

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED JEWISH COMMUNITY OF BROWARD COUNTY, INC.		D Employer identification number 59-0967823
	Doing business as		E Telephone number (954) 252-6900
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	5890 SOUTH PINE ISLAND ROAD		G Gross receipts \$ 135,132,738.
	City or town, state or province, country, and ZIP or foreign postal code DAVIE, FL 33328		
F Name and address of principal officer: HEATHER BARRAZA SAME AS C ABOVE		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: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.JEWISHBROWARD.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1947** **M** State of legal domicile: **FL**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1		
	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 2020 (Part V, line 2a)	5	49
	6 Total number of volunteers (estimate if necessary)	6	375
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	32,357,728.	25,237,224.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	755,626.	465,106.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,369,770.	6,165,889.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	55,617.	420,901.
		37,538,741.	32,289,120.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,301,552.	13,267,348.
	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)	3,942,972.	3,975,256.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,262,843.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,330,357.	1,796,892.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,574,881.	19,039,496.	
19 Revenue less expenses. Subtract line 18 from line 12	22,963,860.	13,249,624.	
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)	155,298,447.	191,632,658.
	22 Net assets or fund balances. Subtract line 21 from line 20	22,499,788.	23,342,032.
	132,798,659.	168,290,626.	

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		Date		
	HEATHER BARRAZA, CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	DAVID HOLLANDER				P00646430
Firm's name ▶ BDO USA, LLP			Firm's EIN ▶ 13-5381590		
Firm's address ▶ 301 E LAS OLAS BLVD, 4TH FLOOR FORT LAUDERDALE, FL 33301			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 COUNTY, 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 \$ 15,630,546. including grants of \$ 13,267,348.) (Revenue \$ 465,106.) 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 on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 15,630,546.

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

Form 990 (2020)

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 donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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

Form 990 (2020)

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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	X

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	21
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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		49
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 on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial 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 on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 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

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	57	
b	Enter the number of voting members included on 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, 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
7a			X
7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
8a		X	
8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		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	
12b		X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
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	
15a		X	
15b		X	
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 on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL BALABAN PRESIDENT AND CEO -LEFT EMPLOYMENT 6	36.50			X				300,991.	0.	34,664.
(2) BRUCE YUDEWITZ CHIEF OPERATING OFFICER -LEFT EMPLOY	36.50			X				148,057.	0.	10,330.
(3) HEATHER BARRAZA CHIEF FINANCIAL OFFICER	36.50			X				138,752.	0.	9,891.
(4) KEITH GOLDMANN CHIEF PHILANTHROPY OFFICER/ASSISTANT	36.50			X				143,006.	0.	4,361.
(5) SHARON NESS VP OF CORPORATE DEVELOPMENT	32.00					X		127,845.	0.	9,563.
(6) EVAN GOLDMAN VP-COMMUNITY PLANNING	36.50					X		113,655.	0.	9,262.
(7) PAMELA GOTTLIEB VP - SENIOR DONOR RELATION	36.50					X		110,895.	0.	9,284.
(8) SAMLAN ARNOLD CHIEF EDUCATION OFFICER	36.50					X		107,706.	0.	10,327.
(9) JONATHAN ZUCKER VP-SENIOR DONOR RELATIONSHIP MANAGER	36.50					X		106,966.	0.	3,209.
(10) ALAN COHN BOARD CHAIR	5.00	X		X				0.	0.	0.
(11) DOUG BERMAN BOARD MEMBER	1.00	X						0.	0.	0.
(12) JOANNA CLARKSON BOARD MEMBER	1.00	X						0.	0.	0.
(13) BEN J GENET BOARD MEMBER	1.00	X						0.	0.	0.
(14) LINDSEY GLANTZ BOARD MEMBER	1.00	X						0.	0.	0.
(15) CINDI JACOBS BOARD MEMBER	1.00	X						0.	0.	0.
(16) ESTHER SHACKET BOARD MEMBER	1.00	X						0.	0.	0.
(17) JEFF SOPSHIN BOARD MEMBER	1.00	X						0.	0.	0.

UNITED JEWISH COMMUNITY OF BROWARD COUNTY, INC.

Form 990 (2020)

59-0967823 Page **8**

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) SUSAN WEISMAN BOARD MEMBER	1.00	X					0.	0.	0.	
(19) DEBBIE GOBER BOARD MEMBER	1.00	X					0.	0.	0.	
(20) SHIR KEIDAN BOARD MEMBER	1.00	X					0.	0.	0.	
(21) ALLAN ALTSCHULER BOARD MEMBER	1.00	X					0.	0.	0.	
(22) ROCHELLE GOLUB BOARD MEMBER	1.00	X					0.	0.	0.	
(23) EVAN GLASSER BOARD MEMBER	1.00	X					0.	0.	0.	
(24) DENISE LETTAU BOARD MEMBER	1.00	X					0.	0.	0.	
(25) BOB SCHNEIDER IMMEDIATE PAST BOARD CHAIR	1.00	X					0.	0.	0.	
(26) BRUCE GREENBERG BOARD MEMBER	1.00	X					0.	0.	0.	
1b Subtotal							1,297,873.	0.	100,891.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,297,873.	0.	100,891.	

