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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 black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2008

Open to Public Inspection

A Fo	r the :	2008 ca	lendar yea	r, or tax year beginning 0	7-01-2008 and ending 06-30-2009	9					
<b>B</b> Che	eck if a	pplicable	Please	C Name of organization UNITED JEWISH COMMUNI	TY OF BROWARD COUNTY INC			D Employer ide	ntification number		
Add	iress ch	ange	use IRS label or	Doing Business As		59-0967823  E Telephone number					
☐ Nai	me cha	nge	print or type. See	Doing Business As							
Init	ıal retu	rn	Specific	Number and street (or P O	box if mail is not delivered to street address	ss) Room	/suite	(954) 252-6 G Gross receipt			
┌ Ter	mınatıo	n	Instruc- tions.	5890 SOUTH PINE ISLAND F	ROAD			d dross receipt	<b>S</b> \$ 29,001,043		
┌ Am	ended	return		City or town, state or count	try, and ZIP + 4						
┌ App	olication	pending		DAVIE, FL 33328							
			F Nan	ne and address of Princip	al Officer	H(a)	is thi	s a group return	for		
			Eric Sti				affilia		⊤Yes ▼No		
				South Pine Island Road FL 33328		ш/ь\	Ana all	offiliatos include	ed?		
I Ta	x-exem	pt status	▼ 501(c)	) (3) <b>◀</b> (insert no )	7(a)(1) or			affiliates include	See instructions )		
J W	eb sit	e: ► ww	w jewishbro	ward org				p Exemption Nu			
<b>К</b> Тур	e of org	janization	Corporat	ion trust association	other <b>▶</b>	<b>L</b> Year	of Fo	mation 1947 <b>M</b>	State of legal domicile FL		
Pa	rt T	Sum	mary								
т а				e organization's mission	or most significant activities						
e e		Fundrai	sıng organı	zation for the benefit of J	ewish social service and educationa	al entitie	s				
) E											
Ä											
Governance			·		ntinued its operations or disposed of						
	3		_		body (Part VI, line 1a)			_	64		
Activities &	4   5			ndent voting members of i nployees (Part V , line 2a	the governing body (Part VI, line 1b \	)	•		40		
莒	6			olunteers (estimate if nec			5 _	500			
Ş V					m Part VIII, line 12, column (C)			7a	0		
	1				n Form 990-T, line 34			7b	0		
							Prio	r Year	Current Year		
	8	Contri	butions and	d grants (Part VIII, line 1	lh)			7,580,177	7,266,807		
	9	9 Program service revenue (Part VIII, line 2g)						728,346	511,759		
Revenue	10	Inves	tment incor	me (Part VIII, column (A	), lines 3, 4, and 7d)			4,134,801	-534,652		
<b>—</b>	11		•	art VIII, column (A), line			2,658,314	446,875			
	12	Total ( 12)	revenue—a	dd lines 8 through 11 (m	ust equal Part VIII, column (A), line	9		15,101,638	7,690,789		
	13		and simila	ar amounts paid (Part IX,	column (A), lines 1-3)			9,260,187	6,725,482		
	14	Benefi	ts paid to o	or for members (Part IX, o	column (A ), line 4 )				0		
<b>(6</b> )	15		es, other co	ompensation, employee b	enefits (Part IX, column (A), lines 5	i –		2 222 225	2.646.065		
Expenses		10)		6 (5	(4)			2,390,805	2,646,865		
<u>₹</u>	16a			raising fees (Part IX, col							
五	ь			penses, Part IX, column (D), lu	· · · · · · · · · · · · · · · · · · ·			2.055.600	1.760.220		
	17 18			(Part IX, column (A), line	s 11a-11d, 11f-24f) qual Part IX, line 25, column (A))			2,855,609	1,760,329		
	19			penses Subtract line 18				595,037	-3,441,887		
<u>አ ማ</u>		1107011	de less exp	Jenses Subtract line 19		Be	ainni	ng of Year	End of Year		
900	20	Total	assets (Par	rt X, line 16)				101,070,628	84,215,647		
Ass Ba	21			Part X, line 26)				38,197,041	36,213,164		
Not Assets or Fund Balances	22		•	d balances Subtract line	21 from line 20			62,873,587	48,002,483		
	1311		ature Blo					02/07/07/07	,		
					amined this return, including accompanying	schedules	and s	tatements, and to t	he best of my knowledge		
ь.		l.		correct, and complete Declara	tion of preparer (other than officer) is based	d on all inf י	format	on of which prepar	er has any knowledge		
Plea Sign		****	*** ature of office	ar .			2010- Date	05-17			
Here		'					Dute				
			Stillman Presi e or print nam	dent and CEO le and title							
		Propercy			Date	Check If		Preparer's PTIN (	See Gen Inst )		
Paid		Preparer signatur		COVERT CPA	s	self- empolyed	. –	F=====================================	· /		
	arer's	Firm's n	ame (or yours	s L MORRISON BROWN ARGI	poiyeu	· I					
Use (		ıf self-er	nployed),	P		_ EIN ▶					
	-	address, and ZIP + 4 301 EAST LAS OLAS BOULEVARD 4TH FLO							Phone no • (954) 760-9000		
Mav t	he IR	I S discus	s this retu	FORT LAUDERDALE, FL 3	n above? (See instructions)				✓ Yes  No		

# Part III Statement of Program Service Accomplishments (See the instructions.)

See £	Additional Data Table	ganization's mission			
500 /	autional bata Table				
2	Did the organization the prior Form 990		rogram services during the year v	which were not listed on	res ✓ No
	If "Yes," describe th	nese new services on Schedu	ile O		
3	Did the organization services?	n cease conducting or make :	significant changes in how it cond		Yes 🔽 No
	If "Yes," describe th	nese changes on Schedule O			
4	Section 501(c)(3) a	and (4) organizations and 49	each of the organization's three la 47(a)(1) trusts are required to re for each program service reported	port the amount of grants and a	
4a	AGÉNCIES, SYNAGOGL WITH THE GOAL OF HA FROM GENERATION TO ENABLE EVERY BROWA WILL LAST THROUGHO THAT EVERY BROWAR DISABILITIES TO LIVE	THE BROWARD JEWISH COMMUNITES AND ORGANIZATIONS WORK IN AVING THE MAXIMUM NUMBER OF IT DEFINITION WE WILL ACCOMPLIAND JEWISH CHILD AND TEEN TO POUT THEIR LIFETIMES 2 ) ENABLE IT DIEW LIVES OUT HIS OR HER LIFE AND LEARN IN A JEWISH ENVIRONME	7,678,998 including grants of \$ TTY, ARE COMMITTED TO A VISION FOR THAT WE INCREASE PARTNERSHIP SO THAT WE INCREASE BROWARD JEWS INVOLVED IN ALL EXPREISH THIS BY BUILDING PARTNERSHIPS THAT THE STARTICIPATE IN MEANINGFUL JEWISH EXPROVARD JEWS OF EVERY AGE TO ACTION IN DIGNITY 4) BROADEN THE OPPORTHENT 5) GROW BROWARD COUNTY'S PARTICIPATE OF THE STANDARD SECURITY IN BROWARD FOR JEWISH SECURITY IN BROWARD	COUNTY-WIDE MEASURABLE PARTICIF SSIONS OF JEWISH LIFE, AND WE NUF O CREATE MULTIPLE STRATEGIES AND PERIENCES THAT WILL CREATE STRON FELY PARTICIPATE IN JEWISH LIVING A UNITIES FOR ANY JEWISH CHILD OR A ARTICIPATION IN ISRAEL'S FUTURE AN	PATION IN JEWISH LIFE RTURE JEWISH VALUES PROGRAMS THAT 1) G JEWISH IDENTITIES THAT ND LEARNING 3) ENSURE DULT WITH DEVELOPMENTAL ID ESPECIALLY IN
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d 4e	Other program ser (Expenses \$ Total program serv		O) grants of \$ 7,678,998 Must equal Part IX, I	) (Revenue \$	)

art IV	Checklist of	Required	Schedules
	CIICCRIISCOI	iic quii c u	Scilcadics

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νo
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			N o
	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	24d 25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person	25a		No No
26	from a prior year? If "Yes," complete Schedule L, Part I			INO
<b></b>	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		N o
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

### Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νo

Pa	rt V	Statements Regarding Other IRS Filings and Tax Complianc	е				
						Yes	No
1a	Enter	r the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
		S. Information Returns. Enter -0- if not applicable					
			1a	1			
b	Enter	r the number of Forms W-2G included in line 1a Enter -0- if not applicable					
			1b	0			
С		he organization comply with backup withholding rules for reportable payments to	o ven	dors and reportable	1c	Yes	
2-	_	ng (gambling) winnings to prize winners?			10	162	
2a		ments filed for the calendar year ending with or within the year covered by this					
	returi	n	2a	40			
b		least one is reported in 2a, did the organization file all required federal employm			2b	Yes	
2-		:If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this he organization have unrelated business gross income of \$1,000 or more during			20	162	
3a		n?		year covered by this	3a		Νο
Ь	If "Y∈	es," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Sch</i> e	edule	0	3b		
4a		ny time during the calendar year, did the organization have an interest in, or a si					
		a financial account in a foreign country (such as a bank account, securities ac	count	, or other financial	4a		NI -
L		unt)?			70		No
b		es," enter the name of the foreign country		<u> </u>			
		the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1,</b> Rescul	port o	f Foreign Bank and			
5a	Wast	the organization a party to a prohibited tax shelter transaction at any time durir	ng the	tax year?	5a		Νο
Ь		iny taxable party notify the organization that it was or is a party to a prohibited in		•	5b		Νο
_		es," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exemp</i> a			20		
·		Thelter Transaction?	•	., Regarding Frombited	5c		
6a	Dıd tl	he organization solicit any contributions that were not tax deductible?			6a	Yes	
b		es," did the organization include with every solicitation an express statement th	nat su	ch contributions or gifts			
		not tax deductible?			6b	Yes	
7	_	nizations that may receive deductible contributions under section 170(c).					
а		he organization provide goods or services in exchange for any quid pro quo conf ?	trıbut	ion of \$75 or	7a	Yes	
ь	If "Ye	es," did the organization notify the donor of the value of the goods or services pi	rovide	d?	7b		Νo
С	Dıd tl	he organization sell, exchange, or otherwise dispose of tangible personal propei	rty for	which it was required to			
		orm 8282?			7c		No
d	If "Y∈	es," indicate the number of Forms 8282 filed during the year	7d				
_	Diq +I	he organization, during the year, receive any funds, directly or indirectly, to pay	prem	nums on a nersonal			
_		fit contract?			7e		Νo
f		he organization, during the year, pay premiums, directly or indirectly, on a perso			7f		Νο
g	Fora	ll contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g		Νο
h	Forc	ontributions of cars, boats, airplanes, and other vehicles, did the organization fi	ıle a F	orm 1098-C as			
	•	red?			7h		No
8		on 501(c)(3) and other sponsoring organizations maintaining donor advised funds a orting organizations. Did the supporting organization, or a fund maintained by a s					
		orting organizations. Did the supporting organization, or a fund maintained by a s ss business holdings at any time during the	POIIS	ormy organization, nave	8		No
	year?						1110
9	Section	on 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					
а	Dıd tl	he organization make any taxable distributions under section 4966?			9a		
b	Dıd tl	he organization make a distribution to a donor, donor advisor, or related person	?.		9b		
10	Section	on 501(c)(7) organizations. Enter	ı				
		ation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross facilit	s receipts, included on Form 990, Part VIII, line 12, for public use of club ties	10b				
		504 (-)/42)					
		ion 501(c)(12) organizations Enter		ı			
а	Gross	s income from members or shareholders	11a				
b	Gross	s income from other sources (Do not net amounts due or paid to other sources					
		nst amounts due or received from them)............	11b				
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	ı lıeu d	of Form 1041?	12a		
		es," enter the amount of tax-exempt interest received or accrued during the					
_	year	and annually of tax. Exempt interest received of decided during the	12b				

# Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A.	Governina	<b>Body and</b>	Management	

						Yes	NO	
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the c	rcumstances,				
1a	Enter the number of voting members of the governing body	1a		64				
Ь	Enter the number of voting members that are independent 1b 64							
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?				2	Yes		
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co		3		Νο			
4	Did the organization make any significant changes to its organizational documents sfiled? $\ \ . \ \ \ .$	orm 990 was	4		Νο			
5	Did the organization become aware during the year of a material diversion of the organization	anızat	ıon's asse	ets?	5		Νo	
6	5 Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?							
Ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	r other pe	rsons?	7b		Νo	
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons u	ndertaken	during the				
а	the governing body?				8a	Yes		
Ь	each committee with authority to act on behalf of the governing body?				8b	Yes		
9a	Does the organization have local chapters, branches, or affiliates?				9a		Νo	
b	If "Yes," does the organization have written policies and procedures governing the a affiliates, and branches to ensure their operations are consistent with those of the o			. ,	9b			
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990							
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O							Νo	

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed FL
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. another's website. upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

GAYLE KOLASA 5890 SOUTH PINE ISLAND ROAD Davie,FL 33328

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

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

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

The check this box in the organization and i	(B) Average hours per week	(C) Position (check all that apply)							(E)	(F)	
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations	
							-				

Part VII Continued

				(tion that a			all			(E)	(F)			
	<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustae or Director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	or	Estimated amount of oth compensation from the organization a related organization		
1b	Total	<u> </u>	<u>.</u> .	<u> </u>				▶	662,291	<u>.</u>	0		46,989	
2	Total number of individuals (includin		a) who	recei	ved	moi	e thar	<u> </u>	00 000 in reportabl	Δ				
	compensation from the organization	<b>►</b> 3						. Ψ.	oo,ooo mreportabi	C				
	compensation from the organization	<b>►</b> 3						- Ψ-				Yes	No.	
3	Did the organization list any <b>former</b> on line 1a? If "Yes," complete Schedu	officer, direc					employ	/ee,	or highest compens		3	Yes	No No	
3	Did the organization list any <b>former</b>	officer, direc le J for such s the sum of	<i>ındıvıdı</i> reporta	<i>ial</i> . ble c	omp	ens	employ • •	∕ee, • and	or highest compens	ated employee  • • •				
	Did the organization list any <b>former</b> on line 1a? <i>If</i> "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	officer, directive states of the sum of the	reporta nan \$15	ble c	omp 0?.	ens If "}	employ ation 'es," co	and	or highest compens other compensation lete Schedule J for su	ated employee  from the ch	3	<b>Yes</b> Yes		
4	Did the organization list any <b>former</b> on line 1a? <i>If "Yes," complete Schedu</i> For any individual listed online 1a, is organization and related organization	officer, directle J for such states the sum of the sum	reportanan \$15	ble conso	omp 0?. tion	oens If "Y •	employ ation 'es," co	and	or highest compens  other compensation lete Schedule J for su  elated organization	ated employee  from the  ch  for services				
<b>4</b> 5	Did the organization list any <b>former</b> on line 1a? <i>If</i> " <i>Yes</i> ," complete Schedu For any individual listed online 1a, is organization and related organization individual	officer, directle J for such sthe sum of the	reportanan \$15	ble conso	omp 0?. tion	oens If "Y •	employ ation 'es," co	and	or highest compens  other compensation lete Schedule J for su  elated organization	ated employee  from the  ch  for services	4		N o	
<b>4</b> 5	Did the organization list any <b>former</b> on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of t	reportanan \$15  ie comportanan secomportanan secomportana secomporta	ble c 0,00 ensa	omp 0? tion	pens If "Y • I fro	employ ation 'es," co many erson	vee, • and • unro	or highest compens  other compensation lete Schedule J for su  elated organization	ated employee  from the  ch  for services	4		N o	
4 5	Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of t	reportanan \$15 ue comp Schedule	ble c 0,00 ensa	omp 0? tion	pens If "Y • I fro	employ ation 'es," co many erson	vee, • and • unro	or highest compens  other compensation lete Schedule J for su  elated organization  sthat received mor	ated employee  from the  ch  for services	4		No	
4 5	Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of t	reportanan \$15 ue comp Schedule	ble c 0,00 ensa	omp 0? tion	pens If "Y • I fro	employ ation 'es," co many erson	vee, • and • unro	or highest compens  other compensation lete Schedule J for su  elated organization  sthat received mor	ated employee  from the  for services  ethan	4	Yes (C	No	
4 5	Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of t	reportanan \$15 ue comp Schedule	ble c 0,00 ensa	omp 0? tion	pens If "Y • I fro	employ ation 'es," co many erson	vee, • and • unro	or highest compens  other compensation lete Schedule J for su  elated organization  sthat received mor	ated employee  from the  for services  ethan	4	Yes (C	No	

