCHIATRIC MEDICATION MANAGEMENT SERVICES AS WELL AS PSYCHOSOCIAL REHABILITATION, INDIVIDUAL COUNSELING, AND CASE MANAGEMENT SERVICES, IN ADDITION TO LIFE SKILLS TRAINING IN A HOMELIKE ENVIRONMENT THAT FOSTERS INDEPENDENCE AND ENCOURAGES INDIVIDUALS TO SEEK INDEPENDENT LIVING IN THE COMMUNITY. THE FACILITY RECEIVES REFERRALS FROM THE LOCAL STATE HOSPITAL AS WELL AS THE MENTAL HEALTH RECEIVING FACILITIES, CASE MANAGERS, AND FAMILY MEMBERS WITHIN THE SUNCOAST REGION.

ADULT RESIDENTIAL TREATMENT & STABILIZATION (ARTS) IS A 16 BED LEVEL 1

STATE LICENSED INTENSIVE RESIDENTIAL PROGRAM IN BROWARD COUNTY FOR

OLDER ADULTS 30+ YEARS OF AGE WHO HAVE A SEVERE AND PERSISTENT MENTAL

ILLNESS AND MAY HAVE CO-OCCURRING ISSUES. THE PROGRAM ACCEPTS FORENSIC

REFERRALS THAT WOULD BE BETTER SERVED IN A COMMUNITY SETTING, AS WELL

AS FROM THE LOCAL STATE HOSPITAL AND MENTAL HEALTH RECEIVING

FACILITIES. THE PROGRAM PROVIDES PSYCHIATRIC SERVICES, PSYCHOSOCIAL

REHABILITATION, LIFE SKILLS TRAINING, AND OTHER SUPPORTS FOR

APPROXIMATELY THREE MONTHS.

ADELE GILBERT RESIDENTIAL TREATMENT FACILITY IS A 16-BED LEVEL 2

STATE-LICENSED RESIDENTIAL TREATMENT PROGRAM IN PASCO COUNTY FOR ADULTS

AGE 18+ WHO HAVE A DIAGNOSED MENTAL ILLNESS AND MAY HAVE CO-OCCURRING

SUBSTANCE ABUSE ISSUES. THE PROGRAM ACCEPTS NON-VIOLENT FORENSIC

REFERRALS THAT WOULD BE BETTER SERVED IN A COMMUNITY SETTING. SERVICES

Schedule O (Form 990 or 990-EZ) 2020 Page 2 Name of the organization GULF COAST JEWISH FAMILY AND COMMUNITY **Employer identification number** SERVICES, INC. 59-1229354 INCLUDE MEDICATION MANAGEMENT AND EDUCATION, RECOVERY-ORIENTED LIFE SKILLS TRAINING, PSYCHOSOCIAL REHABILITATION, SUBSTANCE ABUSE COUNSELING, INDIVIDUAL THERAPY, AND OTHER SUPPORTS FOR UP TO THREE OR EIGHT MONTHS. ALTERNATIVE FAMILY PROGRAM (AFP) IS BASED ON THE THERAPEUTIC FOSTER HOME CONCEPT OF TRAINED SPONSORS WHO OPEN THEIR HOMES TO NO MORE THAN FIVE ADULTS OR SENIORS WITH MENTAL ILLNESS AND WELCOME THEM INTO THEIR FAMILIES. WITH OVER 219 BEDS IN 71 LICENSED CARE HOMES COVERING A 36 COUNTY AREA, SPONSORS PROVIDE 24-HOUR CLIENT SUPERVISION, CARE, AND SUPPORT IN EXCHANGE FOR A MONTHLY STIPEND. OLDER ADULTS SUPPORT TEAM PROVIDES SPECIALIZED INTERVENTION FOR ELDERS AT RISK OF SUICIDE. IN CLOSE COORDINATION WITH STATE ADULT PROTECTIVE SERVICES, THIS HOLISTIC PROGRAM IN BROWARD COUNTY PROVIDES IN HOME ASSESSMENT, CRISIS INTERVENTION COUNSELING, AND CASE MANAGEMENT WITH THE OVERALL GOAL OF REDUCING SUICIDE RISK. INTERVENTION SERVICES PROVIDES SUBSTANCE ABUSE INTERVENTION SERVICES FOR ADULTS 18 YEARS AND OLDER IN PINELLAS, PASCO, AND HILLSBOROUGH COUNTIES WHO PRESENT WITH RISK FACTORS FOR SUBSTANCE MISUSE. THIS IN-HOME PROGRAM PROVIDES INDIVIDUALIZED SCREENING, ASSESSMENT, AND INTERVENTION THROUGH EDUCATION, SHORT-TERM PROBLEM SOLVING, ADVOCACY, REFERRAL, AND FOLLOW-UP TO REDUCE RISK FACTORS AND THE NEED FOR MORE

PREVENTION PROGRAM PROVIDES EDUCATIONAL PRESENTATIONS FOCUSING ON THE PREVENTION OF SUBSTANCE ABUSE AND INCREASING HEALTHY BEHAVIORS IN OUR

EXTENSIVE TREATMENT.

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COMMUNITIES. CURRENT PREVENTION EFFORTS INCLUDE ELDER EDUCATION, SOCIAL

MARKETING AND PARENTING FROM PRISON. THE PROGRAM SERVICES MORE THAN

5,000 ADULTS ANNUALLY IN PINELLAS, PASCO, AND HILLSBOROUGH COUNTIES.

SUPPORTED HOUSING/LIVING PROGRAM ASSISTS OVER 75 INDIVIDUALS WITH

SERIOUS MENTAL ILLNESS OR CO-OCCURRING SUBSTANCE ABUSE ISSUES TO LIVE

INDEPENDENTLY IN THE COMMUNITY. SERVICES INCLUDE OBTAINING AFFORDABLE

HOUSING, DEVELOPING READINESS FOR WORK OR VOLUNTEER ACTIVITIES,

VOCATIONAL JOB AND COACHING, AND HELPING TO STRENGTHEN DAILY LIVING

SKILLS. SERVICES ARE PROVIDED IN HILLSBOROUGH, PASCO, AND PINELLAS

COUNTIES.

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

HOLOCAUST SURVIVORS PROGRAM HELPS TO IMPROVE THE QUALITY OF LIFE FOR

HOLOCAUST SURVIVORS IN 7 COUNTIES OF THE GREATER TAMPA BAY AREA BY

PROVIDING CRITICALLY NEEDED, IN-HOME CARE, EMERGENCY FINANCIAL

ASSISTANCE, CASE MANAGEMENT SERVICES, PRESCRIPTION DRUG AND MEDICAL

ASSISTANCE FUNDS, TRANSPORTATION, SOCIAL EVENTS, AND OTHER ESSENTIAL

SERVICES TO PRESENT OUT-OF-HOME PLACEMENT. A NEW INITIATIVE CALLED

"CHAI" ("LIFE" IN HEBREW) COMPLEMENTS THE CORE HOLOCAUST SURVIVORS'

PROGRAM BY PROVIDING SENIOR FRIENDLY TABLETS TO SURVIVORS ALLOWING THEM

TO STAY CONNECTED WITH FRIENDS AND FAMILY BY OFFERING ADDITIONAL

OPPORTUNITIES TO REDUCE SOCIAL ISOLATION, LIKE YOGA AND MUSIC CLASSES,

AND FRIENDLY VISITORS.

EMERGENCY FAMILY SUPPORT SERVICES OFFERS ASSISTANCE IN MEETING BASIC

HUMAN NEEDS FOR THE JEWISH COMMUNITY IN PINELLAS, PASCO, AND HERNANDO

COUNTIES. PROGRAM SERVICES ALSO INCLUDE EMERGENCY FINANCIAL ASSISTANCE,

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INFORMATION, AND INTEREST-FREE COLLEGE LOANS.

WILLIAM AND SALLY ISRAEL FOOD PANTRY PROVIDE NON-PERISHABLE FOOD,

LIMITED CLOTHING, HOUSEHOLD GOODS AND SCHOOL SUPPLIES FOR CLIENTS OF

GULF COAST JFS CLIENTS BY APPOINTMENT AND CLIENTS OF OTHER PROGRAMS MAY

ACCESS THE PANTRY THROUGH THEIR CASE MANAGERS OR PROGRAM STAFF.

YAD B'YAD (HAND-IN-HAND) RECRUITS JEWISH ADULT VOLUNTEERS AS MENTORS,

COMPANIONS, AND ROLE MODELS FOR JEWISH CHILDREN AGES 6 TO 17. THE

RELATIONSHIP STRENGTHENS THE FAMILY BY ENRICHING CHILDREN'S LIVES WITH

ADDITIONAL ADULT INFLUENCE AND SUPPORT.

CHATS (COMPANIONSHIP, HELP & ACCESS BY TELEPHONE FOR SENIORS) A

FRIENDLY CALLER PROGRAM WHEREIN TRAINED VOLUNTEERS WILL "CHAT" WEEKLY

WITH HOMEBOUND OR ISOLATED SENIORS TO INCREASE THEIR SOCIAL CONTACT.

THIS PROGRAM AFFORDS INDIVIDUALS AN OPPORTUNITY TO VOLUNTEER WITHOUT

LEAVING THEIR HOMES. VOLUNTEERS ARE MATCHED WITH PARTICIPANTS BY

VARIOUS CRITERIA AND ARE EXPECTED TO CONTACT TWO OLDER ADULTS WEEKLY

WITH CALLS EXPECTED TO LAST 10 TO 15 MINUTES AT A MINIMUM EACH.

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

TRAINING AND TECHNICAL ASSISTANCE SERVICES - DOMESTIC VIOLENCE

TECHNICAL ASSISTANCE PROGRAM IS A PARTNERSHIP WITH A FLORIDA BASED

DOMESTIC VIOLENCE PREVENTION ORGANIZATION TO BUILD THE CAPACITY OF GULF

COAST JFCS TO RESPOND TO DOMESTIC AND FAMILY VIOLENCE CLIENTS MAY BE

EXPERIENCING. THE PROGRAM FOCUSES ON POLICY DEVELOPMENT, TRAINING AND

TECHNICAL ASSISTANCE, WORKING ACROSS MULTIPLE PROGRAMS TO OFFER

RESOURCES FOR STAFF AT ALL LEVELS OF THE ORGANIZATION.

REFUGEE MENTAL HEALTH TECHNICAL ASSISTANCE DEVELOPS THE CAPACITY OF

RESETTLEMENT AND OTHER REFUGEE PROGRAMS ACROSS THE U.S. TO HELP THEM

MEET THE MENTAL HEALTH NEEDS OF REFUGEES. WORKING WITH A WIDE ARRAY OF

SUBJECT MATTER EXPERTS, THIS PROGRAM PROMOTES RESEARCH INTO BEST

PRACTICES FOR THE TREATMENT OF REFUGEE MENTAL HEALTH AND ENSURES THAT

PROVIDERS HAVE THE RESOURCES TO IMPLEMENT TRAUMA-INFORMED HOLISTIC

SERVICES FOR REFUGEES.

VOICES INTERPRETERS & TRAINING SERVICES PROVIDES INTERPRETATION FOR

GULF COAST JFCS CLIENTS WHO REQUIRE VERBAL OR WRITTEN TRANSLATION TO

ACCESS SERVICES. GULF COAST JFCS MAINTAINS A POOL OF INTERPRETERS WITH

MOVE THAN 20 LANGUAGE CAPABILITIES TO ASSIST CLIENTS UPON REQUEST. IN

ADDITION TO PROVIDING DIRECT SERVICES THE VOICES TRAINING PROGRAM

PROVIDES TRAINING IN HOW TO BECOME AN INTERPRETER OR TRANSLATOR AND

MARKET YOUR SERVICES IN THIS FAST-GROWING INDUSTRY.

ASSISTS UNEMPLOYED OR UNDEREMPLOYED NONCUSTODIAL PARENTS IN

ESTABLISHING A PATTERN OF REGULAR CHILD SUPPORT PAYMENTS BY OBTAINING

AND MAINTAINING UNSUBSIDIZED, COMPETITIVE EMPLOYMENT. MORE THAN 20,700

UNDUPLICATED CLIENTS IMPACTING 52,182 CHILDREN HAVE BEEN ASSISTED SINCE

PROGRAM INCEPTION IN 1996. THE PROGRAM SERVICES PINELLAS, PASCO,

HILLSBOROUGH, AND MIAMI-DADE COUNTIES.

CLIENT & COMMUNITY SERVICES DUKE ENERGY UTILIZES ASSISTANCE PROVIDES

ONCE-ANNUAL ASSISTANCE FOR GULF COAST JFCS CLIENTS IN PINELLAS COUNTY

WHO NEED ASSISTANCE IN PAYING THEIR DUKE ENERGY UTILITY BILL. CLIENTS

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HAVE A DEMONSTRATED FINANCIAL NEED BASED ON THE ESTIMATED FAMILY INCOME OF 200% OR MORE OF THE FEDERAL POVERTY LEVEL.

FUENTE CREDITO IS A MICRO-LOAN OPTION AVAILABLE TO GULF COAST JFCS

CLIENTS AND STAFF WHO, UPON BEING DETERMINED ELIGIBLE, ARE MATCHED WITH

LENDERS TO HELP QUALIFY PARTICIPANTS FOR LOANS FROM RESPONSIBLE

FINANCIAL INSTITUTIONS THIS PROGRAM HELPS INDIVIDUALS WITH CHALLENGES

ACCESSING TRADITIONAL CREDIT SECURE FINANCING FOR NECESSARY EXPENSES,

LIKE TRANSPORTATION OR CRITICAL HOME REPAIRS.

MICRO ENTERPRISE DEVELOPMENT (REFUGEE WOMEN REFUGEE ASSISTANCE PROGRAM

(WRAP)) PROVIDES REFUGEE WOMEN WITH THE TRAINING, TECHNICAL ASSISTANCE,

FINANCIAL LITERACY, BUSINESS TRAINING, AND ACCESS TO CAPITAL EITHER

THROUGH MICRO ENTERPRISE LOANS OR CREDIT BUILDING LOANS.

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

REFUGEE SERVICES FLORIDA CENTER FOR SURVIVORS OF TORTURE (FCST) IS A

REGIONAL TREATMENT CENTER (TAMPA BAY AND MIAMI DADE) FOR SURVIVORS OF

TORTURE AND EXTREME TRAUMA. AS THE LEAD AGENCY, GULF COAST JFCS

COLLABORATES WITH AREA RESETTLEMENT AGENCIES AS WELL AS THE UNIVERSITY

OF SOUTH FLORIDA AND FLORIDA INTERNATIONAL UNIVERSITY TO PROVIDE

SURVIVORS WITH INTENSIVE CASE MANAGEMENT. THROUGH FCST'S EXTENSIVE

PROVIDER NETWORK, ELIGIBLE TORTURE SURVIVORS CAN ACCESS MEDICAL, MENTAL

HEALTH, SOCIAL AND LEGAL ASSISTANCE SERVICES FROM PROVIDERS WHO HAVE

BEEN SPECIALLY TRAINED BY THE FLORIDA CENTER FOR SURVIVORS OF TORTURE

TO WORK EFFECTIVELY AND SENSITIVELY WITH THIS POPULATION.

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SERVICES, INC.

WORLD WHO HAVE BEEN PERSECUTED AND FLED THEIR HOME COUNTRY TO COME TO

PINELLAS COUNTY WITH THE DREAM OF PROVIDING THEIR FAMILIES WITH A LIFE

OF FREEDOM, SAFETY, AND LIBERTY. WITH A GOAL TO HELP REFUGEES AND THEIR

FAMILIES BECOME SELF-SUFFICIENT, SERVICES INCLUDE CASE MANAGEMENT,

HOUSING AND HOUSEHOLD GOOD ASSISTANCE, CULTURAL ORIENTATION, REFERRALS

AND FOLLOW UP WITH A WIDE RANGE OF COMMUNITY SERVICE RESOURCES. REFUGEE

PREFERRED COMMUNITIES PROVIDES INTENSIVE CASE MANAGEMENT AND SUPPORTIVE

SERVICES TO RECENTLY ARRIVED REFUGEES FACING BARRIERS TO

SELF-SUFFICIENCY. SERVICES INCLUDE COMPREHENSIVE CASE MANAGEMENT AND

TIMELY ACCESS TO A WIDE RANGE OF COMMUNITY RESOURCES, EMPLOYMENT

SERVICES, AND HEALTH CARE PROVIDERS AND MEDICAL TREATMENT.

MATCH GRANT PROGRAM EMPLOYMENT PROGRAM PROVIDING SERVICES IN PINELLAS

COUNTY TO HELP REFUGEES, ASYLEES, CUBAN AND HAITIAN ENTRANTS, AND

SPECIAL IMMIGRANT VISA HOLDERS (SIVS) TO BECOME ECONOMICALLY

SELF-SUFFICIENT WITHIN 120 TO 180 DAYS OF PROGRAM ELIGIBILITY. SERVICES

PROVIDED ARE CASE MANAGEMENT, EMPLOYMENT SERVICES, MAINTENANCE

ASSISTANCE AND CASH ALLOWANCE. SELF-SUFFICIENCY MUST BE ACHIEVED

WITHOUT ACCESSING PUBLIC CASH ASSISTANCE.

REFUGEE MICRO-ENTERPRISE DEVELOPMENT PROMOTES REFUGEE WOMEN'S

ENTREPRENEURSHIP AND NORMALIZES BUSINESS OWNERSHIP. THIS PROGRAM

BENEFITS WOMEN WHO HAVE OWNED OR CURRENTLY OWN MICRO-BUSINESSES, AS

WELL AS THOSE WITH LITTLE TO NO ENTREPRENEURIAL OR BUSINESS EXPERIENCE,

SUPPORTING THEM IN NAVIGATING REGULATIONS AND EXPANDING ON THE SKILLS

THAT ARE CRITICAL TO ESTABLISHING AND GROWING FISCALLY SOUND BUSINESSES

IN THE U.S.

Name of the organization GULF COAST JEWISH FAMILY AND COMMUNITY **Employer identification number** 59-1229354 SERVICES, INC. INTEGRATED REFUGEE SERVICES PROVIDES SOCIAL AND ECONOMIC INTEGRATION SERVICES FOR REFUGEES WHO HAVE EXCEEDED THE INITIAL RESETTLEMENT PERIOD OF SIX MONTHS AND HAVE BEEN IN THE U.S. FOR LESS THAN FIVE YEARS. SERVICES INCLUDE EMPLOYMENT COACHING AND PLACEMENT, YOUTH MENTORING FOR ACADEMIC AND CAREER SUCCESS, AS WELL AS COMPREHENSIVE CASE MANAGEMENT TO ADDRESS A VARIETY OF COMPLEX NEEDS. SHELTER CARE AND WRAP-AROUND SERVICES FOR UNACCOMPANIED ALIEN CHILDREN (SCUAC) THE SC-UAC PROGRAM FUNDED BY THE US DEPARTMENT OF HEALTH AND HUMAN SERVICES, OFFICE OF REFUGEE RESETTLEMENT (ORR), TO PROVIDE SHELTER CARE TO UNACCOMPANIED CHILDREN AGES 12-17 AND IN SOME CASES OVER 6 YEARS OF AGE FOR SIBLINGS UNTIL THEY CAN BE REUNITED WITH A GUARDIAN IN THE U.S. THE MISSION OF THE SC-UAC PROGRAM IS TO PROVIDE A SAFE, WELCOMING AND NURTURING ENVIRONMENT FOR THE PHYSICAL AND MENTAL WELL-BEING OF THE CHILDREN UNTIL THEY ARE TIMELY REUNITED WITH THEIR PARENTS OR SPONSORS. EXPENSES \$ 3,348,346. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. ELDER & DISABLED SERVICES COMMUNITY CARE FOR THE ELDERLY (CCE LEAD AGENCY) PROVIDES CASE MANAGEMENT COORDINATION FOR THE HOMEMAKER, PERSONAL CARE, RESPITE, AND OTHER SERVICES TO ENABLE FRAIL AND FUNCTIONALLY IMPAIRED ELDERS TO REMAIN IN THEIR HOMES AND AVOID OR DELAY PLACEMENT IN A NURSING HOME. HOME CARE FOR THE ELDERLY (HCE) PROVIDES SUBSIDY PAYMENTS TO HELP CAREGIVERS MAINTAIN LOW-INCOME SENIORS IN THEIR OWN HOME OR THE HOME OF A CAREGIVER. THE MONTHLY SUBSIDY PAYMENT IS MADE TO THE CAREGIVER FOR

SUPPORT AND HEALTH MAINTENANCE AND TO ASSIST WITH SPECIALIZED HEALTH

Employer identification number 59-1229354

CARE NEEDS. A SPECIAL SUBSIDY IS A FLEXIBLE PAYMENT THAT REIMBURSES

CAREGIVERS FOR PURCHASES OF SPECIAL SUPPLIES, EQUIPMENT, OR SERVICES

NEEDED TO MAINTAIN THE HEALTH AND WELLBEING OF THE SENIOR.

