

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](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2022

**Open to Public Inspection**

**A For the 2022 calendar year, or tax year beginning** 07/01/2022 **and ending** 06/30/2023

<b>B</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	<b>C</b> Name of organization UNITED JEWISH COMMUNITY OF BROWARD COUNTY, INC.		<b>D</b> Employer identification number 59-0967823
	Doing Business As JEWISH FEDERATION OF BROWARD COUNTY		<b>E</b> Telephone number (954) 252-6900
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5890 SOUTH PINE ISLAND ROAD		
	City or town, state or province, country, and ZIP or foreign postal code DAVIE, FL 33328		<b>G</b> Gross receipts \$ 63,978,181.
<b>F</b> Name and address of principal officer: AUDRA P. BERG 5890 SOUTH PINE ISLAND ROAD, DAVIE, FL 33328		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I</b> 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		<b>H(c)</b> Group exemption number ▶	
<b>J</b> Website: ▶ WWW.JEWISHBROWARD.ORG			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 1947 <b>M</b> State of legal domicile: FL	

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> 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>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	52
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	52
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	67
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	350
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	NONE
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	NONE	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	11,951,894.	12,309,416.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,347,919.	1,109,530.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,072,478.	7,423,204.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	989,114.	459,736.
		30,361,405.	21,301,886.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,874,516.	13,643,268.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,022,742.	4,497,822.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,442,034.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,280,453.	3,656,722.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18,177,711.	21,797,812.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	12,183,694.	-495,926.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	176,389,542.	179,754,862.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	27,172,749.	26,548,328.
	149,216,793.	153,206,534.	

## 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.

<b>Sign Here</b>	▶ Signature of officer	Date
	▶ Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	PAUL HAMMERSCHMIDT	PAUL HAMMERSCHMIDT	05/13/2024		P01384178
	Firm's name ▶ BDO USA	Firm's EIN ▶	13-5381590		
	Firm's address ▶ 200 PARK AVENUE, 38TH FLOOR NEW YORK, NY 10166	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** (2022)

**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 \$ 17,504,442. including grants of \$ 13,643,268. ) (Revenue \$ 1,109,530. )  
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 17,504,442.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and 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, Forms W-2G, and backup withholding rules.

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <span style="float:right">2a 67</span>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> . . . . .		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		X
<b>b</b>	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year <span style="float:right">7d</span> . . . . .		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 <span style="float:right">10a</span> . . . . .		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <span style="float:right">10b</span> . . . . .		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders <span style="float:right">11a</span> . . . . .		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float:right">11b</span> . . . . .		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <span style="float:right">12a</span>		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <span style="float:right">12b</span> . . . . .		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans <span style="float:right">13b</span> . . . . .		
<b>c</b>	Enter the amount of reserves on hand <span style="float:right">13c</span> . . . . .		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> . . . . .		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.		X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . . If "Yes," complete Form 6069.		

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 (52), 1b (52), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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 (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 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.
[X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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  X

**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, box 6 of 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) AUDRA P. BERG PRESIDENT & CEO	36.50 1.00			X				278,452.	NONE	35,199.
(2) HEATHER BARRAZA CHIEF FINANCIAL OFFICER	36.50 1.00			X				185,733.	NONE	11,551.
(3) KEITH GOLDMANN CHIEF PHILANTHROPY OFFICER	36.50 NONE			X				187,604.	NONE	5,672.
(4) PAMELA GOTTLIEB SVP, ANNUAL CAMPAIGN	36.50 NONE					X		128,389.	NONE	10,085.
(5) SHARON NESS VP, DEVELOPMENT	36.50 NONE					X		131,560.	NONE	3,978.
(6) EVAN GOLDMAN ED, PUBLIC AFFAIRS	36.50 NONE					X		123,684.	NONE	9,706.
(7) ARNIE SAMLAN CHIEF JEWISH EDUCATION OFFICER	36.50 NONE					X		115,019.	NONE	10,651.
(8) MITCHELL TAPPER DIR OF SECURITY (THRU 11/2022)	36.50 NONE					X		103,085.	NONE	2,450.
(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) LINDSEY GLANTZ BOARD VICE CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(12) CINDI JACOBS BOARD VICE CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(13) ESTHER SHACKET BOARD VICE CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(14) JOANNA CLARKSON CHAIR, AUDIT	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 ) PETER BERG TREASURER & CHAIR F&A	1.00 NONE	X		X				NONE	NONE	NONE
( 16 ) JEFF SOPSHIN SECRETARY	1.00 NONE	X		X				NONE	NONE	NONE
( 17 ) LAUREN ALPERSTEIN BOARD MEMBER	1.00 NONE	X		X				NONE	NONE	NONE
( 18 ) ERIC ANTMANN BOARD MEMBER (EFF. 05/2023)	1.00 NONE	X						NONE	NONE	NONE
( 19 ) LORI BEN EZRA BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
( 20 ) IVY FEINSTEIN BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
( 21 ) BRUCE GREENBERG BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
( 22 ) SHERYL GREENWALD BOARD MEMBER (EFF. 05/2023)	1.00 NONE	X						NONE	NONE	NONE
( 23 ) BILL GROSS BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
( 24 ) EVAN GLASSER BOARD MEMBER (THRU 05/2023)	1.00 NONE	X						NONE	NONE	NONE
( 25 ) LISA HENRY BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
<b>1b Sub-total</b> . . . . .								1,253,526.	NONE	89,292.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								NONE	NONE	NONE
<b>d Total (add lines 1b and 1c)</b> . . . . .								1,253,526.	NONE	89,292.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **9**

