

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 07/01/2021 **and ending** 06/30/2022

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> 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
	Doing Business As JEWISH FEDERATION OF BROWARD COUNTY			59-0967823
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telephone number
	5890 SOUTH PINE ISLAND ROAD			(954) 252-6900
City or town, state or province, country, and ZIP or foreign postal code			G Gross receipts \$	
DAVIE, FL 33328			51,741,068.	
F Name and address of principal officer: AUDRA P. BERG			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5890 SOUTH PINE ISLAND ROAD, DAVIE, FL 33328			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			If "No," attach a list. (see instructions)	
J Website: WWW.JEWISHBROWARD.ORG			H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1947 M State of legal domicile: FL	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>INSPIRE PHILANTHROPY TO INVEST IN JEWISH LIFE IN BROWARD COUNTY, ISRAEL AND AROUND THE WORLD BY CONNECTING PEOPLE AND IGNITING PASSION.</u>		
	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	58
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	58
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	65
	6 Total number of volunteers (estimate if necessary)	6	350
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	NONE
b Net unrelated business taxable income from Form 990-T, line 34	7b	NONE	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	25,237,224.	11,951,894.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	465,106.	1,347,919.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,165,889.	16,072,478.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	420,901.	989,114.
		32,289,120.	30,361,405.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,267,348.	11,874,516.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,975,256.	4,022,742.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,277,259.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,796,892.	2,280,453.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	19,039,496.	18,177,711.
19 Revenue less expenses. Subtract line 18 from line 12	13,249,624.	12,183,694.	
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)	191,632,658.	176,389,542.
	22 Net assets or fund balances. Subtract line 21 from line 20.	23,342,032.	27,172,749.
		168,290,626.	149,216,793.

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
	▶ Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	PAUL HAMMERSCHMIDT	PAUL HAMMERSCHMIDT	05/15/2023		P01384178
	Firm's name ▶ BDO USA, LLP	Firm's EIN ▶	13-5381590		
	Firm's address ▶ 100 PARK AVENUE NEW YORK, NY 10017-5001	Phone no.	212-885-8000		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

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 No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 14,624,771. including grants of \$ 11,874,516.) (Revenue \$ 1,347,919.)
SEE SCHEDULE O

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 ▶ 14,624,771.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Yes, No. Rows 1-21 with various questions about organizational activities and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 []

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (58), 1b (58), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 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.
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, 5890 SOUTH PINE ISLAND ROAD, DAVIE, FL 33328
954-252-6921

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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 dotted 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) HEATHER BARRAZA CHIEF FINANCIAL OFFICER	36.50 NONE			X				157,556.	NONE	10,506.
(2) KEITH GOLDMANN CHIEF PHILAN OFF/ASST. SECRET.	36.50 NONE			X				153,743.	NONE	4,656.
(3) MARK FREEDMAN INTERIM PRES & CEO(5/21-1/22)	36.50 NONE			X				143,913.	NONE	2,518.
(4) SHARON NESS VP, DONOR RELATIONSHIP MANAGER	36.50 NONE					X		124,930.	NONE	3,776.
(5) STACEY RUBENFELD CHIEF ADVANCEMENT OFFICER	36.50 NONE					X		124,457.	NONE	3,734.
(6) EVAN GOLDMAN ED, JEWISH COMM RELATIONS COUN	36.50 NONE					X		112,262.	NONE	9,216.
(7) PAMELA GOTTLIEB SVP, ANNUAL CAMPAIGN	36.50 NONE					X		108,922.	NONE	9,227.
(8) ARNIE SAMLAN CHIEF JEWISH EDUCATION OFFICER	36.50 NONE					X		104,178.	NONE	10,224.
(9) ALAN COHN BOARD CHAIR	5.00 NONE	X		X				NONE	NONE	NONE
(10) DOUG BERMAN BOARD VICE CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(11) BEN J. GENET BOARD VICE CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(12) LINDSEY GLANTZ BOARD VICE CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(13) CINDI JACOBS BOARD VICE CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(14) ESTHER SHACKET BOARD VICE CHAIR	1.00 NONE	X		X				NONE	NONE	NONE

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 dotted 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			
(15) JOANNA CLARKSON CHAIR, AUDIT	1.00 NONE	X		X				NONE	NONE	NONE
(16) PETER BERG (EFF. 5/22) TREASURER & CHAIR F&A	1.00 NONE	X		X				NONE	NONE	NONE
(17) JEFF SOPSHIN SECRETARY	1.00 NONE	X		X				NONE	NONE	NONE
(18) LORI ADELSON BOARD MEMBER (THRU 5/22)	1.00 NONE	X						NONE	NONE	NONE
(19) LAUREN ALPERSTEIN BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(20) ALLAN ALTSCHULER BOARD MEMBER (THRU 5/22)	1.00 NONE	X						NONE	NONE	NONE
(21) ROSITA BEER BOARD MEMBER (THRU 5/22)	1.00 NONE	X						NONE	NONE	NONE
(22) SAM EPPY BOARD MEMBER (THRU 5/22)	1.00 NONE	X						NONE	NONE	NONE
(23) LORI BEN EZRA BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(24) IVY FEINSTEIN BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(25) EVAN GLASSER BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total								1,029,961.	NONE	53,857.
c Total from continuation sheets to Part VII, Section A								NONE	NONE	NONE
d Total (add lines 1b and 1c)								1,029,961.	NONE	53,857.

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 ▶ 8

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	
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>	4	
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>	5	

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

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

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 dotted 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			
(26) DEBBIE GOBER BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(27) ROCHELLE GOLUB BOARD MEMBER (THRU 5/22)	1.00 NONE	X					NONE	NONE	NONE	
(28) BRUCE GREENBERG BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(29) BILL GROSS BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(30) LISA HENRY BOARD MEMBER (EFF. 5/22)	1.00 NONE	X					NONE	NONE	NONE	
(31) WALTER KATZ BOARD MEMBER (THRU 5/22)	1.00 NONE	X					NONE	NONE	NONE	
(32) SHIR KEIDAN BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(33) DENISE LETTAU BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(34) AIMEE LEWINTER BOARD MEMBER (EFF. 5/22)	1.00 NONE	X					NONE	NONE	NONE	
(35) LESLIE LINEVSKY BOARD MEMBER (EFF. 5/22)	1.00 NONE	X					NONE	NONE	NONE	
(36) RICHARD LINEVSKY BOARD MEMBER (THRU 5/22)	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 ▶