ALZHEIMER'S DISEASE INITIATIVE (ADI) PROVIDES COMMUNITY-BASED SERVICES

FOR THE SPECIAL NEEDS OF INDIVIDUALS AGED 18+ WITH ALZHEIMER'S DISEASE

AND RELATED MEMORY DISORDERS. THERE IS A COPAY FEE REQUIRED OF CLIENTS

RECEIVING SERVICES BASED ON THE CLIENT'S INCOME AND ABILITY TO PAY.

SERVICES OF THE ADI PROGRAM FOCUS ON PROVIDING RESPITE CARE FOR

CAREGIVERS OF PERSONS WHO HAVE ALZHEIMER'S OR OTHER RELATED DEMENTIA,

OFFERING THEM WEEKLY RELIEF FROM THE CONSTANT DEMANDS OF CAREGIVING.

HOMEMAKER ASSISTS WITH HOUSECLEANING, LAUNDRY, MEAL PREPARATION,

SHOPPING, AND COMPANIONSHIP TO DISABLED AND FRAIL ELDERLY INDIVIDUALS

IN PINELLAS, PASCO AND HILLSBOROUGH COUNTIES. HOMEMAKER SERVICES

PROVIDE A SAFE, CLEAN-LIVING ENVIRONMENT AND AVOID OR POSTPONE NURSING

HOME PLACEMENT AND ARE AVAILABLE ON A FEE-FOR SERVICES BASIS. OLDER

ADULT MENTAL HEALTH (OAMH-PINELLAS AND PASCO) SERVICES PEOPLE 60 YEARS

OF AGE OR OLDER WHO WOULD BENEFIT FROM INDIVIDUAL GERONTOLOGICAL OR

MENTAL HEALTH COUNSELING SERVICES THAT CAN BE PROVIDED IN-HOME OR

CONDUCTED AT SENIOR CENTERS OR VARIOUS CONGREGATE MEAL SITES IN

PASCO/PINELLAS COUNTIES.

ELDER COUNSELING SERVICES (VENDOR-COUNSELING CENTER) PROVIDES SERVICES

FOR PERSONS 60 YEARS OF AGE OR OLDER WHO WOULD BENEFIT FROM INDIVIDUAL

GERONTOLOGICAL OR MENTAL HEALTH COUNSELING SERVICES THAT CAN BE

PROVIDED IN-HOME OR CONDUCTED AT THE HARVEY HERTZ COUNSELING CENTER.

Employer identification number 59-1229354

HUMANA LONG-TERM MANAGED CARE MANAGEMENT PROVIDES FULLY INTEGRATED CARE

THROUGH ALTERNATIVE DELIVERY MODELS WITH ACCESS TO PROVIDERS AND

SERVICES THROUGH A UNIFORM STATEWIDE PROGRAM. THE PROGRAM PROVIDES

COMMUNITY-BASED SERVICES IN PINELLAS COUNTY TO ASSIST MEDICALD ELIGIBLE

INDIVIDUALS AGED 18+ AT RISK OF NURSING HOME PLACEMENT TO REMAIN IN

THEIR HOMES, THE HOME OF A CAREGIVER OR AN ASSISTED LIVING FACILITY

RATHER THAN RELOCATING TO AN INSTITUTION BECAUSE OF URGENT PERSONAL

CARE NEEDS.

MYRTLE OAKS IS A 99-UNIT APARTMENT COMPLEX FOR LOW-INCOME SENIORS

LOCATED IN NORTHEAST TAMPA. SPONSORED BY GULF COAST AND UNDER THE

AUSPICES OF A SEPARATE HOUSING CORPORATION, MYRTLE OAKS WAS FUNDED BY A

\$5.7 MILLION GRANT FROM THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

(HUD).

EGRET HOUSING IS A SEVEN-UNIT HOUSING COMPLEX FOR LOW-INCOME

INDIVIDUALS WITH DISABILITIES LOCATED IN NEW PORT RICHEY IN PASCO

COUNTY. FUNDED BY THE HUD, THE PROJECT IS SPONSORED BY GULF COAST AND

UNDER THE AUSPICES OF A SEPARATE HOUSING CORPORATION.

EXPENSES \$ 1,947,344. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION'S PRESIDENT/CEO, CFO AND BOARD TREASURER CONDUCT THE

INITAL REVIEW OF FORM 990 AND PROVIDE ANY SUGGESTED CHANGES TO THE PREPARER

OF THE FORM. ONCE ANY CHANGES HAVE BEEN MADE, AND AT LEAST ONE WEEK PRIOR

TO THE FILING DEADLINE, EACH VOTING BOARD MEMBER IS PROVIDED A COPY OF THE

FORM FOR FINAL REVIEW AND COMMENT.

Employer identification number 59-1229354

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REQUIRES THAT A COPY OF THE CONFLICT OF INTEREST POLICY BE GIVEN TO ALL BOARD MEMBERS, STAFF MEMBERS, VOLUNTEERS, AND STAKEHOLDERS

UPON COMMENCEMENT OF SUCH PERSON'S RELATIONSHIP WITH THE ORGANIZATION. EACH BOARD MEMBER, OFFICER, STAFF MEMBER, AND VOLUNTEER IS REQUIRED TO SIGN AND DATE THE POLICY AT THE BEGINNING OF HIS/HER TERM OF SERVICE OR EMPLOYMENT AND EACH YEAR THEREAFTER. THE POLICY REQUIRES THAT ANY POTENTIAL AND/OR ACTUAL CONFLICTS OF INTEREST BE DISCLOSED. CONFLICTS ARE MONITORED ON AN ONGOING BASIS.

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

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

Name of the organization GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES, INC.	Employer identification number 59-1229354
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLIC	T OF INTEREST
POLICY AVAILABLE TO THE PUBLIC UPON REQUEST. THE FINANCIA	L STATEMENTS OF
THE ORGANIZATION ARE MADE AVAILABLE TO THE PUBLIC UPON REQ	UEST FOR THE SAME
PERIOD OF DISCLOSURE AS SET FORTH UNDER IRC SECTION 6104(D).
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF ASSETS HELD BY OTHERS	8,445.
RESTATEMENT OF PRIOR YEAR DUE TO CONSOLIDATION	1,281,951.
TOTAL TO FORM 990, PART XI, LINE 9	1,290,396.
FORM 990, PART XII, LINE 2C:	
THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS IS RESPONS	IBLE FOR THE
SELECTION OF THE INDEPENDENT CPA FIRM, AND FOR THE CONDUCT	OF THE
ANNUAL FINANCIAL STATEMENT AND COMPLIANCE AUDITS. IN ADDIT	ION, THE
FINANCE COMMITTEE IS RESPONSIBLE FOR: ENSURING THAT ADEQUA	TE INTERNAL
CONTROLS ARE IN PLACE TO SAFEGUARD THE ASSETS OF THE ORGAN	IZATION,
REVIEWING THE MONTHLY FINANCIAL STATEMENTS, AND FOR MONITO	RING RISK
MANAGEMENT AND COMPLIANCE PRACTICES OF THE ORGANIZATION.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES, INC.

Open to Public Inspection

OMB No. 1545-0047

Employer identification number 59-1229354

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) (f) (a) (b) (c) (e) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country)

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr enti	olled
				501(c)(3))		Yes	No
GULF COAST EGRET HOUSING, INC 59-3326398	TO PROVIDE AFFORDABLE				GULF COAST JEWISH		I
14041 ICOT BLVD.	HOUSING TO THE LOW-INCOME,				FAMILY &		İ
CLEARWATER, FL 33760	ELDERLY AND DISABLED	FLORIDA	501(C)(3)	LINE 10	COMMUNITY	Х	<u> </u>
GULF COAST HERON HOUSING, INC 59-3386553	TO PROVIDE HOUSING TO THE				GULF COAST JEWISH		
14041 ICOT BLVD.	LOW-INCOME ELDERLY				FAMILY &		I
CLEARWATER, FL 33760	POPULATION	FLORIDA	501(C)(3)	LINE 10	COMMUNITY	Х	I
GULF COAST CARES, INC 47-5550256	TO SUPPORT THE MISSION OF				GULF COAST JEWISH		
14041 ICOT BLVD.	GULF COAST JEWISH FAMILY				FAMILY &		I
CLEARWATER, FL 33760	AND COMMUNITY SERVICES	FLORIDA	501(C)(3)	LINE 7	COMMUNITY	Х	I

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

Page 2

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

organization at the area of the property of the part o													
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)		
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disproportionate		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or P	Percentage		
or related organization		(state or foreign	entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets		ations?	20 of Schedule	partner?	ownership		
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes No			
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	1												
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	1												
	1												
	1												
	1												
					l	1			L				

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

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

1a

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

b Gift, grant, or capital contribution to related organization(s)

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

			_	
c	c Gift, grant, or capital contribution from related organization(s)	1c	<u> </u>	
	d Loans or loan guarantees to or for related organization(s)		X	\perp
е	e Loans or loan guarantees by related organization(s)	1e		X
f	f Dividends from related organization(s)	1f		X
	g Sale of assets to related organization(s)			X
	h Purchase of assets from related organization(s)			X
	i Exchange of assets with related organization(s)			Х
j	j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	k Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
ı	l Performance of services or membership or fundraising solicitations for related organization(s)		X	
n	m Performance of services or membership or fundraising solicitations by related organization(s)			X
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X	
	o Sharing of paid employees with related organization(s)		Х	
	3 · [
n	p Reimbursement paid to related organization(s) for expenses	1p		Х
	q Reimbursement paid by related organization(s) for expenses		x	-
٦	The state of the s			
r	r Other transfer of cash or property to related organization(s)	1r		х
	s Other transfer of cash or property from related organization(s)		1	X
	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transit		-	
_				
	(a) (b) (c) Name of related organization Transaction Amount involved Method (in the control of t	(d) of determining amount involved		
	type (a-s)			
1)	1) GULF COAST CARES, INC. C 450,001. CASH TRANSF	ERRED		
-,				
2)	2) GULF COAST HERON HOUSING, INC. L 96,513. ACTUAL COST	I		
<u>-,</u>				
3)	3) GULF COAST HERON HOUSING, INC. O 142,873. ACTUAL COST	I		
<u>~,</u>				
4)	4)			
٠,				
5)	5)			
٠,				
6)	6)			
	32163 10-28-20	Schedule R (For	m 99	0) 2020
/				-,

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

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

(a)	(b)	(c)	(d)	(e) Are all partners sec. 501(c)(3) orgs.?	(f)	(g)	(r	1)	(i)	(j	(H	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners sec.	Share of	Share of	Dispr tion allocat	opor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener	al or Perce	entage
of entity		(state or foreign	excluded from tax under	orgs.?	total	end-of-year	allocat	ions?	of Schedule K-1	partn	owne	ership
		country)	sections 512-514)	Yes No	income	assets	Yes	No	(Form 1065)	Yes	No	
			_									
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). (1)										
							\vdash			\vdash		
		Ť								\sqcup		

Schedule R (Form 990) 2020 SERVICES, INC. 59-1229354 Pa	ge 5
Part VII Supplemental Information	
Provide additional information for responses to questions on Schedule R. See instructions.	
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:	
NAME OF RELATED ORGANIZATION:	
GULF COAST EGRET HOUSING, INC.	
DIRECT CONTROLLING ENTITY: GULF COAST JEWISH FAMILY & COMMUNITY SERVICES,	
INC.	
NAME OF RELATED ORGANIZATION:	
GULF COAST HERON HOUSING, INC.	
DIRECT CONTROLLING ENTITY: GULF COAST JEWISH FAMILY & COMMUNITY SERVICES,	
INC.	
NAME OF RELATED ORGANIZATION:	
GULF COAST CARES, INC.	
DIRECT CONTROLLING ENTITY: GULF COAST JEWISH FAMILY & COMMUNITY SERVICES,	
INC.	

Consolidated Financial and Compliance Report June 30, 2022

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RSM US LLP

Independent Auditor's Report

Board of Directors Gulf Coast Jewish Family and Community Services, Inc.

Report on the Audit of the Financial Statements

Opinion

We have audited the consolidated financial statements of Gulf Coast Jewish Family and Community Services, Inc. and Affiliates (the Organization), which comprise the consolidated statements of financial position as of June 30, 2022 and 2021, the related consolidated statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the consolidated financial statements (collectively, the financial statements).

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Organization as of June 30, 2022 and 2021, and the changes in their net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to the financial audits contained in *Government Auditing Standards*, issued by the Comptroller of the United States (*Government Auditing Standards*). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Organization and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS and Government Auditing Standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to
 fraud or error, and design and perform audit procedures responsive to those risks. Such procedures
 include examining, on a test basis, evidence regarding the amounts and disclosures in the financial
 statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that
 raise substantial doubt about the Organization's ability to continue as a going concern for a
 reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings and certain internal control-related matters that we identified during the audit.

Other Matters

Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The consolidating information, accompanying schedule of federal awards and state financial assistance, as required by Title 2 *U.S. Code of Federal Regulations* (CFR) Part 200, *Uniform Grant Requirements, Cost Principles, and Audit Requirements of Federal Awards* and State of Florida Chapter 10.650, *Rules of the Auditor General,* respectively, and other supplementary information is presented for purposes of additional analysis rather than to present the financial position, changes in net assets and cash flows of the individual entities and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated December 22, 2022, on our consideration of the Organization's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and agreements, and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control over financial reporting and compliance.

RSM US LLP

St. Petersburg, Florida December 22, 2022

Consolidated Statements of Financial Position June 30, 2022 and 2021

		2022	2021		
Assets					
Current assets:					
Cash and cash equivalents	\$	4,663,264	\$	7,628,991	
Restricted cash		338,290		312,777	
		5,001,554		7,941,768	
Accounts receivable, net		843,003		465,808	
Grants receivable		7,362,244		5,470,550	
Contributions receivable		114,185		183,200	
Short-term investments		242,212		244,484	
Prepaid expenses		492,148		766,653	
Total current assets		14,055,346		15,072,463	
Property and equipment, net		6,781,419		7,246,580	
Long-term investments		5,671,229		6,760,131	
Beneficial interest in assets held by foundations		1,184,466		1,196,861	
Other assets		108,828		155,858	
Total assets	_\$	27,801,288	\$	30,431,893	
Liabilities and Net Assets					
Current liabilities:					
Current maturities of long-term debt	\$	170,582	\$	2,071,420	
Accounts payable		606,499		624,660	
Accrued expenses		2,005,000		1,703,414	
Estimated provision for third-party payor liabilities		50,000		50,000	
Refundable advances		2,168,240		3,427,571	
Total current liabilities		5,000,321		7,877,065	
Tenant deposits held in trust		31,101		26,173	
Long-term debt, net of current maturities		8,371,906		6,890,294	
Total liabilities		13,403,328		14,793,532	
Contingencies and commitments (Notes 8 and 9)					
Net assets:					
Without donor restrictions:					
Undesignated		6,581,557		6,955,513	
Board designated		2,134,856		2,273,868	
		8,716,413		9,229,381	
With donor restrictions		5,681,547		6,408,980	
Total net assets		14,397,960		15,638,361	
Total liabilities and net assets	\$	27,801,288	\$	30,431,893	

Consolidated Statement of Activities Year Ended June 30, 2022 (With Comparative Totals for 2021)

(With Comparative Totals for 2021)								
	W	ithout Donor	٧	2022 Vith Donor			-	2021
		Restrictions	R	estrictions		Total		Total
Revenues and support:								
Grants and contracts:								
Governmental and other agencies	\$	34,746,940	\$	-	\$	34,746,940	\$	29,486,065
Medicaid and Medicare		362,709		-		362,709		663,935
Local grants		5,982,978		-		5,982,978		5,466,060
Contributions		545,296		245,984		791,280		567,104
Special events revenue, net of \$110,469 of expenses		326,702		-		326,702		498,804
United Way and Jewish Federation allocations		310,407		-		310,407		317,263
In-kind contributions		317,270		-		317,270		368,120
Investment return designated for current operations		225,000		-		225,000		450,000
Program service fees		357,234		-		357,234		266,508
Rental income		961,482		-		961,482		924,809
Other income		345,037		_		345,037		123,510
Net assets released from restrictions:		,				,		-,-
Expiration of time restrictions on capital assets		7,860		(7,860)		_		_
Expiration of other time restrictions		1,000		(1,000)		_		_
		8,860		(8,860)		-		-
Total revenues and support		44,489,915		237,124		44,727,039		39,132,178
Total revenues and support		44,403,313		237,124		44,727,039		39,132,170
Expenses:								
Program services		39,636,309		-		39,636,309		33,880,604
Supporting services		5,500,208		_		5,500,208		4,980,495
Total expenses		45,136,517		-		45,136,517		38,861,099
Changes in net assets before other changes		(646,602)		237,124		(409,478)		271,079
Other changes:								
Acquisition of TampaBay-Job-Links		438,951		_		438,951		_
Investment return, net		(279,080)		(619,363)		(898,443)		1,244,760
Less investment return appropriated under the endowment		(=: 0,000)		(0.0,000)		(555, 115)		.,,
spending rate		(2,388)		(222,612)		(225,000)		(450,000)
Change in the value of beneficial interest in		(=,000)		(===,0:=)		(==0,000)		(100,000)
assets held by foundations		(23,849)		(122,582)		(146,431)		193,158
assets field by foundations		133,634		(964,557)		(830,923)		987,918
		,		(== ,== ,		(===,==,		, , , , , , , , , , , , , , , , , , , ,
Changes in net assets		(512,968)		(727,433)		(1,240,401)		1,258,997
Net assets:								
Beginning		9,229,381		6,408,980		15,638,361		14,379,364
Ending	\$	8,716,413	\$	5,681,547	\$	14,397,960	\$	15,638,361

Consolidated Statement of Activities Year Ended June 30, 2021

		/ithout Donor Restrictions		With Donor Restrictions		Total
Revenues and support:		Restrictions		(estrictions		Total
Grants and contracts:						
Governmental and other agencies	\$	29,486,065	\$	_	\$	29,486,065
Medicaid and Medicare	•	663,935	·	_	·	663,935
Local grants		5,466,060		-		5,466,060
Contributions		385,711		181,393		567,104
Special events revenue, net of \$62,453 of expenses		498,804		-		498,804
United Way and Jewish Federation allocations		317,263		-		317,263
In-kind contributions		368,120		-		368,120
Investment return designated for current operations		450,000		-		450,000
Program service fees		266,508		-		266,508
Rental income		924,809		-		924,809
Other income		123,510		-		123,510
Net assets released from restrictions:						
Expiration of time restrictions on capital assets		13,748		(13,748)		-
Expiration of other time restrictions		31,883		(31,883)		-
		45,631		(45,631)		-
Total revenues and support		38,996,416		135,762		39,132,178
Expenses:						
Program services		33,880,604		-		33,880,604
Supporting services		4,980,495		-		4,980,495
Total expenses		38,861,099		-		38,861,099
Changes in net assets before other changes		135,317		135,762		271,079
Other changes:						
Investment return, net		525,182		719,578		1,244,760
Less investment return appropriated under the endowment						
spending rate		(106,896)		(343,104)		(450,000)
Change in the value of beneficial interest in						
assets held by foundations		8,445		184,713		193,158
		426,731		561,187		987,918
Changes in net assets		562,048		696,949		1,258,997
Net assets:						
Beginning		8,667,333		5,712,031		14,379,364
Ending	\$	9,229,381	\$	6,408,980	\$	15,638,361