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 9

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
KENT SECURITY OF PALM BEACH, INC. 14600 BISCAYNE BLVD, NORTH MIAMI, FL 33181	SECURITY	203,436.

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 1

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2020)

**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) JEFF SANDLER BOARD MEMBER	1.00	X					0.	0.	0.	
(28) RICHARD LINEVSKY BOARD MEMBER	1.00	X					0.	0.	0.	
(29) ROSITA BEER BOARD MEMBER	1.00	X					0.	0.	0.	
(30) LORI BEN EZRA BOARD MEMBER	1.00	X					0.	0.	0.	
(31) SAM EPPY BOARD MEMBER	1.00	X					0.	0.	0.	
(32) DAN NEWMAN BOARD MEMBER	1.00	X					0.	0.	0.	
(33) LORI ADELSON BOARD MEMBER	1.00	X					0.	0.	0.	
(34) LAUREN ALPERSTEIN BOARD MEMBER	1.00	X					0.	0.	0.	
(35) IVY FEINSTEIN BOARD MEMBER	1.00	X					0.	0.	0.	
(36) BILL GROSS BOARD MEMBER	1.00	X					0.	0.	0.	
(37) WALTER KATZ BOARD MEMBER	1.00	X					0.	0.	0.	
(38) AVI NAIDER BOARD MEMBER	1.00	X					0.	0.	0.	
(39) JOE RUBINSZTAIN BOARD MEMBER	1.00	X					0.	0.	0.	
(40) STACEY SCHULMAN BOARD MEMBER	1.00	X					0.	0.	0.	
(41) CAROLYN SHAPIR BOARD MEMBER	1.00	X					0.	0.	0.	
(42) DAVID SILVER BOARD MEMBER	1.00	X					0.	0.	0.	
(43) DREW TABATCHNICK BOARD MEMBER	1.00	X					0.	0.	0.	
(44) ALAN TINTER BOARD MEMBER	1.00	X					0.	0.	0.	
(45) DIANE WILEN BOARD MEMBER	1.00	X					0.	0.	0.	
(46) SETH WISE BOARD MEMBER	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) BARRY ALTER PAST BOARD CHAIR	1.00	X					0.	0.	0.	
(48) ALLAN BAER PAST BOARD CHAIR	1.00	X					0.	0.	0.	
(49) HOWARD BARRON PAST BOARD CHAIR	1.00	X					0.	0.	0.	
(50) GORDON DECKELBAUM PAST BOARD CHAIR	1.00	X					0.	0.	0.	
(51) DAVID GARFINKLE PAST BOARD CHAIR	1.00	X					0.	0.	0.	
(52) DEBBIE GOBER PAST BOARD CHAIR	1.00	X					0.	0.	0.	
(53) LAURA GOLDBLUM PAST BOARD CHAIR	1.00	X					0.	0.	0.	
(54) STEPHEN JACKMAN PAST BOARD CHAIR	1.00	X					0.	0.	0.	
(55) PAUL LEHRER PAST BOARD CHAIR	1.00	X					0.	0.	0.	
(56) PETER LIVINGSTON PAST BOARD CHAIR	1.00	X					0.	0.	0.	
(57) MARTIN PRESS PAST BOARD CHAIR	1.00	X					0.	0.	0.	
(58) RONALD ROTHSCHILD PAST BOARD CHAIR	1.00	X					0.	0.	0.	
(59) BOB SCHNEIDER PAST BOARD CHAIR	1.00	X					0.	0.	0.	
(60) DAVID SCHULMAN PAST BOARD CHAIR	1.00	X					0.	0.	0.	
(61) SAMMY SCHULMAN PAST BOARD CHAIR	1.00	X					0.	0.	0.	
(62) BRIAN SHERR PAST BOARD CHAIR	1.00	X					0.	0.	0.	
(63) STANLEY SPATZ PAST BOARD CHAIR	1.00	X					0.	0.	0.	
(64) KAREN ZEMEL PAST BOARD CHAIR	1.00	X					0.	0.	0.	
(65) SELMA TELLES EMERITUS BOARD MEMBER	1.00	X					0.	0.	0.	
(66) MARK FREDMAN INTERIM PRESIDENT AND CEO	36.50			X			0.	0.	0.	
Total to Part VII, Section A, line 1c										