	Yes	No
3 Did the organization list any <b>former</b> 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 ) WALTER KATZ BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
( 27 ) SHIR KEIDAN BOARD MEMBER (THRU 05/2023)	1.00 NONE	X					NONE	NONE	NONE	
( 28 ) DENISE LETTAU BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
( 29 ) AIMEE LEWINTER BOARD MEMBER (THRU 05/2023)	1.00 NONE	X					NONE	NONE	NONE	
( 30 ) LESLIE LINEVSKY BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
( 31 ) MARC LOWELL BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
( 32 ) LANCE LVOVSKY BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
( 33 ) GARY MARKS BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
( 34 ) AVI NAIDER BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
( 35 ) GIL NEUMAN BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
( 36 ) DAN NEWMAN BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		
<b>4</b> 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> . . . . .		
<b>5</b> 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 ) SHERYL RASKIN BOARD MEMBER (EFF. 05/2023)	1.00 NONE	X					NONE	NONE	NONE	
( 38 ) ANDY ROSEN BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
( 39 ) PAUL ROSENBERG BOARD MEMBER (EFF. 05/2023)	1.00 NONE	X					NONE	NONE	NONE	
( 40 ) JOE RUBINSZTAIN BOARD MEMBER (THRU 05/2023)	1.00 NONE	X					NONE	NONE	NONE	
( 41 ) JEFF SANDLER BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
( 42 ) STACEY SCHULMAN BOARD MEMBER (THRU 05/2023)	1.00 NONE	X					NONE	NONE	NONE	
( 43 ) SAMMY SCHULMAN BOARD MEMBER (THRU 05/2023)	1.00 NONE	X					NONE	NONE	NONE	
( 44 ) CAROLYN SHAPIR BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
( 45 ) DAVID SILVER BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
( 46 ) DREW TABATCHNICK BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
( 47 ) ALAN TINTER BOARD MEMBER (THRU 05/2023)	1.00 NONE	X					NONE	NONE	NONE	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

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 <b>former</b> 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 ) SUSAN WEISMAN BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
( 49 ) DIANE WILEN BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
( 50 ) SETH WISE BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
( 51 ) BARRY ALTER PAST BOARD CHAIR	1.00 NONE	X					NONE	NONE	NONE	
( 52 ) ALLAN BAER PAST BOARD CHAIR	1.00 NONE	X					NONE	NONE	NONE	
( 53 ) HOWARD BARRON PAST BOARD CHAIR	1.00 NONE	X					NONE	NONE	NONE	
( 54 ) GORDON DECKELBAUM PAST BOARD CHAIR	1.00 NONE	X					NONE	NONE	NONE	
( 55 ) DAVID GARFINKLE PAST BOARD CHAIR	1.00 NONE	X					NONE	NONE	NONE	
( 56 ) DEBBIE GOBER PAST BOARD CHAIR/MEMBER	1.00 NONE	X					NONE	NONE	NONE	
( 57 ) LAURA GOLDBLUM PAST BOARD CHAIR	1.00 NONE	X					NONE	NONE	NONE	
( 58 ) STEPHEN JACKMAN PAST BOARD CHAIR	1.00 NONE	X					NONE	NONE	NONE	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

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 <b>former</b> 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			
( 59 ) PAUL LEHRER PAST BOARD CHAIR	1.00 NONE	X					NONE	NONE	NONE	
( 60 ) PETER LIVINGSTON PAST BOARD CHAIR	1.00 NONE	X					NONE	NONE	NONE	
( 61 ) RONALD ROTHSCHILD PAST BOARD CHAIR	1.00 NONE	X					NONE	NONE	NONE	
( 62 ) BOB SCHNEIDER PAST BOARD CHAIR/MEMBER	1.00 NONE	X					NONE	NONE	NONE	
( 63 ) DAVID SCHULMAN PAST BOARD CHAIR	1.00 NONE	X					NONE	NONE	NONE	
( 64 ) BRIAN SHERR PAST BOARD CHAIR	1.00 NONE	X					NONE	NONE	NONE	
( 65 ) STANLEY SPATZ PAST BOARD CHAIR	1.00 NONE	X					NONE	NONE	NONE	
( 66 ) KAREN ZEMEL PAST BOARD CHAIR	1.00 NONE	X					NONE	NONE	NONE	
( 67 ) SELMA TELLES EMERITUS BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
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 ▶ 2

**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			
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>	5,657,978.						
	<b>b</b>	Membership dues . . . . .	<b>1b</b>							
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	564,559.						
	<b>d</b>	Related organizations . . . . .	<b>1d</b>							
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>							
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	6,086,879.						
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$ 4,750,050.						
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .			12,309,416.					
	<b>Program Service Revenue</b>				Business Code					
<b>2a</b>		PROGRAM INCOME		900099	1,109,530.	1,109,530.				
<b>b</b>										
<b>c</b>										
<b>d</b>										
<b>e</b>										
<b>f</b>		All other program service revenue . . . . .								
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .			1,109,530.					
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .			3,213,941.	NONE	3,213,941.			
	<b>4</b>	Income from investment of tax-exempt bond proceeds .			NONE					
	<b>5</b>	Royalties . . . . .			NONE					
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>	(i) Real	(ii) Personal					
	<b>b</b>	Less: rental expenses	<b>6b</b>							
	<b>c</b>	Rental income or (loss)	<b>6c</b>	NONE	NONE					
	<b>d</b>	Net rental income or (loss) . . . . .			NONE					
	<b>7a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	(ii) Other					
						46,590,279.				
	<b>b</b>	Less: cost or other basis and sales expenses . .	<b>7b</b>			42,381,016.				
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>			4,209,263.				
<b>d</b>	Net gain or (loss) . . . . .				4,209,263.	4,209,263.				
<b>8a</b>	Gross income from fundraising events (not including \$ 564,559. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>					93,917.			
			<b>8b</b>				295,279.			
			<b>c</b>	Net income or (loss) from fundraising events . . . . .				-201,362.		
			<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>				NONE	
						<b>9b</b>				NONE
						<b>c</b>	Net income or (loss) from gaming activities . . . . .			
			<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>				NONE	
						<b>10b</b>				NONE
						<b>c</b>	Net income or (loss) from sales of inventory . . . . .			
<b>Miscellaneous Revenue</b>				Business Code						
	<b>11a</b>	MISCELLANEOUS INCOME		900099	661,098.		661,098.			
	<b>b</b>									
	<b>c</b>									
	<b>d</b>	All other revenue . . . . .								
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .				661,098.				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .				21,301,886.	1,109,530.	NONE			