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
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>		
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>		

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

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

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 dotted 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			
(37) MARC LOWELL ----- BOARD MEMBER (EFF. 5/22)	1.00 ----- NONE	X						NONE	NONE	NONE
(38) LANCE LVOVSKY ----- BOARD MEMBER (EFF. 5/22)	1.00 ----- NONE	X						NONE	NONE	NONE
(39) GARY MARKS ----- BOARD MEMBER (EFF. 5/22)	1.00 ----- NONE	X						NONE	NONE	NONE
(40) AVI NAIDER ----- BOARD MEMBER	1.00 ----- NONE	X						NONE	NONE	NONE
(41) GIL NEUMAN ----- BOARD MEMBER (EFF. 5/22)	1.00 ----- NONE	X						NONE	NONE	NONE
(42) DAN NEWMAN ----- BOARD MEMBER	1.00 ----- NONE	X						NONE	NONE	NONE
(43) ANDY ROSEN ----- BOARD MEMBER (EFF. 5/22)	1.00 ----- NONE	X						NONE	NONE	NONE
(44) JOE RUBINSZTAIN ----- BOARD MEMBER	1.00 ----- NONE	X						NONE	NONE	NONE
(45) JEFF SANDLER ----- BOARD MEMBER	1.00 ----- NONE	X						NONE	NONE	NONE
(46) BOB SCHNEIDER ----- BOARD MEMBER	1.00 ----- NONE	X						NONE	NONE	NONE
(47) STACEY SCHULMAN ----- BOARD MEMBER	1.00 ----- NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 ▶

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
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>		
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>		

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

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

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 dotted 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			
(48) CAROLYN SHAPIR BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(49) DAVID SILVER BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(50) DREW TABATCHNICK BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(51) ALAN TINTER BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(52) SUSAN WEISMAN BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(53) DIANE WILEN BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(54) SETH WISE BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(55) BARRY ALTER PAST BOARD CHAIR	1.00 NONE	X					NONE	NONE	NONE	
(56) ALLAN BAER PAST BOARD CHAIR	1.00 NONE	X					NONE	NONE	NONE	
(57) HOWARD BARRON PAST BOARD CHAIR	1.00 NONE	X					NONE	NONE	NONE	
(58) GORDON DECKELBAUM PAST BOARD CHAIR	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 ▶

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
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>		
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>		

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

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

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 dotted 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			
(59) DAVID GARFINKLE PAST BOARD CHAIR	1.00 NONE	X					NONE	NONE	NONE	
(60) DEBBIE GOBER PAST BOARD CHAIR	1.00 NONE	X					NONE	NONE	NONE	
(61) LAURA GOLDBLUM PAST BOARD CHAIR	1.00 NONE	X					NONE	NONE	NONE	
(62) STEPHEN JACKMAN PAST BOARD CHAIR	1.00 NONE	X					NONE	NONE	NONE	
(63) PAUL LEHRER PAST BOARD CHAIR	1.00 NONE	X					NONE	NONE	NONE	
(64) PETER LIVINGSTON PAST BOARD CHAIR	1.00 NONE	X					NONE	NONE	NONE	
(65) MARTIN PRESS PAST BOARD CHAIR	1.00 NONE	X					NONE	NONE	NONE	
(66) RONALD ROTHSCHILD PAST BOARD CHAIR	1.00 NONE	X					NONE	NONE	NONE	
(67) BOB SCHNEIDER PAST BOARD CHAIR	1.00 NONE	X					NONE	NONE	NONE	
(68) DAVID SCHULMAN PAST BOARD CHAIR	1.00 NONE	X					NONE	NONE	NONE	
(69) SAMMY SCHULMAN PAST BOARD CHAIR	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 ▶

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
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? If "Yes," complete Schedule J for such individual		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		

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

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

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 dotted 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			
(70) BRIAN SHERR PAST BOARD CHAIR	1.00 NONE	X						NONE	NONE	NONE
(71) STANLEY SPATZ PAST BOARD CHAIR	1.00 NONE	X						NONE	NONE	NONE
(72) KAREN ZEMEL PAST BOARD CHAIR	1.00 NONE	X						NONE	NONE	NONE
(73) SELMA TELLES EMERITUS BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(74) AUDRA P. BERG PRESIDENT & CEO (EFF. 2/22)	36.50 NONE			X				NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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
SEE SCHEDULE O		

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 4,743,163.						
	b	Membership dues	1b						
	c	Fundraising events	1c 447,322.						
	d	Related organizations	1d 530,911.						
	e	Government grants (contributions) . .	1e						
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f 6,230,498.						
	g	Noncash contributions included in lines 1a-1f	1g \$ 2,863,838.						
	h	Total. Add lines 1a-1f ▶		11,951,894.					
	Program Service Revenue	2a	PROGRAM INCOME	Business Code 900099	1,347,919.	1,347,919.			
b									
c									
d									
e									
f		All other program service revenue							
g		Total. Add lines 2a-2f ▶		1,347,919.					
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts) ▶		2,597,788.			2,597,788.	
	4	Income from investment of tax-exempt bond proceeds . ▶		NONE					
	5	Royalties ▶		NONE					
	6a	Gross rents	6a	(i) Real					
				(ii) Personal					
				Less: rental expenses					6b
				Rental income or (loss)					6c NONE NONE
	d	Net rental income or (loss) ▶		NONE					
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	34,591,210.				
				(ii) Other					
				Less: cost or other basis and sales expenses . .					7b 21,116,520.
				Gain or (loss)					7c 13,474,690.
	d	Net gain or (loss) ▶		13,474,690.			13,474,690.		
	8a	Gross income from fundraising events (not including \$ 447,322. of contributions reported on line 1c). See Part IV, line 18	8a		91,266.				
				Less: direct expenses					8b 263,143.
Net income or (loss) from fundraising events ▶									-171,877.
9a	Gross income from gaming activities. See Part IV, line 19	9a		NONE					
			Less: direct expenses					9b NONE	
			Net income or (loss) from gaming activities ▶						NONE
10a	Gross sales of inventory, less returns and allowances	10a		NONE					
			Less: cost of goods sold					10b NONE	
			Net income or (loss) from sales of inventory ▶						NONE
Miscellaneous Revenue	11a	MISCELLANEOUS INCOME	Business Code 900099	1,160,991.			1,160,991.		
	b								
	c								
	d	All other revenue							
	e	Total. Add lines 11a-11d ▶		1,160,991.					
12	Total revenue. See instructions ▶		30,361,405.	1,347,919.	NONE	17,061,592.			

