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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)

OMB No. 1545-0047

**2009**Open to Public  
Inspection

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

**A** For the 2009 calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

|   |   |   |  |  |
|---|---|---|--|--|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | Please use IRS label or print or type:<br><br>See Specific Instructions | <b>C</b> Name of organization<br><b>COMMUNITY FOUNDATION OF BROWARD, INC.</b>   |  | <b>D</b> Employer identification number<br><b>59-2477112</b>   |
|   |   | Doing Business As   |  | <b>E</b> Telephone number<br><b>(954) 761-9503</b>   |
|   |   | Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>1401 E. BROWARD BLVD. 100</b> |  | <b>G</b> Gross receipts \$ <b>24,547,967.</b>  |
|   |   | City or town, state or country, and ZIP + 4<br><b>FORT LAUDERDALE, FL 33301</b>   |  | <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                         |
|   |   | <b>F</b> Name and address of principal officer: <b>LINDA B CARTER</b><br><b>SAME AS C ABOVE</b>                           |  | <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list (see instructions) |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527  |   |   |  |  |
| <b>J</b> Website: <b>WWW.CFBROWARD.ORG</b>  |   |   |  |  |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶   |   |   |  |  |
| <b>L</b> Year of formation: <b>1984</b> <b>M</b> State of legal domicile: <b>FL</b>   |   |   |  |  |

**Part I Summary**

|  |  |  |                                  |                     |
|--|--|--|----------------------------------|---------------------|
| <b>Activities &amp; Governance</b>   | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE ATTACHED STATEMENT #1.</b>                           |  |                                  |                     |
|  | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |  |                                  |                     |
|  | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>   | <b>19</b>                        |                     |
|  | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>   | <b>19</b>                        |                     |
|  | <b>5</b> Total number of employees (Part V, line 2a)   | <b>5</b>   | <b>11</b>                        |                     |
|  | <b>6</b> Total number of volunteers (estimate if necessary)  | <b>6</b>   | <b>0</b>                         |                     |
|  | <b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>  | <b>0.</b>                        |                     |
|  | <b>b</b> Net unrelated business taxable income from Form 990-T, line 34  | <b>7b</b>  | <b>0.</b>                        |                     |
|  | <b>Revenue</b>   | <b>8</b> Contributions and grants (Part VIII, line 1h)               | <b>Prior Year</b>                | <b>Current Year</b> |
|  |  | <b>9</b> Program service revenue (Part VIII, line 2g)                | <b>5,317,129.</b>                | <b>11,550,490.</b>  |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)                      |  | <b>&lt;627,816.&gt;</b>  | <b>1,098,041.</b>                |                     |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)           |  | <b>29,371.</b>   | <b>26,822.</b>                   |                     |
| <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) |  | <b>4,718,684.</b>  | <b>12,675,353.</b>               |                     |
| <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)                   |  | <b>4,270,345.</b>  | <b>4,104,017.</b>                |                     |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                      |  |  |                                  |                     |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  |  | <b>995,838.</b>  | <b>1,018,711.</b>                |                     |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                     |  |  |                                  |                     |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>389,558.</b>         |  |  |                                  |                     |
| <b>Expenses</b>  | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)   | <b>1,096,958.</b>  | <b>938,025.</b>                  |                     |
|  | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  | <b>6,363,141.</b>  | <b>6,060,753.</b>                |                     |
|  | <b>19</b> Revenue less expenses. Subtract line 18 from line 12   | <b>&lt;1,644,457.&gt;</b>  | <b>6,614,600.</b>                |                     |
|  | <b>Net Assets or Fund Balances</b>   | <b>20</b> Total assets (Part X, line 16)                             | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|  |  | <b>21</b> Total liabilities (Part X, line 26)                        | <b>74,587,582.</b>               | <b>86,342,950.</b>  |
|  |  | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 | <b>8,243,100.</b>                | <b>8,889,032.</b>   |
|  |  |  | <b>66,344,482.</b>               | <b>77,453,918.</b>  |

**Part II Signature Block**

|                                 |   |                        |  |   |
|---------------------------------|---|------------------------|--|---|
| <b>Sign Here</b>                | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. |                        |  |   |
|                                 | Signature of officer: <i>Linda B Carter</i><br><b>LINDA B CARTER, PRESIDENT/CEO</b><br>Type or print name and title   |                        | Date: <b>1/27/11</b>   |   |
| <b>Paid Preparer's Use Only</b> | Preparer's signature: <i>[Signature]</i>  | Date: <b>1/26/2011</b> | Check if self-employed: <input type="checkbox"/>             | Preparer's identifying number (see instructions): |
|                                 | Firm's name (or yours if self-employed), address, and ZIP + 4:<br><b>KEEFE, MCCULLOUGH &amp; CO., LLP, C.P.A.'S</b><br><b>6550 N FEDERAL HIGHWAY, SUITE 410</b><br><b>FT. LAUDERDALE, FL 33308</b>  |                        | EIN ▶ <b>954-771-0896</b><br>Phone no. ▶ <b>954-771-0896</b> |   |

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

616 3

**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission:

**TO PROVIDE LEADERSHIP ON COMMUNITY SOLUTIONS AND FOSTER PHILANTHROPY  
THAT CONNECTS PEOPLE WHO CARE WITH CAUSES THAT MATTER.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 4,819,010. including grants of \$ 4,104,017. ) (Revenue \$ 26,822. )  
**SEE ATTACHED STATEMENT #2.**

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

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

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses \$ 4,819,010.

**Part IV Checklist of Required Schedules**

|  | Yes      | No       |
|--|----------|----------|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i>  | <b>X</b> |          |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors?   | <b>X</b> |          |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>  |          | <b>X</b> |
| 4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>  |          | <b>X</b> |
| 5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>  |          |          |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>  | <b>X</b> |          |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>                                      |          | <b>X</b> |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>   |          | <b>X</b> |
| 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? <i>If "Yes," complete Schedule D, Part IV</i> |          | <b>X</b> |
| 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>   | <b>X</b> |          |
| 11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>  | <b>X</b> |          |
| • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>  |          |          |
| • Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>  |          |          |
| • Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>  |          |          |
| • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>   |          |          |
| • Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>  |          |          |
| • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>               |          |          |
| 12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>   | <b>X</b> |          |
| 12A Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>   | <b>X</b> |          |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>  |          | <b>X</b> |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?  |          | <b>X</b> |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>                             |          | <b>X</b> |
| 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>                                      |          | <b>X</b> |
| 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 "Yes," complete Schedule F, Part III</i>  |          | <b>X</b> |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>   |          | <b>X</b> |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>   |          | <b>X</b> |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>   |          | <b>X</b> |
| 20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>  |          | <b>X</b> |