**Part IX Statement of Functional Expenses**

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	13,643,268.	13,643,268.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	NONE			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	NONE			
<b>4</b> Benefits paid to or for members . . . . .	NONE			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	800,050.	304,019.	144,009.	352,022.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	NONE			
<b>7</b> Other salaries and wages . . . . .	3,169,458.	1,670,658.	821,421.	677,379.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	57,397.	31,102.	17,300.	8,995.
<b>9</b> Other employee benefits . . . . .	187,118.	97,446.	53,437.	36,235.
<b>10</b> Payroll taxes . . . . .	283,799.	143,212.	76,103.	64,484.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .	NONE			
<b>b</b> Legal . . . . .	89,842.		89,842.	
<b>c</b> Accounting . . . . .	42,504.		42,504.	
<b>d</b> Lobbying . . . . .	NONE			
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	NONE			
<b>f</b> Investment management fees . . . . .	681,067.		681,067.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	164,483.	45,964.	74,094.	44,425.
<b>12</b> Advertising and promotion . . . . .	137,579.	67,964.	41,824.	27,791.
<b>13</b> Office expenses . . . . .	310,933.	101,457.	91,419.	118,057.
<b>14</b> Information technology . . . . .	NONE			
<b>15</b> Royalties . . . . .	NONE			
<b>16</b> Occupancy . . . . .	447,596.	153,516.	259,768.	34,312.
<b>17</b> Travel . . . . .	30,187.	14,912.	9,177.	6,098.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	NONE			
<b>19</b> Conferences, conventions, and meetings . . . . .	129,528.	58,626.	42,645.	28,257.
<b>20</b> Interest . . . . .	NONE			
<b>21</b> Payments to affiliates . . . . .	NONE			
<b>22</b> Depreciation, depletion, and amortization . . . . .	480,335.	163,315.	288,200.	28,820.
<b>23</b> Insurance . . . . .	127,145.	19,072.	95,358.	12,715.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> COMMUNITY ACTIVITIES . . . . .	989,722.	981,229.	8,493.	NONE
<b>b</b> MISCELLANEOUS EXPENSES . . . . .	25,801.	8,682.	14,675.	2,444.
<b>c</b> . . . . .				
<b>d</b> . . . . .				
<b>e</b> All other expenses . . . . .				
<b>25</b> Total functional expenses. Add lines 1 through 24e . . . . .	21,797,812.	17,504,442.	2,851,336.	1,442,034.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	2,474,527.	<b>1</b>	1,692,283.
	<b>2</b> Savings and temporary cash investments . . . . .	8,181,705.	<b>2</b>	2,076,210.
	<b>3</b> Pledges and grants receivable, net . . . . .	2,762,730.	<b>3</b>	4,163,034.
	<b>4</b> Accounts receivable, net . . . . .	225,161.	<b>4</b>	212,622.
	<b>5</b> 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	<b>5</b>	NONE
	<b>6</b> 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	<b>6</b>	NONE
	<b>7</b> Notes and loans receivable, net . . . . .	NONE	<b>7</b>	NONE
	<b>8</b> Inventories for sale or use . . . . .	NONE	<b>8</b>	NONE
	<b>9</b> Prepaid expenses and deferred charges . . . . .	85,647.	<b>9</b>	268,016.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 23,676,019.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 14,170,652.	10,881,513.	<b>10c</b> 9,505,367.
	<b>11</b> Investments - publicly traded securities . . . . .	124,706,075.	<b>11</b>	134,676,534.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	26,248,898.	<b>12</b>	26,629,133.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	NONE	<b>13</b>	NONE
	<b>14</b> Intangible assets . . . . .	NONE	<b>14</b>	NONE
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	823,286.	<b>15</b>	531,663.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	176,389,542.	<b>16</b>	179,754,862.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	1,529,890.	<b>17</b>	1,624,616.
	<b>18</b> Grants payable . . . . .	5,989,012.	<b>18</b>	4,555,967.
	<b>19</b> Deferred revenue . . . . .	NONE	<b>19</b>	NONE
	<b>20</b> Tax-exempt bond liabilities . . . . .	NONE	<b>20</b>	NONE
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	NONE	<b>21</b>	NONE
	<b>22</b> 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	<b>22</b>	NONE
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	NONE	<b>23</b>	NONE
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	NONE	<b>24</b>	NONE
	<b>25</b> 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 . . . . .	19,653,847.	<b>25</b>	20,367,745.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	27,172,749.	<b>26</b>	26,548,328.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.</b> <input checked="" type="checkbox"/>			
	<b>27</b> Net assets without donor restrictions . . . . .	99,275,765.	<b>27</b>	99,716,205.
	<b>28</b> Net assets with donor restrictions . . . . .	49,941,028.	<b>28</b>	53,490,329.
	<b>Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.</b> <input type="checkbox"/>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	149,216,793.	<b>32</b>	153,206,534.
<b>33</b> Total liabilities and net assets/fund balances . . . . .	176,389,542.	<b>33</b>	179,754,862.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	21,301,886.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	21,797,812.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-495,926.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	149,216,793.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	4,618,287.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-132,620.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	153,206,534.

**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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? . . . . .
- 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
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		



**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**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)							
<b>Total</b>							

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

Schedule A (Form 990) 2022

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: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (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: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (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 2022 (81.02%); 15 Public support percentage from 2021 Schedule A, Part II, line 14 (84.70%); 16a 33 1/3% support test - 2022 (checked); 16b 33 1/3% support test - 2021; 17a 10%-facts-and-circumstances test - 2022; 17b 10%-facts-and-circumstances test - 2021; 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**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5. . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f), divided by line 13, column (f)). . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . .

**b 33 1/3% support tests - 2021.** 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 on line 12 of 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 <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> 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
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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>b</b>	A family member of a person described on line 11a above?		
<b>c</b>	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
<b>1</b>	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>		
<b>2</b>	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
<b>1</b>	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
<b>1</b>	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?		
<b>2</b>	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>		
<b>3</b>	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**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b>	Activities Test. Answer lines 2a and 2b below.		
<b>a</b>	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>b</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>		
<b>3</b>	Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b>	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>b</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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<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	<b>Total annual distributions.</b> 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 2022 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-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017 . . . . .			
b	From 2018 . . . . .			
c	From 2019 . . . . .			
d	From 2020 . . . . .			
e	From 2021 . . . . .			
f	<b>Total</b> of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018 . . . .			
b	Excess from 2019 . . . .			
c	Excess from 2020 . . . .			
d	Excess from 2021 . . . .			
e	Excess from 2022 . . . .			

**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	2018	2019	2020	2021	2022	TOTAL
MISCELLANEOUS INCOME	392,403.	186,536.	505,799.	1,160,991.	661,098.	2,906,827.
<b>TOTALS</b>	<b>392,403.</b>	<b>186,536.</b>	<b>505,799.</b>	<b>1,160,991.</b>	<b>661,098.</b>	<b>2,906,827.</b>



**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization UNITED JEWISH COMMUNITY OF BROWARD COUNTY, INC.	Employer identification number 59-0967823
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Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 <b>UNITED JEWISH COMMUNITY OF BROWARD COUNTY, INC.</b>	Employer identification number <b>59-0967823</b>
---	---

**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	\$ 2,336,272.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 1,197,328.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 963,808.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 252,642.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 250,000.	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.)

