

Form **990**

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED JEWISH COMMUNITY OF BROWARD COUNTY, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5890 SOUTH PINE ISLAND ROAD City or town, state or province, country, and ZIP or foreign postal code DAVIE, FL 33328 F Name and address of principal officer: MICHAEL BALABAN SAME AS C ABOVE	D Employer identification number 59-0967823 E Telephone number (954) 252-6900 G Gross receipts \$ 74,392,444. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.JEWISHBROWARD.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1947
		M State of legal domicile: FL

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	57
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	57
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	55
	6 Total number of volunteers (estimate if necessary)	6	350
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 38	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	10,829,780.	10,076,472.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	732,820.	1,439,483.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,938,463.	8,166,673.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	227,532.	100,118.
		19,728,595.	19,782,746.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,087,206.	9,321,277.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,741,324.	3,751,408.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,448,646.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,058,498.	1,939,236.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,887,028.	15,011,921.	
19 Revenue less expenses. Subtract line 18 from line 12	6,841,567.	4,770,825.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	136,089,524.	135,364,486.
	22 Net assets or fund balances. Subtract line 21 from line 20	25,377,079.	22,904,379.
	110,712,445.	112,460,107.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer MICHAEL BALABAN, PRESIDENT & CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name DAVID HOLLANDER	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P00646430
	Firm's name ▶ MORRISON, BROWN, ARGIZ & FARRA, LLC Firm's address ▶ 301 E LAS OLAS BLVD, 4TH FLOOR FORT LAUDERDALE, FL 33301	Firm's EIN ▶ 01-0720052 Phone no. (954) 760-9000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: INSPIRE PHILANTHROPY TO INVEST IN JEWISH LIFE IN BROWARD COUTY, ISRAEL AND AROUND THE WORLD BY CONNECTING PEOPLE AND IGNITING PASSION.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 12,177,212. including grants of \$ 9,321,277.) (Revenue \$ 1,439,483.) WE, THE MEMBERS OF THE BROWARD JEWISH COMMUNITY, ARE COMMITTED TO A VISION FOR THE JEWISH COMMUNITY OF BROWARD COUNTY IN WHICH AGENCIES, SYNAGOGUES AND ORGANIZATIONS WORK IN PARTNERSHIP SO THAT: WE INCREASE COUNTY-WIDE MEASURABLE PARTICIPATION IN JEWISH LIFE WITH THE GOAL OF HAVING THE MAXIMUM NUMBER OF BROWARD JEWS INVOLVED IN ALL EXPRESSIONS OF JEWISH LIFE, AND WE NURTURE JEWISH VALUES FROM GENERATION TO GENERATION. WE WILL ACCOMPLISH THIS BY BUILDING PARTNERSHIPS TO CREATE MULTIPLE STRATEGIES AND PROGRAMS THAT: 1.) ENABLE EVERY BROWARD JEWISH CHILD AND TEEN TO PARTICIPATE IN MEANINGFUL JEWISH EXPERIENCES THAT WILL CREATE STRONG JEWISH IDENTITIES THAT WILL LAST THROUGHOUT THEIR LIFETIMES. 2.) ENABLE BROWARD JEWS OF EVERY AGE TO ACTIVELY PARTICIPATE IN JEWISH LIVING AND LEARNING.3.) ENSURE THAT EVERY

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 12,177,212.

**UNITED JEWISH COMMUNITY OF BROWARD
COUNTY, INC.**

Form 990 (2018)

59-0967823 Page **3**

Part IV Checklist of Required Schedules

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

**UNITED JEWISH COMMUNITY OF BROWARD
COUNTY, INC.**

Form 990 (2018)

59-0967823 Page 4

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	23
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

**UNITED JEWISH COMMUNITY OF BROWARD
COUNTY, INC.**

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a	55	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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 account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	X	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

**UNITED JEWISH COMMUNITY OF BROWARD
COUNTY, INC.**

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 57		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 57		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
HEATHER BARRAZA - 954-252-6921
5890 SOUTH PINE ISLAND ROAD, DAVIE, FL 33328

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BOB SCHNEIDER BOARD CHAIR	5.00	X		X				0.	0.	0.
(2) ALAN COHN BOARD MEMBER	1.00	X						0.	0.	0.
(3) BEN J GENET BOARD MEMBER	1.00	X						0.	0.	0.
(4) GIL NEUMAN BOARD MEMBER	1.00	X						0.	0.	0.
(5) CINDI SAMSON BOARD MEMBER	1.00	X						0.	0.	0.
(6) ESTHER SHACKET BOARD MEMBER	1.00	X						0.	0.	0.
(7) SUSAN WEISMAN BOARD MEMBER	1.00	X						0.	0.	0.
(8) LINDSEY GLANTZ BOARD MEMBER	1.00	X						0.	0.	0.
(9) DOUG BERMAN BOARD MEMBER	1.00	X						0.	0.	0.
(10) JOANNA CLARKSON BOARD MEMBER	1.00	X						0.	0.	0.
(11) ARIEL DERAY BOARD MEMBER	1.00	X						0.	0.	0.
(12) TROY SOREL BOARD MEMBER	1.00	X						0.	0.	0.
(13) SAM EPPY BOARD MEMBER	1.00	X						0.	0.	0.
(14) LORI BEN EZRA BOARD MEMBER	1.00	X						0.	0.	0.
(15) DENISE LETTAU BOARD MEMBER	1.00	X						0.	0.	0.
(16) DEBBIE GOBER IMMEDIATE PAST BOARD CHAIR	1.00	X						0.	0.	0.
(17) BRUCE GREENBERG BOARD MEMBER	1.00	X						0.	0.	0.