Form 990 (2008)

Statement of Revenue

					(A)	(B)	(C)	(D)
					Total Revenue	Related or Exempt Function	Unrelated Business Revenue	Revenue Excluded from Tax under IRC
	1a	Fadarated can	npaigns 1a	4,082,575		Revenue		512, 513, or 514
\$ \$	ь							
죮	"	Membership a	ues					
ΩĔ	С	Fundraising ev	vents <b>1c</b>					
£ #	d	Related organ	ızatıons1d					
% E	e	Government gran	nts (contributions) <b>1e</b>					
Contributions, gifts, grants and other similar amounts	f		tions, gifts, grants, and	3,184,232				
音楽		Similar amounts i	not included above					
草草	g		ributions included in 725,700					
ठ ल	h	lines 1a-1f \$ Total (Add lin	es 1a-1f)		7,266,807			
			<u> </u>	Business Code				
an	2a	VARIOUS PROGRA	AMS	900,099	511,759	511,759		
ven	ь			300,000	011,700	011,100		
<u>æ</u>	c							
Š	d							
33	e							
Ē	f	All other prog	ram service revenue					
Program Service Revenue	g		es 2a-2f					
	3	► \$ 511,759	come (including divid	dends interest				
			amounts)		1,636,438			1,636,438
	4		estment of tax-exempt be	and proceeds				
				b-				
	5	Royalties .	() Deel					
	6a	Gross Rents	(ı) Real	(II) Personal				
	ь	Less rental						
	c	expenses Rental income						
	d	or (loss) Net rental inc	ome or (loss)					
				<u> </u>				
	7a	Gross amount	(ı) Securities 19,139,964	(II) O ther				
		from sales of assets other						
	ь	than inventory Less cost or	21,311,054					
		other basis and sales expenses	, ,					
	с	Gain or (loss)	-2,171,090					
	d	Net gain or (lo	ess)		-2,171,090			-2,171,090
	8a	Gross income	from fundraising					
		events (not in \$	cluding					
Other Revenue		of contribution	ns reported on line					
<b>⊕</b> λ		1c) See Part <i>Attach Schedul</i>	e G if total exceeds					
č			a					
i e	Ь		xpensesb					
ರ	С		· (loss) from fundraisi	ng events				
	9a	Gross income activities See	from gaming part IV, line 19					
		Complete Schel	dule G ıf total					
		exceeds \$15,00	a					
	b	Less directe	xpensesb					
	С		· (loss) from gaming a	activities •-				
	10a	Gross sales o	f inventory, less lowances					
			а					
	b		goods sold <b>b</b>	. F				
	С	Net income or Miscellaneou	(loss) from sales of	Business Code				
	11a	OTHER REVE		900,099	446,875			446,875
	ь	O . HER REVE						
	С							
		All other reve	nue					
	d e		nue   es 11a-11d					
				\$ 446,875	7.600 761	e		67.7
	12	<b>Total Revenue</b> 8c,	Add lines 1h, 2g, 3	, 4, 5, 6d, 7d,	7,690,789	511,759	0	-87,777
	]		l1e	•				

# Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses					
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	6,725,482	6,725,482		·					
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	,,,,,,,	-,,							
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors, trustees, and key employees	579,152	57,915	57,915	463,322					
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$									
7	Other salaries and wages	1,598,884	305,770		979,606					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)									
9	Other employee benefits	316,769	34,578	106,663	175,528					
10	Payroll taxes	152,060	24,674	27,595	99,791					
11	Fees for services (non-employees)									
а	Management									
b	Legal	2,649		2,049	600					
С	Accounting	54,000	15,500	38,500						
d	Lobbying									
e	Professional fundraising See Part IV, line 17									
f	Investment management fees									
g	Other									
12	Advertising and promotion	60,899			60,899					
13	Office expenses	104,417	20,121	24,407	59,889					
14	Information technology									
15	Royalties									
16	Occupancy	142,834	21,535	34,827	86,472					
17	Travel									
18	Payments of travel or entertainment expenses for any Federal, state or local public officials									
19	Conferences, conventions and meetings	15,961	936	3,077	11,948					
20	Interest	253,970		253,970						
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	185,188		185,188						
23	Insurance	82,240	12,863	17,664	51,713					
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)									
а	PROMOTION ACTIVITIES	430,501	430,501							
Ь	Printing	177,453	1,002	2,328	174,123					
c	Postage	64,813	966	5,399	58,448					
d	BANK CHARGES	57,704		14,630	43,074					
e	PROFESSIONAL FEES	35,536	19,101	4,924	11,511					
f	All other expenses	92,164	8,054	38,552	45,558					
25	Total functional expenses. Add lines 1 through 24f	11,132,676	7,678,998	1,131,196	2,322,482					
26	Joint Costs. Check  if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation									

Part X	Balance	Sheet

			(A) Beginning of year			<b>3)</b> fyear
	1	Cash—non-interest-bearing	3,792,096	1		3,155,079
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net	2,675,213	3		1,630,642
	4	Accounts receivable, net	216,772	4		66,298
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5		
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$ Complete Part II of Schedule L		6		
	7	Notes and loans receivable, net	150,000	7		150,000
	8	Inventories for sale or use		8		
92	9	Prepaid expenses and deferred charges	75,628	9		34,176
Assets	10a	Land, buildings, and equipment cost basis   10a   33,117,994				
**	ь	Less accumulated depreciation Complete Part VI of Schedule D	1	10c	2	23,937,908
	11	Investments—publicly traded securities		11		
	12	Investments—other securities See Part IV, line 11 Complete Part VII of Schedule D	66,133,981	12	5	52,289,793
	13	Investments—program-related See Part IV, line 11 <i>Complete Part VIII</i> of Schedule D .		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule  D	3,374,331	15		2,951,751
	16	Total assets. Add lines 1 through 15 (must equal line 34)	101,070,628	16	ε	34,215,647
	17	Accounts payable and accrued expenses .	779,686	17		993,630
	18	Grants payable	5,167,487	18		4,229,870
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
eS	21	Escrow account liability Complete Part IV of Schedule D		21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
- 5		persons Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties	20,655,000	23	1	9,710,000
	24	Unsecured notes and loans payable		24		
	25	Other liabilities Complete Part X of Schedule D	11,594,868	25	1	1,279,664
	26	Total liabilities. Add lines 17 through 25	38,197,041	26	3	36,213,164
		Organizations that follow SFAS 117, check here ▶   and complete lines 27 through 29, and lines 33 and 34.				
ang	27	Unrestricted net assets	42,617,555	27	2	28,063,012
Balance	28	Temporarily restricted net assets	7,801,946	28		7,168,220
귤	29	Permanently restricted net assets	12,454,086	29	1	2,771,251
Fund		Organizations that do not follow SFAS 117, check here ▶ ┌ and complete				
5		lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
Ŋĕţ	33	Total net assets or fund balances	62,873,587	33		18,002,483
_	34	Total liabilities and net assets/fund balances	101,070,628	34	8	34,215,647
Pa	rt XI	Financial Statements and Reporting				
					Yes	No

Dart YT	Financial	Statements	and Reporting

	_			
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 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?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		N o
b	If "Yes," did the organization undergo the required audit or audits?	3b		

**Employer identification number** 

### 93493137002230

# OMB No 1545-0047

### SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

# **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

Attach to Form 990 or Form 990-EZ. See separate instructions.