Name of organization <b>UNITED JEWISH COMMUNITY OF BROWARD COUNTY, INC.</b>	<b>Employer identification number</b> 59-0967823
---	---

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	STOCK _____ _____ _____	\$ 2,336,272.	VAR
2	STOCK _____ _____ _____	\$ 1,197,328.	VAR
3	STOCK _____ _____ _____	\$ 963,808.	VAR
4	STOCK _____ _____ _____	\$ 252,642.	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

2022

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 value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, total number and acreage, and monitoring expenses. Includes a small table for 'Held at the End of the Tax Year'.

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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting art and historical treasures and amounts required to be reported.

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

Schedule D (Form 990) 2022

**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 . . . . .             | <b>1c</b> |
| d Additions during the year . . . . .     | <b>1d</b> |
| e Distributions during the year . . . . . | <b>1e</b> |
| f Ending balance . . . . .                | <b>1f</b> |
- 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 . . . . .	139,348,719.	161,260,650.	125,774,466.	105,785,527.	103,748,038.
b Contributions . . . . .	6,192,765.	6,366,404.	20,812,033.	29,429,061.	4,838,383.
c Net investment earnings, gains, and losses . . . . .	11,053,040.	-15,794,934.	27,323,888.	1,587,042.	4,517,018.
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	13,693,416.	12,483,401.	12,649,737.	11,027,164.	7,317,912.
f Administrative expenses . . . . .					
g End of year balance . . . . .	142,901,108.	139,348,719.	161,260,650.	125,774,466.	105,785,527.

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

- a Board designated or quasi-endowment 66.0000 %
- b Permanent endowment 24.0000 %
- c Term endowment 10.0000 %

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)	X	
3a(ii)		X
3b		

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		5,194,519.		5,194,519.
b Buildings . . . . .		3,894,068.	2,071,154.	1,822,914.
c Leasehold improvements . . . . .		14,367,633.	11,892,027.	2,475,606.
d Equipment . . . . .				
e Other . . . . .		219,799.	207,471.	12,328.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				9,505,367.

**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) ALTERNATIVE INVESTMENTS	23,254,933.	FMV
(B) STATE OF ISRAEL BONDS	3,374,200.	FMV
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . .	26,629,133.	

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (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	
(3) AFFILIATED AGENCIES	14,775,535.
(4) AGENCY FUNDS	3,498,896.
(5) SPLIT-INTEREST AGREEMENTS	2,093,314.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . .	20,367,745.

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	27,502,911.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	4,618,287.	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	1,968,526.	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	295,279.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	6,882,092.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	20,620,819.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	681,067.	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	681,067.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	21,301,886.

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	23,513,170.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	1,968,526.	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	427,899.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	2,396,425.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	21,116,745.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	681,067.	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	681,067.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	21,797,812.

**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, 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, 2023. 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 AUTHORITY. AS OF JUNE 30, 2023, THE FEDERATION WAS NOT SUBJECT TO ANY EXAMINATION BY A TAXING AUTHORITY.

**Part XIII** Supplemental Information (continued)

PART XI, LINE 4B:

SPECIAL EVENTS DIRECT EXPENSES.....\$(295,279).

PART XII, LINE 2D:

SPECIAL EVENTS DIRECT EXPENSES.....\$295,279.

BAD DEBT FOR UNCOLLECTIBLE PLEDGES.....\$132,620.

TOTAL.....\$427,899.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2022**

**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](http://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	2,383,777.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Subtotal . . . . .					2,383,777.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					2,383,777.

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

Schedule F (Form 990) 2022

**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 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	
		WOMEN'S EVENT (event type)	MEN'S NIGHT OUT (event type)	45 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts . . . . .	48,788.	128,322.	481,366.	658,476.
	2	Less: Contributions . . . . .	12,567.	85,053.	466,939.	564,559.
	3	Gross income (line 1 minus line 2) . . . . .	36,221.	43,269.	14,427.	93,917.
Direct Expenses	4	Cash prizes . . . . .				
	5	Noncash prizes . . . . .				
	6	Rent/facility costs . . . . .		34,789.	1,250.	36,039.
	7	Food and beverages . . . . .	31,205.	74,211.	37,530.	142,946.
	8	Entertainment . . . . .	16,727.	26,513.	16,954.	60,194.
	9	Other direct expenses . . . . .	9,058.	7,523.	39,519.	56,100.
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				
11	Net income summary. Subtract line 10 from line 3, column (d) . . . . .					-201,362.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_

- 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	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

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).

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**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

**2022**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990.

Go to [www.irs.gov/Form990](http://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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) 18 CORP 650 S. ORANGE AVE., MIAMI BEACH, FL 33139	22-3764133	501(C)(3)	18,000.				SOCIAL WELFARE & EDU. ACTIVITIES
(2) A WIDER BRIDGE 2912 DIAMOND ST., SAN FRANCISCO, CA 94131	45-2643886	501(C)(3)	16,667.				SOCIAL WELFARE & EDU. ACTIVITIES
(3) ADMINISTRATORS OF THE TULANE EDU. FUND 6823 SAINT CHARLES AVE NORTHBROOK, IL 60062	72-0423889	501(C)(3)	85,000.				SOCIAL WELFARE & EDU. ACTIVITIES
(4) AFOPEY THE SCHWARTZ LAW FIRM SOUTHFIELD, MI 48034	34-1593822	501(C)(3)	25,000.				SOCIAL WELFARE & EDU. ACTIVITIES
(5) ALASKA JEWISH CAMPUS 1117 E 35TH AVE WEST HOLLYWOOD, CA 90069	92-0139949	501(C)(3)	18,000.				SOCIAL WELFARE & EDU. ACTIVITIES
(6) ALEXANDER MUSS HIGH SCHOOL IN ISRAEL 12550 BISCAYNE BLVD., NORTH MIAMI, FL 33181	59-0173782	501(C)(3)	11,150.				SOCIAL WELFARE & EDU. ACTIVITIES
(7) AMERICAN FRIENDS OF IDC 142 W 57TH STREET ROSLYN, NY 11576	31-1577589	501(C)(3)	6,000.				SOCIAL WELFARE & EDU. ACTIVITIES
(8) AMERICAN FRIENDS OF ISRAEL ELWYN 45 E CITY AVE PMB 414 GAINESVILLE, FL 32603	23-2564116	501(C)(3)	42,500.				SOCIAL WELFARE & EDU. ACTIVITIES
(9) AMERICAN FRIENDS OF KEREN MALKI INC. 736 GRANGE RD TEANECK, NJ 07666	26-2251751	501(C)(3)	17,500.				SOCIAL WELFARE & EDU. ACTIVITIES
(10) AMERICAN FRIENDS OF LEKET ISRAEL PO BOX 2090 CLEARWATER, FL 33764	20-8202424	501(C)(3)	10,400.				SOCIAL WELFARE & EDU. ACTIVITIES
(11) AMERICAN FRIENDS OF MAGEN DAVID ADOM 20 W 36TH ST SUITE 1100 NEW YORK, NY 10018	13-1790719	501(C)(3)	23,668.				SOCIAL WELFARE & EDU. ACTIVITIES
(12) AMERICAN FRIENDS OF SHALVA ISRAEL INC 315 FIFTH AVENUE NEW YORK, NY 10016	56-2676533	501(C)(3)	36,000.				SOCIAL WELFARE & EDU. ACTIVITIES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 132