Consolidated Statement of Functional Expenses Year Ended June 30, 2022

				F	rogram Services					8	Supporting Servic	es	
	Children	Elder		Jewish	Mental				Total	Management		Total	
	and Family	and Disabled	Employment	Family	Health	Refugee	Program		Program	and		Supporting	
	Services	Services	Services	Services	Services	Programs	Maintenance	Housing	Services	General	Fundraising	Services	Total
Salaries	\$ 12.195.809	\$ 1.345.246	\$ 1.165.942	\$ 417.875	\$ 2.700.568	\$ 2.689.742	\$ 82.110	\$ 198.936	\$ 20.796.228	\$ 2.723.772	\$ 375.746	\$ 3.099.518	\$ 23.895.746
Payroll taxes	958,590	, , , , ,	94,161	33,160	212,955	213,254	6,224	12,683	1,636,361	208,923	30,155	239.078	1,875,439
Employee benefits	1,402,313		123,274	41,343	324,851	261,077	19,438	5,786	2,358,407	378,048	25,814	403,862	2,762,269
Total salaries and	1,402,313	100,323	123,274	41,343	324,031	201,077	19,430	5,700	2,330,407	370,040	25,614	403,002	2,702,209
related expenses	14,556,712	1,630,905	1,383,377	492,378	3,238,374	3,164,073	107,772	217,405	24,790,996	3,310,743	431,715	3,742,458	28,533,454
•													
Occupancy	576,271	32,715	128,915	21,444	243,487	803,886	(144,484)	67,047	1,729,281	158,401	4,937	163,338	1,892,619
Professional services	199,514	,	58,887	3,679,960	230,552	142,232	437	91,693	4,421,724	499,494	38,243	537,737	4,959,461
Travel	941,890	32,980	24,008	8,962	59,747	148,160	-	-	1,215,747	39,293	498	39,791	1,255,538
Equipment costs	147,731	25,632	24,390	8,765	102,811	124,788	6,821	-	440,938	485,799	16,883	502,682	943,620
Food	1,893	-	88	55,381	127,541	126,455	-	-	311,358	2,437	39	2,476	313,834
Medical and pharmacy	1,533	-	-	-	17,494	25,697	-	-	44,724	-	-	-	44,724
Subcontractors	279,620	-	-	-	-	-	-	-	279,620	-	-	-	279,620
Insurance	123,852	16,280	12,533	8,377	167,038	48,278	29,357	215,202	620,917	97,709	1,417	99,126	720,043
Interest	-	-	-	-	15,234	-	-	-	15,234	39,384	-	39,384	54,618
Adult family stipends	-	-	-	-	1,227,029	-	-	-	1,227,029	(144,134)	-	(144,134)	1,082,895
Operating supplies and expenses	716,062	68,809	200,726	515,043	341,611	1,533,496	2,215	66,026	3,443,988	255,864	88,154	344,018	3,788,006
In-kind expenses	290,456	11,540	-	8,540	5,590	760	-	-	316,886	-	384	384	317,270
Other	16,658	787	3,535	341	730	548	58	295,393	318,050	43,852	393	44,245	362,295
Total expenses before													<u> </u>
before depreciation													
and amortization	17,852,192	1,838,097	1,836,459	4,799,191	5,777,238	6,118,373	2,176	952,766	39,176,492	4,788,842	582,663	5,371,505	44,547,997
Depreciation and amortization	31,548	18,761	1,348	17,096	191,446	21,378	2,919	175,321	459,817	124,770	3,933	128,703	588,520
Total expenses	\$ 17,883,740	\$ 1,856,858	\$ 1,837,807	\$ 4,816,287	\$ 5,968,684	\$ 6,139,751	\$ 5,095	\$ 1,128,087	\$ 39,636,309	\$ 4,913,612	\$ 586,596	\$ 5,500,208	\$ 45,136,517

Consolidated Statement of Functional Expenses Year Ended June 30, 2021

		Program Services								Supporting Services						
		Children	Elder		Jewish		Mental				Total	Management		Total		
		and Family	and Disabled	Employment	Family		Health	Refugee	Program		Program	and		Supporting		
		Services	Services	Services	Services		Services	Programs	Maintenance	Housing	Services	General	Fundraising	Services		Total
Salaries	\$	11.765.951	\$ 1.428.968	\$ 965.652	\$ 387.338	\$	2.621.902	\$ 1.532.955	\$ 88.911	\$ 96.477	\$ 18.888.154	\$ 2.672.943	\$ 304.510	\$ 2,977,453	\$	21.865.607
Payroll taxes	•	891,960	109,884	71,439	29,823	•	197,514	118,396	6,391	8,220	1,433,627	197,729	24,366	222,095	•	1,655,722
Employee benefits		1,477,870	192,384	134,399	42,511		332,655	143,101	26,733	8,539	2,358,192	316,947	30,594	347,541		2,705,733
Total salaries and	_							· · · · · ·				-	· · · · · ·			
related expenses		14,135,781	1,731,236	1,171,490	459,672		3,152,071	1,794,452	122,035	113,236	22,679,973	3,187,619	359,470	3,547,089		26,227,062
Occupancy		578,507	23,193	113,793	21,196		248,573	563,216	(160,307)	184,159	1,572,330	226,126	5,651	231,777		1,804,107
Professional services		131,943	14,376	43,909	2,724,622		148,838	69,022	1,681		3,134,391	296,696	14,559	311,255		3,445,646
Travel		610,247	28,584	24,057	2,509		49,006	84,795		-	799,198	9,261	477	9,738		808,936
Equipment costs		185,305	25,696	33,036	17,096		88,655	261,059	3,806	-	614,653	357,256	19,896	377,152		991,805
Food		592	-	-	9,737		113,895	60,882	-	-	185,106	-	80	80		185,186
Medical and pharmacy		68	-	-	-		19,320	32,042	-	-	51,430	-	-	-		51,430
Subcontractors		328,692	-	-	-		-	-	-	-	328,692	-	-	-		328,692
Insurance		85,068	12,546	7,455	6,332		123,682	26,173	19,942	163,696	444,894	90,956	976	91,932		536,826
Interest		-	-	-	-		24,472	-	-	-	24,472	8,409	-	8,409		32,881
Adult family stipends		-	-	-	-		1,026,873	-	-	-	1,026,873	-	-	-		1,026,873
Operating supplies and expenses		672,319	92,044	205,631	264,183		337,144	431,879	2,127	1,248	2,006,575	154,028	77,265	231,293		2,237,868
In-kind expenses		325,451	-	-	23,440		-	8,393	-	-	357,284	10,836	-	10,836		368,120
Other		7,307	619	268	359		896	385	116	190,458	200,408	7,250	1,501	8,751		209,159
Total expenses before																
before depreciation																
and amortization		17,061,280	1,928,294	1,599,639	3,529,146		5,333,425	3,332,298	(10,600)	652,797	33,426,279	4,348,437	479,875	4,828,312		38,254,591
Depreciation and amortization	_	26,794	19,049	349	17,403		194,133	16,049	10,876	169,672	454,325	148,141	4,042	152,183		606,508
Total expenses	\$	17,088,074	\$ 1,947,343	\$ 1,599,988	\$ 3,546,549	\$	5,527,558	\$ 3,348,347	\$ 276	\$ 822,469	\$ 33,880,604	\$ 4,496,578	\$ 483,917	\$ 4,980,495	\$	38,861,099

Consolidated Statements of Cash Flows Years Ended June 30, 2022 and 2021

		2022	2021
Cash flows from operating activities:			
Change in net assets	\$	(1,240,401) \$	1,258,997
Adjustments to reconcile change in net assets to			
net cash (used in) provided by operating activities:			
Depreciation and amortization		588,520	606,508
Acquisition of TampaBay-Job-Links, Inc. (noncash portion)		(214,812)	-
Realized and unrealized (losses) gains on investments		1,038,254	(1,119,866)
Change in value of beneficial interest in assets held by foundations		146,431	(193,158)
(Increase) decrease in operating assets			
Accounts receivable, net		(372,025)	(4,321)
Grants receivable		(1,891,694)	(1,294,639)
Contributions receivable		69,015	18,800
Prepaid expenses		277,026	(441,574)
Other assets		51,151	(96,550)
Increase (decrease) in operating liabilities		,	(,)
Accounts payable		(17,111)	(299,353)
Accrued expenses		301,586	292,783
Refundable advances		(1,260,381)	2,517,642
Tenant deposits held in trust		4,928	2,297
Net cash (used in) provided by operating activities	·	(2,519,513)	1,247,566
Net cash (asea iii) provided by operating activities		(2,313,313)	1,247,500
Cash flows from investing activities:			
Purchases of property and equipment		(86,450)	(158,998)
Purchases of investments		(194,106)	(3,343,307)
Proceeds from sale of investments		247,026	3,668,363
Transfers of assets to community foundations		(4,548)	-
Distributions from assets held by others		36,603	-
Net cash (used in) provided by investing activities		(1,475)	166,058
Cash flows from financing activities:			
Principal payments on long-term debt		(419,226)	(154,600)
Net cash used in financing activities	-	(419,226)	(154,600)
Net cash used in infancing activities		(419,220)	(134,000)
Net change in cash and cash equivalents and			
restricted cash		(2,940,214)	1,259,024
Cash and cash equivalents and restricted cash:			
Beginning		7,941,768	6,682,744
For the co			7.044.700
Ending		5,001,554 \$	7,941,768
Supplemental disclosure of cash flow information:			
Cash paid for interest	\$	54,488 \$	33,171
Supplemental disclosure of noncash investing activities:			
Property, plant and equipment acquired from TampaBay-Job-Links	_\$	36,909 \$	-

Notes to Consolidated Financial Statements

Note 1. Nature of Activities and Significant Accounting Policies

Nature of activities: Gulf Coast Jewish Family and Community Services, Inc. (or Gulf Coast JFCS or the Agency) has been serving Florida since 1960. The Agency is non-religious, and its mission is to protect the vulnerable and help people achieve fulfilling lives by empowering individuals and strengthening families. When the agency began in 1960, its core programming was to provide counseling and family support services to the Jewish community in Pinellas County. The agency was incorporated as a 501(c)(3) organization in 1974. At that time, Gulf Coast JFCS began to diversify its array of services through public funding and broadened its scope to serve people of all backgrounds. Today, Gulf Coast JFCS has more than 500 employees and annually supports more than 37,000 people in 40 Florida Counties. The agency interacts with virtually every area of social services to provide a wide range of family support.

An affiliated organization, Gulf Coast Cares, Inc. (GCC) was formed in 2016 for the purpose of managing investments and providing financial support to Gulf Coast JFCS through annual distributions.

Additionally, Gulf Coast JFCS sponsors Gulf Coast Heron Housing, Inc. (Heron) and Gulf Coast Egret Housing, Inc. (Egret) (collectively, the Projects), which provide housing for low income seniors and low income individuals with disabilities under Section 202 of the National Housing Act. The projects are regulated by the U.S. Department of HUD with respect to rental charges and operating methods. The projects are also subject to either Project Rental Assistance Agreements with HUD or Section 8 Housing Assistance Payments agreements with HUD, and a significant portion of the project's rental income is received from HUD.

The following are the significant policies used in the preparation of the accompanying consolidated financial statements:

Principles of consolidation: The accompanying consolidated financial statements include the accounts for Gulf Coast JFCS, GCC and the Projects (collectively, the Organization), which are nonprofit corporations. The entities comprising the Organization are related through a controlling financial interest and Gulf Coast JFCS's direct and indirect ability to determine the direction of management. All significant intercompany accounts and transactions have been eliminated in consolidation.

Basis of presentation: A nonprofit organization is required to report information regarding its financial position and activities in accordance to two classes of net assets: without donor restrictions and with donor restrictions. Accordingly, net assets of the Organization and changes therein are classified and reported as follows:

Net assets without donor restrictions: Contributions and other inflows of assets that are not subject to donor-imposed stipulations but may be designated for specific purposes by action of the Board of Directors (Board). Net assets without donor restrictions include expendable funds available to support operations as well as net assets invested in property and equipment.

Net assets with donor restrictions: Contributions and other inflows of assets subject to donor imposed stipulations that may or will be met by actions of the Organization or the passage of time or are permanently maintained by the Organization. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are released to net assets without donor restrictions and reported in the accompanying consolidated statements of activities as net assets released from restrictions.

Notes to Consolidated Financial Statements

Note 1. Nature of Activities and Significant Accounting Policies (Continued)

Use of estimates: The preparation of consolidated financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Cash and cash equivalents: The Organization considers all highly liquid investments with an original maturity of three months or less to be cash equivalents.

The Organization maintains its cash balances at several financial institutions which, at times, may exceed federally insured limits. The Organization monitors its exposure associated with cash and cash equivalents and has not experienced any losses in such accounts.

Restricted cash: Restricted cash includes security deposits held, replacement reserves and residual receipt accounts required by HUD. Restricted cash is included in cash when reconciling the beginning-of-period and end-of-period total amounts shown on the consolidated statements of cash flows.

Accounts receivable: Accounts receivable are stated at cost, less an allowance for doubtful accounts. Management's determination of an allowance is based on historical experience, third-party contracts and other circumstances which may affect the ability of payors to meet their obligations. It is the Organization's policy to write-off uncollectible accounts receivable when management determines the receivable will not be collected. Management has set an allowance for approximately \$20,000 as of June 30, 2022 and 2021.

Contributions receivable: Contributions receivable due in one year or less are reported at net realizable value. Amounts due under contributions receivable over a period of more than one year at the date of donation are reported at net present value using the market discount rate in effect at the date of the unconditional promise to give. Receivables are stated less an allowance for doubtful accounts. Management's determination of an allowance is based on historical experience, knowledge of donor and other circumstances. Management believes contributions receivable to be fully collectible as of June 30, 2022 and 2021. All contribution receivables as of June 30, 2022 and 2021 are due within one year.

Investments: Investment purchases are recorded at cost, or if donated, at fair value on the date of donation. Thereafter, investments are reported at their estimated fair values in the consolidated statements of financial position. Investment income is reported in the consolidated statements of activities and consists of interest and dividend income and realized and unrealized gains and losses, less external investment expenses.

Fair value measurements: The Organization measures investments and beneficial interests in assets held by others at fair value on a recurring basis. The Organization follows accounting guidance which defines fair value and specifies a hierarchy of valuation techniques used to measure fair value. The disclosure of fair value estimates is based on whether the significant inputs into the valuation are observable. In determining the level of hierarchy in which the estimate is disclosed, the highest priority is given to unadjusted quoted prices in active markets and the lowest priority to unobservable inputs.

The following is a brief description of the type of valuation information (inputs) that qualifies a financial asset for each level:

Level 1: Unadjusted quoted market prices for identical assets or liabilities in active markets which are accessible by the Organization.

Notes to Consolidated Financial Statements

Note 1. Nature of Activities and Significant Accounting Policies (Continued)

- **Level 2:** Observable prices in active markets for similar assets or liabilities. Prices for identical or similar assets or liabilities in markets that are not active. Market inputs that are not directly observable but are derived from or corroborated by observable market data.
- **Level 3:** Unobservable inputs based on the Organization's own judgement as to assumptions a market participant would use, including inputs derived from extrapolation and interpolation that are not corroborated by observable market data.

The Organization evaluates the various types of financial assets and liabilities to determine the appropriate fair value hierarchy based upon trading activity and the observability of market inputs. The Organization employs control processes to validate the reasonableness of the fair value estimates of its assets and liabilities, including those estimates based on prices and quotes obtained from independent third-party sources.

While the Organization believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies and assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the report date.

During the years ended June 30, 2022 and 2021, there were no changes in the Organization's valuation techniques that had, or are expected to have, a material impact on its consolidated statements of financial position or activities.

Property and equipment: Property and equipment are stated at cost if purchased, or at estimated market value at date of receipt if acquired by gift. Expenditures for property and equipment in excess of \$5,000 are capitalized. Depreciation is calculated using the straight-line method over the estimated useful lives of the respective assets.

Leasehold improvements are amortized over the shorter of their useful life or the lease term. Property acquired with governmental funds is considered to be owned by the Organization while used in the program for which it was purchased or in future authorized programs; however, its disposition, as well as the ownership of any proceeds therefrom, is subject to applicable regulations.

Expenditure for renewals and improvements that significantly add to the productive capacity to extend the useful life of the asset are capitalized. Expenditures for normal repairs and maintenance are expensed as incurred. Upon retirement, sale or other disposition of property and equipment, the costs and accumulated depreciation are eliminated from the accounts and any resulting gain or loss is included within the consolidated statements of activities.

Impairment of long-lived assets: The Organization evaluates the recoverability of its property and equipment whenever adverse events and changes in the business climate indicate that the expected undiscounted future cash flows from the related asset may be less than previously anticipated. If the net book value of the related asset exceeds the undiscounted future cash flows of the asset, the carrying amount would be reduced to the present value of its expected future cash flows and an impairment loss would be recognized. Management believes no indication of impairment existed at June 30, 2022 and 2021.

Notes to Consolidated Financial Statements

Note 1. Nature of Activities and Significant Accounting Policies (Continued)

Revenue recognition: The Organization first determines if a transaction represents an exchange transaction and, if so, accounts for the transaction in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 606, *Revenue from Contracts with Customers (Topic 606)*, which provides a five-step model for recognizing revenue from contracts with customer as follows:

- Identify the contact with a customer
- Identify the performance obligations in the contract
- Determine the transaction price
- Allocate the transaction price to the performance obligations in the contract
- Recognize revenue when or as performance obligations are satisfied

The Organization's revenue from contracts with customers consists of providing Medicaid and Medicare eligible services and other program service fees. The Organization's contracts have a single performance obligation. The transaction price is the amount of consideration to which the Organization expects to be entitled in exchange for transferring goods to the customer. Revenue is recorded based on transaction price, which is a fixed consideration. Performance obligations are satisfied at a point in time, at which point revenue is recognized. Revenue recognized at a point in time from reimbursements of direct and indirect costs of providing services by Medicaid and Medicare totaled \$362,709 and \$663,935 for the years ended June 30, 2022 and 2021, respectively, while revenue recognized at a point in time for program service fees totaled \$357,234 and \$266,508 for the years ended June 30, 2022 and 2021, respectively.

There were no receivables or deferred revenues for program service fees as of June 30, 2022, June 30, 2021 and July 1, 2020. Medicaid and Medicare receivable balances were \$662,202, \$458,184, and \$454,561 as of June 30, 2022, June 30, 2021 and July 1, 2020, respectively. These balances are included in accounts receivable, net on the consolidated statements of financial position. There were no deferred revenue balances for Medicaid and Medicare as of June 30, 2022, June 30, 2021 and July 1, 2020.

The Organization performs an evaluation at contract inception focused on whether a performance obligation is satisfied over time or at a point in time. If a performance obligation meets certain specific criteria, the related revenue is recognized over time as the customer consumes and receives the benefit of the Organization's services as they are performed. If certain criteria is not met, the revenue is recognized at a point in time.

The revenue streams noted above do not include significant financing components as the performance obligations are typically satisfied within a year of receipt of payment. Economic downturns can affect the level of revenue for all the revenue streams or can have a positive impact on cash flows in good economic times.

Notes to Consolidated Financial Statements

Note 1. Nature of Activities and Significant Accounting Policies (Continued)

Public support: The Organization recognizes unconditional contributions when cash, securities, promises to give or other assets; or notification of a beneficial interest is received. Unconditional contributions that are restricted by the donor are reported as an increase in net assets without donor restrictions if the restriction expires in the reporting period in which the contribution is recognized. All other donor restricted contributions are reported as an increase in net assets with donor restrictions, depending on the nature of restriction. When a restriction expires (that is, when a stipulated time restriction ends or a purpose restriction is accomplished), net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the consolidated statements of activities as net assets released from restrictions.

Conditional contributions are those contributions that certain donor-imposed rights of refund/return and barriers (performance obligations and/or controlling stipulations). Conditional contributions are recorded as revenue when conditions are satisfied. Conditional contributions received in advance of satisfying conditions are recorded as refundable advances. If a conditional contribution with donor restrictions becomes unconditional in the same period that the donor restrictions are satisfied, it is reported as an increase in net assets without donor restrictions.

A portion of the Organization's revenue is derived from cost-reimbursable contracts and grants, which are conditioned upon certain performance requirements and/or the incurrence of allowable qualifying expenditures. Amounts received are recognized as revenue when the Organization has provided certain services and incurred expenditures in compliance with specific contract or grant provisions. Cash received in excess of revenue recognized is recorded as refundable advances. There were refundable advances of \$1,932,352 and \$3,427,571 at June 30, 2022 and 2021, respectively.