2008

Open to Public Inspection

UNITE		SH COMMUNIT	Y OF BROWARD CO	DUNTY INC					pioyei ide		
								59	-096782	3	
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo	ns) (See	Instruct	ions)	
The	organı	zatıon ıs not	a private found	ation because it is (Please	check onl	y <b>one</b> org	anızatıon )	)			
1	Г	A church, c	onvention of ch	nurches, or association of ch	nurches de	scribed in	Section 1	L70(b)(1)(	(A)(i).		
2	Г	A school de	escribed in <b>Sec</b>	t <b>ion 170(b)(1)(A)(ii).</b> (Attac	ch Schedu	le E)					
3	$\sqcap$	A hospital	or a cooperativ	e hospital service organizati	ıon descrıl	bed in <b>Sec</b>	t ion 170(t	o)(1)(A)(i	ii). (Attac	h Schedul	le H )
4	Γ	A medical i	research organi	zatıon operated ın conjunctı	on with a l	hospital d	escribed ii	n Section	170(b)(1)	(A)(iii). E	nter the
		hospital's r	name, city, and	state							
5	Γ	An organiza	atıon operated 1	or the benefit of a college or	universit	y owned o	r operated	l by a gove	ernmental	unıt desc	rıbed ın
		Section 170	D(b)(1)(A)(iv).	(Complete Part II )							
6	$\sqcap$	A federal, s	tate, or local g	overnment or governmental	unıt descr	ıbed ın <b>Se</b>	ction 170	(b)(1)(A)	(v).		
7	굣	An organiza	ation that norm	ally receives a substantial p	art of its s	support fro	m a gove	rnmental ι	ınıt or fron	n the gene	eral public
		described i	n Section 170(I	o)(1)(A)(vi) (Complete Par	tII)						
8	Γ	A communi	ty trust describ	oed in <b>Section 170(b)(1)(A)</b>	(vi) (Com	plete Par	tII)				
9	Γ	An organiza	ation that norm	ally receives (1) more than	331/3% 0	fits supp	ort from co	ontribution	ns, membe	rship fees	s, and gross
		receipts fro	m activities re	lated to its exempt functions	s—subject	to certair	nexceptio	ns, and (2	) no more	than 331/	′3% of
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 tax	x) from bu	sınesses
		acquired by	the organizati	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III	)		
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See <b>Se</b>	ct ion 509	( <b>a)(4).</b> (Se	ee instruc	tions )
11	$\sqcap$	An organiza	atıon organızed	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to o	arry out t	he purposes of
				orted organizations describe				•		Section 5	<b>09(a)(3).</b> Check
		a T		type of supporting organiza  Type II c	tion and c Type III				h <b>d</b>	Γ <sub>Type</sub>	III - Other
e	_		• •	rtify that the organization is			, -	•			
-	'	•		agers and other than one or			-			-	
		section 50		J.		, ,,	,				( )( )
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportin	ng organization,
		check this		as the organization accepted	d any gift.	or contrib	ution from	any of the			J
g		following pe		as the organization accepted	u any gni	or continu	ution nom	any or the	•		
				r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No
		and (III) bel	ow, the govern	ng body of the the supported	d organiza	tion?				11g	(i)
		(ii) a family	/ member of a p	erson described in (i) above	?					11g(	(ii)
		(iii) a 35%	controlled enti	ty of a person described in (	(ı) or (ıı) al	bove?				11g(	iii)
h		Provide the	following infor	mation about the organizatio	ns the org	janization	supports				
		ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the		ou notify		s the	(vii) A mount of
		orted		(described on lines 1 - 9	_	ation in		inization		ation in	support?
	O rgar	nization		above or IRC section (See Instructions))	coi (1) yourgo	listed in	In col (I	i) of your		rganized US?	
				(See Instructions)		nent?	3491	,010	"" ""	0 5 .	
					Yes	No	Yes	No	Yes	No	1

Total

# Part II Support Schedule for Organizations Described in IRC 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.)

	(Complete only if you chec	ked the box of	1 line 5, 7, or	8 01 Part 1.)				
	ublic Support	,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, n. z 1			
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	<b>(d)</b> 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	9,158,456	9,828,320	10,511,656	7,580,177		7,266,807	44,345,416
2	Tax revenues levied for the organization's benefit and either paid to or expended on							
3	its behalf The value of services or facilities							
3	furnished by a governmental unit to the organization without charge							
4	Total. Add line 1-3	9,158,456	9,828,320	10,511,656	7,580,177		7,266,807	44,345,416
5	The portion of total contribution by each							
	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)							
6	Public Support subtract line 5 from line 4							44,345,416
T	otal Support							
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	9,158,456	1,573,018	10,511,656	7,580,177		7,266,807	44,345,416
8	Gross income from interest, dividends,							
	payments received on securities loans, rents, royalties and income from similar sources	879,284	1,573,018	3,340,332	4,134,801		-534,652	9,392,783
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )	72,431	63,348	55,185	174,544		446,875	812,383
11	Total Support (Add lines 7 through 10)							54,550,582
12	Gross receipts from related activities, etc	(See instruction	s )	•		12	•	2,082,644
13 C	First Five Years. If the Form 990 is for the organization, check this box and stop here  omputation of Public Support Perce		st, second, third	d, fourth, or fifth	tax year as a 5	01(c)(		<b>▶</b> ┌
14	Public Support Percentage for 2008 (line 6	column (f) dıvıd	ed by line 11 co	lumn (f))		14		81.290 %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, line 26f			15		84.810 %
	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization did	a publicly support of a not check the b	orted organizati oox on line 13 o	on r 16a, and line 1				
17a	box and <b>stop here.</b> The organization qualifies <b>10% Facts and Circumstances Test - 2008.</b> I more, and if the organization meets the "facts and the organization meets the "facts and organization meets and organization me	If the organization to the control of the control o	on did not check ances" test, che	a box on line 13 eck this box and	stop here. Exp	laın ın	Part IV ho	w the
b	organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007. I more, and if the organization meets the "fac	If the organization its and circumsta	on did not check ances" test, che	a box on line 13 eck this box and	3, 16a, 16b, or : <b>stop here.</b> Exp	17a ar Iain in	nd line 15 i Part IV ho	
18	the organization meets the "facts and circu <b>Private Foundation.</b> If the organization did							►□

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	monutation of Dublic Compant Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

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

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)									
	Facts and Circumstances Test									

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

**EIN:** 59-0967823

Name: UNITED JEWISH COMMUNITY OF BROWARD COUNTY

INC

Form 990, Part VII - Section Aaa												
		Posit t	(C tion ( hat a	chec		I			(E)	(F)		
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations		
Kenneth Arnold , Corp Development Co-Cha	1 00	Х						0	0	0		
Lori Ben-Ezra , Planning Committee Co- Ch	1 00	Х						0	0	0		
Peter Berg , Board Member	1 00	Х						0	0	0		
Richard Berkowitz , Finance Resource Develop	1 00	Х						0	0	0		
Douglas Berman , Investment Committee Cha	1 00	Х						0	0	0		
Gene Berman , Secretary	1 00	Х		Х				0	0	0		
Ted Bernstein , Board Member	1 00	Х						0	0	0		
Martın Cohen , Board Chaır Appoıntee	1 00	Х						0	0	0		
Ira Coleman , Board Member	1 00	Х						0	0	0		
Gordon Deckelbaum , Board Member	1 00	Х						0	0	0		
Richard Drath , Finance and Administrati	1 00	Х						0	0	0		
Brian Drowos , Board Member	1 00	Х						0	0	0		
Stuart Epstein , CAJE President	1 00	Х						0	0	0		
Ivy Feinstein , WD Campaign Chair	2 00	Х						0	0	0		
Richard Finkelstein , Cantor Senior Center Pre	1 00	×						0	0	0		
Adrienne Frank , Board Member	1 00	Х						0	0	0		
Robert Frazın , Plannıng Committee Co- Ch	1 00	×						0	0	0		
Bernie Friedman , Board Member	1 00	Х						0	0	0		
David Garfinkle , Board Chair	1 00	Х		Х				0	0	0		
Tonı Gelman , Board Member	1 00	Х						0	0	0		
Ben J Genet , Board Vice Chair at larg	2 00	Х						0	0	0		
Martın Gerber , Board Member	1 00	Х						0	0	0		
Debra Gober , Board Member	1 00	Х						0	0	0		
Laura Goldblum , Treasurer	2 00	X		Х				0	0	0		
Carrie Goldstein , Young Leadership Divisio	1 00	Х						0	0	0		
Randı Grant , Board Member	1 00	X						0	0	0		
Gerald Greenspoon , Board Vice Chair at larg	1 00	Х						0	0	0		
Bill Gross , Board Member	1 00	Х						0	0	0		
Sheldon Harr , Synagogue Relations Comm	1 00	Х						0	0	0		
Steven Horowitz , Board Member	1 00	Х						0	0	0		