3 Enter total number of other organizations listed in the line 1 table NONE

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

Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> AMERICAN ISRAEL EDUCATION FOUNDATION 251 H ST NW SUNRISE, FL 33351	52-1623781	501(C)(3)	175,000.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(2)</b> AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE 220 EAST 42ND STREET NEW YORK, NY 10017	13-1656634	501(C)(3)	119,600.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(3)</b> ANTI-DEFAMATION LEAGUE OF B'NAI B'RITH 605 3RD AVENUE NEW YORK, NY 10158	13-1818723	501(C)(3)	24,884.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(4)</b> BETH TORAH BENNY ROK CAMPUS 20350 NE 26TH AVE NEW YORK, NY 10165	59-2750308	501(C)(3)	18,800.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(5)</b> B'NAI AVIV OF WESTON 1410 INDIAN TRACE ELIZABETH, NJ 07208	65-0096470	501(C)(3)	19,586.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(6)</b> B'NAI B'RITH YOUTH ORGANIZATION 800 8TH STREET NW WASHINGTON, DC 20001	31-1794932	501(C)(3)	39,775.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(7)</b> BRAUSER MAIMONIDES ACADEMY 5300 SW 40TH AVE., FT LAUDERDALE, FL 33314	65-0213879	501(C)(3)	224,220.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(8)</b> BROWARD PERFORMING ARTS FOUNDATION INC 201 SW 5TH AVE NEW YORK, NY 10016	59-2657043	501(C)(3)	12,500.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(9)</b> CAMP COLEMAN 201 CAMP COLEMAN DRIVE CLEVELAND, GA 30528	13-1663143	501(C)(3)	19,800.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(10)</b> CAMP JUDAEA 48 CAMP JUDAEA LN HENDERSONVILLE, NC 28792	58-6014651	501(C)(3)	14,250.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(11)</b> CAMP RAMAH DAROM 6400 POWERS FERRY RD, ATLANTA, GA 30339	58-2146741	501(C)(3)	9,500.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(12)</b> CHABAD HOUSE OF HARVARD SQUARE, INC. 38 BANKS ST CAMBRIDGE, MA 02138	04-3425635	501(C)(3)	25,000.				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) 2022

**SCHEDULE I  
(Form 990)**

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

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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
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**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CHABAD LABUVITCH OF GREATER FT. LAUDERDALE 3500 N OCEAN BLVD FRESH MEADOWS, NY 11365	65-0581185	501(C)(3)	29,880.				SOCIAL WELFARE & EDU. ACTIVITIES
(2) CHABAD LUBAVITCH OF SOUTHWEST BROWARD, INC. 5960 SW 106TH AVENUE COOPER CITY, FL 33410	65-0374355	501(C)(3)	10,000.				SOCIAL WELFARE & EDU. ACTIVITIES
(3) CHABAD LUBAVITCH ON CAMPUS- PRINCETON 15 EDWARDS PL PRINCETON, NJ 08540	05-0576386	501(C)(3)	200,000.				SOCIAL WELFARE & EDU. ACTIVITIES
(4) CHABAD OF CORAL SPRINGS 3925 N UNIVERSITY DR PLANTATION, FL 33313	65-0431583	501(C)(3)	11,800.				SOCIAL WELFARE & EDU. ACTIVITIES
(5) CHABAD OF NORTH BROWARD 7170 LOXAHATCHEE ROAD PARKLAND, FL 33067	20-2849927	501(C)(3)	17,500.				SOCIAL WELFARE & EDU. ACTIVITIES
(6) CHABAD OF SOUTH BROWARD 1295 E HALLAND BEACH HALLAND BCH, FL 33009	59-2496454	501(C)(3)	141,498.				SOCIAL WELFARE & EDU. ACTIVITIES
(7) CHAI LIFELINE 2699 STIRLING RD FORT LAUDERDALE, FL 33328	65-0374355	501(C)(3)	13,372.				SOCIAL WELFARE & EDU. ACTIVITIES
(8) CLAL-THE NAT'L JEWISH CTR FOR LEARN & LDERS 440 PARK AVENUE SOUTH WASHINGTON, DC 20052	23-7390358	501(C)(3)	10,500.				SOCIAL WELFARE & EDU. ACTIVITIES
(9) COMMUNITY FOUNDATION OF BROWARD 910 E LAS OLAS BLVD FT LAUDERDALE, FL 33312	11-2940331	501(C)(3)	25,000.				SOCIAL WELFARE & EDU. ACTIVITIES
(10) CONGREGATION KOL TIKVAH 6750 UNIVERSITY DRIVE PARKLAND, FL 33301	52-1332689	501(C)(3)	5,975.				SOCIAL WELFARE & EDU. ACTIVITIES
(11) DANIEL D CANTOR SENIOR CENTER 5000 N NOB HILL RD SUNRISE, FL 33351	65-0245068	501(C)(3)	163,437.				SOCIAL WELFARE & EDU. ACTIVITIES
(12) DAVID POSNACK JCC 5850 S. PINE ISLAND ROAD DAVIE, FL 33328	59-2075982	501(C)(3)	367,959.				SOCIAL WELFARE & EDU. ACTIVITIES

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
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Schedule I (Form 990) 2022

**SCHEDULE I  
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OMB No. 1545-0047

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COUNTY, INC.