**Part IV Checklist of Required Schedules** (continued)

|   | Yes         | No |
|---|-------------|----|
| <b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>   | <b>21</b> X |    |
| <b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>  | <b>22</b>   | X  |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>                           | <b>23</b> X |    |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> | <b>24a</b>  | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | <b>24b</b>  |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   | <b>24c</b>  |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | <b>24d</b>  |    |
| <b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>  | <b>25a</b>  | X  |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>             | <b>25b</b>  | X  |
| <b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>   | <b>26</b>   | X  |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>                 | <b>27</b>   | X  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |             |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>   | <b>28a</b>  | X  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>  | <b>28b</b>  | X  |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>  | <b>28c</b>  | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>   | <b>29</b>   | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>   | <b>30</b>   | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations?<br><i>If "Yes," complete Schedule N, Part I</i>  | <b>31</b>   | X  |
| <b>32</b> 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>   | <b>32</b>   | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>   | <b>33</b>   | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity?<br><i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>   | <b>34</b>   | X  |
| <b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)?<br><i>If "Yes," complete Schedule R, Part V, line 2</i>   | <b>35</b>   | X  |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization?<br><i>If "Yes," complete Schedule R, Part V, line 2</i>   | <b>36</b>   | X  |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>  | <b>37</b>   | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?   | <b>38</b> X |    |

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

Form 990 (2009)

**Part V. Statements Regarding Other IRS Filings and Tax Compliance**

|  | Yes          | No |
|--|--------------|----|
| <b>1a</b> Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable   |              |    |
| <b>1b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  |              |    |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  | <b>1c</b> X  |    |
| <b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  | <b>2a</b> 11 |    |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)                       | <b>2b</b> X  |    |
| <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?   | <b>3a</b>    | X  |
| <b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  | <b>3b</b>    |    |
| <b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                           | <b>4a</b> X  |    |
| <b>b</b> If "Yes," enter the name of the foreign country. <b>► CAYMAN ISLANDS</b><br>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.   |              |    |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | <b>5a</b>    | X  |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | <b>5b</b>    | X  |
| <b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  | <b>5c</b>    |    |
| <b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  | <b>6a</b>    | X  |
| <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?   | <b>6b</b>    |    |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>   |              |    |
| <b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?   | <b>7a</b>    | X  |
| <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?   | <b>7b</b>    |    |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  | <b>7c</b>    | X  |
| <b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year   | <b>7d</b>    |    |
| <b>e</b> Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | <b>7e</b>    |    |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | <b>7f</b>    |    |
| <b>g</b> For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  | <b>7g</b>    |    |
| <b>h</b> For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?   | <b>7h</b>    |    |
| <b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | <b>8</b>     |    |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>   |              |    |
| <b>a</b> Did the organization make any taxable distributions under section 4966?   | <b>9a</b>    |    |
| <b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?  | <b>9b</b>    |    |
| <b>10 Section 501(c)(7) organizations.</b> Enter:  |              |    |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12  | <b>10a</b>   |    |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   | <b>10b</b>   |    |
| <b>11 Section 501(c)(12) organizations.</b> Enter:   |              |    |
| <b>a</b> Gross income from members or shareholders   | <b>11a</b>   |    |
| <b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  | <b>11b</b>   |    |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  | <b>12a</b>   |    |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year   | <b>12b</b>   |    |

Form 990 (2009)

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

|  | Yes | No |
|--|-----|----|
| <b>1a</b> Enter the number of voting members of the governing body   | 19  |    |
| <b>1b</b> Enter the number of voting members that are independent  | 19  |    |
| <b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?   |     | X  |
| <b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? |     | X  |
| <b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?   |     | X  |
| <b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?   |     | X  |
| <b>6</b> Does the organization have members or stockholders?   |     | X  |
| <b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  |     | X  |
| <b>7b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  |     | X  |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |     |    |
| <b>a</b> The governing body?   | X   |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body?   | X   |    |
| <b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O        |     | X  |

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

|   | Yes | No |
|---|-----|----|
| <b>10a</b> Does the organization have local chapters, branches, or affiliates?  |     | X  |
| <b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?   |     |    |
| <b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?  | X   |    |
| <b>11A</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13   | X   |    |
| <b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | X   |    |
| <b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done   | X   |    |
| <b>13</b> Does the organization have a written whistleblower policy?  | X   |    |
| <b>14</b> Does the organization have a written document retention and destruction policy?   | X   |    |
| <b>15</b> 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?  |     |    |
| <b>a</b> The organization's CEO, Executive Director, or top management official   | X   |    |
| <b>b</b> Other officers or key employees of the organization  | X   |    |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)  |     |    |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |     | X  |
| <b>b</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? |     |    |

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **FL**

**18** Section 6104 requires an organization to make its Forms 1023 (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.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **ANTHONY TIMIRAOS C/O COMMUNITY FOUNDATION OF BROWARD, INC.**  
**1401 E. BROWARD BLVD, SUITE 100, FORT LAUDERDALE, FL 33301**

**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. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

| (A)<br>Name and Title            | (B)<br>Average hours per week | (C)<br>Position<br>(check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------|-------------------------------|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                                  |                               | Individual trustee or director            | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| JAN CUMMINGS<br>CHAIR            | 2.00                          | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| RAYMOND LEIGHTMAN<br>VICE CHAIR  | 2.00                          | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| RICHARD BERKOWITZ<br>TREASURER   | 2.00                          | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| ALBERT MINIACI                   | 2.00                          | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| HOLLY BODENWEBER                 | 2.00                          | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| KATHERINE EGGLESTON<br>SECRETARY | 2.00                          | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| BERNIE FERNANDEZ, M.D.           | 2.00                          | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| JANET JORDAN                     | 2.00                          | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ROBERT JUDD                      | 2.00                          | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| WENDY MASI                       | 2.00                          | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| FREDERICK MILLER, M.D.           | 2.00                          | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| JACQUELYN ROGOW                  | 2.00                          | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| RAYMOND SOUTHERN                 | 2.00                          | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| PAUL TANNER                      | 2.00                          | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ELAINE VASQUEZ                   | 2.00                          | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| JOAN CRAIN                       | 2.00                          | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| JAMES LABATE                     | 2.00                          | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |



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

| (A)<br>Name and title            | (B)<br>Average<br>hours<br>per<br>week | (C)<br>Position<br>(check all that apply) |                       |         |              |                              |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|----------------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|---|---|--|
|                                  |  | Individual trustee or director            | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |   |  |
| ALAN LEVY                        | 2.00                                   | X   |                       |         |              |                              |        | 0.  | 0.  | 0.   |
| TONY SEGRETO                     | 2.00                                   | X   |                       |         |              |                              |        | 0.  | 0.  | 0.   |
| LINDA B. CARTER<br>PRESIDENT/CEO | 40.00                                  |   |                       | X       | X            |                              |        | 157,000.  | 0.  | 12,773.  |
| ANTHONY TIMIRAOS<br>CFO          | 40.00                                  |   |                       |         | X            |                              |        | 100,000.  | 0.  | 9,651.   |
|                                  |  |   |                       |         |              |                              |        |   |   |  |
|                                  |  |   |                       |         |              |                              |        |   |   |  |
|                                  |  |   |                       |         |              |                              |        |   |   |  |
|                                  |  |   |                       |         |              |                              |        |   |   |  |
|                                  |  |   |                       |         |              |                              |        |   |   |  |
|                                  |  |   |                       |         |              |                              |        |   |   |  |
| <b>1b Total</b>                  |  |   |                       |         |              |                              |        | <b>257,000.</b>   | <b>0.</b>   | <b>22,424.</b>   |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