Donated materials and services: Donated materials are reflected in the accompanying consolidated financial statements at their estimated fair market value at date of receipt. Donations of services are recorded as support at their estimated fair value if the services require specialized skills, are provided by individuals possessing those skills and would typically need to be purchased if not provided by donation. The Organization estimates the fair value on the basis of estimates of wholesale values that would be received from selling similar products, renting similar spaces, or acquiring similar services in the United States in line with FASB Topic 820, *Fair Value Measurement*. The Organization utilizes donated materials for their mission and does not monetize or sell the goods.

Rental income: Rent charges are based on a HUD-approved rate schedule. The Projects are eligible to receive a monthly rental supplement in an amount equal to the difference between the fair rental value of its project units (as determined by HUD) and the amount charged to its tenants. The total amount of tenant assistance payments from HUD included in rental income in the accompanying consolidated statements of activities totaled approximately \$624,000 and \$639,000 for the years ended June 30, 2022 and 2021, respectively. Rental revenue is recognized in income monthly as earned under the terms of the lease agreement. Rental payments received in advance are deferred and classified as a liability until earned.

Notes to Consolidated Financial Statements

Note 1. Nature of Activities and Significant Accounting Policies (Continued)

Functional expense allocations: The costs of providing the Organization's various programs and other activities have been summarized on a functional basis in the consolidated statements of activities and functional expenses. The consolidated statements of functional expenses presents the natural classification detail of expenses by function. Expenses that can be identified with a specific program or support service are charged directly to the function. Certain other costs have been allocated among program and supporting services benefited. Such allocations are determined by management on an equitable basis that is consistently applied. Personnel costs have been allocated to functional classifications based on the reporting of time spent on each by the employees. Building depreciation, insurance, maintenance and other related costs have been allocated to functional classifications based on square footage. Equipment depreciation, maintenance and related costs have been allocated based upon the location of the equipment and usage.

Advertising expenses: Advertising costs are expensed as incurred. Total advertising costs approximated \$14,200 and \$51,000 for the years ended June 30, 2022 and 2021, respectively.

Income taxes: Gulf Coast JFCS, GCC, Heron and Egret are recognized by the Internal Revenue Service (IRS) as tax-exempt organizations under Section 501(c)(3) of the Internal Revenue Code. Income earned in furtherance of these entities' tax-exempt purposes is exempt from federal and state income taxes. As such, no provision for income tax expense has been made in the accompanying consolidated financial statements.

The Organization has adopted the accounting standard on accounting for uncertainty in income taxes. Management assessed whether there were any uncertain tax positions which may give rise to income tax liabilities and determined that there were no such matters requiring recognition in the accompanying consolidated financial statements. Generally, the Organization is no longer subject to U.S. federal or state income tax examinations by tax authorities for years before June 30, 2019.

Recently adopted accounting pronouncement: In September 2020, the FASB issued Accounting Standards Update (ASU) 2020-07, *Not-for-Profit Entities (Topic 958): Presentation and Disclosure by Not-for-Profit Entities for Contributed Nonfinancial Assets.* This ASU is intended to improve transparency in the reporting of contributed nonfinancial assets, also known as gifts-in-kind, for not-for-profit entities. The ASU requires a not-for-profit organization to present contributed nonfinancial assets as a separate line item in the statements of activities apart from contributions of cash or other financial assets. The ASU also requires enhanced disclosure, including disaggregation of nonfinancial assets recognized by category and qualitative information about each category. The Organization adopted ASU 2020-07 during the year ended June 30, 2022, which resulted in enhanced disclosures in the consolidated financial statements.

Pending accounting pronouncements: In February 2016, the FASB issued ASU 2016-02, *Leases (Topic 842)*, which sets out the principles for the recognition, measurement, presentation and disclosure of leases for both parties to a contract (i.e., lessees and lessors). The new standard requires lessees to apply a dual approach, classifying leases as either finance or operating leases based on the principle of whether or not the lease is effectively a financed purchase by the lessee. This classification will determine whether lease expense is recognized based on an effective interest method or on a straight-line basis over the term of the lease, respectively. A lessee is also required to record a right-of-use asset and a lease liability for all leases with a term of greater than 12 months regardless of their classification. Leases with a term of 12 months or less will be accounted for similar to existing guidance for operating leases today. The new standard requires lessors to account for leases using an approach that is substantially equivalent to existing guidance for sales type leases, direct financing leases and operating leases. The standard is effective for annual periods beginning after December 15, 2021, with early adoption permitted. The Organization plans to adopt the standard utilizing the modified retrospective method and believes the adoption of the standard will have a material impact on the consolidated financial statements.

Notes to Consolidated Financial Statements

Note 1. Nature of Activities and Significant Accounting Policies (Continued)

In June 2016, the FASB issued ASU 2016-13, *Financial Instruments—Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments.* ASU 2016-13 amends guidance on reporting credit losses for assets held at amortized cost basis and available for sale debt securities. For assets held at amortized cost basis, ASU 2016-13 eliminates the probable initial recognition threshold in current U.S. GAAP and, instead, requires an entity to reflect its current estimate of all expected credit losses. The allowance for credit losses is a valuation account that is deducted from the amortized cost basis of the financial assets to present the net amount expected to be collected. This ASU affects entities holding financial assets and net investment in leases that are not accounted for at fair value through changes in net assets. The amendments affect loans, debt securities, trade receivables, net investments in leases, off balance sheet credit exposures, reinsurance receivables and any other financial assets not excluded from the scope that have the contractual right to receive cash. The amendments in ASU 2016-13 are effective for the Organization's fiscal year 2024. The Organization is currently evaluating the impact this ASU will have on its consolidated financial statements.

Reclassifications: Certain amounts in the 2021 consolidated financial statements have been reclassified to conform to the 2022 presentation. Net assets and changes in net assets were unchanged due to these reclassifications.

Subsequent events: The Organization has evaluated subsequent events through December 22, 2022, the date on which the consolidated financial statements were available to be issued.

Note 2. Business Acquisition

On July 1, 2021, the Organization entered into an Asset Purchase Agreement (the Agreement) with TampaBay-Job-Links, Inc. (TBJL), a nonprofit organization that provides individuals with career guidance and job-search coaching along with providing employers with qualified pre-screened candidates. The programs operated by TBJL directly aligned to the Organization's mission and allowed the Organization to expand its impact within Tampa Bay.

Effective July 1, 2021, the Organization acquired substantially all of the assets used in connection with the operations of TBJL. No liabilities were assumed with the exception of future commitments relating to a pre-established lease agreement.

The acquisition was deemed an inherent contribution, as TBJL voluntarily transferred its assets to the Organization. No consideration was transferred by the Organization in the acquisition of TBJL. The Organization has accounted for the acquisition by recording the assets acquired at fair value, which approximated \$439,000.

Acquired property and equipment was recorded at estimated fair value using unobservable inputs. Management valued these assets based on replacement cost of comparable assets which approximates fair value. Acquired beneficial interests in assets held by foundations were valued utilizing the valuation techniques discussed in Note 1 and Note 13. All other assets acquired were recorded at their net realizable value at the date of acquisition with approximates fair value.

Notes to Consolidated Financial Statements

Note 2. Business Acquisition (Continued)

The following table summarizes the estimated fair values of assets as of July 1, 2021 (acquisition date):

Cash and cash equivalents	\$ 224,141
Beneficial interest in assets held by foundations	166,091
Accounts receivable	5,170
Prepaid expenses	2,521
Other assets	4,121
Property and equipment	36,909
	\$ 438,953

Note 3. Investments

Short-term investments consist of certificates of deposits with an original maturity date greater than three months. The certificates of deposit are recorded at cost and were \$242,212 and \$244,484 at June 30, 2022 and 2021, respectively.

Long-term investments consist of the following at June 30, 2022 and 2021:

 2022		2021
\$ 1,463	\$	3,116
273,225		362,147
2,329,831		2,552,391
 3,066,710		3,842,477
\$ 5,671,229	\$	6,760,131
\$	273,225 2,329,831 3,066,710	\$ 1,463 \$ 273,225 2,329,831 3,066,710

The Organization's investments in money market funds, real estate investment trusts, fixed income securities and equity securities are not concentrated in a single entity or in a few entities, nor are there any specific industry concentrations. Annually, the Board approves an annual appropriation from its donor restricted endowment and board designated endowment in accordance with the Organization's spending policy to support current operations.

Note 4. Beneficial Interest in Assets Held by Foundations

In 2002, the Organization established a fund with the use of net assets with donor restrictions with Tampa-Orlando-Pinellas Jewish Foundation, Inc. (the Foundation) in the amount of \$500,000 and named the Organization as beneficiary of the Fund. In 2015, the Organization established an additional fund with the use of net assets without donor restrictions in the amount of \$25,000 with the Foundation and also named the Organization as the beneficiary for the benefit of its food pantry. Under the terms of these transfers, the Foundation has no variance power over the funds.

In 2017, the Organization transferred \$25,000 to the Community Foundation of Tampa Bay (the Community Foundation) and named itself as the beneficiary.

During the year ended June 30, 2022, the Organization acquired TBJL (see Note 2), which included transferring beneficiary rights of \$116,327 from the Community Foundation and \$49,764 from the Foundation to the Organization. The use of these funds are donor restricted.

Notes to Consolidated Financial Statements

Note 4. Beneficial Interest in Assets Held by Foundations (Continued)

The terms of the fund agreements are considered reciprocal in nature and, therefore, the assets are recorded in the consolidated statements of financial position of the Organization.

For the years ended June 30, 2022 and 2021, the change in the value of assets held by others was a decrease of \$146,431 and an increase of \$193,158, respectively. As of June 30, 2022 and 2021, the Organization's investment in beneficial interest is assets held by foundations totaled \$1,184,466 and \$1,196,861, respectively.

Note 5. Property and Equipment

Property and equipment consist of the following at June 30, 2022 and 2021:

	2022	2021	Estimated Useful Lives (in Years)
Land	\$ 1,592,537	\$ 1,592,537	
Buildings and improvements	13,216,871	13,127,624	10-30
Leasehold improvements	57,637	32,705	5-7
Vehicles	222,803	222,803	5-7
Furniture and fixtures	333,973	333,973	5-7
Computer hardware and software	1,528,884	1,517,614	5-7
	16,952,705	16,827,256	
Less accumulated depreciation and amortization	(10,171,286)	(9,580,676)	
	\$ 6,781,419	\$ 7,246,580	

Depreciation and amortization expense for the years ended June 30, 2022 and 2021, was approximately \$589,000 and \$606,000, respectively.

Note 6. Line of Credit

The Organization has a line of credit from a commercial bank which allows the Organization to borrow up to \$2 million at the prime rate per *The Wall Street Journal*, with a floor of 3.75%, (5% and 3.75% at June 30, 2022 and 2021, respectively), and is secured by substantially all assets of the Organization. Amounts drawn on the line of credit are due on demand and, the agreement expires in December 2045. There was no balance outstanding under the line of credit at June 30, 2022 and 2021.

Notes to Consolidated Financial Statements

Note 7. Long-Term Debt

Long-term debt consists of the following at June 30, 2022 and 2021:

	2022			2021		
2.64% mortgage note payable due in monthly installments of \$15,105, including interest through May 2025; secured by substantially all assets. Interest free deferred mortgage in the form of a capital advance provided by HUD. The capital advance bears no interest and is not required to be repaid as long as the housing remains available to eligible low-income elderly individuals for a period	\$	480,347	\$	646,322		
of 40 years in accordance with Section 202. The capital advance is secured by a mortgage on the property and matures on June 1, 2038. Interest free loan with no principal payments required as long as Heron continues to comply with various affordability and other requirements through 2031, at which point the note will be		5,693,300		5,693,300		
forgiven. The loan is secured by a second mortgage on the property. Interest free deferred mortgage in the form of a capital advance provided by HUD. The capital advance bears no interest and is not required to be repaid as long as the housing remains available to eligible low-income individuals with disabilities for a period of 40 years in accordance with Section 202. The capital		139,092		139,092		
advance is secured by a mortgage on the property and matures on May 1, 2036. Paycheck Protection Program loan with a fixed interest rate of 1% payable in monthly installments, including interest, beginning October 2021 through May 2022. Loan and		583,000		583,000		
accrued interest fully forgiven in September 2022.		1,646,749		1,900,000		
Total long-term debt		8,542,488		8,961,714		
Less current maturities	Ф.	170,582	Φ.	2,071,420		
Long-term debt, excluding current maturities	\$	8,371,906	\$	6,890,294		

The 2.64% mortgage note payable agreement includes affirmative and negative covenants. The Organization was in compliance with affirmative and negative covenants at June 30, 2022 and 2021.

The Organization applied for and received a forgivable Paycheck Protection Program loan of \$1,900,000 as provided under the Federal Coronavirus Aid, Relief and Economic Security (CARES) Act, and the loan was funded on May 26, 2020. Under the terms of the loan, the balance is forgivable to the extent the proceeds are used for certain qualified costs for the 24-week period through November 10, 2020, and that certain employment levels are maintained. To the extent a portion of the loan does not meet the criteria to be forgiven, such amount is due and payable in monthly installments beginning October 2021. The Organization received notice subsequent to year end that the entire balance, plus accrued interest, had been forgiven. The Organization has elected to account for this loan as debt under ASU 470, *Debt*.

Notes to Consolidated Financial Statements

Note 7. Long-Term Debt (Continued)

The Small Business Administration has the ability to review the original Paycheck Protection Program loan application and forgiveness application for six years to assess compliance with the CARES Act. Management believes the Organization is in compliance with the CARES Act and does not anticipate repayment of any amounts forgiven.

The aggregate maturities of long-term debt for each of the five years subsequent to June 30, 2022, and thereafter are as follows:

	Expected						
		Principal Forgiveness			Total		
Years ending June 30:							
2023	\$	170,582	\$	-	\$	170,582	
2024		175,165		-		175,165	
2025		134,600		-		134,600	
2026		-		-		-	
2027		-		-		-	
Thereafter		-		6,415,392		6,415,392	
Total debt excluding PPP loan	\$	480,347	\$	6,415,392	_	6,895,739	
Subsequent forgiveness of PPP loan						1,646,749	
Total debt					\$	8,542,488	

Note 8. Contingencies

The Organization routinely enters into grant agreements and contracts with governmental agencies that provide for reimbursement of the eligible direct and indirect costs of providing certain of the Organization's program services. The grants and contracts are subject to audit or review and retroactive adjustment based on a final determination by the grantor of eligible reimbursable expenditures. The effect of such adjustments, if any, on the Organization's consolidated financial statements cannot be determined at this time, and no provision has been made for any such adjustment in the accompanying consolidated financial statements.

The Organization is also subject to Medicare and Medicaid audits. As of June 30, 2022 and 2021, the Organization has included a provision for any potential third-party payor liabilities in the amount of \$50,000. The effect of an adjustment, if any, resulting from future audits cannot be determined at this time, and no provision above these reserves has been made for any such adjustment in the accompanying consolidated financial statements.

Various lawsuits and claims arising in the ordinary course of the Organization's operations are pending. While the ultimate effect of such litigation cannot be ascertained at this time, management intends to vigorously defend these claims.

During 2014, the Organization was acting as the primary community-based case management agency while other, authorized case management agencies shared assigned cases. While the Organization believes it was operating within its program and state guidelines, the Organization is a defendant in a lawsuit wherein substantial amounts are claimed in excess of insured limits. Outside counsel for the Organization has advised that at this stage in the proceedings, actual damages are unknown. While an estimate of possible loss cannot be made at this time, management intends to vigorously defend its position and is of the opinion that the Organization is adequately insured, and the ultimate disposition of such proceeding is not expected to have a material effect on the Organization's consolidated financial position, results of operations, or cash flows.

Notes to Consolidated Financial Statements

Note 9. Leases

The Organization leases office space, residences for its clients and certain equipment and vehicles. Security deposits related to such leases are included in other assets. Rental expense on all operating leases was approximately \$1,183,000 and \$1,094,000 for the years ended June 30, 2022 and 2021, respectively.

Future minimum lease payments for real estate, equipment and as of June 30, 2022, are as follows:

Years ending June 30:	
2023	\$ 1,159,098
2024	394,473
2025	129,370
2026	72,775
	\$ 1,755,716

Note 10. Net Assets With Donor Restrictions

Net assets with donor restrictions were as follows as of June 30, 2022 and 2021:

		2022	2021
Subject to the passage of time:			
Facilities	\$	34,147	\$ 42,007
Other time restrictions		114,185	26,200
	•	148,332	68,207
Subject to expenditure for specific purpose:			
Programmatic purposes		72,377	72,378
Trokey loan fund		15,476	15,476
Jewish Federation		482,311	325,311
		570,164	413,165
Subject to the Organization's spending policy and appropriation: Investments in perpetuity (including original corpus totaling \$3,979,420 as of June 30, 2022 and 2021) and the net investment return from which is expendable to support: General operations:		000.040	4.000.400
Weinberg endowment Ohlhausen endowment		836,846	1,002,462
Yad b Yad endowment		3,098,317 50,000	3,739,432 50,000
rad b rad endownient		3,985,163	4,791,894
Beneficial interest in assets held by foundations (including original corpus totaling \$500,000 as of June 30, 2022		3,965,163	4,791,094
and 2021)—Weinberg endowment		977,888	1,135,714
,	•	4,963,051	5,927,608
	\$	5,681,547	\$ 6,408,980

Notes to Consolidated Financial Statements

Note 11. Endowment Funds

The Organization's endowment funds are comprised of investments held in donor-restricted endowments and funds designated by the Board to function as endowments. As required by U.S. GAAP, net assets associated with endowment funds, including funds designated by the Board to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

Effective July 1, 2012, the State of Florida adopted the Uniform Prudent Management of Institutional Funds Act (FUPMIFA). Absent explicit donor restrictions to the contrary, the Board has interpreted FUPMIFA as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds. As a result of this interpretation, the Organization classifies as net assets with donor restrictions: (a) the original value of gifts donated to the permanent endowment; (b) the original value of subsequent gifts to the permanent endowment; and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified as net assets with donor restriction related to the endowment to be held in perpetuity is classified as net assets with donor restriction until those amounts are appropriated for expenditure by the Organization is a manner consistent with the standard of prudence prescribed by that standard.

The Organization considers the following factors in making a determination to appropriate or accumulate endowment funds:

- The duration and preservation of the endowment fund
- The purpose of the institution and the endowment fund
- General economic conditions
- The possible effect of inflation or deflation
- Historical and expected total return from income and the appreciation of investments
- Other resources of the Organization
- The investment policy of the Organization

Return objectives and risk parameters: The Board has adopted an investment policy approved by the Board. The policy stipulates that the endowment investments should be managed as a long-term goal designed to maintain the purchasing power of the endowment assets as well as to provide additional growth through investment return. To achieve that objective, the Organization has adopted an investment policy that attempts to maximize total return consistent with an acceptable level of risk. Endowment assets are invested in a well-diversified asset mix, which includes equity and debt securities, that is intended to result in a consistent inflation protected rate of return and grow the fund. Investment risk is measured in terms of the total endowment fund; investment assets and allocation between asset classes and strategies are managed to not expose the fund to unacceptable levels of risk. The Organization will pursue a strategy seeking a long-term rate of return of between 5.85% and 8.5%.

Spending policy and how the investment objectives relate to spending policy: The Organization's spending policy is based on actual investment returns and is annually determined and approved by the Board. Currently, the Board has determined that the Organization's annual appropriations from endowment shall not exceed 5% without specific recommendation from the Organization's Investment Committee and without the affirmative vote of 75% of the Board.

Notes to Consolidated Financial Statements

Note 11. Endowment Funds (Continued)

From time to time, certain donor-restricted endowment funds may have fair values less than the amount required to be maintained by donors or by law (underwater endowments). The Organization has interpreted FUPMIFA to permit spending from underwater endowments in accordance with prudent measures required by law. The Organization's policy is to allow spending from underwater endowments.

Donor endowment funds with deficiencies were reported in net assets with donor restrictions at June 30 as follows:

0000

		2022	2021
	-	_	
Fair value of underwater endowment funds	\$	3,098,317	\$ -
Original endowment gift amount		3,319,178	-
Underwater endowment	\$	(220,861)	\$ -

Approximately \$159,000 was spent from underwater endowment funds during the fiscal year ended June 30, 2022. There were no underwater endowment funds as of June 30, 2021.