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
		Posit ti	(C non ( hat a	chec	)				(E)	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Kej emplojee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Stephen Jackman , Immediate Past Board Cha	2 00	Х						0	0	0
Cheryl Jacobs , Board of Rabbis Presiden	1 00	Х						0	0	0
Walter Katz , Board Member	1 00	Х						0	0	0
Jon Lasko , Board Member	1 00	Х						0	0	0
Raymond Leightman , Foundation Board Chair	2 00	Х						0	0	0
Leslie Linevsky , Board Member	1 00	Х						0	0	0
Richard Linevsky , Communications Committee	1 00	х						0	0	0
Larry Litow , Soref JCC President	1 00	Х						0	0	0
Gary Marks , DPHDS President	1 00	Х						0	0	0
Michael Masarek , Corporate Development C	1 00	х						0	0	0
Lorı Mızels , Human Resource Developme	1 00	Х						0	0	0
Elissa Mogilefsky , CRC Chair	1 00	Х						0	0	0
Marilyn Moskowitz , Human Resource Developme	1 00	Х						0	0	0
Charlotte Padek , Board Member	1 00	Х						0	0	0
Amy Rosenberg , DPJCC President	1 00	Х						0	0	0
Scott Roth , Board Member	1 00	Х						0	0	0
Carrie Rudder , Missions Committee Co-Ch	1 00	×						0	0	0
Cındı Samson , Board Member	1 00	Х						0	0	0
Jeffrey Sandler , Board Member	1 00	Х						0	0	0
Jeffrey Saster , Israel & O verseas Commit	1 00	Х						0	0	0
Karen Saster , Israel & O verseas Commit	1 00	Х						0	0	0
Sharon Schwartz , JFS President	1 00	X						0	0	0
Esther Shacket , Board Member	1 00	Х						0	0	0
Carolyn Shapır , Board Member	1 00	Х						0	0	0
Ron Simon , JAFCO President	1 00	Х						0	0	0
David Singer , Board Member	1 00	Х						0	0	0
Judy Spatz , WD Board Chair	2 00	Х						0	0	0
Myron Stayman , Board Member	1 00	Х						0	0	0
Kenneth Strauss , Allocations Committee Ch	2 00	Х						0	-	0
Drew Tabatchnick , Board Member	1 00	Х	<u> </u>					0	0	0

Form 990, Part VII - Section Aaa

of in 330, Fart VII Section Aut	4										
	(B)	(C) Position (check all that apply)						<b>(D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated amount of other	
<b>(A)</b> Name and Title	Average hours per week	Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	compensation from the organization (W- 2/1099MISC)	compensation from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
Howard Talenfeld , Board Member	1 00	Х						0	0	0	
Selma Telles , Missions Committee Co- Ch	1 00	Х						0	0	0	
Franklın Zemel , Board Member	1 00	Х						0	0	0	
Karen Zemel , Annual Campaıgn Chaır	2 00	Х						0	0	0	
ERIC STILLMAN , PRESIDENT & CEO	36 50			Х				296,201	0	23,149	
BRUCE YUDEWITZ , CHIEF OPERATING OFFICER	36 50			х				144,397	0	8,673	
GAYLE KOLASA , VP-FINANCE	36 50			Х				99,591	0	7,142	
SUZANNE ANDISMAN , CAMP DIRECTOR	36 50					x		122,102	0	8,025	

### Form 990, Part III, Line 1 - Briefly describe the organization's mission:

Each and every day, the Jewish Federation of Broward County joins together the human and financial resources of our community to save and improve Jewish lives in Broward County, in Israel and around the world. The Federation acts in concert with its network of beneficiary agencies to: safeguard and address local educational and social service needs; perpetuate Jewish tradition and heritage; and ensure the continuity and survival of Israel, and Jewish communities around the world.

OMB No 1545-0047

Open to Public Inspection

### **SCHEDULE D** (Form 990)

Department of the Treasury

Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

**Supplemental Financial Statements** 

Name of the organization

Employer identification number

	ITED JEWISH COMMUNITY OF BROWARD COUNTY INC	Employer Identification flamber				
			59-09678			
Pa	organizations Maintaining Donor A organization answered "Yes" to Form 9		nds or Ac	counts. Complete if the		
	<u> </u>	(a) Donor advised funds	<b>(b)</b> Fun	ds and other accounts		
1	Total number at end of year	106				
2	Aggregate Contributions to (during year)	1,810,507				
3	Aggregate Grants from (during year)	421,614				
4	Aggregate value at end of year	5,751,314				
5	Did the organization inform all donors and donor adv		radvised	✓ Yes		
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be impermissible private benefit?		nay be	√Yes No		
Pa	rt III Conservation Easements. Complete	of the organization answered "Yes" to	Form 990,	Part IV, line 7.		
<b>1</b> 2	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreated Protection of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a qual on the last day of the tax year	cion or pleasure)	tified historic	structure		
	on the last day of the tax year			Held at the End of the Year		
а	Total number of conservation easements		2a			
ь	Total acreage restricted by conservation easemen	ts.	2b			
c	Number of conservation easements on a certified h		2c			
d	Number of conservation easements included in (c)	• •	2d			
	• •	•				
3	Number of conservation easements modified, transf the taxable year •	erred, released, extinguisned, or terminated	by the orga	nization during		
	the taxable year F					
4	Number of states where property subject to conserv	ation easement is located ►				
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds		ions, and	☐ Yes ☐ No		
6	Staff or volunteer hours devoted to monitoring, insp	ecting and enforcing easements during the y	⁄ear <b>►</b>			
7	A mount of expenses incurred in monitoring, inspect	ing, and enforcing easements during the yea	ar ► \$			
8	Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	2(d) above satisfy the requirements of secti	ion	☐ Yes ☐ No		
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financial s	•	·		
Paı	t III Organizations Maintaining Collection Complete if the organization answered		r Other Si	milar Assets.		
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fi	5 116, not to report in its revenue statemen d for public exhibition, education or research	ın furtheran			
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research in		•		
	(i) Revenues included in Form 990, Part VIII, line	1	ı	<b>►</b> \$		
	(ii) Assets included in Form 990, Part X		<b>.</b>	\$		
2	If the organization received or held works of art, his following amounts required to be reported under SFA	· · · · · · · · · · · · · · · · · · ·		'		

Revenues included in Form 990, Part VIII, line 1

**b** Assets included in Form 990, Part X

Par	<b>444</b> Organizations Maintaining Co	ollections of Art,	Hist	oric	<u>cal Treasi</u>	ires, or Othe	<u>r Similar Ass</u>	ets (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any o	of the	e foll	owing that ar	e a sıgnıfıcant u	se of its collectio	n	
а	Public exhibition		d	Γ	Loan or exc	hange programs			
b	Scholarly research		e	$\Gamma$	Other				
c	Preservation for future generations								
4	Provide a description of the organization's co Part XIV	ollections and explain	how	they	further the	organization's ex	empt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							Yes	┌ No
Pai	t IV Trust, Escrow and Custodial					anızatıon answ	ered "Yes" to F	orm 9	90,
	Part IV, line 9, or reported an an		•						
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?		iary f	for c	ontributions	or other assets 1		Yes	☐ No
Ь	If "Yes," explain why in Part XIV and comple	ete the following table							
							A mo	unt	
с	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	, ,	217				Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV				1 1157 11 1				
Pa	rt V Endowment Funds. Complete	(a)Current Year		vere Prior		Form 990, Par wo Years Back (d)		a)Four V	ears Back
1a	Beginning of year balance	53,113,926	(5)	11101	(c)	Wo Tears back (a)	Timee Tears Back   (	cyr our r	cars back
b	Contributions	612,616							
c	Investment earnings or losses	-12,819,366							
d	Grants or scholarships								
e	Other expenditures for facilities	2,594,423							
_	and programs	06.706							
f	Administrative expenses	86,796 38,225,957							
g	End of year balance								
2	Provide the estimated percentage of the yea								
а	Board designated or quasi-endowment 🕨	18 140 %							
b	Permanent endowment 🕨 33 410 %								
C	Term endowment ► 48 450 %								
3a	Are there endowment funds not in the posses organization by	ssion of the organizat	ion th	hat a	re held and a	idministered for	the	Yes	No
	(i) unrelated organizations						3a(i)		No
	(ii) related organizations						3a(ii)		Νο
b	If "Yes" to 3a(II), are the related organizatio	ns listed as required (	on Sc	hed	ule R?		3b		
4	Describe in Part XIV the intended uses of th	<u>-</u>							
Pai	t VI Investments—Land, Buildings	s, and Equipment	<b>t.</b> Se	ee F	orm 990, P	art X, line 10.			
	Description of investment				Cost or other (investment)	( <b>b</b> )Cost or other basis (other)	(c) Depreciation	<b>(d)</b> Bo	ok value
1a	Land					6,635,717			6,635,71
b	Buildings					8,746,830	1,516,069		7,230,76
c	Leasehold improvements		.						
d	Equipment		.						
e	Other					17,735,447	7,664,017	1	0,071,430