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

|   | Yes | No |
|---|-----|----|
| 3 |     | X  |
| 4 | X   |    |
| 5 |     | X  |

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

| (A)<br>Name and business address  | (B)<br>Description of services | (C)<br>Compensation |
|---|--------------------------------|---------------------|
|   |                                |                     |
|   |                                |                     |
|   |                                |                     |
|   |                                |                     |
|   |                                |                     |
| <b>2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization</b> |                                | <b>0</b>            |

**Part VIII Statement of Revenue**

|   |   |   |  | (A)<br>Total revenue                         | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections 512,<br>513, or 514 |  |
|---|---|---|--|--|---|---|--|--|
| <b>Contributions, gifts, grants<br/>and other similar amounts</b> | 1 a                                     | Federated campaigns   | 1a   |  |   |   |  |  |
|   | b                                       | Membership dues   | 1b   |  |   |   |  |  |
|   | c                                       | Fundraising events  | 1c   |  |   |   |  |  |
|   | d                                       | Related organizations   | 1d   |  |   |   |  |  |
|   | e                                       | Government grants (contributions)   | 1e   |  |   |   |  |  |
|   | f                                       | All other contributions, gifts, grants, and<br>similar amounts not included above   | 1f   | 11,550,490.                                  |   |   |  |  |
|   | g                                       | Noncash contributions included in lines 1a-1f \$  |  |  |   |   |  |  |
|   | h                                       | <b>Total.</b> Add lines 1a-1f   |  | 11,550,490.                                  |   |   |  |  |
|   | <b>Program Service<br/>Revenue</b>      |   |  | Business Code                                |   |   |  |  |
| 2 a   |   |   |  |  |   |   |  |  |
| b   |   |   |  |  |   |   |  |  |
| c   |   |   |  |  |   |   |  |  |
| d   |   |   |  |  |   |   |  |  |
| e   |   |   |  |  |   |   |  |  |
| f   |   | All other program service revenue   |  |  |   |   |  |  |
| g   |   | <b>Total.</b> Add lines 2a-2f   |  |  |   |   |  |  |
| <b>Other Revenue</b>  | 3                                       | Investment income (including dividends, interest, and<br>other similar amounts)   |  | 1294162.                                     |   |   | 1,294,162.   |  |
|   | 4                                       | Income from investment of tax-exempt bond proceeds  |  |  |   |   |  |  |
|   | 5                                       | Royalties   |  |  |   |   |  |  |
|   | 6 a                                     | Gross Rents   | (i) Real   | (ii) Personal                                |   |   |  |  |
|   |   | b   | Less: rental expenses  |  |   |   |  |  |
|   |   | c   | Rental income or (loss)                                      |  |   |   |  |  |
|   |   | d   | Net rental income or (loss)                                  |  |   |   |  |  |
|   | 7 a                                     | Gross amount from sales of<br>assets other than inventory   | (i) Securities   | (ii) Other                                   |   |   |  |  |
|   |   | b   | Less: cost or other basis<br>and sales expenses              |  |   |   |  |  |
|   |   | c   | Gain or (loss)   |  |   |   |  |  |
|   |   | d   | Net gain or (loss)   |  |   |   |  |  |
|   | 8 a                                     | Gross income from fundraising events (not<br>including \$ _____ of<br>contributions reported on line 1c). See<br>Part IV, line 18 | a  |  |   |   |  |  |
|   |   | b   | Less: direct expenses  | b  |   |   |  |  |
|   |   | c   | Net income or (loss) from fundraising events                 |  |   |   |  |  |
|   |   | 9 a   | Gross income from gaming activities. See<br>Part IV, line 19 | a  |   |   |  |  |
|   |   |   | b  | Less: direct expenses                        | b   |   |  |  |
|   |   |   | c  | Net income or (loss) from gaming activities  |   |   |  |  |
|   |   | 10 a  | Gross sales of inventory, less returns<br>and allowances     | a  |   |   |  |  |
|   |   |   | b  | Less: cost of goods sold                     | b   |   |  |  |
|   |   |   | c  | Net income or (loss) from sales of inventory |   |   |  |  |
| Miscellaneous Revenue   |   |   | Business Code  |  |   |   |  |  |
| 11 a  |   | <b>FEES</b>   | 900099   | 26,822.                                      | 26,822.   |   |  |  |
| b   |   |   |  |  |   |   |  |  |
| c   |   |   |  |  |   |   |  |  |
| d   | All other revenue                       |   |  |  |   |   |  |  |
| e   | <b>Total.</b> Add lines 11a-11d         |   | 26,822.  |  |   |   |  |  |
| 12  | <b>Total revenue.</b> See instructions. |   | 12,675,353.  | 26,822.                                      | 0.  | 1,098,041.                              |  |  |