UNITED JEWISH COMMUNITY OF BROWARD COUNTY, INC.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) BILL GROSS BOARD MEMBER	1.00	X					0.	0.	0.	
(19) RICHARD LINEVSKY BOARD MEMBER	1.00	X					0.	0.	0.	
(20) CAROLYN SHAPIR BOARD MEMBER	1.00	X					0.	0.	0.	
(21) JEFF SOPSHIN BOARD MEMBER	1.00	X					0.	0.	0.	
(22) DREW TABATCHNICK BOARD MEMBER	1.00	X					0.	0.	0.	
(23) PAUL VLADAM BOARD MEMBER	1.00	X					0.	0.	0.	
(24) LORI ADELSON BOARD MEMBER	1.00	X					0.	0.	0.	
(25) LAUREN ALPERSTEIN BOARD MEMBER	1.00	X					0.	0.	0.	
(26) KAREN DOMBEY BOARD MEMBER	1.00	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							1,004,843.	0.	73,560.	
d Total (add lines 1b and 1c)							1,004,843.	0.	73,560.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 7

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

SEE PART VII, SECTION A CONTINUATION SHEETS

**UNITED JEWISH COMMUNITY OF BROWARD
COUNTY, INC.**

Form 990

59-0967823

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ROCHELLE GOLUB BOARD MEMBER	1.00	X					0.	0.	0.	
(28) WALTER KATZ BOARD MEMBER	1.00	X					0.	0.	0.	
(29) MARK KRAVITZ BOARD MEMBER	1.00	X					0.	0.	0.	
(30) GARY MARKS BOARD MEMBER	1.00	X					0.	0.	0.	
(31) LORI MIZELS BOARD MEMBER	1.00	X					0.	0.	0.	
(32) ELISSA MOGILEFSKY BOARD MEMBER	1.00	X					0.	0.	0.	
(33) DAN NEWMAN BOARD MEMBER	1.00	X					0.	0.	0.	
(34) JOE RUBINSZTAIN BOARD MEMBER	1.00	X					0.	0.	0.	
(35) LENNY SAMUELS BOARD MEMBER	1.00	X					0.	0.	0.	
(36) STACEY SCHULMAN BOARD MEMBER	1.00	X					0.	0.	0.	
(37) ANNE SOPSHIN BOARD MEMBER	1.00	X					0.	0.	0.	
(38) ANDREW SOSSIN BOARD MEMBER	1.00	X					0.	0.	0.	
(39) ALAN TINTER BOARD MEMBER	1.00	X					0.	0.	0.	
(40) BARRY ALTER PAST BOARD CHAIR	1.00	X					0.	0.	0.	
(41) ALLAN BAER PAST BOARD CHAIR	1.00	X					0.	0.	0.	
(42) HOWARD BARRON PAST BOARD CHAIR	1.00	X					0.	0.	0.	
(43) GORDON DECKELBAUM PAST BOARD CHAIR	1.00	X					0.	0.	0.	
(44) DAVID GARFINKLE PAST BOARD CHAIR	1.00	X					0.	0.	0.	
(45) LAURA GOLDBLUM PAST BOARD CHAIR	1.00	X					0.	0.	0.	
(46) STEPHEN JACKMAN PAST BOARD CHAIR	1.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

UNITED JEWISH COMMUNITY OF BROWARD
COUNTY, INC.

Form 990

59-0967823

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) PAUL LLEHRER PAST BOARD CHAIR	1.00	X						0.	0.	0.
(48) PETER LIVINGSTON PAST BOARD CHAIR	1.00	X						0.	0.	0.
(49) SHELDON POLISH PAST BOARD CHAIR	1.00	X						0.	0.	0.
(50) MARTIN PRESS PAST BOARD CHAIR	1.00	X						0.	0.	0.
(51) RONALD ROTHSCHILD PAST BOARD CHAIR	1.00	X						0.	0.	0.
(52) DAVID SCHULMAN PAST BOARD CHAIR	1.00	X						0.	0.	0.
(53) SAMMY SCHULMAN PAST BOARD CHAIR	1.00	X						0.	0.	0.
(54) BRIAN SHERR PAST BOARD CHAIR	1.00	X						0.	0.	0.
(55) STANLEY SPATZ PAST BOARD CHAIR	1.00	X						0.	0.	0.
(56) KAREN ZEMEL PAST BOARD CHAIR	1.00	X						0.	0.	0.
(57) SELMA TELLES BOARD MEMBER	1.00	X						0.	0.	0.
(58) MICHAEL BALABAN PRESIDENT AND CEO	36.50			X				276,035.	0.	25,792.
(59) BRUCE YUDEWITZ CHIEF OPERATING OFFICER	36.50			X				138,426.	0.	9,313.
(60) NICOLE PACKER CHIEF DEVELOPMENT OFFICER	36.50				X			146,100.	0.	4,393.
(61) HEATHER BARRAZA CHIEF FINANCIAL OFFICER	36.50				X			115,604.	0.	8,614.
(62) SHARON NESS VP OF CORPORATE DEVELOPMENT	32.00				X			117,153.	0.	8,608.
(63) KEITH GOLDMAN FOUNDATION DIRECTOR	36.50				X			110,642.	0.	8,489.
(64) PAMELA GOTTLIEB VP - SENIOR DONOR RELATIONSHIP MANAG	36.50				X			100,883.	0.	8,351.
Total to Part VII, Section A, line 1c								1,004,843.		73,560.

**UNITED JEWISH COMMUNITY OF BROWARD
COUNTY, INC.**

Form 990 (2018)

59-0967823 Page **9**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 3,942,204.						
	b Membership dues	1b						
	c Fundraising events	1c 533,656.						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f 5,600,612.						
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f						10,076,472.	
	Program Service Revenue	2 a VARIOUS PROGRAMS					Business Code 900099	1,439,483.
b								
c								
d								
e								
f All other program service revenue								
g Total. Add lines 2a-2f			1,439,483.					
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		2,124,631.			2,124,631.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		60,240,207.						
		b Less: cost or other basis and sales expenses	54,198,165.					
		c Gain or (loss)	6,042,042.					
	d Net gain or (loss)			6,042,042.				
	8 a Gross income from fundraising events (not including \$ 533,656. of contributions reported on line 1c). See Part IV, line 18	a 119,248.						
		b Less: direct expenses	b 411,533.					
		c Net income or (loss) from fundraising events						-292,285.
9 a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses	b						
	c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code						
11 a OTHER REVENUE		900099	392,403.			392,403.		
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d			392,403.				
12 Total revenue. See instructions			19,782,746.	1,439,483.	0.	8,266,791.		