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.

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Pension, and Total functional expenses.

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	2,286,327.	1	2,474,527.
	2 Savings and temporary cash investments	NONE	2	8,181,705.
	3 Pledges and grants receivable, net	1,493,152.	3	2,762,730.
	4 Accounts receivable, net	NONE	4	225,161.
	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	NONE	5	NONE
	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)	NONE	6	NONE
	7 Notes and loans receivable, net	NONE	7	NONE
	8 Inventories for sale or use	NONE	8	NONE
	9 Prepaid expenses and deferred charges	83,349.	9	85,647.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 26,856,212.		
	b Less: accumulated depreciation	10b 15,974,699.	11,301,549.	10c 10,881,513.
	11 Investments - publicly traded securities	NONE	11	124,706,075.
	12 Investments - other securities. See Part IV, line 11	175,221,198.	12	26,248,898.
	13 Investments - program-related. See Part IV, line 11	NONE	13	NONE
	14 Intangible assets	NONE	14	NONE
	15 Other assets. See Part IV, line 11	1,247,083.	15	823,286.
16 Total assets. Add lines 1 through 15 (must equal line 33)	191,632,658.	16	176,389,542.	
Liabilities	17 Accounts payable and accrued expenses	2,922,287.	17	1,529,890.
	18 Grants payable	4,190,592.	18	5,989,012.
	19 Deferred revenue	NONE	19	NONE
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	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	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24 Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	16,229,153.	25	19,653,847.
	26 Total liabilities. Add lines 17 through 25	23,342,032.	26	27,172,749.
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	111,891,405.	27	99,275,765.
	28 Net assets with donor restrictions	56,399,221.	28	49,941,028.
	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	168,290,626.	32	149,216,793.
33 Total liabilities and net assets/fund balances	191,632,658.	33	176,389,542.	

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	30,361,405.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,177,711.
3	Revenue less expenses. Subtract line 2 from line 1	3	12,183,694.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	168,290,626.
5	Net unrealized gains (losses) on investments	5	-31,734,647.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	800,000.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-322,880.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	149,216,793.

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 on 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	X	
3a		X
3b		

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

Employer identification number
59-0967823

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

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

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

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

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

Schedule A (Form 990) 2021

JSA
1E1210 1.000

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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2021 (84.70%); 15 Public support percentage from 2020 Schedule A, Part II, line 14 (81.59%); 16a 33 1/3% support test - 2021; 16b 33 1/3% support test - 2020; 17a 10%-facts-and-circumstances test - 2021; 17b 10%-facts-and-circumstances test - 2020; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2021, 2020. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)). Row 16: Public support percentage from 2020 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2021, 2020. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)). Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2021. 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.

19b 33 1/3% support tests - 2020. 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

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>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

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 on 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>			

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			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <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 2021 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-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. 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 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
MISCELLANEOUS INCOME	486,614.	392,403.	186,536.	505,799.	1,160,991.	2,732,343.
TOTALS	486,614.	392,403.	186,536.	505,799.	1,160,991.	2,732,343.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Table with 2 columns: Name of the organization (UNITED JEWISH COMMUNITY OF BROWARD COUNTY, INC.) and Employer identification number (59-0967823)

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ: [X] 501(c)(3) (enter number) organization, [] 4947(a)(1) nonexempt charitable trust not treated as a private foundation, [] 527 political organization
Form 990-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

- [X] 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...
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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
1	N/A	\$ 1,816,546.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 1,047,292.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	STOCKS _____ _____ _____	\$ 1,816,546.	VAR
2	STOCKS _____ _____ _____	\$ 1,047,292.	VAR
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization: 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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions.

Part II Conservation Easements.

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

Form for Part II with multiple sections: 1 Purpose(s) of conservation easements, 2-4 Conservation contribution details, 5-7 Monitoring and expenses, 8-9 Reporting requirements.

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

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

Form for Part III with sections 1a-1b and 2, detailing reporting requirements for art and historical treasures.

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

Schedule D (Form 990) 2021

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	161,260,650.	125,774,466.	105,785,527.	103,748,038.	94,019,079.
b Contributions	6,366,404.	20,812,033.	29,429,061.	4,838,383.	6,182,519.
c Net investment earnings, gains, and losses	-15,794,934.	27,323,888.	1,587,042.	4,517,018.	7,563,087.
d Grants or scholarships					
e Other expenditures for facilities and programs	12,483,401.	12,649,737.	11,027,164.	7,317,912.	4,016,647.
f Administrative expenses					
g End of year balance	139,348,719.	161,260,650.	125,774,466.	105,785,527.	103,748,038.

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

- a Board designated or quasi-endowment 67.0000 %
- b Permanent endowment 27.0000 %
- c Term endowment 6.0000 %

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

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

- (i) Unrelated organizations
- (ii) Related organizations

	Yes	No
3a(i)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3a(ii)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,194,519.		5,194,519.
b Buildings		3,894,068.	1,971,308.	1,922,760.
c Leasehold improvements		17,455,021.	13,815,413.	3,639,608.
d Equipment				
e Other		312,604.	187,978.	124,626.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				10,881,513.

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) STATE OF ISRAEL BONDS	3,374,200.	FMV
(B) ALTERNATIVE INVESTMENTS	22,874,698.	FMV
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	26,248,898.	

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. (Column (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) TRUST ASSETS HELD ON BEHALF OF	NONE
(3) AFFILIATED AGENCIES	13,846,387.
(4) AGENCY FUNDS	3,586,581.
(5) SPLIT-INTEREST AGREEMENTS	2,220,879.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	19,653,847.

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 30,361,405.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 18,177,711.

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.

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

PART V, COLUMN B:

AMOUNTS WERE REVISED TO AGREE TO ISSUED FINANCIAL STATEMENTS FOR JUNE 30, 2021. AT TIME OF FILING THE ORGANIZATION USED AVAILABLE UNAUDITED FINANCIAL INFORMATION.

PART V, LINE 4:

THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUND IS TO PROVIDE FUNDING FOR VARIOUS PROGRAMS.