**Part IX** Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21  | 4,104,017.            | 4,104,017.                      |  |                             |
| 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   | 157,066.              | 31,413.                         | 62,826.                                | 62,827.                     |
| 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   | 692,431.              | 302,404.                        | 218,397.                               | 171,630.                    |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)  | 22,799.               | 8,959.                          | 7,548.                                 | 6,292.                      |
| 9 Other employee benefits  | 85,061.               | 33,426.                         | 28,159.                                | 23,476.                     |
| 10 Payroll taxes   | 61,354.               | 24,110.                         | 20,311.                                | 16,933.                     |
| 11 Fees for services (non-employees):  |                       |                                 |  |                             |
| a Management   |                       |                                 |  |                             |
| b Legal  |                       |                                 |  |                             |
| c Accounting   | 29,000.               |                                 | 29,000.                                |                             |
| d Lobbying   |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| f Investment management fees   | 284,484.              |                                 | 284,484.                               |                             |
| g Other  | 196,280.              | 196,280.                        |  |                             |
| 12 Advertising and promotion   | 32,776.               | 1,690.                          |  | 31,086.                     |
| 13 Office expenses   | 24,507.               | 9,555.                          | 8,449.                                 | 6,503.                      |
| 14 Information technology  | 27,188.               | 9,205.                          | 9,126.                                 | 8,857.                      |
| 15 Royalties   |                       |                                 |  |                             |
| 16 Occupancy   | 145,269.              | 57,085.                         | 48,091.                                | 40,093.                     |
| 17 Travel  | 1,974.                | 170.                            | 1,804.                                 |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings  | 4,046.                |                                 | 4,046.                                 |                             |
| 20 Interest  |                       |                                 |  |                             |
| 21 Payments to affiliates  |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization   | 10,597.               | 3,391.                          | 4,133.                                 | 3,073.                      |
| 23 Insurance   | 8,279.                | 4,140.                          | 4,139.                                 |                             |
| 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.)   |                       |                                 |  |                             |
| a <b>DIRECT FUND EXPENSES</b>  | 90,732.               |                                 | 90,732.                                |                             |
| b <b>PRINTING</b>  | 42,855.               | 10,842.                         | 16,007.                                | 16,006.                     |
| c <b>DUES &amp; SUBSCRIPTIONS</b>  | 16,626.               | 8,363.                          | 8,263.                                 |                             |
| d <b>LICENSES &amp; PERMITS</b>  | 13,332.               | 9,999.                          | 3,333.                                 |                             |
| e <b>TELEPHONE</b>   | 10,080.               | 3,961.                          | 3,337.                                 | 2,782.                      |
| f All other expenses   |                       |                                 |  |                             |
| <b>25 Total functional expenses.</b> Add lines 1 through 24f   | 6,060,753.            | 4,819,010.                      | 852,185.                               | 389,558.                    |
| <b>26 Joint costs.</b> Check here <input type="checkbox"/> 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)<br>Beginning of year  |             | (B)<br>End of year |
|--|---|---|-------------|--------------------|
| <b>Assets</b>  | 1 Cash - non-interest-bearing   | 315,299.  | 1           | 158,876.           |
|  | 2 Savings and temporary cash investments  |   | 2           |                    |
|  | 3 Pledges and grants receivable, net  | 2,088.  | 3           | 3,200.             |
|  | 4 Accounts receivable, net  | 278,892.  | 4           | 237,847.           |
|  | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L                   |   | 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   |   | 7           |                    |
|  | 8 Inventories for sale or use   |   | 8           |                    |
|  | 9 Prepaid expenses and deferred charges   | 42,000.   | 9           | 113,530.           |
|  | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 10a 141,757.  |             |                    |
|  | b Less: accumulated depreciation  | 10b 109,446.  |             |                    |
|  |   | 42,908.   | 10c         | 32,311.            |
|  | 11 Investments - publicly traded securities   | 53,024,021.   | 11          | 65,930,172.        |
|  | 12 Investments - other securities. See Part IV, line 11   | 11,968,867.   | 12          | 14,309,639.        |
|  | 13 Investments - program-related. See Part IV, line 11  | 3,452,610.  | 13          | 3,452,610.         |
|  | 14 Intangible assets  |   | 14          |                    |
| 15 Other assets. See Part IV, line 11  | 5,460,897.  | 15  | 2,104,765.  |                    |
| 16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)  | 74,587,582.   | 16  | 86,342,950. |                    |
| <b>Liabilities</b>   | 17 Accounts payable and accrued expenses  | 127,644.  | 17          | 81,047.            |
|  | 18 Grants payable   | 500,404.  | 18          | 469,054.           |
|  | 19 Deferred revenue   | 295,395.  | 19          | 274,425.           |
|  | 20 Tax-exempt bond liabilities  |   | 20          |                    |
|  | 21 Escrow or custodial account liability. Complete Part IV of Schedule D  |   | 21          |                    |
|  | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L |   | 22          |                    |
|  | 23 Secured mortgages and notes payable to unrelated third parties   |   | 23          |                    |
|  | 24 Unsecured notes and loans payable to unrelated third parties   |   | 24          |                    |
|  | 25 Other liabilities. Complete Part X of Schedule D   | 7,319,657.  | 25          | 8,064,506.         |
|  | 26 <b>Total liabilities.</b> Add lines 17 through 25  | 8,243,100.  | 26          | 8,889,032.         |
|  | <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b> |             |                    |
| 27 Unrestricted net assets   |   | 61,165,488.   | 27          | 75,186,477.        |
| 28 Temporarily restricted net assets   |   | 5,178,994.  | 28          | 2,267,441.         |
| 29 Permanently restricted net assets   |   |   | 29          |                    |
| <b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b> |   |   |             |                    |
| 30 Capital stock or trust principal, or current funds  |   |   | 30          |                    |
| 31 Paid-in or capital surplus, or land, building, or equipment fund  |   |   | 31          |                    |
| 32 Retained earnings, endowment, accumulated income, or other funds  |   |   | 32          |                    |
| 33 <b>Total net assets or fund balances</b>  | 66,344,482.   | 33  | 77,453,918. |                    |
| 34 <b>Total liabilities and net assets/fund balances</b>   | 74,587,582.   | 34  | 86,342,950. |                    |

Form 990 (2009)

**Part XI Financial Statements and Reporting**

1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2009)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**COMMUNITY FOUNDATION OF BROWARD, INC.**

Employer identification number

**59-2477112**

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state.
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? |    | (v) Did you notify the organization in col. (i) of your support? |    | (vi) Is the organization in col. (i) organized in the U.S.? |    | (vii) Amount of support |
|------------------------------------|----------|---|---|----|--|----|---|----|-------------------------|
|                                    |          |   | Yes   | No | Yes  | No | Yes   | No |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
| <b>Total</b>                       |          |   |   |    |  |    |   |    |                         |

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

Schedule A (Form 990 or 990-EZ) 2009

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)   | (a) 2005   | (b) 2006   | (c) 2007    | (d) 2008   | (e) 2009    | (f) Total   |
|---|------------|------------|-------------|------------|-------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  | 3,518,238. | 5,808,391. | 17,185,079. | 5,359,929. | 11,550,490. | 43,422,127. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |            |            |             |            |             |             |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge   |            |            |             |            |             |             |
| 4 Total. Add lines 1 through 3  | 3,518,238. | 5,808,391. | 17,185,079. | 5,359,929. | 11,550,490. | 43,422,127. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |            |            |             |            |             | 16,414,920. |
| 6 Public support. Subtract line 5 from line 4   |            |            |             |            |             | 27,007,207. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2005   | (b) 2006   | (c) 2007    | (d) 2008   | (e) 2009    | (f) Total   |
|--|------------|------------|-------------|------------|-------------|-------------|
| 7 Amounts from line 4  | 3,518,238. | 5,808,391. | 17,185,079. | 5,359,929. | 11,550,490. | 43,422,127. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 815,100.   | 1,138,611. | 1,101,595.  | 923,125.   | 939,760.    | 4,918,191.  |
| 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)                                | 736,587.   | 856,647.   | 928,939.    | 951,725.   | 1,050,049.  | 4,523,947.  |
| 11 Total support. Add lines 7 through 10   |            |            |             |            |             | 52,864,265. |
| 12 Gross receipts from related activities, etc. (see instructions)   |            |            |             |            | 12          |             |

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

**Section C. Computation of Public Support Percentage**

|   |    |         |
|---|----|---------|
| 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) | 14 | 51.09 % |
| 15 Public support percentage from 2008 Schedule A, Part II, line 14                       | 15 | 65.79 % |

16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☒

b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐

17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

Schedule A (Form 990 or 990-EZ) 2009

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b  |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)                                  |          |          |          |          |          |           |
| <b>13 Total support</b> (Add lines 9, 10c, 11, and 12)  |          |          |          |          |          |           |

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

**Section C. Computation of Public Support Percentage**

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> | % |
| <b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15                      | <b>16</b> | % |

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

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17                        | <b>18</b> | % |

**19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

**b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

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

Schedule A (Form 990 or 990-EZ) 2009



**Schedule D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes," to Form 990,**  
**Part IV, line 6, 7, 8, 9, 10, 11, or 12.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**COMMUNITY FOUNDATION OF BROWARD, INC.**