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

Form 990 (2020)

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)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	4,592,273.				
	b Membership dues	1b					
	c Fundraising events	1c	430,895.				
	d Related organizations	1d	14,940,419.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	5,273,637.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			25,237,224.			
Program Service Revenue	2 a VARIOUS PROGRAMS	Business Code					
			900099	465,106.	465,106.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			465,106.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,273,563.		2,273,563.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	106,613,925.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b		102,721,599.			
	c Gain or (loss)	7c		3,892,326.			
	d Net gain or (loss)			3,892,326.		3,892,326.	
8 a Gross income from fundraising events (not including \$ 430,895. of contributions reported on line 1c). See Part IV, line 18	8a		37,121.				
			122,019.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			-84,898.		-84,898.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER REVENUE	Business Code					
			900099	505,799.		505,799.	
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d			505,799.				
12 Total revenue. See instructions			32,289,120.	465,106.	0.	6,586,790.	

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

Form 990 (2020)

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	13,267,348.	13,267,348.		
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	746,052.	286,634.	133,980.	325,438.
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	2,673,273.	1,386,284.	655,195.	631,794.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	104,960.	51,955.	28,549.	24,456.
9 Other employee benefits	214,493.	102,325.	79,120.	33,048.
10 Payroll taxes	236,478.	113,057.	67,063.	56,358.
11 Fees for services (nonemployees):				
a Management				
b Legal	4,497.		4,497.	
c Accounting	43,500.		43,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	611,015.		611,015.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	95,668.	11,810.	82,883.	975.
12 Advertising and promotion	44,636.	23,657.	9,820.	11,159.
13 Office expenses	201,733.	76,675.	67,258.	57,800.
14 Information technology	74,506.	43,798.	12,450.	18,258.
15 Royalties				
16 Occupancy	230,267.	98,867.	93,137.	38,263.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	32,667.	5,963.	20,025.	6,679.
20 Interest	933.		933.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	157,091.	15,709.	133,527.	7,855.
23 Insurance	80,132.	8,013.	72,119.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COMMUNITY ACTIVITIES	137,414.	127,037.	10,377.	
b BANK CHARGES/CREDIT CAR	63,639.	5,091.	14,001.	44,547.
c				
d				
e All other expenses	19,194.	6,323.	6,658.	6,213.
25 Total functional expenses. Add lines 1 through 24e	19,039,496.	15,630,546.	2,146,107.	1,262,843.
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 (2020)

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	3,997,296.	1	2,286,327.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	1,121,954.	3	1,493,152.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	54,226.	9	83,349.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 26,735,360.		
	b Less: accumulated depreciation	10b 15,433,811.	11,816,322.	10c 11,301,549.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	137,052,532.	12	175,221,198.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,256,117.	15	1,247,083.
16 Total assets. Add lines 1 through 15 (must equal line 33)	155,298,447.	16	191,632,658.	
Liabilities	17 Accounts payable and accrued expenses	729,955.	17	2,922,287.
	18 Grants payable	3,891,008.	18	4,190,592.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	3,753,846.	23	0.
	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	14,124,979.	25	16,229,153.
	26 Total liabilities. Add lines 17 through 25	22,499,788.	26	23,342,032.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	84,880,836.	27	111,891,405.
	28 Net assets with donor restrictions	47,917,823.	28	56,399,221.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	132,798,659.	32	168,290,626.
	33 Total liabilities and net assets/fund balances	155,298,447.	33	191,632,658.

Form **990** (2020)

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	32,289,120.
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,039,496.
3	Revenue less expenses. Subtract line 2 from line 1	3	13,249,624.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	132,798,659.
5	Net unrealized gains (losses) on investments	5	22,242,343.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	168,290,626.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

Form 990 (2020)

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	17722310.	10967530.	8735308.	6926781.	10296805.	54648734.
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	17722310.	10967530.	8735308.	6926781.	10296805.	54648734.
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.						54648734.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	17722310.	10967530.	8735308.	6926781.	10296805.	54648734.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1958150.	1938014.	2124631.	2206475.	1662548.	9889818.
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.)	869,230.	486,614.	392,403.	186,536.	505,799.	2440582.
11 Total support. Add lines 7 through 10						66979134.
12 Gross receipts from related activities, etc. (see instructions)					12	4,216,504.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	81.59 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	80.17 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

UNITED JEWISH COMMUNITY OF BROWARD

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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	(B) Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)		Current Year
2	Enter 0.85 of line 1.		
3	Minimum asset amount for prior year (from Section B, line 8, column A)		
4	Enter greater of line 2 or line 3.		
5	Income tax imposed in prior year		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		
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) 2020 **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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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