23,937,908

Pair VIII Investments—Other Securities. See	Form 990, Part X, line 12	<u>′.                                    </u>
(a) Description of security or cateory (including name of security)	( <b>b)</b> Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		, , , , , , , , , , , , , , , , , , , ,
Closely-held equity interests		
Other Money Market Funds	2,966,332	F
Other Equity Securities	803,277	F
Other Bonds	1,026,064	F
Other Mutual Funds	36,381,321	F
Other Limited Partnerships	725,700	F
Other Alternative Investments	6,742,785	F
Other State of Israel Bonds	3,644,314	
Other State of Islael Bollas	3,044,314	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 ) ▶	52,289,793	
Part VIII Investments—Program Related. Se	e Form 990, Part X, line :	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )	15	
Part IX Other Assets. See Form 990, Part X, III  (a) Descrip		(b) Book value
(a) Descrip	) LIOII	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
(a) Description of Liability	(b) A mount	
Federal Income Taxes		
AGENCY FUNDS	252,244	
SPLIT INTEREST AGREEMENTS	2,662,470	
TRUST ASSETS HELD ON BEHALF OF AGENCIES	6,490,785	
FAIR VALUE OF INTEREST RATE SWAP	1,564,748	
Line of Credit	309,417	
	,	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	11 270 664	
Column (D) Should equal Form 550, Fall N, Col (D) line 25 /	11,279,664	

Par	t XII Reconciliation of Cl	hange in Net Assets from Forn	n 990 t	to Fi	nancial Stateme	nts	
1	Total revenue (Form 990, Part	VIII, column (A), line 12)				1	7,690,789
2	Total expenses (Form 990, Par	t IX, column (A), line 25)				2	11,132,676
3	Excess or (deficit) for the year	Subtract line 2 from line 1				3	-3,441,887
4	Net unrealized gains (losses) or	n ınvestments				4	-11,429,217
5	Donated services and use of fac	cilities				5	
6	Investment expenses					6	
7	Prior period adjustments					7	
8	Other (Describe in Part XIV)		8				
9	Total adjustments (net) Add Iir	nes 4 - 8				9	-11,429,217
10	Excess or (deficit) for the year		10	-14,871,104			
Par		evenue per Audited Financial			s With Revenue	per R	eturn
1	Total revenue, gains, and othe	r support per audited financial stateme	nts .			1	-3,738,428
2	A mounts included on line 1 bu	t not on Form 990, Part VIII, line 12					
а	Net unrealized gains on invest	ments	. 2	a	-11,429,217		
b	Donated services and use of fa	acılıtıes	. 21	ь			
c	Recoveries of prior year grants	5	. 2	с			
d	Other (Describe in Part XIV)		. 20	d			
e	Add lines <b>2a</b> through <b>2d</b> .			•		2e	-11,429,217
3	Subtract line <b>2e</b> from line <b>1</b> .					3	7,690,789
4	A mounts included on Form 99	0, Part VIII, line 12, but not on line 1					-
а	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b	.   4a	a			
b	Other (Describe in Part XIV)		41	ь			
c	Add lines 4a and 4b			•		4c	0
5	Total Revenue Add lines 3 and	d <b>4c.</b> (This should equal Form 990, Part	: I, line 1	2)		5	7,690,789
Part	XIII Reconciliation of Ex	xpenses per Audited Financial	State	men	ts With Expense	s per	Return
1	Total expenses and losses per	r audited financial statements		-		1	11,132,676
2	A mounts included on line 1 bu	t not on Form 990, Part IX, line 25					
а	Donated services and use of fa	acılıtıes		2a			
b	Prior year adjustments			2b			
c	Losses reported on Form 990,	Part IX, line 25		2c			
d	Other (Describe in Part XIV)			2d			
e	Add lines <b>2a</b> through <b>2d</b>					2e	0
3	Subtract line ${f 2e}$ from line ${f 1}$ .					3	11,132,676
4	Amounts included on Form 99	0, Part IX, line 25, but not on line <b>1:</b>					
а	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b	[ .	4a			
b	Other (Describe in Part XIV)		· [	4b			
c	Add lines <b>4a</b> and <b>4b</b>					4c	0
5	Total expenses Add lines <b>3</b> ar	nd <b>4c.</b> (This should equal Form 990, Pa	rt I, lıne	18)		5	11,132,676
Par	t XIV Supplemental Inf	ormation					
		scriptions required for Part II, lines 3, 5 , Part XII, lines 2d and 4b, and Part XI				art XIV	, lines 1b and 2b,
	Ident if ier	ion					

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

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**Grants and Other Assistance to Organizations,** Governments and Individuals in the U.S.

OMB No 1545-0047

2008

DLN: 93493137002230

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Open to Public Inspect ion

Employer identification number

UNITED JEWISH COMMUNIT	Y OF BROWARD C	OUNTY INC				59-0967823	
Part I General Infor  1 Does the organization mathe selection criteria use 2 Describe in Part IV the organization	aintain records to s d to award the grai	nts or assistance?	of the grants or assista				Г Yes Г
Part II Grants and Ot Form 990, Part Part IV and Sch	her Assistance IV, line 21 for ar edule I-1 if addi	e to Governments  ny recipient that rece tional space is	and Organizations erved more than \$5,0	in the United Sta 00. Check this box	tes. Complete if the o	eived more than \$5,0	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of seconganizations					•	_	51
For Paperwork Reduction Act Not				Cat No 50055			nedule I (Form 990) 2008

		<b>ce to Individua</b> ıf addıtıonal spac		tates. Complete if the	organization answered "Ye	s" on Form 990, Part IV, line 22.
(a)Type of grant or assistance (b)Number of recipients			<b>(c)</b> A mount of cash grant	( <b>d)</b> A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
rt IV Suppleme	ntal Informati	<b>on.</b> Complete thi	s part to provide the	e information required i	n Part I, line 2, and any ot	her additional information.
t if ier	Return Reference	E	Explanation			
+						

Software ID: Software Version:

**EIN:** 59-0967823

Name: UNITED JEWISH COMMUNITY OF BROWARD COUNTY INC

Form 990,Schedule I, Pa	rt II, Grants	and Other Assistan	ce to Government	s and Organizatio	ns in the United Sta	ates	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
David Posnack Hebrew Day School6511 W Sunrise Blvd Plantation, FL 33313	59-1606514	501(C)(3)	1,172,567				Grants to social welfare and educational institutions whose activities are consistent with the goals and purposes of the federation
David Posnack JCC5850 S Pine Island Rd Davie,FL 33331	59-2075982	501(C)(3)	1,101,177				Grants to social welfare and educational institutions whose activities are consistent with the goals and purposes of the federation
United Jewish Communities Inc25 Broadway 1700 New York, NY 10004	13-1624240	501(C)(3)	1,097,278				Grants to social welfare and educational institutions whose activities are consistent with the goals and purposes of the federation
Jewish Family Service100 S Pine Island Road Plantation, FL 33324	59-0995106	501(C)(3)	635,222				Grants to social welfare and educational institutions whose activities are consistent with the goals and purposes of the federation
Joseph Meyerhoff Senior Ctr dba Southeast Focal3081 Taft St Hollywood, FL 33021	20-8473893	501(C)(3)	470,383				Grants to social welfare and educational institutions whose activities are consistent with the goals and purposes of the federation
Orloff Central Agency for Jewish Education5890 S Pine Island Rd Davie,FL 33331	03-0429765	501(C)(3)	403,991				Grants to social welfare and educational institutions whose activities are consistent with the goals and purposes of the federation
A merican Jewish Joint Distribution Committee711 3rd Ave 10th Floor New York, NY 10017	13-1656634	501(C)(3)	201,000				Grants to social welfare and educational institutions whose activities are consistent with the goals and purposes of the federation
Brauser Maimonides 5300 SW 40th Ave Fort Lauderdale, FL 33314	65-0213879	501(C)(3)	188,477				Grants to social welfare and educational institutions whose activities are consistent with the goals and purposes of the federation
Soref Jcc6501 W Sunrise Blvd Plantation, FL 33313	59-1766701	501(C)(3)	170,000				Grants to social welfare and educational institutions whose activities are consistent with the goals and purposes of the federation
Hebrew A cademy of Margate 1500 N State Rd 7 Margate, FL 33063	65-1026989	501(C)(3)	74,984				Grants to social welfare and educational institutions whose activities are consistent with the goals and purposes of the federation