Employer identification number

**59-2477112**

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

|  | (a) Donor advised funds | (b) Funds and other accounts |
|--|-------------------------|------------------------------|
| 1 Total number at end of year              | 76                      | 301                          |
| 2 Aggregate contributions to (during year) | 1,579,547.              | 9,970,943.                   |
| 3 Aggregate grants from (during year)      | 969,885.                | 3,130,133.                   |
| 4 Aggregate value at end of year           | 12,642,644.             | 72,875,621.                  |

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

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

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

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

|   |  |
|---|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                      | <input type="checkbox"/> Preservation of a certified historic structure      |
| <input type="checkbox"/> Preservation of open space   |  |

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

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements   | 2a                              |
| b Total acreage restricted by conservation easements                                 | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06            | 2d                              |

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

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

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

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

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

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

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

|  |            |
|--|------------|
| (i) Revenues included in Form 990, Part VIII, line 1 | ▶ \$ _____ |
| (ii) Assets included in Form 990, Part X             | ▶ \$ _____ |

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

|  |            |
|--|------------|
| a Revenues included in Form 990, Part VIII, line 1 | ▶ \$ _____ |
| b Assets included in Form 990, Part X              | ▶ \$ _____ |

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

- c Beginning balance  
 d Additions during the year  
 e Distributions during the year  
 f Ending balance

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b If "Yes," explain the arrangement in Part XIV.

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 60,689,311.      | 71,821,415.    |                    |                      |                     |
| b Contributions                                  | 9327596.         | 3799774.       |                    |                      |                     |
| c Net investment earnings, gains, and losses     | 5561678.         | <11,436,051.>  |                    |                      |                     |
| d Grants or scholarships                         | 2678664.         | 2546551.       |                    |                      |                     |
| e Other expenditures for facilities and programs | 214,476.         | 250,721.       |                    |                      |                     |
| f Administrative expenses                        | 808,345.         | 698,555.       |                    |                      |                     |
| g End of year balance                            | 71,877,100.      | 60,689,311.    |                    |                      |                     |

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %  
 b Permanent endowment ▶ \_\_\_\_\_ %  
 c Term endowment ▶ \_\_\_\_\_ %

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

- (i) unrelated organizations  
 (ii) related organizations

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

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

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

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of investment   | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land   |                                      |                                 |                              |                |
| b Buildings   |                                      |                                 |                              |                |
| c Leasehold improvements  |                                      | 18,229.                         | 15,557.                      | 2,672.         |
| d Equipment   |                                      | 123,528.                        | 93,889.                      | 29,639.        |
| e Other   |                                      |                                 |                              |                |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                 |                              | 32,311.        |

Schedule D (Form 990) 2009



**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

|    |  |    |             |
|----|--|----|-------------|
| 1  | Total revenue (Form 990, Part VIII, column (A), line 12)                                 | 1  | 12,675,353. |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25)                                  | 2  | 6,060,753.  |
| 3  | Excess or (deficit) for the year. Subtract line 2 from line 1                            | 3  | 6,614,600.  |
| 4  | Net unrealized gains (losses) on investments   | 4  | 4,864,114.  |
| 5  | Donated services and use of facilities   | 5  |             |
| 6  | Investment expenses  | 6  |             |
| 7  | Prior period adjustments   | 7  |             |
| 8  | Other (Describe in Part XIV)   | 8  | <369,278.>  |
| 9  | Total adjustments (net). Add lines 4 through 8   | 9  | 4,494,836.  |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | 11,109,436. |

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|   |   |    |             |
|---|---|----|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements        | 1  | 16,405,823. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |             |
| a | Net unrealized gains on investments   | 2a | 4,864,114.  |
| b | Donated services and use of facilities  | 2b |             |
| c | Recoveries of prior year grants   | 2c |             |
| d | Other (Describe in Part XIV.)   | 2d |             |
| e | Add lines 2a through 2d   | 2e | 4,864,114.  |
| 3 | Subtract line 2e from line 1  | 3  | 11,541,709. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |             |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a | 256,803.    |
| b | Other (Describe in Part XIV.)   | 4b | 876,841.    |
| c | Add lines 4a and 4b   | 4c | 1,133,644.  |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  | 12,675,353. |

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|   |  |    |            |
|---|--|----|------------|
| 1 | Total expenses and losses per audited financial statements                       | 1  | 5,234,295. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |            |
| a | Donated services and use of facilities   | 2a |            |
| b | Prior year adjustments   | 2b |            |
| c | Other losses   | 2c |            |
| d | Other (Describe in Part XIV.)  | 2d |            |
| e | Add lines 2a through 2d  | 2e | 0.         |
| 3 | Subtract line 2e from line 1   | 3  | 5,234,295. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a | 256,803.   |
| b | Other (Describe in Part XIV.)  | 4b | 569,655.   |
| c | Add lines 4a and 4b  | 4c | 826,458.   |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  | 6,060,753. |

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART XI, LINE 8 - OTHER ADJUSTMENTS:**

**AGENCY TRANSACTIONS:** -307186.

**CHANGE IN SPLIT-INTEREST AGREEMENTS:** -62092.

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

**AGENCY TRANSACTIONS:** 876841.

**Part XIV** Supplemental Information (continued)

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY TRANSACTIONS: 569655.

Name of the organization

**Employer identification number**  
**59-2477112**

COMMUNITY FOUNDATION OF BROWARD, INC.

|               |   |
|---------------|---|
| <b>Part I</b> | <b>General Information on Grants and Assistance</b> |
|---------------|---|

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

**2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.**

| Part II | Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed | ▶ |
|---------|---|---|
|         |   |   |

[illegible]

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

**UHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule I (Form 990) 2009

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

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

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: ONCE A GRANT HAS BEEN AWARDED, A CONTRACT IS

CREATED THAT OUTLINES THE PROJECT SPECIFICS AS DESCRIBED IN THE PROPOSAL.

GRANTEES SUBMIT MID-YEAR AND YEAR-END REPORTS THAT INCLUDE A FINANCIAL

ACCOUNTING REPORT. THE FOUNDATION HAS A GOOD WORKING RELATIONSHIP WITH ITS

GRANTEES. IT IS THE GOAL OF THE COMMUNITY FOUNDATION TO HELP GRANTEES REACH

THEIR STATED OUTCOMES TO ADDRESS COMMUNITY CHANGE.

**SCHEDULE J-  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**COMMUNITY FOUNDATION OF BROWARD, INC.**

Employer identification number

**59-2477112**

**Part I Questions Regarding Compensation**

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

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (e.g., maid, chauffeur, chef)

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

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

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's  
CEO/Executive Director. Check all that apply.

☐ Compensation committee

☐ Independent compensation consultant

☐ Form 990 of other organizations

☐ Written employment contract

☒ Compensation survey or study

☒ Approval by the board or compensation committee

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

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

**a** The organization?

**b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

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

**a** The organization?

**b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X





**SCHEDULE O.**

(Form 990)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

COMMUNITY FOUNDATION OF BROWARD, INC.