Schedule A (Form 990 or 990-EZ) 2020

UNITED JEWISH COMMUNITY OF BROWARD

Schedule A (Form 990 or 990-EZ) 2020 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

2020

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
--	---

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
<u>1</u>	<hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	<hr/> <hr/> <hr/>	\$ _____	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	<hr/> <hr/> <hr/>	\$ _____	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	<hr/> <hr/> <hr/>	\$ _____	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	<hr/> <hr/> <hr/>	\$ _____	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	<hr/> <hr/> <hr/>	\$ _____	Person <input checked="" 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
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>900,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ _____	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ _____	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ _____	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	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
--	---

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
--	---

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

2020

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	89	1
2 Aggregate value of contributions to (during year)	4,818,602.	
3 Aggregate value of grants from (during year)	3,691,558.	9,000.
4 Aggregate value at end of year	9,485,296.	2,102,157.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, 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 FASB 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 FASB 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 FASB 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) 2020

**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	11,665,782.	END-OF-YEAR MARKET VALUE
(B) EQUITY SECURITIES	889,271.	END-OF-YEAR MARKET VALUE
(C) BONDS	1,487,038.	END-OF-YEAR MARKET VALUE
(D) MUTUAL FUNDS	138,739,436.	END-OF-YEAR MARKET VALUE
(E) ALTERNATIVE INVESTMENTS	19,066,470.	END-OF-YEAR MARKET VALUE
(F) STATE OF ISRAEL	3,373,201.	COST
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	175,221,198.	

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	166,244.
(3) SPLIT INTEREST AGREEMENTS	2,502,385.
(4) TRUST ASSETS HELD ON BEHALF OF	
(5) AGENCIES	12,837,439.
(6) PAYCHECK PROTECTION PROGRAM	
(7) REFUNDABLE ADVANCE	723,085.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	16,229,153.

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

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	55,235,113.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	22,242,343.	
b	Donated services and use of facilities	2b	1,192,646.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	122,019.	
e	Add lines 2a through 2d	2e		23,557,008.
3	Subtract line 2e from line 1	3		31,678,105.
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	611,015.	
c	Add lines 4a and 4b	4c		611,015.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		32,289,120.

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	19,743,146.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	1,192,646.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	122,019.	
e	Add lines 2a through 2d	2e		1,314,665.
3	Subtract line 2e from line 1	3		18,428,481.
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	611,015.	
c	Add lines 4a and 4b	4c		611,015.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		19,039,496.

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 2017.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENTS EXPENSE 122,019.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT MANAGEMENT FEES 611,015.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENTS EXPENSE 122,019.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT MANAGEMENT FEES 611,015.

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.

UNITED JEWISH COMMUNITY OF BROWARD

Schedule G (Form 990 or 990-EZ) 2020

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))	
		COMMUNITY CAMPAIGN CEL (event type)	JOINT TAX SEMINARS (event type)	4 (total number)		
Revenue	1	Gross receipts	88,050.	38,450.	341,516.	468,016.
	2	Less: Contributions	67,650.	35,803.	327,442.	430,895.
	3	Gross income (line 1 minus line 2)	20,400.	2,647.	14,074.	37,121.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	0.	4,516.		4,516.
	7	Food and beverages		7,527.	1,081.	8,608.
	8	Entertainment	28,900.	5,850.	35,937.	70,687.
	9	Other direct expenses	1,657.	21,512.	15,039.	38,208.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				122,019.
11	Net income summary. Subtract line 10 from line 3, column (d)				-84,898.	

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: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **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
A WIDER BRIDGE 2912 DIAMOND STREET, #348 SAN FRANCISCO, CA 94131	45-2643886	501(C)(3)	19,964.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
ADL FLORIDA REGION 5295 TOWN CENTER ROAD, STE 300 BOCA RATON, FL 33486	13-1818723	501(C)(3)	10,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
ALASKA JEWISH CAMPUS 1117 E 35TH AVE ANCHORAGE, AK 99508	92-0139949	501(C)(3)	25,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
ALEXANDER MUSS HIGH SCHOOL IN ISRAEL - 12550 BISCAYNE BLVD, SUITE 604 - NORTH MIAMI, FL 33181	59-0173782	501(C)(3)	72,200.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
AMERICAN COMMITTEE FOR THE WEIZMANN INSTITUTE OF SCIENCE INC - 633 THIRD AVENUE, 20TH FLOOR - NEW YORK, NY 10017	13-1623886	501(C)(3)	5,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
AMERICAN FRIENDS OF IDC HERZLIYA 116 EAST 16TH STREET, 11TH FLOOR NEW YORK, NY 10003	31-1577589	501(C)(3)	366,000.	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) 2020