PART X, LINE 2:

THE FEDERATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SALES AND USE TAX UNDER THE LAWS OF THE STATE OF FLORIDA.

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. THE FEDERATION DID NOT INCUR ANY TAX EXPENSES DURING THE YEAR ENDED JUNE 30, 2022. THE FEDERATION DOES NOT BELIEVE IT HAS TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT HAS NOT RECORDED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. THE FEDERATION IS SUBJECT TO ROUTINE AUDITS BY A TAXING

Part XIII Supplemental Information (continued)

AUTHORITY. AS OF JUNE 30, 2022, THE FEDERATION WAS NOT SUBJECT TO ANY EXAMINATION BY A TAXING AUTHORITY.

PART XI, LINE 2D:

SPECIAL EVENTS DIRECT EXPENSES.....\$263,143.

PART XII, LINE 2D:

SPECIAL EVENTS DIRECT EXPENSES.....\$263,143.

BAD DEBT FOR UNCOLLECTIBLE PLEDGES.....\$322,880.

TOTAL.....\$586,023.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

Employer identification number
59-0967823

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

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

3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING	INDIRECT - SEE PART V	869,845.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					869,845.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					869,845.

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

Schedule F (Form 990) 2021

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities ▶ _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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).

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 SCHEDULE F.

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).

PART IV, LINE 3:

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

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

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

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

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

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	
		MEN'S NIGHT OUT (event type)	JOINT TAX (event type)	<u>4</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	145,905.	56,275.	336,408.	538,588.
	2	Less: Contributions	88,829.	50,363.	308,130.	447,322.
	3	Gross income (line 1 minus line 2)	57,076.	5,912.	28,278.	91,266.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	22,243.	17,146.	16,775.	56,164.
	7	Food and beverages	46,835.		29,032.	75,867.
	8	Entertainment	51,552.	13,146.	11,995.	76,693.
	9	Other direct expenses	13,354.	19,332.	21,733.	54,419.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				263,143.
11	Net income summary. Subtract line 10 from line 3, column (d)				-171,877.	

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			
Direct Expenses	2	Cash prizes			
	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: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

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

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

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
(1) A WIDER BRIDGE 2912 DIAMOND ST SAN FRANCISCO, CA 94131	45-2643886	501(C)(3)	23,333.				SOCIAL WELFARE & EDU. ACTIVITIES
(2) ADMINISTRATORS OF THE TULANE EDUCATIONAL FU 6823 ST. CHARLES AVE NEW ORLEANS, LA 70118	72-0423889	501(C)(3)	25,000.				SOCIAL WELFARE & EDU. ACTIVITIES
(3) ALEXANDER MUSS HIGH SCHOOL IN ISRAEL 12550 BISCAYNE BLVD NORTH MIAMI, FL 33181	59-0173782	501(C)(3)	12,000.				SOCIAL WELFARE & EDU. ACTIVITIES
(4) AMERICA SUPPORT FOR ISRAEL PO BOX 3263 WASHINGTON, DC 20010	26-3383926	501(C)(3)	9,000.				SOCIAL WELFARE & EDU. ACTIVITIES
(5) AMERICAN CIVIL LIBERTIES FOUNDATION OF PENN P.O. BOX 60173 PHILADELPHIA, PA 19102	23-1742013	501(C)(3)	20,000.				SOCIAL WELFARE & EDU. ACTIVITIES
(6) AMERICAN FRIENDS OF IDC 142 W 57TH STREET NEW YORK, NY 10019	31-1577589	501(C)(3)	6,000.				SOCIAL WELFARE & EDU. ACTIVITIES
(7) AMERICAN FRIENDS OF ISRAEL ELWYN PO BOX 828284 PHILADELPHIA, PA 19182	23-2564116	501(C)(3)	22,500.				SOCIAL WELFARE & EDU. ACTIVITIES
(8) AMERICAN FRIENDS OF MAGEN DAVID ADOM 20 W 36TH ST SUITE 1100 NEW YORK, NY 10018	13-1790719	501(C)(3)	25,233.				SOCIAL WELFARE & EDU. ACTIVITIES
(9) AMERICAN ISRAEL EDUCATION FOUNDATION 251 H ST NW WASHINGTON, DC 20001	52-1623781	501(C)(3)	75,000.				SOCIAL WELFARE & EDU. ACTIVITIES
(10) AMERICAN JEWISH COMMITTEE P.O. BOX 7247, PHILADELPHIA, PA 19170	13-5563393	501(C)(3)	12,600.				SOCIAL WELFARE & EDU. ACTIVITIES
(11) AMERICAN JEWISH JOINT DISTRIBUTION COMMITTE 220 EAST 42ND STREET NEW YORK, NY 10017	13-1656634	501(C)(3)	64,500.				SOCIAL WELFARE & EDU. ACTIVITIES
(12) ANTI-DEFAMATION LEAGUE OF B'NAI B'RITH 605 3RD AVENUE NEW YORK, NY 10158	13-1818723	501(C)(3)	24,571.				SOCIAL WELFARE & EDU. ACTIVITIES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 108