**UNITED JEWISH COMMUNITY OF BROWARD
COUNTY, INC.**

Form 990 (2018)

59-0967823 Page **10**

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	9,321,277.	9,321,277.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	724,276.	367,273.	274,328.	82,675.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,546,076.	1,238,890.	438,062.	869,124.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	70,169.	24,614.	23,846.	21,709.
9 Other employee benefits	188,323.	87,025.	65,640.	35,658.
10 Payroll taxes	222,564.	74,292.	76,804.	71,468.
11 Fees for services (non-employees):				
a Management				
b Legal	3,519.		3,519.	
c Accounting	42,500.		42,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	32,185.	11,660.	20,130.	395.
12 Advertising and promotion	57,280.	10,808.	4,322.	42,150.
13 Office expenses	229,533.	52,931.	87,375.	89,227.
14 Information technology	71,830.	17,076.	40,452.	14,302.
15 Royalties				
16 Occupancy	309,604.	117,919.	88,291.	103,394.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	79,668.	9,998.	23,283.	46,387.
20 Interest	20,345.		20,345.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	114,076.	11,978.	96,965.	5,133.
23 Insurance	65,606.	6,561.	59,045.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MARCH OF THE LIVING	598,556.	598,556.		
b COMMUNITY ACTIVITIES	217,900.	217,900.		
c BANK CHARGES/CREDIT CAR	63,464.		10,520.	52,944.
d _____				
e All other expenses _____	33,170.	8,454.	10,636.	14,080.
25 Total functional expenses. Add lines 1 through 24e	15,011,921.	12,177,212.	1,386,063.	1,448,646.
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)

**UNITED JEWISH COMMUNITY OF BROWARD
COUNTY, INC.**

Form 990 (2018)

59-0967823 Page **11**

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	600,678.	1	1,094,924.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net	1,877,814.	3	1,900,119.	
	4 Accounts receivable, net		4		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7 Notes and loans receivable, net			7	
	8 Inventories for sale or use			8	
	9 Prepaid expenses and deferred charges	24,791.	9	34,454.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 26,637,609.			
	b Less: accumulated depreciation	10b 14,344,566.	12,507,420.	10c	12,293,043.
	11 Investments - publicly traded securities			11	
	12 Investments - other securities. See Part IV, line 11	118,913,100.	12	117,939,327.	
	13 Investments - program-related. See Part IV, line 11			13	
	14 Intangible assets			14	
	15 Other assets. See Part IV, line 11	2,165,721.	15	2,102,619.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	136,089,524.	16	135,364,486.		
Liabilities	17 Accounts payable and accrued expenses	790,036.	17	1,055,687.	
	18 Grants payable	3,297,697.	18	3,415,932.	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23 Secured mortgages and notes payable to unrelated third parties	5,250,000.	23	4,500,000.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	16,039,346.	25	13,932,760.	
	26 Total liabilities. Add lines 17 through 25	25,377,079.	26	22,904,379.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	64,606,072.	27	63,822,225.	
	28 Temporarily restricted net assets	10,843,740.	28	12,896,456.	
	29 Permanently restricted net assets	35,262,633.	29	35,741,426.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	110,712,445.	33	112,460,107.		
34 Total liabilities and net assets/fund balances	136,089,524.	34	135,364,486.		

Form **990** (2018)

**UNITED JEWISH COMMUNITY OF BROWARD
COUNTY, INC.**

Form 990 (2018)

59-0967823 Page **12**

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,782,746.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,011,921.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,770,825.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	110,712,445.
5	Net unrealized gains (losses) on investments	5	-3,023,163.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	112,460,107.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	3b	

Form **990** (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization **UNITED JEWISH COMMUNITY OF BROWARD COUNTY, INC.** Employer identification number **59-0967823**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

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

UNITED JEWISH COMMUNITY OF BROWARD

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4766905.	15028113.	17722310.	10967530.	8735308.	57220166.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4766905.	15028113.	17722310.	10967530.	8735308.	57220166.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						57220166.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	4766905.	15028113.	17722310.	10967530.	8735308.	57220166.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2977182.	3711762.	1958150.	1938014.	2124631.	12709739.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	791,381.	810,450.	869,230.	486,614.	392,403.	3350078.
11 Total support. Add lines 7 through 10						73279983.
12 Gross receipts from related activities, etc. (see instructions)					12	3,909,370.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	78.08 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	75.23 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input checked="" type="checkbox"/>	
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	▶ <input type="checkbox"/>	

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

UNITED JEWISH COMMUNITY OF BROWARD

Schedule A (Form 990 or 990-EZ) 2018 **COUNTY, INC.**

59-0967823 Page 7

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

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

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

Schedule A (Form 990 or 990-EZ) 2018

UNITED JEWISH COMMUNITY OF BROWARD

Schedule A (Form 990 or 990-EZ) 2018 COUNTY, INC.

59-0967823 Page 8

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.)

Multiple horizontal lines for supplemental information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2018

Name of the organization

UNITED JEWISH COMMUNITY OF BROWARD
COUNTY, INC.