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 Domestic Organizations and Domestic Governments (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
AMERICAN ISRAEL EDUCATION FOUNDATION - 900 SOUTH PINE ROAD - PLANTATION, FL 33324	52-1623781	501(C)(3)	75,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
AMERICAN JEWISH COMMITTEE P.O. BOX 7247, MAIL CODE 6760 PHILADELPHIA, PA 19170	13-5563393	501(C)(3)	11,100.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE, INC. - 711 3RD AVENUE - NEW YORK, NY 10017	13-1656634	501(C)(3)	79,250.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
AMERICAN RED MAGEN DAVID ADOM FOR ISRAEL - 16499 NE 19TH AVENUE - NORTH MIAMI BEACH, FL 33162	13-1790719	501(C)(3)	26,109.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
ANTI-DEFAMATION LEAGUE OF B'NAI BRITH - 605 3RD AVENUE - NEW YORK, NY 10158	13-1818723	501(C)(3)	22,259.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
BETH ISRAEL DEACONESS MEDICAL CENTER, INC. - 330 BROOKLINE AVE. - BOSTON, MA 02215	04-2103881	501(C)(3)	300,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
B'NAI AVIV 1410 INDIAN TRACE WESTON, FL 33326	65-0096470	501(C)(3)	27,034.	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)	42,618.	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)	25,000.	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 Domestic Organizations and Domestic Governments (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
BRAUSER MAIMONIDES ACADEMY 5300 SW 40TH AVENUE FT. LAUDERDALE, FL 33314	65-0213879	501(C)(3)	1,570,246.	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)	288,403.	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)	28,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
CAMP GAN ISRAEL - FLORIDA 7170 LOXAHATCHEE ROAD PARKLAND, FL 33067	47-3967124	501(C)(3)	6,300.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
CAMP JUDAEA 48 CAMP JUDAEA LANE HENDERSONVILLE, NC 28792	58-6014651	501(C)(3)	39,700.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
CAMP KINDER RING P.O. BOX 993 NEW YORK, NY 10956	13-4014418	501(C)(3)	10,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
SAMUEL FIELD YM & UWHA, INC. 58-20 LITTLE NECK PARKWAY LITTLE NECK PARKWAY, NY 11362	11-3071518	501(C)(3)	7,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
CAMP RAMAH DAROM 6400 POWERS FERRY RD, SUITE 215 ATLANTA, GA 30339	58-2146741	501(C)(3)	8,700.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
CHABAD HOUSE-LUBAVITCH, INC. 170 COLLEGE AVENUE NEW BRUNSWICK, NJ 80901	22-2281598	501(C)(3)	5,000.	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 Domestic Organizations and Domestic Governments (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
CHABAD LUBAVITCH OF GREATER FORT LAUDERDALE - 3500 N. OCEAN BLVD - FT. LAUDERDALE, FL 33308	65-0581185	501(C)(3)	16,600.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
CHABAD LUBAVITCH SOUTHWEST BROWARD 10601 STIRLING ROAD COOPER CITY, FL 33328	65-0374355	501(C)(3)	10,000.	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)	25,333.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
CHABAD OF NORTH BROWARD 7170 LOXAHATCHEE ROAD PARKLAND, FL 33067	20-2849927	501(C)(3)	47,833.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
CHABAD OF SOUTH BROWARD 1295 E HALLANDALE BEACH BLVD HALLANDALE BEACH, FL 33009	59-2496454	501(C)(3)	81,583.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
CORNELL UNIVERSITY ANNUAL FUND 130 E. SENECA STREET, SUITE 400 ITHACA, NY 14850	15-0532082	501(C)(3)	10,000.	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)	264,948.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
DAVID POSNACK JEWISH COMMUNITY CENTER - 5850 S. PINE ISLAND RD - DAVIE, FL 33328	22-3551013	501(C)(3)	937,720.	299,645.	FMV	DONATED FACILITIES	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)	310,307.	107,389.	FMV	DONATED FACILITIES	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 Domestic Organizations and Domestic Governments (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
EASTER SEALS OF SOUTH FLORIDA 1475 NW 14TH AVE MIAMI, FL 33125	59-0722783	501(C)(3)	5,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
FEEDING SOUTH FLORIDA 2501 SW 32ND TERRACE PEMBROKE PARK, FL 33023	59-2097520	501(C)(3)	7,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
FRIENDS OF ISRAEL ELWYN PO BOX 828284 PHILADELPHIA, PA 19182	23-2564116	501(C)(3)	22,500.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
FRIENDS OF NEVE MICHAEL CHILDREN'S VILLAGE - PO BOX 260067 - PEMBROKE PINES, FL 33026	20-8499330	501(C)(3)	15,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