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

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

Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2021

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

Employer identification number
59-0967823

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 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
(1) AVENTURA TURNBERRY JEWISH CENTER BETH JACOB 20400 NE 30TH AVE MIAMI, FL 33180	59-1673246	501(C)(3)	5,375.				SOCIAL WELFARE & EDU. ACTIVITIES
(2) BAPTIST HEALTH FOUNDATION 6855 RED ROAD CORAL GABLES, FL 33143	59-1923401	501(C)(3)	20,000.				SOCIAL WELFARE & EDU. ACTIVITIES
(3) BETH ISRAEL DEACONESS MEDICAL CENTER, INC. 330 BROOKLINE AVE. BOSTON, MA 02215	04-2103881	501(C)(3)	300,000.				SOCIAL WELFARE & EDU. ACTIVITIES
(4) BETH TORAH BENNY ROK CAMPUS 20350 NE 26TH AVE N MIAMI BEACH, FL 33180	59-2750308	501(C)(3)	16,300.				SOCIAL WELFARE & EDU. ACTIVITIES
(5) B'NAI AKIVA MACH HACH B'ARETZ 520 8TH AVENUE NEW YORK, NY 10018	13-3713762	501(C)(3)	6,500.				SOCIAL WELFARE & EDU. ACTIVITIES
(6) B'NAI AVIV 1410 INDIAN TRACE WESTON, FL 33326	65-0096470	501(C)(3)	48,248.				SOCIAL WELFARE & EDU. ACTIVITIES
(7) B'NAI B'RITH YOUTH ORGANIZATION 800 8TH STREET NW WASHINGTON, DC 20001	31-1794932	501(C)(3)	60,897.				SOCIAL WELFARE & EDU. ACTIVITIES
(8) B'NAI ZION FOUNDATION, INC. 1430 BROADWAY SUITE 1804 NEW YORK, NY 10018	13-2572288	501(C)(3)	7,500.				SOCIAL WELFARE & EDU. ACTIVITIES
(9) BRAUSER MAIMONIDES ACADEMY 5300 S.W. 40TH AVE FT. LAUDERDALE, FL 33314	65-0213879	501(C)(3)	1,143,701.				SOCIAL WELFARE & EDU. ACTIVITIES
(10) BROWARD PERFORMING ARTS FOUNDATION INC 201 SW FIFTH AVE FORT LAUDERDALE, FL 33312	59-2657043	501(C)(3)	10,000.				SOCIAL WELFARE & EDU. ACTIVITIES
(11) CAMP COLEMAN 201 CAMP COLEMAN DRIVE CLEVELAND, GA 30528	13-1663143	501(C)(3)	31,600.				SOCIAL WELFARE & EDU. ACTIVITIES
(12) CAMP JUDAEA 48 CAMP JUDAEA LN HENDERSONVILLE, NC 28792	58-6014651	501(C)(3)	16,900.				SOCIAL WELFARE & EDU. ACTIVITIES

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 ▶

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Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2021

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

Employer identification number
59-0967823

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 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
(1) CAMP RAMAH DAROM 6400 POWERS FERRY RD, ATLANTA, GA 30339	58-2146741	501(C)(3)	8,100.				SOCIAL WELFARE & EDU. ACTIVITIES
(2) CENTER FOR ADVANCEMENT OF JEWISH EDUCATION 4200 BISCAYNE BLVD MIAMI, FL 33137	59-0624373	501(C)(3)	8,350.				SOCIAL WELFARE & EDU. ACTIVITIES
(3) CHABAD HOUSE OF HARVARD SQUARE, INC. 38 BANKS ST CAMBRIDGE, MA 02138	04-3425635	501(C)(3)	43,000.				SOCIAL WELFARE & EDU. ACTIVITIES
(4) CHABAD LABUVITCH OF GREATER FT. LAUDERDALE 3500 N OCEAN BLVD. FT. LAUDERDALE, FL 33308	65-0581185	501(C)(3)	30,980.				SOCIAL WELFARE & EDU. ACTIVITIES
(5) CHABAD LUBAVITCH ON CAMPUS- PRINCETON 15 EDWARDS PL PRINCETON, NJ 08540	05-0576386	501(C)(3)	10,000.				SOCIAL WELFARE & EDU. ACTIVITIES
(6) CHABAD OF BINGHAMTON 420 MURRAY HILL ROAD VESTAL, NY 13850	16-1254782	501(C)(3)	15,000.				SOCIAL WELFARE & EDU. ACTIVITIES
(7) CHABAD OF CENTURY VILLAGE, INC. 10116 SW 53RD STREET COOPER CITY, FL 33328	81-2629314	501(C)(3)	75,000.				SOCIAL WELFARE & EDU. ACTIVITIES
(8) CHABAD OF NORTH BROWARD 7170 LOXAHATCHEE ROAD PARKLAND, FL 33067	20-2849927	501(C)(3)	28,333.				SOCIAL WELFARE & EDU. ACTIVITIES
(9) CHABAD OF SOUTH BROWARD 1295 E HALLANDALE BEACH BLVD FL 33009	59-2496454	501(C)(3)	92,460.				SOCIAL WELFARE & EDU. ACTIVITIES
(10) DANIEL D CANTOR SENIOR CENTER 5000 N NOB HILL RD SUNRISE, FL 33351	65-0245068	501(C)(3)	196,752.				SOCIAL WELFARE & EDU. ACTIVITIES
(11) DAVID POSNACK JCC 5850 S. PINE ISLAND ROAD DAVIE, FL 33328	59-2075982	501(C)(3)	453,223.				SOCIAL WELFARE & EDU. ACTIVITIES
(12) DAVID POSNACK JEWISH DAY SCHOOL 5890-A S PINE ISLAND RD DAVIE, FL 33328	59-1606514	501(C)(3)	231,906.				SOCIAL WELFARE & EDU. ACTIVITIES

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 ▶

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Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2021

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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
(1) FAMILY SHUL INC 5327 SW 33RD AVE FORT LAUDERDALE, FL 33312	20-5174947	501(C)(3)	25,000.				SOCIAL WELFARE & EDU. ACTIVITIES
(2) FEEDING AMERICA 35 EAST WACKER DRIVE CHICAGO, IL 60601	36-3673599	501(C)(3)	10,500.				SOCIAL WELFARE & EDU. ACTIVITIES
(3) FRIENDS OF NEVE MICHAEL CHILDREN'S VILLAGE PO BOX 260067 PEMBROKE PINES, FL 33026	20-8499330	501(C)(3)	11,250.				SOCIAL WELFARE & EDU. ACTIVITIES
(4) FRIENDS OF SEEACH SODE 934 EAST 22ND STREET BROOKLYN, NY 11210	11-3339324	501(C)(3)	15,000.				SOCIAL WELFARE & EDU. ACTIVITIES
(5) FRIENDS OF THE ARAVA INSTITUTE 1320 CENTRE STREET NEWTON CENTRE, MA 02459	11-3485736	501(C)(3)	6,180.				SOCIAL WELFARE & EDU. ACTIVITIES
(6) FRIENDS OF THE IDF 60 EAST 42ND STREET NEW YORK, NY 10165	13-3156445	501(C)(3)	55,500.				SOCIAL WELFARE & EDU. ACTIVITIES
(7) FRIENDS OF UNITED HATZALAH 208 EAST 51ST STREET NEW YORK, NY 10022	11-3533002	501(C)(3)	76,000.				SOCIAL WELFARE & EDU. ACTIVITIES
(8) FRIENDS OF YAD L'KASHISH P.O. BOX 494 ENGLEWOOD, NJ 07631	76-0734439	501(C)(3)	25,125.				SOCIAL WELFARE & EDU. ACTIVITIES
(9) FRIENDSHIP CIRCLE OF GREATER FORT LAUDERDAL 1306 E LAS OLAS BLVD FT LAUDERDALE FL 33301	26-4240600	501(C)(3)	22,628.				SOCIAL WELFARE & EDU. ACTIVITIES
(10) GIVING IS LOVING INC 5450 S STATE ROAD 7 STE 32 DAVIE, FL 33314	46-3976261	501(C)(3)	37,200.				SOCIAL WELFARE & EDU. ACTIVITIES
(11) GOODMAN JFS OF BROWARD 5890 S. PINE ISLAND ROAD DAVIE, FL 33328	59-0995106	501(C)(3)	1,825,278.				SOCIAL WELFARE & EDU. ACTIVITIES
(12) GREATER MIAMI JEWISH FEDERATION 4200 BISCAYNE BOULEVARD MIAMI, FL 33117	59-0624404	501(C)(3)	109,687.				SOCIAL WELFARE & EDU. ACTIVITIES