Employer identification number

59-2477112

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION HAS ESTABLISHED AN AUDIT COMMITTEE CONSISTING OF BOARD MEMBERS AND INDIVIDUALS FROM THE COMMUNITY WITH FINANCIAL AND TAX EXPERTISE. ONE OF THE FUNCTIONS AND RESPONSIBILITIES OF THIS COMMITTEE IS TO ENSURE A REVIEW OF THE FORM 990 AND RELATED SCHEDULES PRIOR TO FILING. A COPY OF FORM 990 AND ACCOMPANYING SCHEDULES IS DELIVERED TO ALL BOARD MEMBERS FOR THEIR REVIEW BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD AND STAFF MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY ANNUALLY. BOARD MEMBERS ARE ALSO REQUIRED TO DISCLOSE CONFLICTS WITH GRANTS APPROVED BY THE ORGANIZATION AT EACH BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION OF CEO IS DETERMINED BY THE BOARD AFTER A REVIEW OF CEO'S PERFORMANCE AND ACCOMPLISHMENTS, REVIEW OF COMPARABLE COMPENSATION DATA OBTAINED FROM INDEPENDENT RESOURCES AND BUDGET LIMITATIONS. COMPENSATION OF KEY EMPLOYEES IS DETERMINED BY THE CEO AFTER A REVIEW OF THEIR PERFORMANCE AND ACCOMPLISHMENTS, REVIEW OF COMPARABLE COMPENSATION DATA OBTAINED FROM INDEPENDENT RESOURCES AND BUDGET LIMITATIONS.

FORM 990, PART VI, SECTION C, LINE 19: THE COMMUNITY FOUNDATION OF BROWARD ISSUES AN ANNUAL REPORT PROVIDING FINANCIAL INFORMATION TO THE PUBLIC AND DOCUMENTATION OF THE ORGANIZATION'S SIGNIFICANT ACTIVITIES. THE ANNUAL REPORT IS MAILED TO THE ORGANIZATION'S CONTACTS AND POSTED TO ITS WEBSITE. AUDITED FINANCIAL STATEMENTS AND FORM 990 (INCLUDING RELATED SCHEDULES) ARE AVAILABLE AT THE ORGANIZATION'S OFFICE UPON REQUEST AND CAN BE DOWNLOADED

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

Schedule O (Form 990) 2009

932211  
02-03-10

**SCHEDULE O .**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

COMMUNITY FOUNDATION OF BROWARD, INC.

Employer identification number

59-2477112

FROM THE ORGANIZATION'S WEBSITE.

FORM 990, PART XI, LINE 2C

NO CHANGE FROM PREVIOUS YEAR.

## **STATEMENT #1**

**The Community Foundation of Broward, Inc.**  
**Mission and Most Significant Activities**  
**EIN 59-2477112, Form 990 – Part I Line 1**

**The mission of the Community Foundation of Broward is to:**

**To provide leadership on community solutions and foster philanthropy that connects people who care with causes that matter.**

The Community Foundation's purpose is to enhance and improve the quality of life for all who live in Broward County. We invest in innovative programs that improve our community impact, award scholarships to those who demonstrate a commitment to education, and provide leadership and management training to nonprofits dedicated to long term viability.

To accomplish its goals, the Community Foundation links donors' charitable dollars with results-oriented programs. We pool contributions of all donors, invest those assets, and direct a portion of the investment return into the community through an effective grantmaking process. This service is fundamental to the Foundation's purpose and role to create a permanent endowment to support our community For Good. For Ever.

The Community Foundation of Broward continues to break new ground with programs and initiatives to strengthen our community. One such program is the Foundation's Leadership Institute. The Center teaches nonprofits how to best manage their organizations and how to operate efficiently and effectively in today's competitive environment. The Nonprofit Resource Center, the first of its kind in this area, positively impacted the nonprofit sector. We hosted workshops, produced and distributed informative print materials, engaged in one-on-one consultations, and introduced a dynamic "Boards in Action" session benefiting many area organizations.

The Foundation is a leader in identifying and solving critical community issues as outlined in the summary of grants enclosed with this tax filing.

**STATEMENT 2**  
**COMMUNITY FOUNDATION OF BROWARD, INC.**  
**DESCRIPTION OF GRANTMAKING ACTIVITIES**  
**FYE JUNE 30, 2010      EIN # 59-2477112**  
**Form 990 Part III Line 4a**

**Grantmaking Philosophy:**

Applying the shared dreams of our fundholders, the Community Foundation of Broward tackles issues and provides solutions through grantmaking. All grantmaking of the Community Foundation of Broward (CFB) is brought to the Board for the approval through the Community Leadership Committee (CL). As the committee's name implies, all grantmaking is conducted with the intent of making an impact in the lives of those served, and the Broward community as a whole. It is staff's role to educate the CL committee on changing issues and community trends, and to share informational reports. Grantmaking is then based upon community needs, assessments and statistics. Grantmaking priority is then given to programs that make a clear difference in the community through such strategies that:

- Address unmet community needs in target populations
- Use collaboration to enhance/expand services and/or reduce duplication
- Strengthen an existing program allowing it to reach new level of service
- Use creative and innovative approaches to achieve positive outcomes
- Focus on prevention and elimination of root causes
- Fill gaps in services
- Incorporate accountability and evaluation measures to improve outcomes
- Leverage support to implement the program to its fullest potential
- Take holistic approaches to strengthen the infrastructure of an entire family

**Types of Grantmaking:**

- Animal Welfare
- Art & Culture
- Capacity Building
- Civic Engagement
- Education
- Enrichment Activities
- Foster Care for youth who age out at 18
- Health
- HIV/AIDS Prevention
- Human Services
- Scholarships

**Grantmaking Process:**

**STATEMENT 2**  
**COMMUNITY FOUNDATION OF BROWARD, INC.**  
**DESCRIPTION OF GRANTMAKING ACTIVITIES**  
**FYE JUNE 30, 2010      EIN # 59-2477112**  
**Form 990 Part III Line 4a**

As a "community" foundation, it is important to involve the community in the grant awards. Every grant is reviewed by Foundation's staff to ensure the request is in compliance with established guidelines and all information has been submitted. The Foundation staff committee will give the proposal a thorough review and may conduct research, schedule a site visit, interview grantee staff and board and talk to experts in the field. In the areas of AIDS and scholarships, additional committees made up of members familiar with the issue; work with staff in reviewing proposals and making recommendations.

Recommendations are submitted to the CL Committee. The CL Committee is comprised of 8 Board members. Because grantmaking for impact is the heart of the Foundation, most Board members serve on this committee during their tenure on the Board as it broadens their understanding of the community and the need for expanded assets. The CL Committee reviews recommendations, declares any conflict of interest, engages in its own discussion, and matches requests with the dollars available. Final recommendations are brought to the full board for approval. The Board asks questions but fully respects the committee process and endorses the committee's recommendations.

"Requests for Proposals" are announced through newsletters, mailings, press releases and on our website. Grant workshops are conducted to review guidelines and applications, to provide education on measurable outcomes, and answer questions. Since this training began as part of the activities of the Nonprofit Resource Center, the quality of the grants has remarkably improved. The grantees were pleased to have the opportunity to ask questions in a group setting and learn from one another.