FRIENDS OF SEEACH SODE 934 EAST 22ND STREET BROOKLYN, NY 11210	11-3339324	501(C)(3)	20,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
FRIENDS OF THE ARAVA INSTITUTE 1320 CENTRE STREET, SUITE 206 NEWTON CENTRE, MA 02459	11-3485736	501(C)(3)	8,500.	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)	113,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
FRIENDS OF TSFAT 19 BRIARWOOD SUFFERN, NY 10901	81-1305716	501(C)(3)	6,000.	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)	42,559.	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 Domestic Organizations and Domestic Governments (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 YAD L'KASHISH P.O. BOX 494 - 46 HIDDEN LEDGE ROAD ENGLEWOOD, NJ 07631	76-0734439	501(C)(3)	25,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
GIVING IS LOVING 5450 SOUTH STATE RD 7, SUITE 32 DAVIE, FL 33020	46-3976261	501(C)(3)	23,600.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
GOLDEN SLIPPER CAMP 215 N. PRESIDENTIAL BLVD., #1 BALA CYNWYD, PA 19004	23-1312911	501(C)(3)	8,000.	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)	26,928.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
GULFSTREAM SCHOOL INC 3600 GULFSTREAM RD GULF STREAM, FL 33483	59-0977808	501(C)(3)	30,000.	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)	40,014.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
HAKSHIVA INC 1430 BROADWAY NEW YORK, NY 10018	20-4966120	501(C)(3)	20,000.	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)	153,362.	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)	89,484.	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 Domestic Organizations and Domestic Governments (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
HILLEL BROWARD/PALM BEACH LEVINE WEINBERGER JEWISH LIFE CENTER 777 GLADES ROAD, BLDG. #LY-3A -	56-2472825	501(C)(3)	77,931.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
HOLOCAUST DOCUMENTATION & EDUCATION CENTER - 2031 HARRISON STREET - HOLLYWOOD, FL 33020	59-1992826	501(C)(3)	65,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
HOLOCAUST LEARNING AND EDUCATION FUND, INC. - 3064 BIRKDALE DR - WESTON, FL 33332	46-3296698	501(C)(3)	20,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
HUMAN SERVICES NETWORK, INC. 451 NORTH STATE ROAD 7 PLANTATION, FL 33317	59-2450043	501(C)(3)	26,050.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
INCUBATOR FOR EMERGING JEWISH INITIATIVE, INC. - 500 RIDGEWELL WAY - SILVER SPRINGS, MD 20902	83-1432599	501(C)(3)	25,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
ISRAEL AMERICAN COUNCIL - IAC FLORIDA - 20807 BISCAYNE BLVD, SUITE 100 - AVENTURA, FL 33180	22-3951652	501(C)(3)	5,000.	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)	13,800.	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)	359,286.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
JEWISH AGENCY FOR ISRAEL 633 THIRD AVENUE, 21ST FLOOR, SUITE NEW YORK, NY 10017	23-0053483	501(C)(3)	30,000.	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 Domestic Organizations and Domestic Governments (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 FAMILY SERVICE 5890 S. PINE ISLAND ROAD DAVIE, FL 33328	59-0995106	501(C)(3)	2,299,111.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
JEWISH FEDERATIONS OF NORTH AMERICA - 25 BROADWAY, #1700 - NEW YORK, NY 10004	13-1624240	501(C)(3)	1,314,154.	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)	20,121.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
KATZ HILLEL DAY SCHOOL OF BOCA RATON INC - 21011 95TH AVE S - BOCA RATON, FL 33428	65-0489297	501(C)(3)	6,500.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
KAVOD SHEF 1779 KIRBY PKWY SUITE #1-362 MEMPHIS, TN 38138	47-5495289	501(C)(3)	15,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
KIDS KICKING CANCER INC 27600 NORTHWESTERN HWY, STE 220 SOUTHFIELD, MI 48034	38-3500655	501(C)(3)	5,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
LAS OLAS CHABAD JEWISH CENTER INC. 1302 E. LAS OLAS BLVD. FT. LAUDERDALE, FL 33301	27-3608221	501(C)(3)	15,000.	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)	26,217.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
MAALEH ADUMIM FOUNDATION INC. 1430 BROADWAY SUITE 1804 NEW YORK, NY 10018	13-3711338	501(C)(3)	25,000.	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 Domestic Organizations and Domestic Governments (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
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
MORTON PLANT MEASE HEALTH CARE FOUNDATION INC - 1200 DRUID ROAD SOUTH - CLEARWATER, FL 33756-1995	59-1751535	501(C)(3)	200,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