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 ▶

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Schedule I (Form 990) 2021

**SCHEDULE I
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**Grants and Other Assistance to Organizations,
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Name of the organization **UNITED JEWISH COMMUNITY OF BROWARD**
COUNTY, INC.

Employer identification number
59-0967823

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 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
(1) GULFSTREAM SCHOOL INC 3600 GULFSTREAM RD GULF STREAM, FL 33483	59-0977808	501(C)(3)	10,000.				SOCIAL WELFARE & EDU. ACTIVITIES
(2) HADASSAH 50 W. 58 STREET NEW YORK, NY 10019	59-1826857	501(C)(3)	40,360.				SOCIAL WELFARE & EDU. ACTIVITIES
(3) HAKSHIVA INC 1430 BROADWAY NEW YORK, NY 10018	20-4966120	501(C)(3)	20,000.				SOCIAL WELFARE & EDU. ACTIVITIES
(4) HAROLD GRINSPOON FOUNDATION 67 HUNT STREET, SUITE 100 AGAWAM, MA 01001	04-6685725	501(C)(3)	143,705.				SOCIAL WELFARE & EDU. ACTIVITIES
(5) HERBERT D. KATZ CENTER FOR ADVANCED JUDAIC 420 WALNUT ST PHILADELPHIA, PA 19106	23-1352685	501(C)(3)	119,400.				SOCIAL WELFARE & EDU. ACTIVITIES
(6) HILLEL SCHUSTERMAN INTERNATIONAL CENTER 800 8TH ST	52-1844823	501(C)(3)	32,500.				SOCIAL WELFARE & EDU. ACTIVITIES
(7) HILLEL OF BROWARD AND PALM BEACH 777 GLADES ROAD, BOCA RATON, FL 33431	56-2472825	501(C)(3)	50,905.				SOCIAL WELFARE & EDU. ACTIVITIES
(8) HOLOCAUST DOCUMENTATION & EDUCATION CENTER 2031 HARRISON STREET HOLLYWOOD, FL 33020	59-1992826	501(C)(3)	52,218.				SOCIAL WELFARE & EDU. ACTIVITIES
(9) ISRAEL AMERICAN COUNCIL - IAC FLORIDA 20807 BISCAYNE BLVD AVENTURA, FL 33180	22-3951652	501(C)(3)	13,700.				SOCIAL WELFARE & EDU. ACTIVITIES
(10) ISRALIGHT/ORAYTA 9687 PAVAROTTI TERR BOYNTON BEACH, FL 33437	65-0915662	501(C)(3)	7,500.				SOCIAL WELFARE & EDU. ACTIVITIES
(11) JACK & JILL CHILDREN'S CENTER 1315 W BROWARD BLVD FORT LAUDERDALE FL	59-0637870	501(C)(3)	20,000.				SOCIAL WELFARE & EDU. ACTIVITIES
(12) JAFCO 4200 N UNIVERSITY DR SUNRISE, FL 33351	20-0898587	501(C)(3)	103,569.				SOCIAL WELFARE & EDU. ACTIVITIES

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 ▶

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

Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

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

Employer identification number
59-0967823

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 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
(1) JAFCO CHILDRENS FOUNDATION INC 4200 N. UNIVERSITY DRIVE SUNRISE, FL 33351	65-0334267	501(C)(3)	29,900.				SOCIAL WELFARE & EDU. ACTIVITIES
(2) JAFINA 633 THIRD AVENUE, NEW YORK, NY 10017	23-0053483	501(C)(3)	10,000.				SOCIAL WELFARE & EDU. ACTIVITIES
(3) JEWISH COMMUNITY CTR OF GREATER PITTSBURGH 5738 FORBES AVE PITTSBURGH, PA 15217	25-1094514	501(C)(3)	10,000.				SOCIAL WELFARE & EDU. ACTIVITIES
(4) JEWISH FEDERATION OF GREATER NEW ORLEANS 3747 W ESPLANADE AVE METAIRIE, LA 70002	72-0408938	501(C)(3)	5,158.				SOCIAL WELFARE & EDU. ACTIVITIES
(5) JEWISH FEDERATION OF GREATER WASHINGTON 6101 EXECUTIVE BLVD., N BETHESDA, MD 20852	53-0212445	501(C)(3)	42,280.				SOCIAL WELFARE & EDU. ACTIVITIES
(6) JEWISH FEDERATIONS OF NORTH AMERICA 25 BROADWAY, #1700 NEW YORK, NY 10004	13-1624240	501(C)(3)	1,093,452.				SOCIAL WELFARE & EDU. ACTIVITIES
(7) JEWISH NATIONAL FUND 42 E 69TH STREET NEW YORK, NY 10021	13-1659627	501(C)(3)	15,952.				SOCIAL WELFARE & EDU. ACTIVITIES
(8) JEWISH NATIONAL FUND-USA INC 42 E 69TH ST NEW YORK, NY 10021	83-2880252	501(C)(3)	30,000.				SOCIAL WELFARE & EDU. ACTIVITIES
(9) JOE DIMAGGIO CHILDREN'S HOSPITAL 3329 JOHNSON STREET HOLLYWOOD, FL 33021	65-0492343	501(C)(3)	50,000.				SOCIAL WELFARE & EDU. ACTIVITIES
(10) KATZ HILLEL DAY SCHOOL OF BOCA RATON INC 21011 95TH AVE S BOCA RATON, FL 33428	65-0489297	501(C)(3)	7,000.				SOCIAL WELFARE & EDU. ACTIVITIES
(11) LAS OLAS CHABAD JEWISH CENTER INC. 1302 E LAS OLAS BLVD FT LAUDERDALE FL 33301	27-3608221	501(C)(3)	25,000.				SOCIAL WELFARE & EDU. ACTIVITIES
(12) LEV CHILDRENS MUSEUM INC 5846 S FLAMINGO RD COOPER CITY, FL 33330	83-1805507	501(C)(3)	71,467.				SOCIAL WELFARE & EDU. ACTIVITIES