Employer identification number

59-0967823

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization UNITED JEWISH COMMUNITY OF BROWARD COUNTY, INC.	Employer identification number 59-0967823
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>215,195.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>1,234,406.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>834,720.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>326,918.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____ _____ _____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____ _____ _____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED JEWISH COMMUNITY OF BROWARD COUNTY, INC.	Employer identification number 59-0967823
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization UNITED JEWISH COMMUNITY OF BROWARD COUNTY, INC.	Employer identification number 59-0967823
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **UNITED JEWISH COMMUNITY OF BROWARD COUNTY, INC.** **Employer identification number** **59-0967823**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	93	1
2 Aggregate value of contributions to (during year)	2,751,893.	
3 Aggregate value of grants from (during year)	3,074,838.	69,000.
4 Aggregate value at end of year	8,569,414.	1,938,329.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

UNITED JEWISH COMMUNITY OF BROWARD COUNTY, INC.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	103,748,038.	94,019,079.	79,305,058.	71,150,901.	72,974,213.
b Contributions	4,838,383.	6,182,519.	11,608,986.	10,300,441.	1,083,560.
c Net investment earnings, gains, and losses	4,517,018.	7,563,087.	10,316,114.	819,190.	1,583,469.
d Grants or scholarships					
e Other expenditures for facilities and programs	7,317,912.	4,016,647.	7,211,079.	2,965,474.	4,490,341.
f Administrative expenses					
g End of year balance	105,785,527.	103,748,038.	94,019,079.	79,305,058.	71,150,901.

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

- a Board designated or quasi-endowment 57.00 %
- b Permanent endowment 34.00 %
- c Temporarily restricted endowment 9.00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

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

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,194,519.		5,194,519.
b Buildings		3,894,068.	1,671,763.	2,222,305.
c Leasehold improvements		17,149,089.	12,531,522.	4,617,567.
d Equipment		149,933.	141,281.	8,652.
e Other		250,000.		250,000.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				12,293,043.

**UNITED JEWISH COMMUNITY OF BROWARD
COUNTY, INC.**

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) MONEY MARKET FUNDS	3,927,120.	END-OF-YEAR MARKET VALUE
(B) EQUITY SECURITIES	869,139.	END-OF-YEAR MARKET VALUE
(C) BONDS	1,267,841.	END-OF-YEAR MARKET VALUE
(D) MUTUAL FUNDS	96,794,335.	END-OF-YEAR MARKET VALUE
(E) ALTERNATIVE INVESTMENTS	11,170,676.	END-OF-YEAR MARKET VALUE
(F) STATE OF ISRAEL	3,910,216.	COST
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	117,939,327.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AGENCY FUNDS	167,330.
(3) SPLIT INTEREST AGREEMENTS	2,558,076.
(4) TRUST ASSETS HELD ON BEHALF OF	
(5) AGENCIES	10,819,929.
(6) LINE OF CREDIT	387,425.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	13,932,760.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**UNITED JEWISH COMMUNITY OF BROWARD
COUNTY, INC.**

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements	1	18,175,379.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-3,023,163.
b	Donated services and use of facilities	2b	1,004,263.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	411,533.
e	Add lines 2a through 2d	2e	-1,607,367.
3	Subtract line 2e from line 1	3	19,782,746.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	19,782,746.

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

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

1	Total expenses and losses per audited financial statements	1	16,427,717.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,004,263.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	411,533.
e	Add lines 2a through 2d	2e	1,415,796.
3	Subtract line 2e from line 1	3	15,011,921.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	15,011,921.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE FEDERATION IS EXEMPT FROM FEDERAL INCOME TAXES AS AN ORGANIZATION, AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THIS EXEMPTION IS SUBJECT TO PERIODIC REVIEW BY THE INTERNAL REVENUE SERVICE.

THE FEDERATION RECOGNIZES AND MEASURES TAX POSITIONS BASED ON THEIR TECHNICAL MERIT AND ASSESSES THE LIKELIHOOD THAT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION BASED ON THE FACTS, CIRCUMSTANCES AND INFORMATION AVAILABLE AT THE END OF EACH PERIOD. INTEREST AND PENALTIES ON TAX LIABILITIES, IF ANY, WOULD BE RECORDED IN INTEREST EXPENSE AND OTHER NON-INTEREST EXPENSE, RESPECTIVELY.

Part XIII Supplemental Information (continued)

THE U.S. FEDERAL JURISDICTION IS THE MAJOR TAX JURISDICTION WHERE THE
FEDERATION FILES INCOME TAX RETURNS. THE FEDERATION IS GENERALLY NO LONGER
SUBJECT TO U.S. FEDERAL EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE
2016.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENTS EXPENSE 411,533.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENTS EXPENSE 411,533.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
UNITED JEWISH COMMUNITY OF BROWARD COUNTY, INC.

Employer identification number
59-0967823

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SEE PART V FOR EXPLANATION ON PASS-THROUGH GRANTS OUTSIDE THE US			GRANTS (INDIRECT)	N/A	849,036.
3 a Subtotal	0	0			849,036.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			849,036.

**UNITED JEWISH COMMUNITY OF BROWARD
COUNTY, INC.**

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ► _____

3 Enter total number of other organizations or entities ► _____

UNITED JEWISH COMMUNITY OF BROWARD
COUNTY, INC.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

SCHEDULE F, PART I, LINE 2

THE FEDERATION PRIMARILY USES THE JEWISH FEDERATIONS OF NORTH AMERICA (JFNA) TO PERFORM GRANT MAKING TO ORGANIZATIONS OUTSIDE THE UNITED STATES. JFNA IS THE OVERSEAS GRANT MAKING ORGANIZATION FOR 155 JEWISH FEDERATIONS IN THE UNITED STATES. JFNA PERFORMS ALL DUE DILIGENCE WITH RESPECT TO EVALUATING THE RECIPIENT ORGANIZATIONS TO ENSURE THEY MEET THE ELIGIBILITY CRITERIA REQUIRED TO MEET THE EQUIVALENCY OF 501(C)(3) STATUS IN THE UNITED STATES. THE FEDERATION SPECIFIES CERTAIN PORTIONS FOR RECIPIENT ORGANIZATIONS IN ISRAEL AND THE FORMER SOVIET UNION; ALTHOUGH SPECIFIC DOLLAR AMOUNTS PER REGION CANNOT BE DETERMINED. THE GRANT AMOUNTS REPORTED IN THE FEDERATION'S FORM 990 WILL ALSO BE REPORTED ON JFNA'S FORM 990 SCHEULE F.