Employer identification number  
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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> DAVID POSNACK JEWISH DAY SCHOOL 5890-A SOUTH PINE ISLAND RD DAVIE, FL 33328	59-1606514	501(C)(3)	188,749.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(2)</b> DORIT & BEN GENET CUPBOARD AT JEWISH FAMILY 5890 S PINE ISLAND DR PARK CITY, UT 84060	46-5507093	501(C)(3)	48,616.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(3)</b> FAMILY EQUALITY 475 PARK AVE S RM 2100 SUNRISE, FL 33351	52-1438455	501(C)(3)	10,000.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(4)</b> FED. OF JEWISH COMMUNITIES OF THE CIS, INC. 445 PARK AVE CHICAGO, IL 60693	13-3970940	501(C)(3)	10,000.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(5)</b> FEEDING AMERICA 161 N CLARK ST., NEW YORK CITY, NY 10016	36-3673599	501(C)(3)	5,600.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(6)</b> FRIENDS OF MISHTERET YISRAEL - YATAR DIV IN 1111 N TOWN CENTER DR BOONE, IA 50037	81-1341527	501(C)(3)	10,000.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(7)</b> FRIENDS OF NEVE MICHAEL CHILDREN'S VILLAGE PO BOX 260067 PEMBROKE PINES, FL 33026	20-8499330	501(C)(3)	18,750.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(8)</b> FRIENDS OF THE ISRAEL DEFENSE FORCES 60 E 42ND ST DAVIE, FL 33330	13-3156445	501(C)(3)	9,100.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(9)</b> FRIENDS OF UNITED HATZALAH 208 E 51ST ST., STE 303 NEW YORK, NY 10022	11-3533002	501(C)(3)	63,980.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(10)</b> FRDS OF YAD L'KASHISH/LIFELINE FOR THE OLD P.O. BOX 494 - 46 ENGLEWOOD, NJ 07631	76-0734439	501(C)(3)	43,375.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(11)</b> FRIENDSHIP CIRCLE OF GREATER FORT LAUDERDAL 1306 E LAS OLAS BLVD FT LAUDRDALE, FL 33301	26-4240600	501(C)(3)	25,000.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(12)</b> FRIENDSHIP CIRCLES, INC. 10116 SW 53RD STREET COOPER CITY, FL 33431	59-0917284	501(C)(3)	89,000.				SOCIAL WELFARE & EDU. ACTIVITIES

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
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Schedule I (Form 990) 2022

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<b>(1)</b> GAN ALIYAH 126 E 56TH ST MIAMI, FL 33180	47-1693792	501(C)(3)	10,800.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(2)</b> GIVING IS LOVING 5450 S STATE ROAD 7 PEPPER PIKE, OH 44124	46-3976261	501(C)(3)	21,960.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(3)</b> GOODMAN JFS OF BROWARD 5890 S. PINE ISLAND ROAD DAVIE, FL 33328	59-0995106	501(C)(3)	1,285,161.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(4)</b> GREATER MIAMI JEWISH FEDERATION 4200 BISCAYNE BLVD., MIAMI, FL 33117	59-0624404	501(C)(3)	11,810.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(5)</b> HADASSAH 50 W. 58 STREET NEW YORK, NY 10019	59-1826857	501(C)(3)	40,691.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(6)</b> HAKSHIVA INC 1430 BROADWAY PHILADELPHIA, PA 19103	20-4966120	501(C)(3)	10,000.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(7)</b> HALFTIME CAROLINAS INC 156 BRIDGEPORT DR., SURFSIDE, FL 33154	27-5084445	501(C)(3)	17,800.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(8)</b> HANDS ON TZEDAKAH INC. 2901 CLINT MOORE ROAD BOCA RATON, FL 33328	86-1067535	501(C)(3)	10,000.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(9)</b> HAROLD GRINSPOON FOUNDATION 67 HUNT STREET, SUITE 100 AGAWAM, MA 01001	04-6685725	501(C)(3)	148,556.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(10)</b> HATZALAH SOUTH FLORIDA EMS 20201 NE 16TH PLACE MIAMI, FL 33496	66-1067535	501(C)(3)	6,356.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(11)</b> HEBREW ACADEMY COMMUNITY SCHOOL OF MARGATE 1500 N STATE ROAD 7 WEST CALDWELL, NJ 07006	65-1026989	501(C)(3)	25,180.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(12)</b> HILLEL 800 8TH STREET, NW WASHINGTON, DC 20001	52-1844823	501(C)(3)	62,553.				SOCIAL WELFARE & EDU. ACTIVITIES

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

**2022**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990.

Go to [www.irs.gov/Form990](http://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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> HILLEL THE FDN. FOR JEWISH CAMPUS LIFE 2300 H ST NW PLANTATION, FL 33313	52-6081729	501(C)(3)	11,036.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(2)</b> HILLEL THE FDN. FOR JEWISH CAMPUS LIFE 2020 W UNIVERSITY AVE PLANTATION, FL 33324	65-1090524	501(C)(3)	6,600.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(3)</b> HOLOCAUST DOCUMENTATION & EDUCATION CENTER 2031 HARRISON STREET HOLLYWOOD, FL 33020	59-1992826	501(C)(3)	49,500.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(4)</b> IMAGINATION PRODUCTIONS INC 11110 W OAKLAND PARK BLVD DAVIE, FL 33317	26-1264680	501(C)(3)	16,667.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(5)</b> ISRAEL AMERICAN COUNCIL - IAC FLORIDA 20807 BISCAYNE BLVD., AVENTURA, FL 33180	22-3951652	501(C)(3)	15,000.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(6)</b> ISRALIGHT SOUTH FLORIDA INC 9687 PAVAROTTI TER MIAMI BEACH, FL 33141	65-0915662	501(C)(3)	15,600.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(7)</b> JAFCO CHILDRENS ABILITY CENTER INC 4200 N UNIVERSITY DR., NEW YORK, NY 10016	45-4903635	501(C)(3)	7,500.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(8)</b> JAFCO CHILDRENS FOUNDATION INC 4200 N UNIVERSITY DR NEW YORK, NY 10017	65-0334267	501(C)(3)	105,237.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(9)</b> JAFINA 633 THIRD AVENUE, NEW YORK, NY 10017	23-0053483	501(C)(3)	20,000.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(10)</b> JEWISH FEDERATION OF GREATER WASHINGTON 6101 EXECUTIVE BLVD AUSTIN, TX 78751	53-0212445	501(C)(3)	29,000.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(11)</b> JEWISH FEDERATION OF METROPOLITAN CHICAGO 30 S. WELLS, 3RD FLOOR CHICAGO, GA 30328	58-0568686	501(C)(3)	9,200.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(12)</b> JEWISH FEDERATION OF SO. PALM BEACH COUNTY 9901 DONNA KLEIN BLVD. BOCA RATON, IL 60606	36-2167761	501(C)(3)	6,000.				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) 2022