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

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

Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2021

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

Employer identification number
59-0967823

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 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
(1) LUBAVITCH HEBREW ACADEMY 1500 N. STATE ROAD 7 MARGATE, FL 33063	20-5596977	501(C)(3)	94,200.				SOCIAL WELFARE & EDU. ACTIVITIES
(2) MAALEH ADUMIM FOUNDATION INC. 1430 BROADWAY SUITE 1804 NEW YORK, NY 10018	13-3711338	501(C)(3)	26,250.				SOCIAL WELFARE & EDU. ACTIVITIES
(3) MEALS ON WHEELS SOUTH FLORIDA 451 N STATE RD 7 PLANTATION, FL 33317	59-2450043	501(C)(3)	100,119.				SOCIAL WELFARE & EDU. ACTIVITIES
(4) MEMORIAL SLOAN KETTERING CANCER CENTER 885 SECOND AVENUE NEW YORK, NY 10017	13-1924236	501(C)(3)	6,000.				SOCIAL WELFARE & EDU. ACTIVITIES
(5) MOISHE HOUSE 5007 PROVIDENCE RD, CHARLOTTE, NC 28226	26-2599786	501(C)(3)	24,180.				SOCIAL WELFARE & EDU. ACTIVITIES
(6) MORTON PLANT MEASE HEALTH CARE FOUNDATION 1200 DRUID ROAD SOUTH CLEARWATER, FL 33756	59-1751535	501(C)(3)	200,000.				SOCIAL WELFARE & EDU. ACTIVITIES
(7) MULTIPLE MYELOMA RESEARCH FOUNDATION, INC. 383 MAIN AVENUE NORWALK, CT 06851	06-1504413	501(C)(3)	100,000.				SOCIAL WELFARE & EDU. ACTIVITIES
(8) NACHAL NOVEA MEKOR CHOCHMA 1437 47TH STREET BROOKLYN, NY 11219	23-7101064	501(C)(3)	9,000.				SOCIAL WELFARE & EDU. ACTIVITIES
(9) NATIONAL MUSEUM OF AMERICAN JEWISH HISTORY 101 S INDEPENDENCE MALL E., PHILADELPHIA PA	23-7379280	501(C)(3)	20,000.				SOCIAL WELFARE & EDU. ACTIVITIES
(10) NCSY 7200 W CAMINO REAL BOCA RATON, FL 33433	13-5623717	501(C)(3)	114,600.				SOCIAL WELFARE & EDU. ACTIVITIES
(11) NOVA SOUTHEASTERN UNIVERSITY INC 3301 COLLEGE AVENUE DAVIE, FL 33314	59-1083502	501(C)(3)	10,100.				SOCIAL WELFARE & EDU. ACTIVITIES
(12) OCEAN REEF CULTURAL CENTER INC 200 ANCHOR DR KEY LARGO, FL 33037	65-0843801	501(C)(3)	8,000.				SOCIAL WELFARE & EDU. ACTIVITIES

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 ▶

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Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2021

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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
(1) OHR TORAH STONE INSTITUTIONS OF ISR AEL 49 W 45TH ST STE 701 NEW YORK, NY 10036	13-3275531	501(C)(3)	231,800.				SOCIAL WELFARE & EDU. ACTIVITIES
(2) ORT AMERICA NY 75 MAIDEN LANE, NEW YORK, NY 10038	13-5562424	501(C)(3)	10,208.				SOCIAL WELFARE & EDU. ACTIVITIES
(3) P.E.F. ISRAEL ENDOWMENT FUND INC. 630 THIRD AVENUE NEW YORK, NY 10017	13-6104086	501(C)(3)	122,425.				SOCIAL WELFARE & EDU. ACTIVITIES
(4) PINE CREST PREPARATORY SCHOOL 1501 NE 62ND ST FORT LAUDERDALE, FL 33334	59-0861374	501(C)(3)	100,000.				SOCIAL WELFARE & EDU. ACTIVITIES
(5) PRESIDENT AND FELLOWS OF HARVARD 1033 MASSACHUSETTS AVE CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	50,000.				SOCIAL WELFARE & EDU. ACTIVITIES
(6) SABRINA COHEN FOUNDATION 1800 SUNSET HARBOUR DRIVE, SUITE 2406	03-0579618	501(C)(3)	6,000.				SOCIAL WELFARE & EDU. ACTIVITIES
(7) SOREF JEWISH COMMUNITY CENTER 6501 W. SUNRISE BLVD PLANTATION, FL 33313	59-1766701	501(C)(3)	212,489.				SOCIAL WELFARE & EDU. ACTIVITIES
(8) SOUTH FLORIDA JEWISH ACADEMY 3700 COCONUT CREEK PKWY COCONUT CREEK FL	65-0635581	501(C)(3)	53,625.				SOCIAL WELFARE & EDU. ACTIVITIES
(9) SUPER SCHOOL INC 4343 W SUNRISE BLVD PLANTATION, FL 33313	46-5306030	501(C)(3)	10,000.				SOCIAL WELFARE & EDU. ACTIVITIES
(10) TEMPLE BAT YAM 5151 NE 14TH TERR FT LAUDERDALE, FL 33334	59-2524675	501(C)(3)	101,805.				SOCIAL WELFARE & EDU. ACTIVITIES
(11) TEMPLE BETH EL 1351 S 14TH AVENUE HOLLYWOOD, FL 33020	59-0794397	501(C)(3)	32,406.				SOCIAL WELFARE & EDU. ACTIVITIES
(12) TEMPLE BETH EMET 4807 S FLAMINGO RD COOPER CITY, FL 33330	59-1707916	501(C)(3)	89,375.				SOCIAL WELFARE & EDU. ACTIVITIES