The board designated endowment fund was established by the Board to benefit the Organization by providing regular, predictable operating income that will help fill gaps caused by increasing costs, demands and the possibility of diminishing government support. Management expects the principal to be preserved; however, the principal and earnings are available to provide support to the Organization's programs and facilities.

Endowment net assets by type of fund consist of the following at June 30, 2022 and 2021:

tal
vment
ssets
34,856
63,051
97,907
tal
wment
ssets
73,868
27,608
01,476

Notes to Consolidated Financial Statements

Note 11. Endowment Funds (Continued)

Changes in endowment net assets for the years ended June 30, 2022 and 2021, are as follows:

	W	ithout Donor	١	With Donor	
	F	Restrictions	F	Restrictions	Total
Balance at June 30, 2020	\$	1,847,137	\$	5,366,421	\$ 7,213,558
Investment return, net		525,182		719,578	1,244,760
Change in value beneficial interest of assets					
held by foundation		8,445		184,713	193,158
Appropriation of endowment					
assets for expenditure		(106,896)		(343,104)	(450,000)
Balance at June 30, 2021		2,273,868		5,927,608	8,201,476
Contributions		166,305		-	166,305
Investment loss, net		(279,080)		(619,363)	(898,443)
Change in value beneficial interest of assets					
held by foundation		(23,849)		(122,582)	(146,431)
Appropriation of endowment					
assets for expenditure		(2,388)		(222,612)	(225,000)
Balance at June 30, 2022	\$	2,134,856	\$	4,963,051	\$ 7,097,907

Note 12. Concentrations

Substantially all of the Organization's activities are supported by funds provided by the United States Federal Government and the state of Florida. As of June 30, 2022 and 2021, the Organization's receivables from these funding sources were approximately \$4,370,000 and \$2,839,000, respectively.

Notes to Consolidated Financial Statements

Note 13. Fair Value Measurements

The following table summarizes major categories of the Organization's assets measured at fair value on a recurring basis at June 30, 2022 and 2021:

			2	022		
		Fair Value	Level 1		Level 2	Level 3
Assets:	•					
Money market funds	\$	1,463	\$ 1,463	\$	-	\$ -
Real estate investment trusts		273,225	-		273,225	-
Fixed income securities:						
Long-term		213,422	-		213,422	-
Intermediate-term		215,088	-		215,088	-
Short-term		531,028	-		531,028	-
International taxable		455,617	-		455,617	-
U.S. government bonds		914,676	-		914,676	-
Equity securities:						
Domestic funds		1,823,077	1,823,077		-	-
International funds		1,243,633	1,243,633		-	-
Total investments		5,671,229	3,068,173		2,603,056	-
Beneficial interest in assets						
held by foundations		1,184,466	-		-	1,184,466
Total assets	\$	6,855,695	\$ 3,068,173	\$	2,603,056	\$ 1,184,466
				021		
		Fair Value	Level 1	021	Level 2	Level 3
Assets:			Level 1		Level 2	Level 3
Assets: Money market funds	\$	3,116	\$	\$	-	\$ Level 3
	\$		\$ Level 1		Level 2 - 362,147	\$ Level 3
Money market funds	\$	3,116	\$ Level 1		-	\$ Level 3 - -
Money market funds Real estate investment trusts	\$	3,116	\$ Level 1		-	\$ Level 3
Money market funds Real estate investment trusts Fixed income securities:	\$	3,116 362,147	\$ Level 1		- 362,147	\$ Level 3
Money market funds Real estate investment trusts Fixed income securities: Long-term	\$	3,116 362,147 247,902	\$ Level 1		- 362,147 247,902	\$ Level 3
Money market funds Real estate investment trusts Fixed income securities: Long-term Intermediate-term	\$	3,116 362,147 247,902 234,614	\$ Level 1		- 362,147 247,902 234,614	\$ Level 3
Money market funds Real estate investment trusts Fixed income securities: Long-term Intermediate-term Short-term	\$	3,116 362,147 247,902 234,614 529,061	\$ Level 1		- 362,147 247,902 234,614 529,061	\$ Level 3
Money market funds Real estate investment trusts Fixed income securities: Long-term Intermediate-term Short-term International taxable	\$	3,116 362,147 247,902 234,614 529,061 499,128	\$ Level 1		247,902 234,614 529,061 499,128	\$ Level 3
Money market funds Real estate investment trusts Fixed income securities: Long-term Intermediate-term Short-term International taxable U.S. government bonds	\$	3,116 362,147 247,902 234,614 529,061 499,128	\$ Level 1		247,902 234,614 529,061 499,128	\$ Level 3
Money market funds Real estate investment trusts Fixed income securities: Long-term Intermediate-term Short-term International taxable U.S. government bonds Equity securities:	\$	3,116 362,147 247,902 234,614 529,061 499,128 1,041,686	\$ Level 1 3,116 - - - - 2,351,081		247,902 234,614 529,061 499,128	\$ Level 3
Money market funds Real estate investment trusts Fixed income securities: Long-term Intermediate-term Short-term International taxable U.S. government bonds Equity securities: Domestic funds	\$	3,116 362,147 247,902 234,614 529,061 499,128 1,041,686 2,351,081	\$ 2,116		247,902 234,614 529,061 499,128	\$ Level 3
Money market funds Real estate investment trusts Fixed income securities: Long-term Intermediate-term Short-term International taxable U.S. government bonds Equity securities: Domestic funds International funds	\$	3,116 362,147 247,902 234,614 529,061 499,128 1,041,686 2,351,081 1,491,396	\$ Level 1 3,116 - - - 2,351,081 1,491,396		- 362,147 247,902 234,614 529,061 499,128 1,041,686	\$ Level 3
Money market funds Real estate investment trusts Fixed income securities: Long-term Intermediate-term Short-term International taxable U.S. government bonds Equity securities: Domestic funds International funds Total investments	\$	3,116 362,147 247,902 234,614 529,061 499,128 1,041,686 2,351,081 1,491,396	\$ Level 1 3,116 - - - 2,351,081 1,491,396		- 362,147 247,902 234,614 529,061 499,128 1,041,686	\$ Level 3 1,196,861

There were no liabilities measured at fair value on a recurring basis at June 30, 2022 and 2021.

Level 1 investments are classified as such due to their closeness to cash or being valued based on quoted market prices. Investments classified as Level 2 in the fair value hierarchy include fixed income bonds which are measured at fair value based on market prices provided by recognized broker dealers which are based on observable prices in active markets for similar assets, when available.

Notes to Consolidated Financial Statements

Note 13. Fair Value Measurements (Continued)

The beneficial interest in assets held by foundations are managed by an independent third-party trustee, and the Organization has no authority over investment decisions. Thus, the assets are classified as Level 3 within the fair value hierarchy level.

There were no transfers into or out of Level 3 investments and no issues of Level 3 investments for the years ending June 30, 2022 and 2021. Purchases of Level 3 investments totaled \$166,305 for the year ended June 30, 2022. There were no purchases of Level 3 investments for the year ended June 30, 2021.

Note 14. Pension Plan

Effective July 1, 2005, the Organization adopted a 403(b) retirement plan (the Plan) administered by Mutual of America. Employees are eligible to participate once they attain the age of 18 and complete 1 year of service. The Organization matches contributions equal to the lesser of 25% of participant contributions or 2% of participant earnings. For the years ended June 30, 2022 and 2021, total contributions were approximately \$93,000 and \$88,000, respectively. Participants' rights to employer contributions fully vest after five years of service, as defined in the Plan.

Note 15. In-Kind Contributions

The values of in-kind contributions (i.e., donated materials and services) included in the consolidated financial statements, and the corresponding expenses for the years ended June 30, 2022 and 2021, is as follows:

	2022		2021
Clothes and household items	\$ 58,073	\$	60,581
Office space	147,441		96,525
Food	10,896		40,320
Supplies and other	100,860		170,694
	\$ 317,270	\$	368,120

No donated materials received during the years ended June 30, 2022 and 2021 were restricted for use.

In addition, donated services for the years ended June 30, 2022 and 2021, with an estimated value of approximately \$353,000 and \$319,000, respectively, were not recognized in the consolidated financial statements because they did not meet the criteria for recognition.

Note 16. Liquidity and Availability of Resources

The Organization regularly monitors the availability of resources required to meet its operating needs and other contractual commitments, while also striving to maximize the investment of its available funds. For purposes of analyzing resources available to meet general expenditures over a 12-month period, the Organization considers all expenditures related to its ongoing activities as well as the conduct of services undertaken to support those activities to be general expenditures.

Notes to Consolidated Financial Statements

Note 16. Liquidity and Availability of Resources (Continued)

The following represents the Organization's financial assets as of June 30, 2022 and 2021, reduced by amounts not available for general use because of contractual, donor imposed or board reserve designations within one year of the consolidated statements of financial position date. Those amounts not available include amounts set aside for longer-term investing in the endowments.

		2022		2021
Financial assets:				
Cash	\$	4,663,264	\$	7,628,991
Restricted cash		338,290		312,777
Accounts receivable, net		843,003		465,808
Grants receivable		7,362,244		5,470,550
Contributions receivable		114,185		183,200
Short-term investments		242,212		244,484
Long-term investments		5,671,229		6,760,131
Beneficial interest in assets held by foundations		1,184,466		1,196,861
Total financial assets		20,418,893		22,262,802
Less amounts unavailable for general expenditure within one				
year due to:				
Restricted cash		(338,290)		(312,777)
Board-imposed restrictions:				
Board-designated endowment		(2,134,856)		(2,273,868)
Contractual or donor-imposed restrictions:				
Donor-restricted endowments		(4,963,051)		(5,927,608)
Less budgeted endowment appropriation for next fiscal year 2022		196,000		225,000
Restricted for specific purpose or time		(570,164)		(413,165)
Financial assets available to meet cash needs	-		•	
for general expenditures within one year	\$	12,608,532	\$	13,560,384

In addition to financial assets available to meet general expenditures over the next 12 months, the Organization operates with a balanced budget and anticipates collecting sufficient revenue to cover general expenditures not covered by donor-restricted resources.

The Organization's board has designated a portion of its unrestricted resources for endowment purposes (see Note 11). Those amounts are identified as board-designated in the table above. These funds are invested for long-term appreciation and current income but remain available and may be spent at the discretion of the Board. The Organization also has a line of credit available to meet short-term liquidity needs (see Note 6).

Note 17. Related Party

During the years ended June 30, 2022 and 2021, the Board provided the Organization with approximately \$0 and \$50,000 in contributions, respectively.

During 2022 and 2021, certain board members were employed by companies providing services to the Organization including insurance and investment management services for assets held at community foundations. In accordance with the Organization's bylaws and policies, board members do not have voting rights on any matters related to the board members' respective companies.

Notes to Consolidated Financial Statements

Note 18. Conditional Promises to Give From Donors and Grantors

The Organization has conditional promises to give from donors and grantors of approximately \$8,644,000 and \$5,588,000 as of June 30, 2022 and 2021, respectively. Future payments or recognition of conditional promises to give are contingent upon the Organization carrying out certain stipulations of the grant or contract.

Consolidating Statement of Financial Position June 30, 2022

	ar	Gulf Coast Jewish Family and Community Services, Inc.		Gulf Coast Cares, Inc.	Gulf Coast Heron Housing, Inc.	Gulf Coast Egret Housing, Inc.		Eliminations	Total
Assets									
Current assets:									
Cash and cash equivalents	\$	4,617,560	\$	=	\$ 36,432	\$ 9,272	\$	- \$	4,663,264
Restricted cash		11,529		=	266,002	60,759		=	338,290
		4,629,089		-	302,434	70,031		-	5,001,554
Accounts receivable, net		2,278,516		-	1,694	189		(1,437,396)	843,003
Grants receivable		7,362,244		-	-	-		-	7,362,244
Contributions receivable		114,185		-	-	-		-	114,185
Short-term investments		242,212		-	-	-		-	242,212
Prepaid expenses		486,863		-	5,285	-		-	492,148
Total current assets		15,113,109		-	309,413	70,220		(1,437,396)	14,055,346
Property and equipment, net		3,776,667		-	2,727,224	277,528		-	6,781,419
Long-term investments		127,833		5,543,396	-	-		=	5,671,229
Beneficial interest in assets held by foundations		206,578		977,888	-	-		-	1,184,466
Other assets		101,496		-	-	7,332		-	108,828
Total assets	\$	19,325,683	\$	6,521,284	\$ 3,036,637	\$ 355,080	\$	(1,437,396) \$	27,801,288
Liabilities and Net Assets									
Current liabilities:									
Current maturities of long-term debt	\$	170,582	\$	-	\$ - :	\$ -	\$	- \$	170,582
Accounts payable		592,378		1,312,166	47,394	59,808		(1,405,247)	606,499
Accrued expenses		1,996,133		-	14,630	26,386		(32,149)	2,005,000
Estimated provision for third-party payor liabilities		50,000		-	-	-		-	50,000
Refundable advances		2,129,605		=	38,635	=		=	2,168,240
Total current liabilities		4,938,698		1,312,166	100,659	86,194		(1,437,396)	5,000,321
Tenant deposits held in trust		-		-	31,101	-		-	31,101
Long-term debt, net of current maturities		1,956,514		-	5,832,392	583,000		=	8,371,906
Total liabilities		6,895,212		1,312,166	5,964,152	669,194		(1,437,396)	13,403,328
Net assets (deficit):									
Without donor restrictions		11,581,291		376,751	(2,927,515)	(314,114)		=	8,716,413
With donor restrictions		849,180		4,832,367	=	-		-	5,681,547
Total net assets (deficit)		12,430,471		5,209,118	(2,927,515)	(314,114)		-	14,397,960
Total liabilities and net assets	<u> \$ </u>	19,325,683	\$	6,521,284	\$ 3,036,637	\$ 355,080	\$	(1,437,396) \$	27,801,288

Consolidating Statement of Financial Position June 30, 2021

	а	Gulf Coast Jewish Family nd Community Services, Inc.	Gulf Coast Cares, Inc.	Gulf Coast Heron Housing, Inc.	Gulf Coast Egret Housing, Inc.	Eliminations	Total
Assets							
Current assets:							
Cash and cash equivalents	\$	7,259,849	\$ -	\$ 359,493	\$ 9,649	\$ - \$	7,628,991
Restricted cash		11,404	-	290,482	10,891	-	312,777
		7,271,253	-	649,975	20,540	-	7,941,768
Accounts receivable, net		2,170,870	-	945	189	(1,706,196)	465,808
Grants receivable		5,470,550	-	-	-	-	5,470,550
Contributions receivable		183,200	-	-	-	-	183,200
Short-term investments		244,484	-	-	-	-	244,484
Prepaid expenses		718,336	-	48,317	-	-	766,653
Total current assets		16,058,693	-	699,237	20,729	(1,706,196)	15,072,463
Property and equipment, net		4,101,007	-	2,854,930	290,643	-	7,246,580
Long-term investments		141,126	6,619,005	-	-	-	6,760,131
Beneficial interest in assets held by foundations		61,147	1,135,714	-	-	-	1,196,861
Other assets		101,512	-	34,500	19,846	-	155,858
Total assets	\$	20,463,485	\$ 7,754,719	\$ 3,588,667	\$ 331,218	\$ (1,706,196) \$	30,431,893
Liabilities and Net Assets							
Current liabilities:							
Current maturities of long-term debt	\$	2,071,420	\$ -	\$ -	\$ -	\$ - \$	2,071,420
Accounts payable		569,651	1,310,231	318,058	78,557	(1,651,837)	624,660
Accrued expenses		1,694,547	-	36,840	26,386	(54,359)	1,703,414
Estimated provision for third-party payor liabilities		50,000	-	-	-	-	50,000
Refundable advances		3,427,571	-	-	-	-	3,427,571
Total current liabilities		7,813,189	1,310,231	354,898	104,943	(1,706,196)	7,877,065
Tenant deposits held in trust		-	-	26,173	-	-	26,173
Long-term debt, net of current maturities		474,902	-	5,832,392	583,000	-	6,890,294
Total liabilities		8,288,091	1,310,231	6,213,463	687,943	(1,706,196)	14,793,532
Net assets (deficit):							
Without donor restrictions		11,513,338	697,564	(2,624,796)	(356,725)	-	9,229,381
With donor restrictions		662,056	5,746,924	-	-	-	6,408,980
Total net assets (deficit)		12,175,394	6,444,488	(2,624,796)	(356,725)	-	15,638,361
Total liabilities and net assets	_\$	20,463,485	\$ 7,754,719	\$ 3,588,667	\$ 331,218	\$ (1,706,196) \$	30,431,893

Consolidating Statement of Activities Year Ended June 30, 2022

	J	Gulf Coast ewish Family d Community	Gulf Coast	Gulf Coast Heron	Gulf Coast Egret		
	S	ervices, Inc.	Cares, Inc.	Housing, Inc.	Housing, Inc.	Eliminations	Total
Revenues and support:							
Grants and contracts:							
Governmental and other agencies	\$	34,746,940 \$	- \$	-	\$ - \$	- \$	34,746,940
Medicaid and Medicare		362,709	-	-	-	-	362,709
Local grants		5,982,978	=	-	-	-	5,982,978
Contributions		1,016,280	-	-	-	(225,000)	791,280
Special events revenue, net of \$110,469 of expenses		326,702	-	-	-	-	326,702
United Way and Jewish Federation allocations		310,407	-	-	-	-	310,407
In-kind contributions		317,270	-	-	-	-	317,270
Investment return designated for current operations		-	225,000	-	-	-	225,000
Program service fees		357,234	-	-	-	-	357,234
Management fees		102,040	=	-	-	(102,040)	· •
Rental income		-	-	835,282	126,200	-	961,482
Other income		337,266	=	8,536	-	(765)	345,037
Total revenues and support		43,859,826	225,000	843,818	126,200	(327,805)	44,727,039
Expenses:							
Program services		38,815,854	-	860,873	62,387	(102,805)	39,636,309
Supporting services		5,191,406	226,936	285,664	21,202	(225,000)	5,500,208
Total expenses		44,007,260	226,936	1,146,537	83,589	(327,805)	45,136,517
Changes in net assets before other changes		(147,434)	(1,936)	(302,719)	42,611	-	(409,478)
Other changes:							
Acquisition of TampaBay-Job-Links		438,951	<u>-</u>	-	-	_	438,951
Investment return, net		(12,591)	(885,852)	-	-	_	(898,443)
Less investment return appropriated under the endowment		, , ,	` , ,				, , ,
spending rate		_	(225,000)	-	=	-	(225,000)
Change in the value beneficial interest in			(,,,,,,				(2,222,
assets held by foundations		(23,849)	(122,582)	-	_	_	(146,431)
		402,511	(1,233,434)	-	-	-	(830,923)
Changes in net assets		255,077	(1,235,370)	(302,719)	42,611	-	(1,240,401)
Net assets (deficit):							
Beginning		12,175,394	6,444,488	(2,624,796)	(356,725)	-	15,638,361
Ending	\$	12,430,471 \$	5,209,118 \$	(2,927,515)	\$ (314,114) \$	- \$	14,397,960