Form 990,Schedule I,	Part II, Gran	nts and Other As	sistance to Gov	ernments and O	rganizations in t	the United States	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Daniel D Cantor Senior Center5000 Nob hill Rd Sunrise,FL 33351	65-0245068	501(C)(3)	71,500				Grants to social welfare and educational institutions whose activities are consistent with the goals and purposes of the federation
JAFCO4200 N University Dr Sunrise,FL 33351	20-0898587	501(C)(3)	70,415				Grants to social welfare and educational institutions whose activities are consistent with the goals and purposes of the federation
Soref Jewish Community Center6501 W Sunrise Blvd Plantation, FL 33313	59-1766701	501(C)(3)	63,081				Grants to social welfare and educational institutions whose activities are consistent with the goals and purposes of the federation
Hillel Foundation800 8th St NW Washington, DC 20001	52-1844823	501(C)(3)	60,739				Grants to social welfare and educational institutions whose activities are consistent with the goals and purposes of the federation
Foundation Fighting Blindness11435 Cornhill Dr Owings, MD 21117	23-7135845	501(C)(3)	60,000				Grants to social welfare and educational institutions whose activities are consistent with the goals and purposes of the federation
Jewish Community Foundation5890 S Pine Island Rd Davie, FL 33331	59-0967823	501(C)(3)	55,000				Grants to social welfare and educational institutions whose activities are consistent with the goals and purposes of the federation
A merican Friends of IDC Herzliya104 5th Ave 14 Fl New York, NY 10010	31-1577589	501(C)(3)	45,000				Grants to social welfare and educational institutions whose activities are consistent with the goals and purposes of the federation
Hebrew Free Loan Association of South FL PO Box 630362 Miami,FL 33163	65-0204289	501(C)(3)	35,823				Grants to social welfare and educational institutions whose activities are consistent with the goals and purposes of the federation
American Friends of ELI 1009 Delene Road Rydal, PA 19046	52-2171745	501(C)(3)	35,000				Grants to social welfare and educational institutions whose activities are consistent with the goals and purposes of the federation
Temple Beth Emet4807 South Flamingo Road Cooper City, FL 33330	59-1707916	501(C)(9)	30,936				Grants to social welfare and educational institutions whose activities are consistent with the goals and purposes of the federation

Form 990,Schedule I,	Part II, Gran	ts and Other Ass	istance to Gov	ernments and O	rganizations in t	he United States	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Temple Kol Ami8200 Peters Road Plantation, FL 33324	23-7449716	501(C)(9)	30,193				Grants to social welfare and educational institutions whose activities are consistent with the goals and purposes of the federation
Great American Smoked Fish Co1400 SW 1St Court Pompano Beach, FL 33069	26-0293605	501(C)(3)	27,266				Grants to social welfare and educational institutions whose activities are consistent with the goals and purposes of the federation
Neve Michael Children's Village Inc1300 St Charles Place Pembroke Pines, FL 33026	20-8499330	501(C)(3)	26,000				Grants to social welfare and educational institutions whose activities are consistent with the goals and purposes of the federation
Greater Miami Jewish Federation4200 Biscayne Boulevard Miami, FL 33117	59-0624404	501(C)(3)	21,810				Grants to social welfare and educational institutions whose activities are consistent with the goals and purposes of the federation
Holocaust Documentation and Educ Ctr2031 Harrison Street Hollywood,FL 33020	59-1992826	501(C)(3)	19,000				Grants to social welfare and educational institutions whose activities are consistent with the goals and purposes of the federation
Maccabi USASports for IsraelPO Box 96462 Washington, DC 20090	13-1810938	501(C)(3)	15,500				Grants to social welfare and educational institutions whose activities are consistent with the goals and purposes of the federation
Hadassah5890 S Pine Island Road Davie, FL 33331	13-1656651	501(C)(3)	14,579				Grants to social welfare and educational institutions whose activities are consistent with the goals and purposes of the federation
Kesher18900 NE 25th Ave Suite 219 North Miami Beach, FL 33180	65-0591858	501(C)(3)	14,000				Grants to social welfare and educational institutions whose activities are consistent with the goals and purposes of the federation
Ramat Shalom11301 W Broward Blvd Plantation, FL 33325	59-1689889	501(C)(3)	13,657				Grants to social welfare and educational institutions whose activities are consistent with the goals and purposes of the federation
Hıllel BrowardPalm Beach 777 Glades Road Bldg LY- 3A Boca Raton,FL 33431	52-1844823	501(C)(3)	13,086				Grants to social welfare and educational institutions whose activities are consistent with the goals and purposes of the federation

Form 990,Schedule I,	Part II, Gran	ts and Other Ass	sistance to Gov	ernments and O	rganizations in t	the United States	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jacksonville Jewish Center3662 Crown Point Road Jacksonville,FL 32257	59-0624411	501(C)(3)	11,000				Grants to social welfare and educational institutions whose activities are consistent with the goals and purposes of the federation
Jewish Federation of Greater Houston5603 S Braeswood Blvd Houston,FL 77096	74-1109654	501(C)(3)	10,999				Grants to social welfare and educational institutions whose activities are consistent with the goals and purposes of the federation
WECARE6501 W Sunrise Blvd Plantation, FL 33313	59-1766701	501(C)(3)	10,930				Grants to social welfare and educational institutions whose activities are consistent with the goals and purposes of the federation
Jewish National Fund 1499 W Palmetto Park Road Boca Raton, FL 33486	13-1659627	501(C)(3)	10,074				Grants to social welfare and educational institutions whose activities are consistent with the goals and purposes of the federation
TEMPLE BETH AM7205 Royal Palm Blvd Margate, FL 33063	59-0169999	501(C)(9)	9,950				Grants to social welfare and educational institutions whose activities are consistent with the goals and purposes of the federation
A merican Red Magen David2100 E Hallandale Beach Blvd Hallandale, FL 33009	12-1790719	501(C)(3)	7,600				Grants to social welfare and educational institutions whose activities are consistent with the goals and purposes of the federation
Diabetes Research InsFoundation200 S Park Rd Ste 100 Hollywood,FL 33021	59-1361955	501(C)(3)	7,467				Grants to social welfare and educational institutions whose activities are consistent with the goals and purposes of the federation
A hava Torah 1537A Meridian A venue San Jose, CA 10128	77-0378822	501(C)(3)	7,000				Grants to social welfare and educational institutions whose activities are consistent with the goals and purposes of the federation
Temple Beth Orr2151 Riverside Dr Coral Springs,FL 33071	59-1648723	501(C)(9)	6,724				Grants to social welfare and educational institutions whose activities are consistent with the goals and purposes of the federation
Camp Ramah Darom6075 Roswell Road NE Ste 410 Atlanta, GA 30328	58-2146741	501(C)(3)	6,700				Grants to social welfare and educational institutions whose activities are consistent with the goals and purposes of the federation

Form 990,Schedule I,	Part II, Gran	ts and Other Ass	istance to Gov	ernments and O	rganizations in t	he United States	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Beit David Highland Lakes Shul2601 NE 205 Street North Miami Beach, FL 33180	11-2000270	501(C)(3)	6,500				Grants to social welfare and educational institutions whose activities are consistent with the goals and purposes of the federation
Shelter Rock Jewish Center272 Shelter Rock Road Roslyn, NY 11576	65-0394819	501(C)(3)	6,500				Grants to social welfare and educational institutions whose activities are consistent with the goals and purposes of the federation
Temple Beth El1351 S 14 Ave Hollywood,FL 33020	59-0794397	501(C)(9)	5,272				Grants to social welfare and educational institutions whose activities are consistent with the goals and purposes of the federation
Massachusetts General Hospital55 Fruit Street Boston, MA 02114	04-1564655	501(C)(3)	5,250				Grants to social welfare and educational institutions whose activities are consistent with the goals and purposes of the federation
B'nai B'rith Youth Organization5850 So Pine Island Road Davie, FL 33328	31-1794932	501(C)(3)	5,232				Grants to social welfare and educational institutions whose activities are consistent with the goals and purposes of the federation
JCPA116 E 27th Street 10th floor New York, NY 10016	13-1624104	501(C)(3)	5,125				Grants to social welfare and educational institutions whose activities are consistent with the goals and purposes of the federation
A merican Friends of Batya 201 E Sample Road Pompano Beach, FL 33064	59-2668389	501(C)(3)	5,000				Grants to social welfare and educational institutions whose activities are consistent with the goals and purposes of the federation
Broward Homebound1324 Lexington Avenue New York, NY 10128	11-3533002	501(C)(3)	5,000				Grants to social welfare and educational institutions whose activities are consistent with the goals and purposes of the federation
Deborah Hospital Foundation212 Trenton Road Brown Mills, NJ 08015	22-2049500	501(C)(3)	5,000				Grants to social welfare and educational institutions whose activities are consistent with the goals and purposes of the federation
East Meets West FoundationPO Box 29292 Oakland, CA 94604	33-0316095	501(C)(3)	5,000				Grants to social welfare and educational institutions whose activities are consistent with the goals and purposes of the federation