MOUNT OLIVE DEVELOPMENT CORPORATION - 1530 NW 6TH STREET - FT. LAUDERDALE, FL 33311	65-0548855	501(C)(3)	5,000.	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
NCSY 7200 W CAMINO REAL #104 BOCA RATON, FL 33433	13-5623717	501(C)(3)	110,633.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
NEW ISRAEL FUND 6 EAST 39TH ST, STE 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
NEW JERSEY FEDERATION OF YOUNG MEN'S HEBREW ASSOCIATIONS AND YOUNG WOMEN'S - 21 PLYMOUTH STREET - FAIRFIELD, NJ 07004	22-1487266	501(C)(3)	8,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
OCEAN REEF CHAPEL FOUNDATION INC 24 DOCKSIDE LANE, PMB 430 KEY LARGO, FL 33037	65-0486471	501(C)(3)	5,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
ONE ISRAEL FUND 445 CENTRAL AVENUE, SUITE 210 CEDARHURST, NY 11516	11-3195338	501(C)(3)	197,581.	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 Domestic Organizations and Domestic Governments (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
ORT AMERICA 75 MAIDEN LANE, 10TH FLOOR NEW YORK, NY 10038	13-5562424	501(C)(3)	9,807.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
P.E.F. ISRAEL ENDOWMENT FUND, INC. 630 THIRD AVENUE, STE 1501 NEW YORK, NY 10017	13-6104086	501(C)(3)	159,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
PARKLAND CARES INC. 5769 W SUNRISE BLVD, FT. LAUDERDALE, FL 33313	82-5296399	501(C)(3)	26,800.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
PENN STATE DONOR AND MEMBER SERVICES - 2583 GATEWAY DRIVE, STE 130 BRISTOL PLACE ONE - STATE COLLEGE, PA 16801	23-1352685	501(C)(3)	10,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
PRESIDENT AND FELLOWS OF HARVARD COLLEGE - 1033 MASSACHUSETTS AVE STE 3 - CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	50,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
SLOW BURN THEATRE COMPANY, INC. 201 SW 5TH AVE FT. LAUDERDALE, FL 33312	27-0802234	501(C)(3)	5,000.	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)	276,505.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
SOUTH FLORIDA INSTITUTE OF AGING P.O. BOX 527224 MIAMI, FL 33152	59-1297932	501(C)(3)	7,500.	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)	102,250.	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 Domestic Organizations and Domestic Governments (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
SUNSHINE CIRCLE 10116 SW 53RD STREET COOPER CITY, FL 33328	81-1369686	501(C)(3)	31,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
TEACH FLORIDA 450 N PARK ROAD, #302 HOLLYWOOD, FL 33021	13-5623717	501(C)(3)	11,000.	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)	81,768.	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)	14,609.	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)	7,700.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
THE CHAI CENTER OF JEWISH LIFE INC. - 5761 CORAL RIDGE DRIVE - CORAL SPRINGS, FL 33076	46-4126349	501(C)(3)	7,500.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
THE SHUL OF BAL HARBOUR 9540 COLLINS AVE SURFSIDE, FL 33154	59-2302315	501(C)(3)	18,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
THE UNIVERSITY OF TEXAS AT AUSTIN P. O. BOX 7458 AUSTIN, TX 78713-7458	74-6000203	501(C)(3)	41,667.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
THE ZONE CAMP 1805 SWARTHMORE AVE. LAKEWOOD, NJ 08701	22-3746051	501(C)(3)	10,000.	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 Domestic Organizations and Domestic Governments (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
TORAT HAEMEK 1671 EAST 7TH STREET BROOKLYN, NY 11230	20-8363855	501(C)(3)	5,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
TRUSTEES OF UNIVERSITY OF PENNSYLVANIA - SAS - 3600 MARKET STREET, SUITE 300 - PHILADELPHIA, PA 19104-3284	23-1352685	501(C)(3)	775,000.	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
URJ 6 POINTS SPORTS ACADEMY ACADEMY 5603-B WEST FRIENDLY AVE, S GREENSBORO, NC 27410	13-1663143	501(C)(3)	9,700.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
WE ARE ONE, INC. 6794 STIRLING ROAD HOLLYWOOD, FL 33024	20-3010633	501(C)(3)	37,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
YESHIVA TORAS CHAIM TORAS EMES 1025 NE MIAMI GARDENS DRIVE NORTH MIAMI BEACH, FL 33179	59-1870702	501(C)(3)	5,900.	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)	12,700.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
YOUTH RENEWAL FUND 1460 BROADWAY NEW YORK, NY 10036	13-3641489	501(C)(3)	15,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL ACTIVITIES ARE CONSISTENT WITH THE GOALS AND
ZAMIR CHORAL FOUNDATION, INC. 475 RIVERSIDE DRIVE - SUITE 1948 NEW YORK, NY 10115	13-6217087	501(C)(3)	5,000.	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: 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.