Consolidating Statement of Activities Year Ended June 30, 2021

		Gulf Coast					
	,	Jewish Family		Gulf Coast	Gulf Coast		
	а	nd Community	Gulf Coast	Heron	Egret		
		Services, Inc.	Cares, Inc.	Housing, Inc.	Housing, Inc.	Eliminations	Total
Revenues and support:							
Grants and contracts:							
Governmental and other agencies	\$	29,486,065 \$	- \$	- \$	- \$	- \$	29,486,065
Medicaid and Medicare		663,935	-	-	-	-	663,935
Local grants		5,466,060	-	-	-	-	5,466,060
Contributions		1,017,104	-	-	-	(450,000)	567,104
Special events revenue, net of \$62,453 of expenses		498,804	-	-	-	-	498,804
United Way and Jewish Federation allocations		317,263	-	-	-	-	317,263
In-kind contributions		368,120	-	-	-	-	368,120
Investment return designated for current operations		-	450,000	-	-	-	450,000
Program service fees		266,508	-	-	-	-	266,508
Management fees		102,040	-	-	-	(102,040)	-
Rental income		-	-	848,993	75,816	-	924,809
Other income		137,712	-	867	-	(15,069)	123,510
Total revenues and support		38,323,611	450,000	849,860	75,816	(567,109)	39,132,178
F							
Expenses:		22 402 222		757.740	40.044	(447.400)	00 000 004
Program services		33,193,330	450.000	757,742	46,641	(117,109)	33,880,604
Supporting services		4,649,975 37,843,305	459,289	266,594 1,024,336	54,637 101,278	(450,000) (567,109)	4,980,495 38,861,099
Total expenses		37,843,305	459,289	1,024,336	101,278	(567,109)	38,861,099
Changes in net assets before other changes		480,306	(9,289)	(174,476)	(25,462)	-	271,079
Other changes:							
Investment return, net		19,436	1,225,324	-	-	-	1,244,760
Less investment return appropriated under the endowment							
spending rate		-	(450,000)	-	-	-	(450,000)
Change in the value beneficial interest in							
assets held by foundations		8,445	184,713	-	-	-	193,158
		27,881	960,037	-	-	-	987,918
Changes in net assets		508,187	950,748	(174,476)	(25,462)	-	1,258,997
Net assets (deficit):							
Beginning		11,667,207	5,493,740	(2,450,320)	(331,263)	-	14,379,364
Ending	<u> </u>	12,175,394 \$	6,444,488 \$	(2,624,796)	S (356,725) \$		15,638,361
Lituing	Ф	12,110,394 \$	U,444,400 \$	(2,024,190) \$) (300,123) \$	- \$	10,000,01

Consolidating Statement of Cash Flows Year Ended June 30, 2022

Gulf Coast Jewish Family

	and Community Services, Inc.	Gulf Coast Cares, Inc.	Gulf Coast Heron Housing, Inc.	Gulf Coast Egret Housing, Inc.	Eliminations	Total
Cash flows from operating activities:						
Change in net assets	\$ 255,077 \$	(1,235,370) \$	(302,719) \$	42,611 \$	- \$	(1,240,401)
Adjustments to reconcile change in net assets						
to net cash provided by (used in) operating activities:	440.400		400.000	40.44		=00 =00
Depreciation and amortization	413,199	-	162,206	13,115	•	588,520
Acquisition of TampaBay-Job-Links, Inc. (noncash portion)	(214,812)	-	•	•	•	(214,812)
Realized and unrealized losses on investments	13,763	1,024,491	•	•	•	1,038,254
Change in value of beneficial assets held by foundations	23,849	122,582	-	•	•	146,431
(Increase) decrease in operating assets:	(100.170)		(7.40)		(000 000)	(070.005)
Accounts receivable, net Grants receivable	(102,476)	•	(749)	•	(268,800)	(372,025)
	(1,891,694)	•	•	•	•	(1,891,694)
Contributions receivable	69,015	•	-	•	•	69,015
Prepaid expenses	233,994	-	43,032	-	-	277,026
Other assets	4,137	•	34,500	12,514	•	51,151
Increase (decrease) in operating liabilities:						
Accounts payable	22,727	1,935	(269,614)	(18,749)	246,590	(17,111)
Accrued expenses	301,586	•	(22,210)	•	22,210	301,586
Refundable advances	(1,297,966)	-	37,585	•	•	(1,260,381)
Tenant deposits held in trust	 		4,928	-	-	4,928
Net cash (used in) provided by operating activities	 (2,169,601)	(86,362)	(313,041)	49,491	-	(2,519,513)
Cash flows from investing activities:						
Purchases of property and equipment	(51,950)	-	(34,500)	-	-	(86,450)
Purchases of investments	(470)	(193,636)	-	-	-	(194,106)
Proceeds from sale of investments	2,272	244,754	-	-	-	247,026
Purchases of assets held by others	(4,548)	-	-	-	-	(4,548)
Distributions from assets held by others	 1,359	35,244	-	-	-	36,603
Net cash (used in) provided by investing activities	 (53,337)	86,362	(34,500)	-	-	(1,475)
Cash flows from financing activities:						
Principal payments on long-term debt	(419,226)	-	-	-	-	(419,226)
Net cash used in financing activities	(419,226)	-	-	-	-	(419,226)
Net change in cash and cash equivalents						
and restricted cash	(2,642,164)	-	(347,541)	49,491	-	(2,940,214)
Cash and cash equivalents and restricted cash:						
Beginning	 7,271,253	-	649,975	20,540	-	7,941,768
Ending	\$ 4,629,089 \$	- \$	302,434 \$	70,031 \$	- \$	5,001,554
Supplemental disclosure of cash flow information: Cash paid for interest	\$ 54,488 \$	- \$	- \$	- \$	- \$	54,488
Supplemental disclosure of noncash investing activities: Property, plant and equipment acquired from TampaBay-Job-Links	\$ 36,909 \$	- \$	- \$	- \$	- \$	36,909

Consolidating Statement of Cash Flows Year Ended June 30, 2021

Gulf Coast Jewish Family

	Jewish Family					
	and		Gulf Coast	Gulf Coast		
	Community	Gulf Coast	Heron	Egret		
	Services, Inc.	Cares, Inc.	Housing, Inc.	Housing, Inc.	Eliminations	Total
Cash flows from operating activities:						
Change in net assets	\$ 508,187 \$	950,748 \$	(174,476) \$	(25,462) \$	- \$	1,258,997
Adjustments to reconcile change in net assets						
to net cash provided by (used in) operating activities:						
Depreciation and amortization	436,835	-	156,819	12,854	-	606,508
Realized and unrealized gains on investments	(15,181)	(1,104,685)	-	-	-	(1,119,866)
Change in value of beneficial assets held by foundations	(8,445)	(184,713)	-	-	-	(193,158)
(Increase) decrease in operating assets:						
Accounts receivable, net	(322,307)	-	324	(8)	317,670	(4,321)
Grants receivable	(1,294,639)	-	-	-	-	(1,294,639)
Contributions receivable	18,800	-	-	-	-	18,800
Prepaid expenses	(393,901)	-	(47,673)	-	-	(441,574)
Other assets	(58,376)	-	(34,500)	(3,674)	-	(96,550)
Increase (decrease) in operating liabilities:						
Accounts payable	(314,326)	9,289	266,205	2,790	(263,311)	(299,353)
Accrued expenses	336,760	-	10,210	172	(54,359)	292,783
Refundable advances	2,517,642	-	-	-	-	2,517,642
Tenant deposits held in trust	-	-	2,297	-	-	2,297
Net cash provided by (used in) operating activities	1,411,049	(329,361)	179,206	(13,328)	-	1,247,566
Cash flows from investing activities:						
Purchases of property and equipment	(158,279)	-	-	(719)	-	(158,998)
Purchases of investments	(5,990)	(3,337,317)	-	-	_	(3,343,307)
Proceeds from sale of investments	1,685	3,666,678	-	_	_	3,668,363
Net cash provided by (used in) investing activities	(162,584)	329,361	-	(719)	-	166,058
Cash flows from financing activities:						
Principal payments on long-term debt	(154,600)	-	-	-	-	(154,600)
Net cash used in financing activities	(154,600)	-	-	-	-	(154,600)
Net change in cash and cash equivalents						
and restricted cash	1,093,865	-	179,206	(14,047)	-	1,259,024
Cash and cash equivalents and restricted cash:						
Beginning (as restated)	6.177.388	_	470.769	34.587	_	6,682,744
3 3 ()	-,,		,	- 1,001		-,,
Ending	\$ 7,271,253 \$	- \$	649,975 \$	20,540 \$	- \$	7,941,768
Supplemental disclosure of cash flow information:						
Cash paid for interest	\$ 33,171 \$	- \$	- \$	- \$	- \$	33,171

Schedule of Support and Revenue and Expenses for Programs Funded by Juvenile Welfare Board of Pinellas County Year Ended June 30, 2022

	F	Violence Prevention	Far	mily Services Initiative	Total
Operating support and revenue:					
Juvenile Welfare Board	\$	807,890	\$	469,452	\$ 1,277,342
		807,890		469,452	1,277,342
Operating expenses:					
Salaries		498,502		370,758	869,260
Payroll taxes and employee benefits		125,669		77,527	203,196
Occupancy		10,264		12,971	23,235
Travel		474		3,184	3,658
Equipment costs		14,652		2,729	17,381
Insurance		4,996		3,879	8,875
Operating supplies and expenses		23,744		3,881	27,625
Other		12,450		281	12,731
Administrative cost allocations		88,241		60,656	148,897
		778,992		535,866	1,314,858
Program gain (loss)	\$	28,898	\$	(66,414)	\$ (37,516)

^{*}These programs may show income or losses in the fiscal year being reported on as the contract term for this program is October 1st through September 30th.

Substance Abuse and Mental Health Services Program/Cost Center Actual Expenses and Revenues Part I: Actual Funding Sources

Year Ended June 30, 2022

	State-Designated SAMH Cost Centers												
							State SAMH-Fund						
							Audit Men	tal Health					Recovery
			Case		Fixed		Information		Medical	Outpatient	Outpatient		Support
Funding Sources and Revenue	Ass	sessment	Management	CFARS	Amount	Incidental	& Referral	Intervention	Services	Group	Individual	Outreach	Individual
IA. State SAMH funding:	7.00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	managomon	0.7.0.0	741104111	o.aoa	G 110101141	intervention	00.1.000	O. Oup	marriada	Jul. 540.	
(1) Contract # QB014-17	s	3.922	\$ 1.618	\$ -	s -	\$ 122,421	\$ 107,005	\$ -	\$ 7,351	\$ 85,595	\$ 26,162	s -	\$ 517,863
(2) Contract # 34356-20	,	-,	.,			36,469		64,621			,	25,086	96,808
(3) Contract # LS018				_	135,575	-	-	,	_	_		,	-
(4) Contract # GCJ20				_		_	-	-	_	_			_
(5) Contract # V5114				50,269		_	-	-	_	_			_
Total state SAMH funding		3,922	1,618	50,269	135,575	158,890	107,005	64,621	7,351	85,595	26,162	25,086	614,671
_													
IB. Other government funding:													
(1) Other state agency funding		-	-	-	-	-	-	-	-	-	-	-	-
(2) Medicaid		-	14,993	41,750	-	-	-	-	3,585	168,786	54,169	-	-
(3) Local governments		-	-	-	-	-	-	-	-	-	-	-	-
(4) Federal contracts			-	-	-	-	-	-	-	-	-	-	-
Total other government funding			14,993	41,750	-				3,585	168,786	54,169	-	-
IC. All other revenues:													
(1) 1st & 2nd party payments			-	-	-	-	-	-	-	-	-	-	12,930
(2) Medicare			-	-	-	-	-	-	-	-	-	-	-
(3) Contributions			-	-	-	-	-	87	-	-	-	44	-
(4) Other			-	-	-	-	-	-	-	-	-	-	-
(5) In-kind			-	-	-	-	-	-	-	-	-	-	-
Total for all other revenues		-	-	-	-	-	-	87	-	-	-	44	12,930
Total funding	\$	3,922	\$ 16,611	\$ 92,019	\$ 135,575	\$ 158,890	\$ 107,005	\$ 64,708	\$ 10,936	\$ 254,381	\$ 80,331	\$ 25,130	\$ 627,601

(Continued)

Substance Abuse and Mental Health Services Program/Cost Center Actual Expenses and Revenues Part I: Actual Funding Sources (Continued)

Year Ended June 30, 2022

	State-Designated SAMH Cost Center													
								ınded Cost Center						
			Adult Mental Health	1		Child Me	ntal Health			A	Adult Substance Al	buse		
	·		Room &	Room &										
			Board/	Board/	Total Adult	Recovery	Total Child						Recovery	Total Adult
	Residential	Residential	Supervision	Supervision	Mental	Support	Mental	Clinical					Support	Substance
Funding Sources and Revenue	Level I	Level IV	Level I	Level II	Health	Individual	Health	Supervision	Incidental	Intervention	Outreach	Prevention	Individual	Abuse
IA. State SAMH funding:														
(1) Contract # QB014-17	\$ -	\$ 2,156,477	\$ -	\$ 1,402,357	\$ 4,430,771	\$ -	\$ -	\$ -	\$ -	\$ 90,644	\$ 51,054	\$ 60,197	\$ -	\$ 201,895
(2) Contract # 34356-17	750,602	401,612	157,772	-	1,532,970	8,599	8,599	1,223	2,292	-	-	-	26,991	30,506
(3) Contract # LS018	-	314,677	-	-	450,252	-	-	-	-	-	-	-	-	-
(4) Contract # GCJ20	-	94,767	-	-	94,767	-	-	-	-	-	-	-	-	-
(5) Contract # V5114	-	-	-	-	50,269	-	-	-	-	-	-	-	-	-
Total state SAMH funding	750,602	2,967,533	157,772	1,402,357	6,559,029	8,599	8,599	1,223	2,292	90,644	51,054	60,197	26,991	232,401
IB. Other government funding:														
(1) Other state agency funding	_	_	_		_	_	_	_	-	_	_	_	_	-
(2) Medicaid	29,505				312,788		_	-	-		-			
(3) Local governments	· •	-	-	_	· -	_	_	-	_	-	_	_		-
(4) Federal contracts	-				-		_	-	-		-			
Total other government funding	29,505			-	312,788	-		-		-	-		-	
IC. All other revenues:														
(1) 1st and 2nd party payments	_	_	1,124	77,838	91,892	_	_	_	-	_	_	_	_	-
(2) Medicare	24,354		-,		24,354									
(3) Contributions		86	1,640	_	1,857	_	_	-	_	-	_	_		-
(4) Other	_	-			-	_	_	_	-	_	_	_	_	-
(5) In-kind	-	-	-	5,590	5,590	-	_		-	-	-	-	-	-
Total for all other revenues	24,354	86	2,764	83,428	123,693		-	-	-	-	-	-	-	-
Total funding	\$ 804,461	\$ 2,967,619	\$ 160,536	\$ 1,485,785	\$ 6,995,510	\$ 8,599	\$ 8,599	\$ 1,223	\$ 2,292	\$ 90,644	\$ 51,054	\$ 60,197	\$ 26,991	\$ 232,401

(Continued)

Substance Abuse and Mental Health Services Program/Cost Center Actual Expenses and Revenues Part I: Actual Funding Sources (Continued)

Year Ended June 30, 2022

							Sta	ate-Designated	SAME	H Cost Center				
							St	ate SAMH-Fun	ded C	oast Centers				
	-	Child Subs	stance Ab	use		State-I	Designat	ted SAMH Cost	t Cente	ers				
	,					Total for		Total for		Total for All				
		Recovery	To	otal Child		State	1	Nonstate-	Sta	ate Designated				
		Support	S	ubstance	SA	AMH-Funded	Fui	nded SAMH		SAMH	Non SAMH			Total
Funding Sources and Revenue		Individual		Abuse	С	Cost Centers	Co	ost Centers	(Cost Centers	Cost Centers	Adı	ministrative	Funding
IA. State SAMH funding:														
(1) Contract # QB014-17	\$	-	\$	-	\$	4,632,666	\$	-	\$	4,632,666	\$ -	\$	-	\$ 4,632,666
(2) Contract # 34356-17		12,469		12,469		1,584,544		-		1,584,544	-		-	1,584,544
(3) Contract # LS018		-		-		450,252		-		450,252	-		-	450,252
(4) Contract # GCJ20		-		-		94,767		-		94,767	-		-	94,767
(5) Contract # V5114		-		-		50,269		-		50,269	-		-	50,269
Total state SAMH funding		12,469		12,469		6,812,498		-		6,812,498	=		-	6,812,498
IB. Other government funding:														
(1) Other state agency funding		-		-		-		-		-	16,021,241		-	16,021,241
(2) Medicaid		-		-		312,788		-		312,788	49,922		-	362,710
(3) Local governments		-		-		-		432,208		432,208	5,534,820		15,950	5,982,978
(4) Federal contracts		-		-		-		-		-	5,035,631		-	5,035,631
Total other government funding		-		-		312,788		432,208		744,996	26,641,614		15,950	27,402,560
IC. All other revenues:														
(1) 1st and 2nd party payments		-		-		91,892		-		91,892	242,199		-	334,091
(2) Medicare		-		-		24,354		-		24,354	-		-	24,354
(3) Contributions		-		-		1,857		951		2,808	1,651,456		(2,000)	1,652,264
(4) Other		-		-		-		-		-	7,583,783		263,130	7,846,913
(5) In-kind		-		-		5,590		-		5,590	311,679		-	317,269
Total for all other revenues		-		-		123,693		951		124,644	9,789,117		261,130	10,174,891
Total funding	\$	12,469	\$	12,469	\$	7,248,979	\$	433,159	\$	7,682,138	\$ 36,430,731	\$	277,080	\$ 44,389,949

Substance Abuse and Mental Health Services Program/Cost Center Actual Expenses and Revenues Part II: Actual Expenses

Year Ended June 30, 2022

							State-Designate	ed SAMH Cost Cen	ter					
	•						State SAMH-F	unded Cost Cente	r					
							Adult N	lental Health						
	•											Recovery	Recovery	
		Case		Fixed		Information		Medical	Outpatient	Outpatient		Support	Support	Residential
Expense Categories	Assessment	Management	CFARS	Amount	Incidental	and Referral	Intervention	Services	Group	Individual	Outreach	Individual	Individual	Level I
Contract Number	QB014-20	QB014-20	V5114	LS018	QB014-20	QB014-20	34356-20	QB014-19	QB014-20	QB014-20	34356-20	34356-20	QB014-20	34356-20
IIA. Personnel expenses:														
Salaries	\$ 1,556	\$ 9,344	\$ 90,786	\$ 45,331	\$ -	\$ 45,609	\$ 40,900	\$ 5,446	\$ 116,256	\$ 36,305	\$ 20,574	\$ 76,723	\$ 290,350	\$ 437,504
Payroll taxes and benefits	328	2,013	14,412	7,369	-	8,894	8,761	1,165	24,741	7,721	4,407	9,421	49,318	72,555
Total personnel costs	1,884	11,357	105,198	52,700	-	54,503	49,661	6,611	140,997	44,026	24,981	86,144	339,668	510,059
IIB. Other expenses:														
Building occupancy	519	3,136	-	358	-	9,822	2,014	1,825	38,904	12,147	1,013	5,153	3,799	88,023
Professional services	83	633	991	284	-	1,586	199	345	6,951	2,153	100	811	2,378	120,584
Travel	13	26	2,049	3,078	-	951	381	24	676	218	192	3,761	11,747	1,027
Equipment	104	531	2,559	290	-	2,391	636	326	7,245	2,274	320	10,231	7,049	9,185
Food services	133	935	-	-	-	2,364	-	520	10,679	3,317	-	23	-	36,765
Indigent drug program	19	192	-	-	-	301	-	98	1,848	567	-	-	-	
Medical and pharmacy	4	43	-	-	-	52	-	21	385	118	-	-	-	1,140
Subcontracted services	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Insurance	175	1,183	733	403	-	3,311	357	665	13,804	4,294	180	3,434	2,754	35,864
Interest	4	116	-	-	-	9	-	51	799	237	-	-	-	7,403
Adult family stipends	-	-	-	47,484	-	-	-	-	-	-	-	-	-	-
Operating supplies and expenses	109	860	877	39,942	-	2,308	564	464	9,267	2,867	284	3,501	7,478	31,407
Other	1	3	-		-	15	-	2	40	13	-	106	87	101
In- kind	67	318	-	-	-	1,286	-	200	4,524	1,423	-	-	-	-
Total other expenses	1,231	7,976	7,209	91,839	-	24,396	4,151	4,541	95,122	29,628	2,089	27,020	35,292	331,499
Total personnel and other expenses	3,115	19,333	112,407	144,539	-	78,899	53,812	11,152	236,119	73,654	27,070	113,164	374,960	841,558
IIC. Distributed indirect costs:														
Administrative	14,700	18,605	14,418	18,540	40,221	62,443	6,872	24,394	80,082	35,354	3,457	18,607	60,218	107,492
Total actual operating expenses	17,815	37,938	126,825	163,079	40,221	141,342	60,684	35,546	316,201	109,008	30,527	131,771	435,178	949,050
IID. Unallowable costs:														
Unallowable costs		-	-	-	-	-	-	-	-	-	-	-	-	
	\$ 17,815	\$ 37,938	\$ 126,825	\$ 163,079	\$ 40,221	\$ 141,342	\$ 60,684	\$ 35,546	\$ 316,201	\$ 109,008	\$ 30,527	\$ 131,771	\$ 435,178	\$ 949,050
IIE. Capital expenditures: Capital expenditures	<u> </u>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ <u>-</u>