Form 990,Schedule I,	<u>Part II, Gran</u>	its and Other As:	sistance to Gov	<u>ernments and O</u>	rganizations in t	the United States	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UJA Federation6900 Jericho Turnpike Syosset, NY 11791	51-0172429	501(C)(3)	5,000				Grants to social welfare and educational institutions whose activities are consistent with the goals and purposes of the federation

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As Filed Data -

DLN: 93493137002230

OMB No 1545-0047

OMB No 15

2008

Open to Public Inspection

### Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

**Compensation Information** 

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization
UNITED JEWISH COMMUNITY OF BROWARD COUNTY INC

Employer identification number

59-0967823

Pa	THE Questions Regarding Compensation	on				
					Yes	Νo
1a	Check the appropriate box(es) if the organization p 990, Part VII, Section A, line 1a Complete Part I		ny of the following to or for a person listed in Form ride any relevant information regarding these items			
	First class or charter travel	<b>~</b>	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a provision of all the expenses described above? If			1b		No
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive			2		No
3	Indicate which, if any, of the following the organiza organization's CEO/Executive Director Check all					
	Compensation committee	ᅜ	Written employment contract			
	Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations	⊽	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990	), Part VII	I, Section A, line 1a			
а	Receive a severance payment or change of contro	l payment	t?	4a		Νo
b	Participate in, or receive payment from, a supplem	nental non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-	-based co	mpensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and	provide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must o	complete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	A, line 1a,	, did the organization pay or accrue any			
а	The organization?			5a	Yes	
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	A, line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section Apayments not described in lines 5 and 6? If "Yes,"		•	7		No
8	Were any amounts reported in Form 990, Part VII subject to the initial contract exception described in Part III	, .	•	8		N o

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
	(I) (II)	262,046		34,155	6,900	16,249	319,350	
	(I) (II)	144,397			4,545	4,128	153,070	
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2008

### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
	Part I, Line 1a	Per employment agreement, Eric Stillman, CEO receives a real estate supplement of \$1,000 per month
	Part I, Line 5	During 2008 Eric Stillman, CEO, received compensation that was contingent on revenues. The amount paid was \$32,300 and is included in his compensation totals. Supporting fundraising reports were submitted and the Board Chair approved.

DLN: 93493137002230

Schedule K (Form 990)

# **Supplemental Information on Tax Exempt Bonds**

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Open to Public Inspection

	le of the organization									Employer	identifica	tion numi	bei	
U N :	ITED JEWISH COMMUNITY OF BR	OWARD COUNTY INC								59-096	7823			
P	art I Bond Issues (Require	ed for 2008)												
	(a) Issuer Name			(d) Date	Issued	(e) Issue Price		(f) Description of Purpose		Purpose	e (g) Defeased		(h) O n Behalf o Issuer	
											Yes	No	Yes	No
A	Town of Davie	59-6046527	238674AA3	12-18-	2003	24,	475,000	Buildings, La	ınd, and Eq	uıpment		x		×
Pa	art II Proceeds (Optional fo	r 2008)												
					Α	E	3		:	Г	)		E	
1	Total Proceeds of Issue													
2	Gross Proceeds in Reserve Fund	ls												
3	Proceeds in Refunding or Defeas	ance Escrows												
4	Other Unspent Proceeds													
5 Issuance Costs from Proceeds														
6	Working Capital Expenditures fro	om Proceeds												
7	7 Capital Expenditures from Proceeds													
8	Year of Substantial Completion					•		•						
				Yes	No	Yes	No	Yes	No	Yes	No	Yes	<u> </u>	No
9	Were the bonds issued as part of	f a current refunding is	sue?											
10	Were the bonds issued as part of	f an advance refunding	ıssue?											
11	Has the final allocation of procee	eds been made?												
12	Does the organization maintain a final allocation of proceeds?	adequate books and re	cords to support the											
Pa	rt IIII Private Business Use	e (Optional for 2008	?)	1						ı				
				<i></i>		В С					E			
	Was the suspense of the suspen			Yes	No	Yes	No	Yes	No	Yes	No	Yes	•	No
1 	Was the organization a partner in which owned property financed b		ember of an LLC,											
2	Are there any lease arrangement which may result in private busir	•	inanced property											
For	Panerwork Peduction Act Notice see t	he Instructions for Forn	. 990			Cat No. 501	03E			c	hadula K	/Form 99	U) 2008	

Schedule K (Form 990) 2008						
Part III	Private Bu	siness Use	(Continued)			

		A B		C		D		I	E		
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	(	<u>c</u>	ı	<u> </u>	ı	Ε
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

# **SCHEDULE M**

# **Non-Cash Contributions**

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Name of the organization **Employer identification number** UNITED JEWISH COMMUNITY OF BROWARD COUNTY INC 59-0967823 Part I Types of Property (a) (b) (d) (c) Check Number of Contributions Revenues reported on Method of determining ıf Form 990, Part VIII, line revenues applicable 1 g 1 Art-Works of art . . Art—Historical treasures 3 Art—Fractional interests 4 Books and publications 5 Clothing and household goods . . . . . . Cars and other vehicles Boats and planes . . . . Intellectual property . . . Securities—Publicly traded . 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, Χ 9 725,700 Projected future cash flows or trust interests . . . 12 Securities-Miscellaneous . . 13 Qualified conservation contribution (historic structures) . . . . 14 Oualified conservation contribution (other) . . . Real estate—Residential . Real estate—Commercial . . 17 Real estate—Other . . . 18 Collectibles . . . . 19 Food inventory . . . 20 Drugs and medical supplies . **21** Taxidermy . . . . . 22 Historical artifacts . . . . Scientific specimens . . Archeological artifacts . . . Other (describe 25 Other (describe \_\_\_\_ 27 Other (describe 28 Other (describe Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . . . . . Yes No **30a** During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must least three years from the date of the initial contribution, and which is not required to be used for exempt purposes No 30a **b** If "Yes", describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash 32a Νo

33 If the organization did not report revenues in Column (c) for a type of property for which Column (a) is

**b** If "Yes", describe in Part II

checked, describe in Part II

<b>Supplemental Information.</b> Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.							
Identifier	ReturnReference	Explanation					
	Notarii Notari						

**Employer identification number** 

59-0967823

# OMB No 1545-0047

Inspection

# **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization UNITED JEWISH COMMUNITY OF BROWARD COUNTY INC

Return **Identifier Explanation** Reference Jeffrey and Karen Saster are husband and wife Franklin and Karen Zemel are husband Form 990, Part VI, Section A, line 2 and wife

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		The slate of Directors to be presented by the Nominating Committee to the general membership shall be published in a new spaper of general circulation in Brow and County, or in a periodical published by or on behalf of the Federation, at least thirty (30) days prior to the general membership meeting. Additional nominations for any Director may be made by filing of a petition containing the signature of one hundred (100) members of the UJCBC.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The Form 990 is reviewed by executive management and the audit committee and approved before it is filed by the independent accountants who prepared the return

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		When a matter where a conflict exists becomes a matter of board committee action the member is not permitted to vote or use personal influence on that matter. Each board member is required to sign a conflict of interest statement at the beginning of their term and every two years thereafter.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The Executive Committee review's comparability data from UJC and approves compensation decisions

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The organization does not make its governing documents, conflict of interest policy, and financial statements available to the public The organization makes its Form 990 tax return available to the public via Guidestar's website and upon request

ldentifier	Return Reference	Explanation
990, Part XI, Line 2c	Oversight Committee	The organization's audit committee oversees the audit of its financial statements and selects the independent accountant. This process is the same as in the prior year.