**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.  
Attach to Form 990.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> JEWISH FEDERATIONS OF NORTH AMERICA 25 BROADWAY, #1700 NEW YORK, NY 10004	13-1624240	501(C)(3)	1,354,315.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(2)</b> JEWISH NATIONAL FUND 42 E 69TH STREET NEW YORK, NY 10021	13-1659627	501(C)(3)	16,000.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(3)</b> JOE DIMAGGIO CHILDREN'S HOSPITAL FOUNDATION 3329 JOHNSON ST NEW ORLEANS, LA 70118	65-0492343	501(C)(3)	160,000.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(4)</b> KATZ HILLEL DAY SCHOOL OF BOCA RATON, INC. 21011 95TH AVE S FORT LAUDERDALE, FL 33309	65-0489297	501(C)(3)	7,000.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(5)</b> LAS OLAS CHABAD JEWISH CENTER, INC. 1302 E LAS OLAS BLVD FT LAUDRDALE, FL 33301	27-3608221	501(C)(3)	40,350.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(6)</b> LEV CHILDRENS MUSEUM, INC. 5846 S FLAMINGO RD., COOPER CITY, FL 33330	83-1805507	501(C)(3)	38,383.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(7)</b> LUBAVITCH HEBREW ACADEMY 1500 N. STATE ROAD 7 MARGATE, FL 33063	20-5596977	501(C)(3)	74,197.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(8)</b> MAALEH ADUMIM FOUNDATION INC. 1430 BROADWAY SUITE 1804 NEW YORK, NY 10018	13-3711338	501(C)(3)	43,750.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(9)</b> MEALS ON WHEELS SOUTH FLORIDA 451 N STATE RD 7 PLANTATION, FL 33317	59-2450053	501(C)(3)	78,750.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(10)</b> MEMORIAL FOUNDATION, INC. 3111 STIRLING ROAD FT. LAUDERDALE, FL 33312	59-2082218	501(C)(3)	15,000.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(11)</b> MEMORIAL SLOAN KETTERING CANCER CENTER 885 SECOND AVE., 7TH FL NEW YORK, NY 10017	13-1924236	501(C)(3)	6,000.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(12)</b> MOISHE FOUNDATION 5007 PROVIDENCE ROAD CHICAGO, IL 60601	26-2599786	501(C)(3)	17,500.				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) 2022

**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

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MULTIPLE MYELOMA RESEARCH FOUNDATION, INC. 383 MAIN AVE., 5TH FL NORWALK, CT 06851	06-1504413	501(C)(3)	200,000.				SOCIAL WELFARE & EDU. ACTIVITIES
(2) NACHAL NOVEA MEKOR CHOCHMA 1437 47TH ST BROOKLYN, NY 11219	23-7101064	501(C)(3)	15,000.				SOCIAL WELFARE & EDU. ACTIVITIES
(3) NCSY 7200 W CAMINO REAL BOCA RATON, FL 33433	13-5623717	501(C)(3)	92,900.				SOCIAL WELFARE & EDU. ACTIVITIES
(4) NFTY IN ISRAEL - YALLAH ISRAEL 633 THIRD AVENUE, 7 FL NEW YORK, FL 33428	59-1945109	501(C)(3)	5,300.				SOCIAL WELFARE & EDU. ACTIVITIES
(5) NOVA SOUTHEASTERN UNIVERSITY ONE EAST LAS OLA BLVD HOLLYWOOD, FL 33021	59-1083502	501(C)(3)	11,275.				SOCIAL WELFARE & EDU. ACTIVITIES
(6) OHR TORAH STONE INSTITUTIONS OF ISR AEL 49 W 45TH ST., FT LAUDERDALE, FL 33316	13-3275531	501(C)(3)	455,000.				SOCIAL WELFARE & EDU. ACTIVITIES
(7) ORT AMERICA NY 75 MAIDEN LANE, 10TH FL NEW YORK, NY 10038	13-5562424	501(C)(3)	10,177.				SOCIAL WELFARE & EDU. ACTIVITIES
(8) P.E.F. ISRAEL ENDOWMENT FUND INC. 630 THIRD AVE., STE 1501 NEW YORK, NY 10017	13-6104086	501(C)(3)	192,875.				SOCIAL WELFARE & EDU. ACTIVITIES
(9) PENN STATE DONOR AND MEMBER SERVICES 2583 GATEWAY DRIVE, BROOKLYN, NY 11222	23-1352685	501(C)(3)	2,301,200.				SOCIAL WELFARE & EDU. ACTIVITIES
(10) PHILADELPHIA THEATRE COMPANY 215 S. BROAD STREET HOLLYWOOD, FL 33021	23-1951753	501(C)(3)	16,175.				SOCIAL WELFARE & EDU. ACTIVITIES
(11) PRESIDENT AND FELLOWS OF HARVARD 1033 MA AVE., STE 3 CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	50,000.				SOCIAL WELFARE & EDU. ACTIVITIES
(12) PROJECT READY FOR SCHOOL, INC. 1115 HARDEE RD CORAL SPRINGS, FL 33065	47-4168795	501(C)(3)	10,000.				SOCIAL WELFARE & EDU. ACTIVITIES

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
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Schedule I (Form 990) 2022