(Continued)

Substance Abuse and Mental Health Services Program/Cost Center Actual Expenses and Revenues Part II: Actual Expenses (Continued)

Year Ended June 30, 2022

							State-Designated S	SAMH Cost Cen	iter							
	-						State SAMH-Fun									
							ntal Health		Adult Substance Abuse							
	•				Room &	Room &										
					Board	Board	Total Adult	Recovery	Total Child					Recovery	Total Adult	
	Residential	Residential	Residential	Residential	Supervision	Supervision	Mental	Support	Mental	Clinical				Support	Substance	
Expense Categories	Level IV	Level IV	Level IV	Level IV	Level I	Level II	Health	Individual	Health	Supervision	Intervention	Outreach	Prevention	Individual	Abuse	
Contract Number	34356-20	GCJ20	LS018	QB014-20	34356-20	QB014-20		34356-20		34356-20	QB014-20	QB014-20	QB014-20	34356-20		
IIA. Personnel expenses:																
Salaries	\$ 53,629 \$	23,169	\$ 59,450	\$ 406,196	\$ 145,835	\$ 664,792	\$ 2,569,755	\$ 6,012	\$ 6,012	\$ 855	\$ 6,452	\$ 76,790	\$ 43,786	\$ 18,871	\$ 146,754	
Payroll taxes and benefits	12,039	5,982	11,473	98,685	24,185	141,278	504,747	738	738	105	1,664	18,212	11,043	2,317	33,341	
Total personnel costs	65,668	29,151	70,923	504,881	170,020	806,070	3,074,502	6,750	6,750	960	8,116	95,002	54,829	21,188	180,095	
IIB. Other expenses:																
Building occupancy	1,860	7	13	7,523	29,341	222,394	427,851	404	404	57	23	448	2,809	1,267	4,604	
Professional services	372	64	647	3,492	40,195	39,142	221,010	64	64	9	33	448	359	199	1,048	
Travel	419	1.728	6.981	15.306	342	4,093	53.012	295	295	42	240	2.918	3.578	925	7.703	
Equipment	492	712	897	11,175	3,062	41,847	101,326	802	802	114	60	986	1,720	2,516	5,396	
Food services		-	-	98	12,255	60,442	127,531	2	2		-		-,	-,	6	
Indigent drug program		-	_	-	-,	10,221	13,246	_		_		_	_	-	-	
Medical and pharmacy	_	-	_	_	380	2,106	4.249	_	_	_	_	-	-	-	_	
Subcontracted services		-	-	-	-			_	_	-	_	-	_	-	-	
Insurance	484	1,514	583	4,521	11,955	78,345	164,559	269	269	38	54	661	346	845	1,944	
Interest					2,468	4,148	15,235	-		-	-		_	-		
Adult family stipends	122,522	38,838	150,988	867,196			1,227,028	-	-	-	-	-	-	-	-	
Operating supplies and expenses	739	1,290	1,344	12,800	10,469	52,059	178,629	274	274	39	96	1,340	1,083	861	3,419	
Other	-	-	-	25	34	229	656	8	8	1	-	5	15	26	47	
In-kind	-	-	-	-	-	26,239	34,057	-	-	-	-	-	-	-	-	
Total other expenses	126,888	44,153	161,453	922,136	110,501	541,265	2,568,389	2,118	2,118	300	506	6,806	9,910	6,645	24,167	
Total personnel and other expenses	192,556	73,304	232,376	1,427,017	280,521	1,347,335	5,642,891	8,868	8,868	1,260	8,622	101,808	64,739	27,833	204,262	
IIC. Distributed indirect costs:	24.699	9,403	29.807	183.042	35.831	168,731	956.916	1,458	1,458	207	1,101	13,774	8,304	4,576	27,962	
Administrative	24,099	9,403	29,007	163,042	35,631	100,731	956,916	1,450	1,450	207	1,101	13,774	0,304	4,576	27,962	
Total expenses	217,255	82,707	262,183	1,610,059	316,352	1,516,066	6,599,807	10,326	10,326	1,467	9,723	115,582	73,043	32,409	232,224	
IID. Unallowable costs:																
Unallowable costs			-	-		-	-	-	-	-	-	-	-		-	
	\$ 217,255 \$	82,707	\$ 262,183	\$ 1,610,059	\$ 316,352	\$ 1,516,066	\$ 6,599,807	\$ 10,326	\$ 10,326	\$ 1,467	\$ 9,723	\$ 115,582	\$ 73,043	\$ 32,409	\$ 232,224	
IIE. Capital expenditures: Capital expenditures	\$ - \$	_	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	s -	\$ -	\$ -	\$ -	\$ -	\$ -	

(Continued)

Substance Abuse and Mental Health Services Program/Cost Center Actual Expenses and Revenues Part II: Actual Expenses (Continued)

Year Ended June 30, 2022

						Stat	e-Designate	d SAMH C	Cost Center						
						S	State SAMH-	Fund Cos	t Center						
		Child Subs	tance Abuse	State-Designated ASMH Cost Center											
	S	ecovery	Total Child Substance	St SAMH-	Total for State SAMH- Funded		Total for Nonstate- SAMH		Total for All State Designated SAMH		Non SAMH			_	Total
Expense Categories	In	dividual	Abuse	Cost C	Centers	Cost	Centers	Cos	st Centers		Cost Centers	Admini	strative	E	xpenses
Contract Number	3-	4356-20													
IIA. Personnel expenses:															
Salaries	\$	8,718	\$ 8,718	\$	2,731,239	\$	357,168	\$	3,088,407	\$	17,792,943	\$	2,815,462	\$	23,696,812
Payroll taxes and benefits		1,070	1,070		539,896		69,391		609,287		3,409,024		560,190		4,578,501
Total personnel costs		9,788	9,788		3,271,135		426,559		3,697,694		21,201,967	;	3,375,652		28,275,313
IIB. Other expenses:															
Building occupancy		586	586		433,445		5,707		439,152		1,487,231		238,895		2,165,278
Professional services		92	92		222,214		1,763		223,977		4,134,363		509,792		4,868,132
Travel		427	427		61,437		6,867		68,304		1,150,775		39,379		1,258,458
Equipment		1,162	1,162		108,686		1,919		110,605		376,185		536,745		1,023,535
Food services		3	3		127,542		-		127,542		184,159		2,437		314,138
Indigent drug program		-	-		13,246		-		13,246		1,966				15,212
Medical and pharmacy		-	-		4,249		-		4,249		26,032		-		30,281
Subcontracted services		-	-		-		-		-		279,620				279,620
Insurance		390	390		167,162		4,616		171,778		234,896		98,168		504,842
Interest		-	-		15,235		-		15,235		-		39,385		54,620
Adult family stipends		-	-		1,227,028		-		1,227,028		-		-		1,227,028
Operating supplies and expenses		398	398		182,720		14,569		197,289		2,975,638		257,757		3,430,684
Other		12	12		723		-		723		22,504		24,193		47,420
In-kind		-	-		34,057		-		34,057		311,679		-		345,736
Total other expenses		3,070	3,070		2,597,744		35,441		2,633,185		11,185,048		1,746,751		15,564,984
Total personnel and other expenses		12,858	12,858		5,868,879		462,000		6,330,879		32,387,015		5,122,403		43,840,297
IIC. Distributed indirect costs:															
Administrative		2,114	2,114		988,450		59,260		1,047,710		4,154,241	(4	4,982,610)		219,341
Total expenses		14,972	14,972		6,857,329		521,260		7,378,589		36,541,256		139,793		44,059,638
IID. Unallowable costs:															
Unallowable costs		-	-		-		-		-		-		-		-
	\$	14,972	\$ 14,972	\$	6,857,329	\$	521,260	\$	7,378,589	\$	36,541,256	\$	139,793	\$	44,059,638
IIE. Capital expenditures:															
Capital expenditures	\$	-	\$ -	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-

Schedule of State Earnings* Year Ended June 30, 2022

^{*}This schedule does not apply for the year ended June 30, 2022.

Substance Abuse and Mental Health Services Schedule of Bed-Day Availability Payments* Year Ended June 30, 2022

^{*}This schedule does not apply for the year ended June 30, 2022.

Substance Abuse and Mental Health Services Schedule of Related Party Transaction Adjustments* Year Ended June 30, 2022

^{*}This schedule does not apply for the year ended June 30, 2022.

Schedule of Functional Expenses as Required by Area Agency on Aging of Pasco-Pinellas, Inc. Year Ended June 30, 2022

			Program Services Supporting Services															
										Non-DoEA	Total				Management	Total	•	
	Home	emaker		Case						Program	Program	Fund			and	Supporting		Total
	Ser	vices	Ма	nagement	Ca	se Aide	Co	unseling		Services	Services	Raising	Un	allowable	General	Services		Expenses
Salaries	\$	258,672	\$	539,358	\$	201,722	\$	55,801	\$	19,541,739	\$ 20,597,292	\$ 375,746	\$	_	\$ 2,723,772	\$ 3,099,518	\$	23,696,810
Payroll taxes and benefits		55,132		114,039		42,651		9,940		3,754,535	3,976,297	55,968		-	546,237	602,205		4,578,502
Total personnel costs		313,804		653,397		244,373		65,741		23,296,274	24,573,589	431,714		-	3,270,009	3,701,723		28,275,312
Travel		14,764		2,697		1,009		459		1,199,652	1,218,581	498			39,379	39,877		1,258,458
Communications and postage		5,501		9,616		3,596		4,601		353,448	376,762	6,257		-	83,052	89,309		466,071
Utilities		744		4,070		1,522		156		158,768	165,260	1,354		-	27,841	29,195		194,455
Advertising		-		-		-		-		14,056	14,056	150		-		150		14,206
Insurance		2,239		7,630		2,854		761		392,232	405,716	1,417		-	97,709	99,126		504,842
Maintenance and repair		790		12,529		4,686		407		344,050	362,462	3,641		-	74,720	78,361		440,823
Printing and supplies		307		4,365		1,632		2		197,346	203,652	17,103		-	29,732	46,835		250,487
Building cost		-		-		-		-		1,158,470	1,158,470			-	24,488	24,488		1,182,958
Equipment		3,923		8,929		3,339		4,343		407,706	428,240	16,883		-	485,432	502,315		930,555
Professional fees		4,099		3,609		1,350		532		4,320,548	4,330,138	38,243		-	499,855	538,098		4,868,236
Subcontractors		-		-		-		-		279,620	279,620			-		-		279,620
Program supplies		-		-		-		-		45,491	45,491			-		-		45,491
Depreciation		855		11,782		4,407		454		264,134	281,632	3,933		-	124,767	128,700		410,332
Food and supplies		-		-		-		-		311,688	311,688	39		-	2,437	2,476		314,164
Stipends		-		-		-		-		1,227,029	1,227,029			-		-		1,227,029
Interest		-		-		-		-		15,234	15,234			-	39,385	39,385		54,619
Other		6,077		1,391		520		9		2,962,462	2,970,459	65,380		14,293	199,697	279,370		3,249,829
Total direct expenses		353,103		720,015		269,288		77,465		36,948,208	38,368,079	586,612		14,293	4,998,503	5,599,408		43,967,487
Allocation of management																		
and general		45,297		92,422		34,566		9,937		4,741,037	4,923,259	75,244		-	(4,998,503)	(4,923,259)		-
Total expenses	\$	398,400	\$	812,437	\$	303,854	\$	87,402	\$	41,689,245	\$ 43,291,338	\$ 661,856	\$	14,293	\$ -	\$ 676,149	\$	43,967,487
Units served		9,383		11,898		4,449		908										
		3,303		11,000		7,773		200	=									

Schedule of Program Revenue and Expenses for Conference on Jewish Material Claims Against Germany, Inc. In-Home Services Program Year Ended December 31, 2021*

Operating support and revenue:	
Grant revenue (GG23)	\$ 3,659,589
Operating expenses:	
Contract housekeeping services	2,405,522
Contracted personal care services	733,507
Client transportation services	259
Personnel	255,824
Socialization	1,712
Food, medical and dental	8,574
Administrative cost allocation	254,191
	3,659,589
Program income	<u>\$</u> -

^{*}The grant period is the year ended December 31, 2021.

Management believes the Organization has complied with the provisions of the grant documents and the grant funds were expenses exclusively for the purposes for which they were granted.



RSM US LLP

Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance With Government Auditing Standards

Independent Auditor's Report

Board of Directors Gulf Coast Jewish Family and Community Services, Inc.

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards*), the consolidated financial statements of Gulf Coast Jewish Family and Community Services, Inc., and Affiliates (the Organization), which comprise the consolidated statements of financial position as of June 30, 2022, the related consolidated statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the consolidated financial statements (collectively, the financial statements), and have issued our report thereon dated December 22, 2022.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Organization's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

A *deficiency* in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected, and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Organization's financial statements are free from material misstatement, we performed tests of their compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

RSM US LLP

St. Petersburg, Florida December 22, 2022



RSM US LLP

Report on Compliance for Each Major Federal Program and State Financial Assistance Project and Report on Internal Control Over Compliance Required by the Uniform Guidance and State of Florida Chapter 10.650, Rules of the Auditor General

Independent Auditor's Report

Board of Directors Gulf Coast Jewish Family and Community Services, Inc.

Report on Compliance for Each Major Federal Program and State Financial Assistance Project

Opinion on Each Major Federal Program and State Financial Assistance Project

We have audited Gulf Coast Jewish Family and Community Services, Inc. and Affiliates (the Organization) compliance with the types of compliance requirements described in the *OMB Compliance Supplement* and in the State of Florida's *Department of Financial Services' State Projects Compliance Supplement* that could have a direct and material effect on each of the Organization's major federal programs and state financial assistance projects for the year ended June 30, 2022. The Organization's major federal programs and state financial assistance projects are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, the Organization complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs and state financial assistance projects for the year ended June 30, 2022.

Basis for Opinion on Each Major Federal Program and State Financial Assistance Project

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States (*Government Auditing Standards*); the audit requirements of Title 2 *U.S. Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance); and the State of Florida Chapter 10.650, *Rules of the Auditor General* (Chapter 10.650). Our responsibilities under those standards, the Uniform Guidance and Chapter 10.650 are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of the Organization and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program and state financial assistance project. Our audit does not provide a legal determination of the Organization's compliance with the compliance requirements referred to above.

Other Matter – Federal Expenditures Not Included in the Compliance Audit

The Organization's basic financial statements include the operations of the Gulf Coast Heron Housing, Inc., which expended \$6,253,491 in federal awards which is not included in the Organization's schedule of expenditures of federal awards during the year ended June 30, 2022. Our compliance audit, described in the "Opinion on Each Major Federal Program," does not include the operations Gulf Coast Heron Housing, Inc. because a standalone compliance audit is performed.

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Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules and provisions of contracts or grant agreements applicable to the Organization's federal programs and state projects.

Auditor's Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express and opinion on the Organization's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS, *Government Auditing Standards*, the Uniform Guidance, and Chapter 10.650 will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material, if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the Organization's compliance with the requirements of each major federal program and state financial assistance project as a whole.

In performing an audit in accordance with GAAS, *Government Auditing Standards*, the Uniform Guidance, and Chapter 10.650, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design
 and perform audit procedures responsive to those risks. Such procedures include examining, on a
 test basis, evidence regarding the Organization's compliance with the compliance requirements
 referred to above and performing such other procedures as we considered necessary in the
 circumstances.
- Obtain an understanding of the Organization's internal control over compliance relevant to the audit in
 order to design audit procedures that are appropriate in the circumstances and to test and report on
 internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of
 expressing an opinion on the effectiveness of the Organization's internal control over compliance.
 Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Report on Internal Control Over Compliance

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A material weakness in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A significant deficiency in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit, we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance and Chapter 10.650. Accordingly, this report is not suitable for any other purpose.

RSM US LLP

St. Petersburg, Florida December 22, 2022

Schedule of Expenditures of Federal Awards and State Financial Assistance Year Ended June 30, 2022

Federal Grantor/Pass-Through Grantor/Program Title	Federal ALN Number	Contract/Grant Number	Provided to Subrecipients	Total Federal Expenditures
U.S. Department of Health and Human Services Unaccompanied Alien Children Program	93.676	90ZU0322-01-02 90ZU0322-01-03	\$ - - -	\$ 2,818,433 1,579,878 4,398,311
Assistance for Torture Victims	93.604	90ZT0190-03-00 90ZT0190-04-00	- - -	122,216 275,062 397,278
Refugee and Entrant Assistance Discretionary Grant	93.576	90ZM0023-01-00		116,369
Passed-through from Central Florida Behavioral Health Network, Inc.: Block Grants for Community Mental Health Services Block Grants for Prevention and Treatment of Substance Abuse	93.958 93.959	QG014-21 QG014-21	- -	701,888 110,139 812,027
Passed-through from Area Agency on Aging: Aging Cluster: Special Programs for the Aging – Title III, Part B Grants for Supportive Services and Senior Centers	93.044	EA021-GCJFCS	-	246,122
		EA022-GCJFCS		77,466 323,588
Passed-through from Eckerd Youth Alternatives, Inc.: MaryLee Allen Promoting Safe and Stable Families	93.556	ECA-C13-CMO-GCJ-FY22 ECA-C13-FRS-GCJ-FY22 ECA-C13-KIN-GCJ-FY22 ECA-C6-SA-GCHGA-FY23 ECA-C6-DIV-GCJ-FY22 ECA-C13-IHS-GCJ-FY22	41,267 41,267	36,161 564,689 57,899 48,249 224,469 303,078 1,234,545
Temporary Assistance for Needy Families	93.558	ECA-C13-CMO-GCJ-FY22 ECA-C13-FRS-GCJ-FY22 ECA-C13-KIN-GCJ-FY22 ECA-C6-DIV-GCJ-FY22 ECA-C13-IHS-GCJ-FY22	- - - 52,114 52,114	1,184,516 16,467 257 837,017 554,869 2,593,126
Community-Based Child Abuse Prevention Grants	93.590	ECA-C13-IHS-GCJ-FY22	6,755	6,755
Stephanie Tubbs Jones Child Welfare Services Program	93.645	ECA-C13-CMO-GCJ-FY22 ECA-C13-FRS-GCJ-FY22	- -	570,277 869 571,146
Foster Care Title IV-E	93.658	ECA-C13-CMO-GCJ-FY22 ECA-C13-FRS-GCJ-FY22 ECA-C13-KIN-GCJ-FY22 ECA-C6-DIV-GCJ-FY22 ECA-C13-IHS-GCJ-FY22	- - - - 47,972 47,972	2,661,272 36,568 579 250,293 481,970 3,430,682
Adoption Assistance	93.659	ECA-C13-CMO-GCJ-FY22 ECA-C13-FRS-GCJ-FY22 ECA-C13-KIN-GCJ-FY22	- - -	235,472 2,896 13 238,381
Social Services Block Grant	93.667	ECA-C13-CMO-GCJ-FY22 ECA-C13-FRS-GCJ-FY22	-	24,445 329 24,774
Child Abuse and Neglect State Grants	93.669	ECA-C6-DIV-GCJ-FY22 ECA-C13-IHS-GCJ-FY22	2,169 2,169	57,894 27,326 85,220

(Continued)

Schedule of Expenditures of Federal Awards and State Financial Assistance (Continued) Year Ended June 30, 2022