Once a grant has been awarded, a contract is created that outlines the project specifics as described in the proposal. Grantees submit mid-year and year-end reports that includes a financial accounting report. The Foundation has a good working relationship with its' grantees. It is the goal of the Community Foundation to help grantees reach their stated outcomes to address community change.

**Process to determine that scholarship recipients qualify to receive payments:**

The Community Foundation of Broward (CFB) holds and administers a number of scholarship funds established by donors to provide educational grants to individuals for travel, study, or other similar purposes. CFB Scholarship Policies ensure that the educational grants meet the requirements of paragraphs (1), (2), or (3) of section 4945(g) of the Internal Revenue Code and the Pension Protection Act 2006-HR4 and are awarded on an objective and nondiscriminatory basis.

Scholarships that are based on financial need require a copy of the parent or adult student's tax return and a formula is used to determine financial need and unmet need

**STATEMENT 2**  
**COMMUNITY FOUNDATION OF BROWARD, INC.**  
**DESCRIPTION OF GRANTMAKING ACTIVITIES**  
**FYE JUNE 30, 2010      EIN # 59-2477112**  
**Form 990 Part III Line 4a**

based on Adjusted Gross Income, number of dependent family members attending college at the same time, and other financial resources dedicated for post-secondary education.

Some scholarships have additional specific criteria: course of study, college attending, GPA, US Citizen, County resident, etc. In some cases, an applicant is required to provide a copy of their parents and the student's drivers license, original school transcript and letters of reference as well as any other information needed to demonstrate they meet the criteria.

Once a student is selected, they are sent an award letter that lists all the required stipulations of receiving the scholarship. They must sign and return acceptance of the award. The scholarship payment is sent directly to the college and the college is instructed as to how the fund may be used and that any unused portion must be returned to the foundation. For multi year awards, students are required to have an official transcript sent to the Foundation before additional funds are sent to the college.

All applications are reviewed initially by Foundation staff or an appointed committee. Using the above criteria, qualified recipients are selected. The committees then makes their final recommendation and present to the Board of Directors for final approval.

A number of our scholarships are administered through a selection committee in partnership with the Broward Education Foundation who utilizes guidance counselors that focus on college bound students (BRACE advisors). They abide by the selection criteria for each CFB Fund, conduct due diligence in assessing the unmet financial need, make recommendations of recipients, disburse scholarship Funds to the colleges and universities of each recipient, and handle the annual follow-up verification of enrollment for students with multi-year scholarships. All verification documentation is then provided to the Foundation to release additional years' payments on multi-year scholarships.

Community Foundation of Broward, Inc.  
 Grantee 990 - Part 2 Organizations  
 Grantees receiving \$5,000 or more  
 Tax Year 2009  
 Region: All Regions



Schedule #1

| Name, address, and zip   | EIN        | IRC Code  | Cash Grant | Non-Cash Grant | Valuation Method | Descr Non-cash Assistance | Purpose of Grant or Assistance                     |
|--|------------|-----------|------------|----------------|------------------|---------------------------|--|
| 211 Broward<br>3217 NW 10 Terrace, Suite 307<br>Fort Lauderdale, FL 33309  | 65-0589294 | 501(c)(3) | 10,805     |                |                  |                           | Annual distribution                                |
| 211 Broward<br>3217 NW 10 Terrace, Suite 307<br>Fort Lauderdale, FL 33309  | 65-0589294 | 501(c)(3) | 5,000      |                |                  |                           | Touchline Program and Helpline for Seniors         |
| 4KIDS of South Florida, Inc.<br>2401 W Cypress Creek Rd<br>Building 1, Suite B<br>Fort Lauderdale, FL 33309        | 61-1416525 | 501(c)(3) | 18,000     |                |                  |                           | 4KIDS Spirit of Success Institute (SOSI) Expansion |
| Achievement & Rehabilitation Centers, Inc.<br>10250 NW 53rd St<br>Sunrise, FL 33351                                | 59-0809623 | 501(c)(3) | 10,000     |                |                  |                           | BIA WEB Portal and Donor Database Support Systems  |
| Adopt a Hurricane Family, Inc, dba<br>Crisis Housing Solutions<br>4700 SW 64th Avenue Suite C<br>Davie, FL 33314   | 203494053  | 501(c)(3) | 10,000     |                |                  |                           | BIA Recruitment and Governance Realignment         |
| Art and Culture Center of Hollywood<br>1650 Harrison Street<br>Hollywood, FL 33020-6806                            | 59-1951668 | 501(c)(3) | 10,000     |                |                  |                           | BIA Board Fundraising Capacity Support             |
| Ashanti Cultural Arts & Enrichment, Inc<br>PO Box 100646<br>Fort Lauderdale, FL 33310                              | 65-0209351 | 501(c)(3) | 5,000      |                |                  |                           | Peer Power Afterschool Program for At-risk Youth   |
| Boston College<br>Office University Advancement<br>140 Commonwealth Ave. More Hall<br>Chestnut Hill, MA 02467-3819 | 04-2103545 | 501(c)(3) | 10,000     |                |                  |                           | Lynch School of Education                          |
| Boys & Girls Clubs of Broward County, Inc.<br>877 NW 61st Street<br>Fort Lauderdale, FL 33309                      | 59-1108790 | 501(c)(3) | 371        |                |                  |                           | Annual distribution                                |
| Boys & Girls Clubs of Broward County, Inc.<br>877 NW 61st Street<br>Fort Lauderdale, FL 33309                      | 59-1108790 | 501(c)(3) | 1,859      |                |                  |                           | Annual distribution                                |
| Boys & Girls Clubs of Broward County, Inc<br>877 NW 61st Street<br>Fort Lauderdale, FL 33309                       | 59-1108790 | 501(c)(3) | 10,000     |                |                  |                           | Keep It Simple Snack (KISS) Program                |
| Broward Children's Center, Inc.<br>200 SE 19th Avenue<br>Pompano Beach, FL 33060                                   | 591378244  | 501(c)(3) | 6,947      |                |                  |                           | Annual distribution                                |



Community Foundation of Broward, Inc.  
 Grantee 990 - Part 2 Organizations  
 Grantees receiving \$5,000 or more  
 Tax Year 2009  
 Region: All Regions