NAME OF ORGANIZATION OR GOVERNMENT: ADL FLORIDA REGION

(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: ALASKA JEWISH CAMPUS

(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: ALEXANDER MUSS HIGH SCHOOL IN 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:

AMERICAN COMMITTEE FOR THE WEIZMANN INSTITUTE OF SCIENCE 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: AMERICAN FRIENDS OF IDC HERZLIYA

(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: AMERICAN ISRAEL EDUCATION FOUNDATION

(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: AMERICAN JEWISH COMMITTEE

(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:

AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE, 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:

AMERICAN RED MAGEN DAVID ADOM FOR 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: ANTI-DEFAMATION LEAGUE OF B'NAI BRITH

(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:

BETH ISRAEL DEACONESS MEDICAL CENTER, 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: B'NAI AVIV

(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
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

Part IV Supplemental Information

FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: CAMP GAN ISRAEL - FLORIDA

(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: CAMP KINDER RING

(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: SAMUEL FIELD YM & UWHA, 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: CAMP RAMAH DAROM

(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 HOUSE-LUBAVITCH, 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 LUBAVITCH OF GREATER FORT LAUDERDALE

(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 LUBAVITCH SOUTHWEST 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: CHABAD OF CENTURY VILLAGE, 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: CHABAD OF NORTH 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: CHABAD OF SOUTH BROWARD

(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: CORNELL UNIVERSITY ANNUAL 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: 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 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: 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: EASTER SEALS 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.

NAME OF ORGANIZATION OR GOVERNMENT: FEEDING SOUTH FLORIDA

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: FRIENDS OF ISRAEL ELWYN

(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 NEVE MICHAEL CHILDREN'S VILLAGE

(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 SEEACH SODE

(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

Part IV Supplemental Information

FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: FRIENDS OF TSFAT

(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: FRIENDS OF YAD L'KASHISH

(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: GIVING IS LOVING

(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: GOLDEN SLIPPER CAMP

(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: GREATER MIAMI JEWISH FEDERATION

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: GULFSTREAM 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: 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: HAKSHIVA 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: 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.

Part IV Supplemental Information

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.

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:

HOLOCAUST LEARNING AND EDUCATION 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: HUMAN SERVICES NETWORK, 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:

INCUBATOR FOR EMERGING JEWISH INITIATIVE, 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: ISRAEL AMERICAN COUNCIL - IAC FLORIDA

(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: JEWISH AGENCY FOR 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: 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 FEDERATIONS OF NORTH 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: 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:

KATZ HILLEL DAY SCHOOL OF BOCA RATON 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: KAVOD SHEF

(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: KIDS KICKING CANCER 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: LAS OLAS CHABAD JEWISH CENTER 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: 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: MAALEH ADUMIM 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:

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:

MORTON PLANT MEASE HEALTH CARE 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: MOUNT OLIVE DEVELOPMENT CORPORATION

(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:

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.

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:

NEW JERSEY FEDERATION OF YOUNG MEN'S HEBREW ASSOCIATIONS AND YOUNG WOMEN'S

(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: OCEAN REEF CHAPEL 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: ONE ISRAEL FUND

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: ORT 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: 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: PARKLAND CARES 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: PENN STATE DONOR AND MEMBER SERVICES

(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:

PRESIDENT AND FELLOWS OF HARVARD COLLEGE

(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: SLOW BURN THEATRE COMPANY, 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 INSTITUTE OF AGING

(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: SUNSHINE CIRCLE

(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: TEACH FLORIDA

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: 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.

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: THE CHAI CENTER OF JEWISH LIFE 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: THE SHUL OF BAL HARBOUR

(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: THE UNIVERSITY OF TEXAS AT AUSTIN

(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: THE ZONE CAMP

(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: TORAT HAEMEK

(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: 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: URJ 6 POINTS SPORTS ACADEMY

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: WE ARE ONE, 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: YESHIVA TORAS CHAIM TORAS EMES

(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.

NAME OF ORGANIZATION OR GOVERNMENT: YOUTH RENEWAL 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: ZAMIR CHORAL FOUNDATION, INC.

(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: ZIONIST ORGANIZATION OF AMERICA

(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)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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 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) 2020

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

Schedule J (Form 990) 2020

59-0967823

Page 2

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 -LEFT EMPLOYMENT 6	(i)	300,991.	0.	0.	8,550.	26,114.	335,655.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BRUCE YUDEWITZ CHIEF OPERATING OFFICER -LEFT EMPLOY	(i)	148,057.	0.	0.	4,630.	5,700.	158,387.	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)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

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

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 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.

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 JFNA AND APPROVES
COMPENSATION DECISIONS.

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

THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS AND CONFLICT OF

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

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

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