	Federal		Provided to	Total Federal
Federal Grantor/Pass-Through Grantor/Program Title	ALN Number	Contract/Grant Number	Subrecipients	Expenditures
Passed-through from Embrace Families:	Number	Contract Grant Number	Oubrecipients	Experiorationes
MaryLee Allen Promoting Safe and Stable Families	93.556	OROS001-2023	\$ -	\$ 402,059
Temporary Assistance for Needy Families	93.558	OROS001-2023	-	619,417
Stephanie Tubbs Jones Child Welfare Services Program	93.645	OROS001-2023	_	203,948
Foster Care Title IV-E	93.658	OROS001-2023	_	1,396,606
Adoption Assistance	93.659	OROS001-2023	_	228,422
John H. Chafee Foster Care Independence Program for Successful Transition to Adulthood	93.674	OROS001-2023	_	96,226
				2,946,678
Passed-through from Hebrew Immigrant Aid Society:				
Refugee and Entrant Assistance Voluntary Agency Programs	93.567	1901MDRVMG	-	9,843
		2001MDRVMG	-	368,194
			-	378,037
Refugee and Entrant Assistance Discretionary Grants	93.576	90RP0116-03-00	-	19,261
		90RP0116-04-00	-	59,641
		PCFY2204	-	104,475
		PCFY2213	-	4,651
		PCFY2204-01	-	231,185
		PCFY2213-01	-	16,445
		90RG0204-01-00		63,486
				499,144
Passed-through from Broward Behavioral Health Coalition:				
Block Grants for Community Mental Health Services	93.958	34356-17	-	292,458
Block Grants for Prevention and Treatment of Substance Abuse	93.959	34356-17		25,202
				317,660
Passed-through from Central Florida Cares Health System, Inc.:				==
Block Grants for Community Mental Health Services	93.958	GCJ23		59,483
Passed-through from State of Florida Department of Children and Families:				
Refugee and Entrant Assistance – State Administered Programs	93.566	LN204		100,000
Passed-through Lutheran Services Florida, Inc.:				
Refugee and Entrant Assistance – State Administered Programs	93.566	LK205		40,408
Passed-through from Pasco Hernando Workforce Board, Inc.:	00.550	A1/A		4 000 000
Temporary Assistance for Needy Families	93.558	N/A	450.077	1,062,000
Subtotal – U.S. Department of Health and Human Services			150,277	19,635,612
U.S. Department of Housing and Urban Development				
Section 8 Project-Based Cluster:				
Section 8 Housing Assistance Payment Program	14.195	N/A	-	63,733
, , ,				,
Passed-through Pasco County:				
CDBG – Entitlement Grants Cluster				
Community Development Block Grants Section 108 Loan Guarantees	14.218	N/A	-	70,309
Passed-through City of Largo:				
CDBG – Entitlement Grants Cluster				
Community Development Block Grants Section 108 Loan Guarantees	14.218	N/A	-	8,027
Subtotal – U.S. Department of Housing and Urban Development				142,069
U.S. Department of State				
Passed-through Hebrew Immigrant Aid Society:				
U.S. Refugee Admissions Program	19.510	SPRMCO21CA3288	_	491,822
O.O. Notageo Authiosions Flogram	18.510	SPRMCO21CA3266 SPRMCO21CA3005	-	100,871
Subtotal – U. S. Department of State		ST THIOOZ TOAGOOG		592,693
				332,000
Total Expenditures of Federal Awards			\$ 150,277	\$ 20,370,374

(Continued)

Schedule of Expenditures of Federal Awards and State Financial Assistance (Continued) Year Ended June 30, 2022

	State CSFA		Provided to	Total State
Federal Grantor/Pass-Through Grantor/Program Title	Number	Contract/Grant Number	Subrecipients	Expenditures
State of Florida Department of Children and Families			_	
Community Care for Disabled Adults	60.008	QG501	_\$ -	\$ 1,870
Passed-through from Eckerd Youth Alternatives, Inc.:				
Out-of-Home Supports	60.074	ECA-C13-KIN-GCJ-FY22		248,243
CBC – Purchase Therapeutic Services for Children	60.183	ECA-C13-IHS-GCJ-FY22	1,406	4,436
Passed-through from Central Florida Behavioral Health Network, Inc.:				
SAMH ME State Funded Federal Excluded Services	60.190	QB014-19		30,000
Passed-through from Embrace Families:				
Out-of-Home Supports	60.074	OROS001-2023		131,464
Subtotal – Department of Children and Families			1,406	416,013
State of Florida Department of Economic Opportunity				
Passed-through from Pasco Hernando Workforce Board, Inc.:				
Workforce Development Projects	40.037	N/A		176,250
Subtotal – Department of Economic Opportunity			-	176,250
		Out-of-Home Supports		
State of Florida Department of Elder Affairs				
Passed-through from Area Agency on Aging:				
Home Care for the Elderly	65.001	EH021-GCJFCS	-	104,481
Local Services Programs	65.009	EL021-GCJFCS	-	58,238
Alzheimer's Respite Services	65.004	EZ021-GCJFCS	-	149,537
Community Care for the Elderly	65.010	EC021-GCJFCS		541,931
Subtotal – Department of Elder Affairs				854,187
State of Florida Department of Financial Services				
Holocaust Victims Assistance Act	43.003	CS094	-	40,624
Subtotal - Department of Financial Services			-	40,624
Total Expenditures of State Financial Assistance			1,406	1,487,074
Total Expenditures of Federal Awards and State Financial Assistance			\$ 151,683	\$ 21,857,448

Schedule of Expenditures of Federal Awards and State Financial Assistance Totals by Federal Award Program and State Financial Assistance Project Year Ended June 30, 2022

Federal Award Dragrams	ALN/ CSFA Number	Total Federal/State Expenditures
Federal Award Programs U.S. Department of Health and Human Services	CSFA Nullibel	Experiultures
Temporary Assistance for Needy Families	93.558	\$ 4,274,543
Aging Cluster:	00.000	Ψ 1,27 1,010
Special Programs for the Aging – Title III, Part B		
Grants for Supportive Services and Senior Centers	93.044	323,588
Unaccompanied Alien Children Program	93.676	4,398,311
MaryLee Allen Promoting Safe and Stable Families	93.556	1,636,604
Refugee and Entrant Assistance – State Administered Programs	93.566	140,408
Refugee and Entrant Assistance Voluntary Agency Programs	93.567	378,037
Refugee and Entrant Assistance Discretionary Grants	93.576	615,513
Community-Based Child Abuse Prevention Grants	93.590	6,755
Assistance for Torture Victims	93.604	397,278
Stephanie Tubbs Jones Child Welfare Services Program	93.645	775,094
Foster Care Title IV-E	93.658	4,827,288
Adoption Assistance	93.659	466,803
Social Services Block Grant	93.667	24,774
Child Abuse and Neglect State Grants	93.669	85,220
John H. Chafee Foster Care Independence Program for Successful Transition to Adulthood	93.674	96,226
Block Grants for Community Mental Health Services	93.958	1,053,829
Block Grants for Prevention and Treatment of Substance Abuse	93.959	135,341
		19,635,612
U.S. Department of State		
U.S. Refugee Admissions Program	19.510	592,693
o.o. reduged raminosions r rogram	10.010	592,693
U.S. Department of Housing and Urban Development		
Section 8 Project-Based Cluster:		
Section 8 Housing Assistance Payment Program	14.195	63,733
CDBG – Entitlement Grants Cluster:		
Community Development Block Grants Section 108 Loan Guarantees	14.218	78,336
		142,069
Total Expenditures of Federal Awards		\$ 20,370,374
State Financial Assistance Projects		
State of Florida Department of Children and Families	22.222	
Community Care for Disabled Adults	60.008	\$ 1,870
Out-of-Home Supports	60.074	379,707
CBC – Purchase Therapeutic Services for Children	60.183	4,436
SAMH ME State Funded Federal Excluded Services	60.190	30,000
		416,013
State of Florida Department of Economic Opportunity		
Workforce Development Projects	40.037	176,250
		176,250
State of Florida Department of Elder Affairs		
•	05.004	404 404
Home Care for the Elderly	65.001	104,481
Local Services Program	65.009	58,238
Alzheimer's Respite Services	65.004	149,537
Community Care for the Elderly	65.010	541,931
		854,187
State of Florida Department of Financial Services		
Holocaust Victims Assistance Act	43.003	40,624
		40,624
Total Expanditures of State Financial Assistance		ф 4.407.07.4
Total Expenditures of State Financial Assistance		\$ 1,487,074

Notes to Schedule of Expenditures of Federal Awards and State Financial Assistance Year Ended June 30, 2022

Note 1. Basis of Presentation

The accompanying consolidated schedule of expenditures of federal awards and state financial assistance (the Schedule) includes the federal award and state financial assistance project activity of Gulf Coast Jewish Family and Community Services, Inc. and Affiliates, under programs of the federal government and the State of Florida for the year ended June 30, 2022. The information in this Schedule is presented in accordance with the requirements of Title 2 *U.S. Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance) and the State of Florida Chapter 10.650, *Rules of the Auditor General.* Because the Schedule presents only a selected portion of the operations of Gulf Coast Jewish Family and Community Services, Inc. and Affiliates, it is not intended to and does not present the financial position, changes in net assets or cash flows of Gulf Coast Jewish Family and Community Services, Inc. and Affiliates.

Note 2. Summary of Significant Accounting Policies

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance and cost principles established by the State of Florida Department of Financial Services, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

Note 3. Indirect Cost Rate

Gulf Coast Jewish Family and Community Services, Inc. and Affiliates has elected not to use the 10% de minimis indirect cost rate as allowed under the Uniform Guidance.

Note 4. Other

The accompanying Schedule presents federal expenditures and state financial assistance bypass-through agency. Expenditures of certain federal programs and state financial assistance projects were awarded to Gulf Coast Jewish Family and Community Services, Inc. and Affiliates by more than one pass-through agency or under more than one contract. Total expenditures by federal award program and state financial assistance project are summarized on page 55.

Schedule of Findings and Questioned Costs Year Ended June 30, 2022

and type B programs:

Section I - Summary of Auditor's Results	
Financial Statements	
Type of auditor's report issued on whether the financial statements audited were prepared in accordance with U.S. GAAP:	Unmodified
Internal control over financial reporting: • Material weakness(es) identified? • Significant deficiency(ies) identified?	Yes X No Yes X None Reported
Noncompliance material to the financial statements noted?	YesX No
Federal Awards	
Internal control over major programs: • Material weakness(es) identified?	YesXNo
Significant deficiency(ies) identified?	YesX None Reported
Type of auditor's report issued on compliance for major programs:	Unmodified
Any audit findings disclosed that are required to be reported in accordance with Section 2 CFR 200.516(a)?	YesXNo
Identification of major federal programs:	
ALN Number(s):	Name of Federal Program or Cluster:
93.645 93.556 93.558 19.510 93.658	Stephanie Tubbs Jones Child Welfare Services Program MaryLee Allen Promoting Safe and Stable Families Progran Temporary Assistance for Needy Families U.S. Refugee Admissions Program Foster Care Title IV-E
Dollar threshold used to distinguish between type A	
and type B programs:	\$750,000
Auditee qualified as low-risk auditee?	YesXNo
State Financial Assistance Projects	
Internal control over major projects: • Material weakness(es) identified? • Significant deficiency(ies) identified?	Yes
Type of auditor's report issued on compliance for major projects:	Unmodified
dentification of major state projects:	
CSFA Number(s)	Name of State Financial Assistance Project
65.004 65.010	Alzheimers Respite Services Community Care for the Elderly
Any audit findings disclosed that are required to be reported in accordance with Chapter 10.650?	YesXNo
Dollar threshold used to distinguish between type A	

\$446,122

Schedule of Findings and Questioned Costs (Continued) Year Ended June 30, 2022

Section II - Financial Statement Findings

No matters to report.

Section III - Findings and Questioned Costs for Federal Awards and State Financial Assistance

No matters to report.

Summary Schedule of Prior Year Audit Findings Year Ended June 30, 2022



<u>Summary Schedule of Prior Audit Findings</u> Year Ended June 30, 2022

2021-001: Prior Year Restatement – Incorrect Application of Accounting Principles Generally Accepted in the United States of America (U.S. GAAP) – Reporting Entity

Finding: Based on principles and guidance contained within the 2013 Internal Control -Integrated Framework as published by the Committee of Sponsoring Organizations of the Treadway Commission (COSO), management is responsible for the design, implementation, and maintenance of internal controls over financial reporting with the objective that the consolidated financial statements are accurate under accounting principles generally accepted in the United States of America (U.S. GAAP). Gulf Coast Jewish Family and Community Services, Inc. and Affiliates (Gulf Coast JFCS) prior financial statements did not include the financial position and changes in net assets of Gulf Coast Heron Housing, Inc. (Heron), Housing and Urban Development (HUD) Project No. 067-EE052-WAH, and Gulf Coast Egret Housing, Inc. (Egret), HUD Project 067-HD017 (collectively, the HUD Projects), U.S. GAAP requires an entity to consolidate another not-for-profit organization if there is a controlling financial interest in the other notfor-profit organization. Based on accounting standards criteria and review of the HUD Projects By-Laws, management has determined that Gulf Coast JFCS has a controlling financial interest in the HUD Projects because of the requirement that members of each of the Projects' Board be on Gulf Coast JFCS's board or approved by Gulf Coast JFCS. The cumulative effect of the adjustment on beginning net assets without donor restrictions at July 1, 2020 was decreased by \$2,781,583 and no adjustment to net asset with donor restrictions at July 1, 2020. The effect on the change in net assets without donor restriction and with donor restriction as of June 30, 2020 is a decrease of \$156,296 and \$0, respectively.

Corrective Action Taken: Corrective action has been taken and completed. This finding is not repeated.

Summary Schedule of Prior Year Audit Findings (Continued) Year Ended June 30, 2022



<u>Summary Schedule of Prior Audit Findings</u> Year Ended June 30, 2022

2021-002: Pre-Audit Financial Statement Close Process

Finding: Based on principles and guidance contained within the 2013 Internal Control -Integrated Framework as published by the Committee of Sponsoring Organizations of the Treadway Commission (COSO), management is responsible for the design, implementation, and maintenance of internal controls over financial reporting with the objective that the consolidated financial statements are accurate under accounting principles generally accepted in the United States of America (U.S. GAAP). During the course of our audit, we noted that the Organization had experienced turnover and therefore did not perform a timely close of the 2021 year end, resulting in several adjustments to the financial statements. Additionally, schedules received to support the general ledger transactions or general ledger account balances were either not accurate or incomplete which required multiple versions. The Organization did provide updated documentation upon request, but the lack of a formal review and timely close process led to significant adjustments of either the general ledger balances or supporting schedules. Schedules that were not prepared accurately resulted in entries to the general ledger. In the aggregate, material adjustments were made to the consolidated financial statements for the year ending June 30, 2021. Additionally, the completion of the 2021 audit was delayed due to lack of a full close being completed timely.

Corrective Action Taken: Corrective action has been taken and completed. This finding is not repeated.

Summary Schedule of Prior Year Audit Findings (Continued) Year Ended June 30, 2022



<u>Summary Schedule of Prior Audit Findings</u> Year Ended June 30, 2022

2021-003: Prior Year Restatement – Incorrect Application of Accounting Principles Generally Accepted in the United States of America (U.S GAAP) – Endowment Net Asset Classification

Finding: As required by U.S. GAAP, net assets associated with endowment funds, including funds designated by the Board of Directors to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions. Additionally, effective July 1, 2012, the State of Florida adopted the Uniform Prudent Management of Institutional Funds Act (FUPMIFA). Absent explicit donor restrictions to the contrary, the Board has interpreted FUPMIFA as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds. As a result of this interpretation, the Organization classifies as net assets with donor restrictions: (a) the original value of gifts donated to the permanent endowment; (b) the original value of subsequent gifts to the permanent endowment; and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. Condition: Per review of the historical treatment of the Organization's donor-restricted endowment funds, it was determined that the Organization did not properly make changes to comply with Florida UPMIFA to accumulate the earnings on its donor-restricted endowments within net assets with donor restrictions until such time as the funds were appropriated in accordance with the Organization's adopted spending policy. The cumulative effect of the restatement on beginning net assets with and without donor restrictions at July 1, 2020 was an increase of \$887,002 and decrease of \$887,002, respectively. The effect on the change in net assets with and without donor restriction as of June 30, 2020 is \$0.

Corrective Action Taken: Corrective action has been taken and completed. This finding is not repeated.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/1/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

CONTACT NAME: Certificates/Commercial Lines			
PHONE (A/C, No, Ext): 727-522-7777 FAX (A/C, No): 727-52	1-2902		
E-MAIL ADDRESS:			
INSURER(S) AFFORDING COVERAGE	NAIC#		
INSURER A: AXIS Insurance Co.	37273		
INSURER B: AmeriTrust Ins. Co.			
INSURER C: Star Insurance Company	18023		
INSURER D :			
INSURER E :			
INSURER F:			
	NAME: Certificates/Commercial Lines PHONE (A/C, No, Ext): 727-522-7777 E-MAIL ADDRESS: INSURER A: AXIS Insurance Co. INSURER B: AmeriTrust Ins. Co. INSURER C: Star Insurance Company INSURER D: INSURER D: INSURER E:		

COVERAGES CERTIFICATE NUMBER: 1163796121 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ACEOSIGNS AND CONDITIONS OF SOCI	ADDL SUBR		POLICY EFF	POLICY EXP		
LTR		INSD WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
В	X COMMERCIAL GENERAL LIABILITY		FITGL368992022	6/1/2022	6/1/2023	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
						MED EXP (Any one person)	\$ 10,000
	X *Abuse & Molesta					PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 3,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						\$
В	AUTOMOBILE LIABILITY		FITAU368992022	6/1/2022	6/1/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO					BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
						Comp/Coll Deductible	\$ \$1000/\$1000
В	UMBRELLA LIAB X OCCUR		FITXS368992022	6/1/2022	6/1/2023	EACH OCCURRENCE	\$ 3,000,000
	X EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$ 3,000,000
	DED RETENTION \$						\$
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		FITWC368992022	6/1/2022	6/1/2023	X PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$ 2,000,000
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$ 2,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$2,000,000
B A	Directors & Officers Cyber Liability		FITDO368992022 CYB106745	6/1/2022 6/1/2022	6/1/2023 6/1/2023	Limit/ \$25,000 Retent Limit/ \$5,000 Ded	\$1,000,000 \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Excess Liability Policy: AmeriTrust Insurance Company Policy Number FITXS-36899-2022- \$3,000,000 Limit is excess over General Liability/Professional, Sexual Abuse/Molestation (\$1,000,000 sublimit), Employment Benefits, Auto and Employers' Liability

Professional Lightlity (Claims Made/Date Date 0/00/0000) Palian Number FITCL 200000000 AmeriTrust Insurance Comments 64 000 000 Feeb Claims

Professional Liability (Claims-Made/Retro Date 8/22/2006)Policy Number FITGL368992022 - AmeriTrust Insurance Company: \$1,000,000 Each Claim/ \$3,000,000 General Aggregate/\$0 Deductible

Abuse & Molestation Liability (Claims-Made/ Retro Date 8/22/2006) Policy Number FITGL368992022 - AmeriTrust Insurance Company: \$1,000,000 Each Claim/ \$2,000,000 General Aggregate/\$0 Deductible

Employee Benefits Liability (Claims- Made/Retro Date 8/22/2006/ \$1,000 Deductible) Policy Number FITGL368992022- AmeriTrust Insurance Company: See Attached...

CERTIFICATE HOLDER	2
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Pinellas County, a political subdivision of the State of Florida

400 South Fort Harrison Ave Clearwater FL 33756

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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- 1	^	/
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-1	141	7
- 1	//	*

AGENCY CUSTOMER ID:	
LOC #	



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

Wallace Welch & Willingham, Inc.		NAMED INSURED Gulf Coast Jewish Family and Community Services Inc. 14041 Icot Blvd Clearwater FL 33760
POLICY NUMBER		
		Clearwater E 33700
CARRIER	NAIC CODE	
		EFFECTIVE DATE:

CARRIER	NAIC CODE					
		EFFECTIVE DATE:				
ADDITIONAL REMARKS						
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC						
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC	TONIO FORINI,	CLIDANCE				
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF	LIABILITTIN	SURANCE				
\$1,000,000 Each Claim/ \$3,000,000 General Aggregate						
Directors and Officers Liability - Aggregate \$1 000 000/\$1 000 000	each claim					
Directors and Officers Liability - Aggregate \$1,000,000/\$1,000,000 Cyber - Aggregate \$1,000,000/\$1,000,000 each Claim Crime -Aggregate \$500,000/\$5,000 Deductible Includes Employee	caon dami					
Crime -Aggregate \$500,000/\$5,000 Deductible Includes Employee	Theft - Hiscox	Insurance Company - NAIC 10200				
Contract Number/Name: 18-447D	inellas County	a political subdivision of the State of Florida is additional insured with respect				
to General Liability subject to terms, conditions and exclusions of the	ne policy form.	a political subdivision of the State of Florida is additional insured with respect				