- 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 ▶

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Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2021

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Department of the Treasury
Internal Revenue Service

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

Employer identification number
59-0967823

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 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
(1) TEMPLE KOL AMI 8200 PETERS ROAD PLANTATION, FL 33324	23-7449716	501(C)(3)	38,198.				SOCIAL WELFARE & EDU. ACTIVITIES
(2) TEMPLE SOLEL INC 5100 SHERIDAN ST HOLLYWOOD, FL 33021	23-7079611	501(C)(3)	10,000.				SOCIAL WELFARE & EDU. ACTIVITIES
(3) THE CHAI CENTER OF JEWISH LIFE INC. 5761 CORAL RIDGE DR CORAL SPRINGS, FL 33076	46-4126349	501(C)(3)	80,000.				SOCIAL WELFARE & EDU. ACTIVITIES
(4) THE MIAMI FOUNDATION 40 NW 3RD STREET, #305 MIAMI, FL 33128	65-0350357	501(C)(3)	6,000.				SOCIAL WELFARE & EDU. ACTIVITIES
(5) THE UNIVERSITY OF TEXAS AT AUSTIN P. O. BOX 7458 AUSTIN, TX 78713	74-6000203	501(C)(3)	123,833.				SOCIAL WELFARE & EDU. ACTIVITIES
(6) U.S. HOLOCAUST MEMORIAL MUSEUM 100 RAOUL WALLENBERG PL SW WASHINGTON, DC	52-1309391	501(C)(3)	7,100.				SOCIAL WELFARE & EDU. ACTIVITIES
(7) UNIVERSITY OF VIRGINIA C/O UVA GIFT PROCESS P.O. BOX 400331 CHARLOTTESVILLE, VA 22904	54-6061871	501(C)(3)	50,000.				SOCIAL WELFARE & EDU. ACTIVITIES
(8) WE ARE ONE, INC. 6794 STIRLING ROAD HOLLYWOOD, FL 33024	20-3010633	501(C)(3)	46,667.				SOCIAL WELFARE & EDU. ACTIVITIES
(9) YESHIVA TORAS CHAIM TORAS EMES 1025 NE MIAMI GARDENS DR N MIAMI BEACH, FL	59-1870702	501(C)(3)	7,200.				SOCIAL WELFARE & EDU. ACTIVITIES
(10) YOUNG ISRAEL OF HOLLYWOOD FORT LAUDERDALE 3291 STIRLING RD FORT LAUDERDALE, FL 33312	59-1665301	501(C)(3)	47,346.				SOCIAL WELFARE & EDU. ACTIVITIES
(11) YOUTH RENEWAL FUND 1460 BROADWAY NEW YORK, NY 10036	13-3641489	501(C)(3)	22,609.				SOCIAL WELFARE & EDU. ACTIVITIES
(12) ZAMIR CHORAL FOUNDATION INC 475 RIVERSIDE DR NEW YORK, NY 10115	13-6217087	501(C)(3)	18,000.				SOCIAL WELFARE & EDU. ACTIVITIES

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 ▶

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

Schedule I (Form 990) 2021

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 non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

PART I, LINE 2:

REPORTS ARE REQUIRED AT VARIOUS INTERVALS THROUGHOUT THE YEAR REGARDING THE USE OF GRANTS AND THE IMPACT THE FUNDS ARE HAVING.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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.

2021

Open to Public Inspection

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 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		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) 2021

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 and/or 1099-NEC 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				
HEATHER BARRAZA 1 CHIEF FINANCIAL OFFICER	(i)	157,556.	NONE	NONE	4,806.	5,700.	168,062.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KEITH GOLDMANN 2 CHIEF PHILAN OFF/ASST. SECRET.	(i)	153,743.	NONE	NONE	4,656.	NONE	158,399.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles.				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	2	2,863,838.	MARKET QUOTATION
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2021

JSA

1E1298 1.000

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

PART I, COLUMN (B):

THE NUMERICAL DATA IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED JEWISH COMMUNITY OF BROWARD

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

59-0967823

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

FORM 990 WAS PREPARED BY A NATIONAL ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. THE FORM 990 WAS REVIEWED BY EXECUTIVE MANAGEMENT AND THE AUDIT COMMITTEE. THE BOARD OF DIRECTORS ARE PROVIDED A COPY OF THE FORM 990 PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

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

EACH BOARD MEMBER IS REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT ON AN ANNUAL BASIS. 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.

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

THE INDEPENDENT COMMITTEE LEAD BY THE BOARD CHAIR ANNUALLY REVIEWS THE FAIRNESS OF THE EXECUTIVE DIRECTOR'S COMPENSATION AND BENEFITS AND UTILIZES DATA FROM COMPETENT SALARY SURVEYS OF EXECUTIVE COMPENSATION IN THE NOT-FOR-PROFIT INDUSTRY, INCLUDING SALARY SURVEYS CONDUCTED BY THE NATIONAL JEWISH FEDERATION SYSTEM, JEWISH FEDERATIONS OF NORTH AMERICA. THE BOARD CHAIR BRINGS THE EXECUTIVE DIRECTOR'S COMPENSATION AND BENEFITS TO THE BOARD OF DIRECTORS (CONSISTING OF INDEPENDENT BOARD MEMBERS) FOR REVIEW AND APPROVAL THROUGH AN EXECUTIVE SESSION. WRITTEN DOCUMENTATION IS MAINTAINED IN THE CONFIDENTIAL EMPLOYEES RECORDS.

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

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

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

**SCHEDULE O
(Form 990 or 990-EZ)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

UNITED JEWISH COMMUNITY OF BROWARD

59-0967823

THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC
VIA ITS WEBSITE. THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS
AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC.

FORM 990, PART XI, LINE 9:

BAD DEBT FOR UNCOLLECTIBLE PLEDGES.....\$(322,880).

Name of the organization

UNITED JEWISH COMMUNITY OF BROWARD

Employer identification number

59-0967823

FORM 990, PART III - PROGRAM SERVICE

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LINE 4A, PROGRAM SERVICE

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 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.

Name of the organization

Employer identification number

UNITED JEWISH COMMUNITY OF BROWARD

59-0967823

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

KENT SECURITY OF PALM BEACH, INC.
14600 BISCAYNE BOULEVARD
NORTH MIAMI, FL 33181

SECURITY

304,199.