SCHEDULE F, PART IV, LINE 3

THE ORGANIZATION HAS INVESTED IN A FOREIGN CORPORATION. HOWEVER, THE THRESHOLD REQUIRING THE FILING OF FORM 5471 HAS NOT BEEN MET.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public
Inspection

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

Name of the organization **UNITED JEWISH COMMUNITY OF BROWARD COUNTY, INC.** Employer identification number **59-0967823**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

UNITED JEWISH COMMUNITY OF BROWARD

Schedule G (Form 990 or 990-EZ) 2018 **COUNTY, INC.**

59-0967823 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		CCC	JOINT TAX SEMINARS	4		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	140,380.	64,800.	447,724.	652,904.
	2	Less: Contributions	90,530.	59,418.	383,708.	533,656.
	3	Gross income (line 1 minus line 2)	49,850.	5,382.	64,016.	119,248.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	59,987.	1,240.	25,505.	86,732.
	7	Food and beverages	43,608.	10,263.	57,958.	111,829.
	8	Entertainment	5,944.	11,158.	65,394.	82,496.
	9	Other direct expenses	32,782.	63,361.	34,333.	130,476.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					-292,285.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

UNITED JEWISH COMMUNITY OF BROWARD

- 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:

13a		%
13b		%

 - a The organization's facility
 - b An outside facility

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

Name ► _____

Address ► _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
- c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization **UNITED JEWISH COMMUNITY OF BROWARD
COUNTY, INC.**

**Employer identification number
59-0967823**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
B'NAI AKIVA MACH HACK B'ARETZ 520 8TH AVENUE, 15TH FLOOR NEW YORK, NY 10018	13-3713762	501(C)(3)	6,300.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
B'NAI B'RITH YOUTH ORGANIZATION 800 8TH STREET NW WASHINGTON, DC 20001	31-1794932	501(C)(3)	53,930.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
B'NAI ZION FOUNDATION, INC. 1430 BROADWAY SUITE 1804 NEW YORK, NY 10018	13-2572288	501(C)(3)	42,500.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
BRAUSER MAIMONIDES ACADEMY 5300 SW 40TH AVENUE FT. LAUDERDALE, FL 33314	65-0213879	501(C)(3)	51,611.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
BROWARD MEALS ON WHEELS 451 N STATE RD 7 PLANTATION, FL 33317	59-2450053	501(C)(3)	85,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
CAMP COLEMAN 201 CAMP COLEMAN DRIVE CLEVELAND, GA 30528	13-1663143	501(C)(3)	17,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND

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

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

Schedule I (Form 990) (2018)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**UNITED JEWISH COMMUNITY OF BROWARD
COUNTY, INC.**

Schedule I (Form 990)

59-0967823

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP JUDAEA 48 CAMP JUDAEA LANE HENDERSONVILLE, NC 28792	58-6014651	501(C)(3)	11,500.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
CHABAD OF CENTURY VILLAGE, INC. 10116 SW 53RD STREET COOPER CITY, FL 33328	81-2629314	501(C)(3)	18,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
CHABAD OF PARKLAND 7170 LOXAHATCHEE ROAD PARKLAND, FL 33067	65-0946383	501(C)(3)	35,790.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
CHABAD OF SW BROWARD 10601 STIRLING ROAD COOPER CITY, FL 33328	65-0374355	501(C)(3)	5,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
DANIEL D CANTOR SENIOR CENTER 5000 NOB HILL ROAD SUNRISE, FL 33351	65-0245068	501(C)(3)	202,188.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
DAVID POSNACK JEWISH DAY SCHOOL 5890-A SOUTH PINE ISLAND ROAD DAVIE, FL 33328	59-1606514	501(C)(3)	133,614.	515,936.	FMV	DONATED FACILITIES	GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
DAVID POSNACK JEWISH COMMUNITY CENTER - 253 W. 35TH STREET, 4TH FLOOR - NEW YORK, NY 10001	22-3551013	501(C)(3)	470,581.	1,083,744.	FMV	DONATED FACILITIES	GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
FEEDING CHILDREN EVERYWHERE 830 SOUTH RONALD REAGAN BLVD, UNIT LONGWOOD, FL 32750	27-3274349	501(C)(3)	8,700.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
FOUNDATION FIGHTING BLINDNESS 7168 COLUMBIA GATEWAY DRIVE, SUITE COLUMBIA, MD 21046	23-7135845	501(C)(3)	50,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND

Schedule I (Form 990)

**UNITED JEWISH COMMUNITY OF BROWARD
COUNTY, INC.**

Schedule I (Form 990)

59-0967823

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF THE ARAVA INSTITUTE 1320 CENTRE STREET, SUITE 206 NEWTON CENTRE, MA 02459	11-3485736	501(C)(3)	6,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
FRIENDS OF THE ISRAEL DEFENSE FORCES - PO BOX 4224 - NEW YORK, NY 10163	13-3156445	501(C)(3)	16,320.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
FRIENDS OF UNITED HATZALAH 300 E. 51ST STREET APT 8G NEW YORK, NY 10022	11-3533002	501(C)(3)	36,500.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
GILDA'S CLUB SOUTH FLORIDA 119 ROSE DRIVE FT. LAUDERDALE, FL 33316	65-0528626	501(C)(3)	10,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
GREATER MIAMI JEWISH FEDERATION 4200 BISCAYNE BOULEVARD MIAMI, FL 33117-9988	59-0624404	501(C)(3)	19,490.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
HADASSAH 50 W. 58 STREET NEW YORK, NY 10019	59-1826857	501(C)(3)	51,136.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
HAROLD GRINSPOON FOUNDATION ATTN: PJ LIBRARY OPERATIONS DEPT. 67 HUNT ST., SUITE 100 - AGAWAM,	04-6685725	501(C)(3)	103,743.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
HEBREW ACADEMY OF MARGATE ATTN: CAROL STAV 1500 N. STATE ROAD 7 - MARGATE, FL 33063	65-1026989	501(C)(3)	61,562.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
HILLEL BROWARD/PALM BEACH LEVINE WEINBERGER JEWISH LIFE CENTER 777 GLADES ROAD, BLDG. #LY-3A -	56-2472825	501(C)(3)	64,524.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND

Schedule I (Form 990)

**UNITED JEWISH COMMUNITY OF BROWARD
COUNTY, INC.**

Schedule I (Form 990)

59-0967823

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLOCAUST DOCUMENTATION & EDUCATION CENTER - 2031 HARRISON STREET - HOLLYWOOD, FL 33020	59-1992826	501(C)(3)	39,442.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
INSTITUTE OF KNOWLEDGE AND LEARNING - 9721 SEA TURTLE DRIVE - PLANTATION, FL 33325	65-0926061	501(C)(3)	14,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
ISRALIGHT 8304 WATERLINE DRIVE, #104 BOYNTON BEACH, FL 33472	65-0915662	501(C)(3)	5,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
JAFCO 4200 NORTH UNIVERSITY DRIVE SUNRISE, FL 33351	20-0898587	501(C)(3)	99,808.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
JASON TAYLOR FOUNDATION 1575 NORTHPARK DRIVE WESTON, FL 33326	20-1452369	501(C)(3)	5,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
JEWISH CREATIVE ARTS 877 SALEM AVE HILLSIDE, NJ 07205-3038	47-4834382	501(C)(3)	8,316.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
JEWISH EDUCATIONAL LOAN FUND 4549 CHAMBLEE DUNWOODY ROAD ATLANTA, GA 30338	58-0568686	501(C)(3)	10,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
JEWISH FAMILY SERVICE 100 S PINE ISLAND ROAD, SUITE 230 PLANTATION, FL 33324	59-0995106	501(C)(3)	905,880.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
JEWISH FEDERATION OF GREATER WASHINGTON - 6101 EXECUTIVE BOULEVARD, SUITE 100 - NORTH BETHESDA, MD 20852	53-0212445	501(C)(3)	20,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND

Schedule I (Form 990)

**UNITED JEWISH COMMUNITY OF BROWARD
COUNTY, INC.**

Schedule I (Form 990)

59-0967823

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FEDERATIONS OF NORTH AMERICA - 25 BROADWAY, #1700 - NEW YORK, NY 10004	13-1624240	501(C)(3)	1,017,340.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
JEWISH FEDERATION OF THE BERKSHIRES - 196 SOUTH STREET - PITTSFIELD, MA 01201	04-2131409	501(C)(3)	10,360.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
JEWISH NATIONAL FUND 1951 NW 19TH STREET, SUITE A100 BOCA RATON, FL 33431	13-1659627	501(C)(3)	12,273.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
JEWISH SCHOOL OF MIAMI CORP 5100 SHERIDAN STREET HOLLYWOOD, FL 33021	81-3514481	501(C)(3)	121,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
JEWISH WOMEN'S RENAISSANCE PROJECT 6101 EXECUTIVE BLVD, SUITE 240 ROCKVILLE, MD 20852	38-3852989	501(C)(3)	8,168.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
JOE DIMAGGIO CHILDREN'S HOSPITAL FOUNDATION - 3329 JOHNSON STREET - HOLLYWOOD, FL 33021	65-0492343	501(C)(3)	10,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
KATZ YESHIVA HIGH SCHOOL OF SOUTH FLORIDA - 20900 RUTH & BARON COLEMAN BOULEVARD - BOCA RATON, FL 33428	65-0781573	501(C)(3)	17,500.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
LEV CHILDREN'S MUSEUM 5846 S. FLAMINGO ROAD #613 COOPER CITY, FL 33330	83-1805507	501(C)(3)	66,497.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
MEMORIAL SLOAN KETTERING CANCER CENTER - 885 SECOND AVENUE, 7TH FLOOR - NEW YORK, NY 10017	13-1924236	501(C)(3)	11,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND

Schedule I (Form 990)

**UNITED JEWISH COMMUNITY OF BROWARD
COUNTY, INC.**

Schedule I (Form 990)

59-0967823

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MENORAH GARDENS & FUNERAL CHAPEL 21100 W. GRIFFIN ROAD FT. LAUDERDALE, FL 33333	59-2465121	501(C)(3)	7,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
MOISHE HOUSE 5007 PROVIDENCE RD, STE E216 CHARLOTTE, NC 28226	26-2599786	501(C)(3)	53,800.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
MULTIPLE MYELOMA RESEARCH FOUNDATION, INC. - 383 MAIN AVENUE, 5TH FLOOR - NORWALK, CT 06851	06-1504413	501(C)(3)	100,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
NATIONAL MULTIPLE SCLEROSIS SOCIETY - 3201 WEST COMMERCIAL BOULEVARD, #100 - FORT LAUDERDALE, FL 33309	13-5661935	501(C)(3)	5,150.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
NATIONAL MUSEUM OF AMERICAN JEWISH HISTORY - 101 S. INDEPENDENCE MALL EAST - PHILADELPHIA, PA 19106	23-7379280	501(C)(3)	52,500.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
NCSY 7200 W CAMINO REAL #104 BOCA RATON, FL 33433	13-5623717	501(C)(3)	87,950.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
NEW ISRAEL FUND 6 EAST 39TH STREET, SUITE 301 NEW YORK, NY 10016	94-2607722	501(C)(3)	5,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
NORFOLK ACADEMY 1585 WESLEYAN DRIVE NORFOLK, VA 23502	54-0551901	501(C)(3)	35,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
ORT AMERICA 75 MAIDEN LANE, 10TH FLOOR NEW YORK, NY 10038	13-5562424	501(C)(3)	9,739.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND

Schedule I (Form 990)

**UNITED JEWISH COMMUNITY OF BROWARD
COUNTY, INC.**

Schedule I (Form 990)

59-0967823

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
P.E.F. ISRAEL ENDOWMENT FUND, INC. 630 THIRD AVENUE, STE 1501 NEW YORK, NY 10017	13-6104086	501(C)(3)	35,958.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
PINE CREST PREPATORY SCHOOL INC 1501 NE 62ND STREET FT LAUDERDALE, FL 33334	59-0861374	501(C)(3)	36,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
SOREF JEWISH COMMUNITY CENTER 6501 W. SUNRISE BOULEVARD PLANTATION, FL 33313	59-1766701	501(C)(3)	219,299.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
SOUTH FLORIDA JEWISH ACADEMY 3700 COCONUT CREEK PARKWAY COCONUT CREEK, FL 33066	65-0635581	501(C)(3)	46,500.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
TEMPLE BETH EMET 4807 SOUTH FLAMINGO ROAD COOPER CITY, FL 33330	59-1707916	501(C)(3)	75,818.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
TEMPLE BETH ISRAEL 481 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33325	59-1113470	501(C)(3)	12,280.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
TEMPLE DOR DORIM 2360 GLADES CIRCLE WESTON, FL 33326	65-0651401	501(C)(3)	10,500.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
TEMPLE KOL AMI EMANU-EL 8200 PETERS ROAD PLANTATION, FL 33324	23-7449716	501(C)(3)	14,565.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
TEMPLE SINAI OF HOLLYWOOD 1400 N. 46TH AVE HOLLYWOOD, FL 33021	59-0791032	501(C)(3)	16,800.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND

Schedule I (Form 990)

**UNITED JEWISH COMMUNITY OF BROWARD
COUNTY, INC.**

Schedule I (Form 990)

59-0967823

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUSTEES OF UNIVERSITY OF PENNSYLVANIA - SAS - 3600 MARKET STREET, SUITE 300 - PHILADELPHIA, PA 19104-3284	23-1352685	501(C)(3)	1,016,800.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
UNITED CEREBRAL PALSY OF BROWARD 3117 SW 13 COURT FT. LAUDERDALE, FL 33312	59-0174817	501(C)(3)	10,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
UNITED WAY 1300 S. ANDREWS AVENUE FORT LAUDERDALE, FL 33316	59-0624402	501(C)(3)	10,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
UNIVERSITY OF VIRGINIA P.O. BOX 400331 CHARLOTTESVILLE, VA 22904-4331	54-1682176	501(C)(3)	50,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
U.VA. FUND 211 EMMET STREET, SOUTH, ALUMNI HALL - CHARLOTTESVILLE, VA 22907-3015	54-6037928	501(C)(3)	250,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
YOUNG ISRAEL OF GREATER MIAMI 990 NE 171ST STREET NORTH MIAMI BEACH, FL 33162	59-6033985	501(C)(3)	10,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
YOUNG ISRAEL SYNAGOGUE OF HOLLYWOOD, INC - 3291 STIRLING ROAD - FORT LAUDERDALE, FL 33312	59-1665301	501(C)(3)	26,900.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
A WIDER BRIDGE 2912 DIAMOND STREET, #348 SAN FRANCISCO, CA 94131	45-2643886	501(C)(3)	15,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND

Schedule I (Form 990)

**UNITED JEWISH COMMUNITY OF BROWARD
COUNTY, INC.**

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: B'NAI AKIVA MACH HACK B'ARETZ

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: B'NAI B'RITH YOUTH ORGANIZATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE

Part IV Supplemental Information

FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: B'NAI ZION FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND
EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: BRAUSER MAIMONIDES ACADEMY

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND
EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION..

NAME OF ORGANIZATION OR GOVERNMENT: BROWARD MEALS ON WHEELS

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND
EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: CAMP COLEMAN

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND
EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: CAMP JUDAEA

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND
EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: CHABAD OF CENTURY VILLAGE, INC.

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND
EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: CHABAD OF PARKLAND

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND
EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: CHABAD OF SW BROWARD

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND
EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: DANIEL D CANTOR SENIOR CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND
EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: DAVID POSNACK JEWISH DAY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND
EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: DAVID POSNACK JEWISH COMMUNITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND
EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: FEEDING CHILDREN EVERYWHERE

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND
EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: FOUNDATION FIGHTING BLINDNESS

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND
EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: FRIENDS OF THE ARAVA INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND
EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: FRIENDS OF THE ISRAEL DEFENSE FORCES

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND
EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: FRIENDS OF UNITED HATZALAH

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND
EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: GILDA'S CLUB SOUTH FLORIDA

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND

Part IV Supplemental Information

EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: GREATER MIAMI JEWISH FEDERATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND

EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: HADASSAH

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND

EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: HAROLD GRINSPOON FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND

EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: HEBREW ACADEMY OF MARGATE

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND

EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION. GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE
CONSISTENT WITH THE GOALS AND PURPOSE OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: HILLEL BROWARD/PALM BEACH

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND

EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

HOLOCAUST DOCUMENTATION & EDUCATION CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND

EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: INSTITUTE OF KNOWLEDGE AND LEARNING

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND

EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: ISRALIGHT

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND

EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: JAFCO

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND

EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: JASON TAYLOR FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND

EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: JEWISH CREATIVE ARTS

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND
EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: JEWISH EDUCATIONAL LOAN FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND
EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: JEWISH FAMILY SERVICE

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND
EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT:

JEWISH FEDERATION OF GREATER WASHINGTON

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND
EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: JEWISH FEDERATIONS OF NORTH AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND
EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: JEWISH FEDERATION OF THE BERKSHIRES

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND
EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE

Part IV Supplemental Information

FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: JEWISH NATIONAL FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND

EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: JEWISH SCHOOL OF MIAMI CORP

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND

EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: JEWISH WOMEN'S RENAISSANCE PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND

EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT:

JOE DIMAGGIO CHILDREN'S HOSPITAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND

EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT:

KATZ YESHIVA HIGH SCHOOL OF SOUTH FLORIDA

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND

EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: LEV CHILDREN'S MUSEUM

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND
EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT:

MEMORIAL SLOAN KETTERING CANCER CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND
EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: MENORAH GARDENS & FUNERAL CHAPEL

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND
EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: MOISHE HOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND
EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT:

MULTIPLE MYELOMA RESEARCH FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND
EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL MULTIPLE SCLEROSIS SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND

EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL MUSEUM OF AMERICAN JEWISH HISTORY

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND

EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: NCSY

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND

EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: NEW ISRAEL FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND

EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: NORFOLK ACADEMY

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND

EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: ORT AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND

Part IV Supplemental Information

EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: P.E.F. ISRAEL ENDOWMENT FUND, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND
EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: PINE CREST PREPATORY SCHOOL INC

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND
EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: SOREF JEWISH COMMUNITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND
EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: SOUTH FLORIDA JEWISH ACADEMY

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND
EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: TEMPLE BETH EMET

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND
EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: TEMPLE BETH ISRAEL

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND
EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: TEMPLE DOR DORIM

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND
EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: TEMPLE KOL AMI EMANU-EL

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND
EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: TEMPLE SINAI OF HOLLYWOOD

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND
EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT:

TRUSTEES OF UNIVERSITY OF PENNSYLVANIA - SAS

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND
EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: UNITED CEREBRAL PALSY OF BROWARD

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND

Part IV Supplemental Information

EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND

EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF VIRGINIA

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND

EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: U.V.A. FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND

EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: YOUNG ISRAEL OF GREATER MIAMI

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND

EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT:

YOUNG ISRAEL SYNAGOGUE OF HOLLYWOOD, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND

EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: A WIDER BRIDGE

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND
EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSE OF THE
FEDERATION.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **UNITED JEWISH COMMUNITY OF BROWARD COUNTY, INC.** Employer identification number **59-0967823**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

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

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

**UNITED JEWISH COMMUNITY OF BROWARD
COUNTY, INC.**

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MICHAEL BALABAN PRESIDENT AND CEO	(i)	276,035.	0.	0.	8,250.	17,542.	301,827.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) NICOLE PACKER CHIEF DEVELOPMENT OFFICER	(i)	146,100.	0.	0.	4,393.	0.	150,493.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Blank area for supplemental information with horizontal lines.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization	UNITED JEWISH COMMUNITY OF BROWARD COUNTY, INC.	Employer identification number	59-0967823
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FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

BROWARD JEW LIVES OUT HIS OR HER LIFE IN DIGNITY. 4.) BROADEN THE OPPORTUNITIES FOR ANY JEWISH CHILD OR ADULT WITH DEVELOPMENTAL DISABILITIES TO LIVE AND LEARN IN A JEWISH ENVIRONMENT. 5.) GROW BROWARD COUNTY'S PARTICIPATION IN ISRAEL'S FUTURE AND ESPECIALLY IN REBUILDING AND REVITALIZING ALL OF ISRAEL. 6.) ADVOCATE FOR JEWISH SECURITY IN BROWARD COUNTY AND THROUGHOUT THE WORLD.

FORM 990, PART VI, SECTION A, LINE 2:

JEFFREY AND ANNE SOPSHIN ARE HUSBAND AND WIFE. SAMMY AND IBBY SCHULMAN ARE HUSBAND AND WIFE.

FORM 990, PART VI, SECTION A, LINE 7A:

THE SLATE OF DIRECTORS TO BE PRESENTED BY THE NOMINATING COMMITTEE TO THE GENERAL MEMBERSHIP SHALL BE PUBLISHED IN A NEWSPAPER OF GENERAL CIRCULATION IN BROWARD COUNTY, OR IN A PERIODICAL PUBLISHED BY OR ON BEHALF OF THE FEDERATION, AT LEAST THIRTY (30) DAYS PRIOR TO THE GENERAL MEMBERSHIP MEETING. ADDITIONAL NOMINATIONS FOR ANY DIRECTOR MAY BE MADE BY FILING OF A PETITION CONTAINING THE SIGNATURE OF ONE HUNDRED (100) MEMBERS OF THE UJCBC.

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

THE FORM 990 IS REVIEWED BY EXECUTIVE MANAGEMENT AND THE AUDIT COMMITTEE AND APPROVED BEFORE IT IS FILED BY THE INDEPENDENT ACCOUNTANTS WHO PREPARED THE RETURN. THE BOARD OF DIRECTORS ARE PROVIDED A COPY OF THE FORM 990 AT THE BOARD MEETING BEFORE THE TAX RETURN IS FILED.

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization UNITED JEWISH COMMUNITY OF BROWARD COUNTY, INC.	Employer identification number 59-0967823
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FORM 990, PART VI, SECTION B, LINE 12C:

WHEN A MATTER WHERE A CONFLICT EXISTS BECOMES A MATTER OF BOARD COMMITTEE ACTION THE MEMBER IS NOT PERMITTED TO VOTE OR USE PERSONAL INFLUENCE ON THAT MATTER. EACH BOARD MEMBER IS REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT ON AN ANNUAL BASIS.

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

THE EXECUTIVE COMMITTEE REVIEWS COMPARABILITY DATA FROM UJC AND APPROVES COMPENSATION DECISIONS.

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

THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC. THE ORGANIZATION MAKES ITS FORM 990 TAX RETURN AVAILABLE TO THE PUBLIC VIA ITS WEBSITE, GUIDESTAR'S WEBSITE AND UPON REQUEST. THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC VIA ITS WEBSITE.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.