**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

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> SOREF JEWISH COMMUNITY CENTER 6501 W. SUNRISE BLVD., PLANTATION, FL 33313	59-1766701	501(C)(3)	193,778.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(2)</b> SOUTH FLORIDA JEWISH ACADEMY 3700 COCO. CREEK PKWY COCO. CREEK, FL 33066	65-0635581	501(C)(3)	50,000.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(3)</b> SOUTH FLORIDA JEWISH CEMETARY 6081 S. CONGRESS AVE., LAKE WORTH, FL 33027	81-0764779	501(C)(3)	8,000.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(4)</b> STRUGGLE TO SAVE ETHIOPIAN JEWRY, INC. 170 W END AVE # 1CD BROOKLYN, NY 11219	13-4113620	501(C)(3)	26,250.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(5)</b> SUPER SCHOOL, INC. 4343 W SUNRISE BLVD PHILADELPHIA, PA 19148	46-5306030	501(C)(3)	15,000.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(6)</b> TEMPLE BAT YAM 5151 NE 14TH TER., FT LAUDERDALE, FL 33334	59-2524675	501(C)(3)	10,500.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(7)</b> TEMPLE BETH EMET 4807 S. FLAMINGO RD COOPER CITY, FL 33330	59-1707916	501(C)(3)	85,030.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(8)</b> TEMPLE BETH TORAH SHA'ARAY TZEDEK 5700 NW 94TH AVENUE TAMARAC, FL 33321	88-3263131	501(C)(3)	11,605.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(9)</b> TEMPLE KOL AMI 8200 PETERS RD PHILADELPHIA, PA 19104	23-7449716	501(C)(3)	47,110.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(10)</b> THE CHAI CENTER OF JEWISH LIFE INC. 5761 CORAL RIDGE DR CORAL SPRINGS, FL 33076	46-4126349	501(C)(3)	95,000.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(11)</b> THE JEWISH INSTITUTE FOR NATIONAL SECURITY 1101 14TH STREET, NW WASHINGTON, DC 20005	52-1233683	501(C)(3)	10,000.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(12)</b> THE MIAMI PROJECT TO CURE PARALYSIS C/O UNIVERSITY OF MIAMI ABERDEEN, NJ 07747	59-0624458	501(C)(3)	7,500.				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

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Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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Name of the organization UNITED JEWISH COMMUNITY OF BROWARD  
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Employer identification number  
59-0967823

**Part I General Information on Grants and Assistance**

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> THE SHUL OF BAL HARBOUR 9540 COLLINS AVE DAVIE, FL 33328	59-2302315	501(C)(3)	18,000.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(2)</b> TIKVA CHILDREN'S HOME 8 HENDERSON DR BROOKLYN, NY 11201	22-3779212	501(C)(3)	25,000.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(3)</b> U.S. HUNGER 830 S RONALD REAGAN BLVD LONGWOOD, FL 33462	27-3274349	501(C)(3)	12,000.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(4)</b> UKRAINAIN REFUGEE RESETTLEMENT PROJECT P.O. BOX 268442 WESTON, NY 10024	13-4113620	501(C)(3)	30,000.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(5)</b> WE ARE ONE, INC. 6794 STIRLING ROAD HOLLYWOOD, FL 33024	20-3010633	501(C)(3)	32,500.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(6)</b> WORLD CENTRAL KITCHEN, INC. 200 MASSACHUSETTS AVE NW NEW YORK, NY 10018	27-3521132	501(C)(3)	5,500.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(7)</b> YESHIVA TORAS CHAIM TORAS EMES 1025 NE MI GARDEN DR., PLANTATION, FL 33313	59-1870702	501(C)(3)	7,400.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(8)</b> YOUNG ISRAEL CHARITY FUND OF HOLLYWOOD 3291 STIRLING RD NEW YORK, NY 10022	59-1665301	501(C)(3)	49,567.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(9)</b> YOUNG ISRAEL OF GREATER MIAMI 990 NE 171ST ST., NORTH BETHESDA, MD 20852	59-6033985	501(C)(3)	64,000.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(10)</b> YOUTH RENEWAL FUND 1460 BROADWAY NEW YORK, NY 10036	13-3641489	501(C)(3)	40,336.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(11)</b> ZIONIST ORG. OF AMERICA 633 3RD AVE FL 31B MARGATE, FL 33063	13-5628475	501(C)(3)	5,200.				SOCIAL WELFARE & EDU. ACTIVITIES
<b>(12)</b> DAVID POSNACK JCC 5850 S. PINE ISLAND ROAD DAVIE, FL 33328	59-2075982	501(C)(3)		1,786,266.	BOOK VALUE	IN-KIND RENT	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

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Schedule I (Form 990) 2022

**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.  
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OMB No. 1545-0047

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Department of the Treasury  
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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) DAVID POSNACK JEWISH DAY SCHOOL 5890-A SOUTH PINE ISLAND ROAD	59-1060514	501(C)(3)		182,260.	BOOK VALUE	IN-KIND RENT	SOCIAL WELFARE & EDU. ACTIVITIES
(2) DAVID POSNACK JEWISH DAY SCHOOL 5890-A SOUTH PINE ISLAND ROAD	59-1606514	501(C)(3)		948,077.	BOOK VALUE	BUILDING	SOCIAL WELFARE & EDU. ACTIVITIES EDU.
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 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 . . . . .

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Schedule I (Form 990) 2022

**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)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
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OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization UNITED JEWISH COMMUNITY OF BROWARD COUNTY, INC.	Employer identification number 59-0967823
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**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<br><input type="checkbox"/> Travel for companions<br><input type="checkbox"/> Tax indemnification and gross-up payments<br><input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Housing allowance or residence for personal use<br><input type="checkbox"/> Payments for business use of personal residence<br><input type="checkbox"/> Health or social club dues or initiation fees<br><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<br><input type="checkbox"/> Independent compensation consultant<br><input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Written employment contract<br><input checked="" type="checkbox"/> Compensation survey or study<br><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
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>		<input checked="" type="checkbox"/>
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		<input checked="" type="checkbox"/>

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

Schedule J (Form 990) 2022

**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)	185,733.	NONE	NONE	5,656.	5,895.	197,284.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KEITH GOLDMANN 2 CHIEF PHILANTHROPY OFFICER	(i)	187,604.	NONE	NONE	5,672.	NONE	193,276.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
AUDRA P. BERG 3 PRESIDENT & CEO	(i)	263,452.	15,000.	NONE	8,702.	26,497.	313,651.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
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)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization UNITED JEWISH COMMUNITY OF BROWARD COUNTY, INC.	Employer identification number 59-0967823
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**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	4	4,750,050.	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? . . . . .	<b>30a</b>		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? . . . . .	<b>31</b>	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	<b>32a</b>		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) 2022

**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.

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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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2022**

**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.

**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.

**2022**

**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](http://www.irs.gov/form990).

Name of the organization

Employer identification number

**UNITED JEWISH COMMUNITY OF BROWARD**

**59-0967823**

**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:**

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.....\$(132,620).

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

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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
SEI 1 FREEDOM VALLEY DRIVE OAKS, PA 19456	YOUTH DEVELOPMENT	573,057.
KENT SECURITY 14600 BISCAYNE BLVD., NORTH MIAMI BEACH, FL 33181	TECHNOLOGY	392,571.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://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 Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) UJCBC 5890 PARTNERS, LLC 92-2330007 5890 SOUTH PINE ISLAND ROAD DAVIE, FL 33328	PROPERTY OWNE	FL	592,683.	9,505,367.	UJCB
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2022

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									



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

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

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

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