Schedule #1

| Name, address, and zip   | EIN        | IRC Code  | Cash Grant | Non-Cash Grant | Valuation Method | Descr Non-cash Assistance | Purpose of Grant or Assistance                             |
|--|------------|-----------|------------|----------------|------------------|---------------------------|--|
| Broward College Foundation<br>110 East Broward Blvd., Ste 750<br>Fort Lauderdale, FL 33301                 | 23-7181959 | 501(c)(3) | 10,000     |                |                  |                           | STARS Academy @ Broward College                            |
| Broward College Foundation<br>110 East Broward Blvd., Ste 750<br>Fort Lauderdale, FL 33301                 | 23-7181959 | 501(c)(3) | 3,090      |                |                  |                           | Annual distribution  |
| Broward College Foundation<br>110 East Broward Blvd., Ste 750<br>Fort Lauderdale, FL 33301                 | 23-7181959 | 501(c)(3) | 2,400      |                |                  |                           | Stanley Tate FL prepaid scholarship                        |
| Broward County Animal Care Division<br>115 S. Andrews Avenue, Room 409<br>Fort Lauderdale, FL 33301        | 596000531  | 501(c)(3) | 7,058      |                |                  |                           | Paw Heroes: Summer and After School Youth Pet Care Program |
| Broward House, Inc.<br>1726 SE 3rd Avenue<br>Fort Lauderdale, FL 33316                                     | 59-2913416 | 501(c)(3) | 30,000     |                |                  |                           | MProject   |
| Broward Housing Solutions<br>305 South East 18th Court<br>Fort Lauderdale, FL 33316                        | 65-0407370 | 501(c)(3) | 24,718     |                |                  |                           | Housing Solutions for Emancipated Foster Youth             |
| Broward Performing Arts Foundation<br>201 SW Fifth Avenue<br>Fort Lauderdale, FL 33312                     | 59-2657043 | 501(c)(3) | 12,000     |                |                  |                           | Reading Readiness Through the Theater                      |
| Broward Performing Arts Foundation<br>201 SW Fifth Avenue<br>Fort Lauderdale, FL 33312                     | 59-2657043 | 501(c)(3) | 10,000     |                |                  |                           | BIA Board Fundraising Capacity Support                     |
| Broward Performing Arts Foundation<br>201 SW Fifth Avenue<br>Fort Lauderdale, FL 33312                     | 59-2657043 | 501(c)(3) | 500        |                |                  |                           | To support the "Entourage" program                         |
| Broward Performing Arts Foundation<br>201 SW Fifth Avenue<br>Fort Lauderdale, FL 33312                     | 59-2657043 | 501(c)(3) | 2,500      |                |                  |                           | General Operating Support                                  |
| Center for Independent Living of Broward<br>4800 N. State Road 7<br>Suite 102<br>Fort Lauderdale, FL 33319 | 650292125  | 501(c)(3) | 10,000     |                |                  |                           | High School/High Tech                                      |
| Center for Independent Living of Broward<br>4800 N. State Road 7<br>Suite 102<br>Fort Lauderdale, FL 33319 | 650292125  | 501(c)(3) | 1,683      |                |                  |                           | High School/High Tech                                      |
| Children's Diagnostic & Treatment Cent<br>1401 S. Federal Hwy<br>Fort Lauderdale, FL 33316                 | 65-1026739 | 501(c)(3) | 967        |                |                  |                           | Annual distribution  |

Community Foundation of Broward, Inc.  
 Grantee 990 - Part 2 Organizations  
 Grantees receiving \$5,000 or more  
 Tax Year 2009  
 Region: All Regions



Schedule #1

| Name, address, and zip  | EIN        | IRC Code  | Cash Grant | Non-Cash Grant | Valuation Method | Descr Non-cash Assistance | Purpose of Grant or Assistance   |
|---|------------|-----------|------------|----------------|------------------|---------------------------|--|
| Children's Diagnostic & Treatment Cent<br>1401 S. Federal Hwy<br>Fort Lauderdale, FL 33316          | 65-1026739 | 501(c)(3) | 15,000     |                |                  |                           | Emergency Medical HELP-Line  |
| Children's Home Society of Florida<br>401 NE 4th Street<br>Ft. Lauderdale, FL 33301-1094            | 59-0192430 | 501(c)(3) | 3,000      |                |                  |                           | General operating support  |
| Children's Home Society of Florida<br>401 NE 4th Street<br>Ft. Lauderdale, FL 33301-1094            | 59-0192430 | 501(c)(3) | 10,000     |                |                  |                           | I. Lorraine Thomas Children's<br>Emergency Home                              |
| Children's Services Council of Broward<br>County<br>6600 W. Commercial Blvd<br>Lauderhill, FL 33319 | 65-1104179 | 501(c)(3) | 13,880     |                |                  |                           | Annual distribution  |
| Community Television Foundation of S<br>14901 NE 20th Avenue<br>North Miami, FL 33181               | 590737868  | 501(c)(3) | 10,000     |                |                  |                           | KidVision Voluntary<br>Pre-Kindergarten (VPK)                                |
| Covenant House Florida, Inc.<br>733 Breakers Avenue<br>Fort Lauderdale, FL 33304                    | 592323607  | 501(c)(3) | 3,000      |                |                  |                           | General operating support  |
| Covenant House Florida, Inc.<br>733 Breakers Avenue<br>Fort Lauderdale, FL 33304                    | 592323607  | 501(c)(3) | 921        |                |                  |                           | Annual distribution  |
| Covenant House Florida, Inc.<br>733 Breakers Avenue<br>Fort Lauderdale, FL 33304                    | 592323607  | 501(c)(3) | 10,000     |                |                  |                           | More Opportunities: Homeless<br>Moms & Babies Parenting<br>Program           |
| Covenant House Florida, Inc.<br>733 Breakers Avenue<br>Fort Lauderdale, FL 33304                    | 592323607  | 501(c)(3) | 17,500     |                |                  |                           | Helping Outreach<br>Prevention/Educ.Homeless Youth                           |
| D-FY-IT, Inc.<br>16201 SW 95th Ave<br>Suite 205<br>Miami, FL 33157-3459                             | 650454414  | 501(c)(3) | 10,000     |                |                  |                           | DFYIT: Drug Free Youth in Town<br>Afterschool Drug Use<br>Prevention Program |
| Daily Bread Food Bank<br>2501 SW 32nd Terrace<br>Hollywood, FL 33023-7707                           | 592097520  | 501(c)(3) | 15,278     |                |                  |                           | Annual distribution  |
| Daily Bread Food Bank<br>2501 SW 32nd Terrace<br>Hollywood, FL 33023-7707                           | 592097520  | 501(c)(3) | 1,339      |                |                  |                           | Annual distribution  |
| Diocese of Southeast Florida, Inc<br>1698 Blount Road<br>Pompano Beach, FL 33069                    | 591276272  | 501(c)(3) | 10,000     |                |                  |                           | Hope 4 the New Homeless  |

Community Foundation of Broward, Inc.  
 Grantee 990 - Part 2 Organizations  
 Grantees receiving \$5,000 or more  
 Tax Year 2009  
 Region: All Regions



Schedule #1

| Name, address, and zip  | EIN        | IRC Code  | Cash Grant | Non-Cash Grant | Valuation Method | Descr Non-cash Assistance | Purpose of Grant or Assistance       |
|---|------------|-----------|------------|----------------|------------------|---------------------------|--------------------------------------|
| Elizabeth H. Faulk Foundation, Inc. dba<br>Center for Group Counseli<br>22455 Boca Rio Road<br>Boca Raton, FL 33433                 | 237153172  | 501(c)(3) | 6,108      |                |                  |                           | Annual distribution                  |
| English Speaking Union / Ft. Lauderdale<br>Branch<br>451 Heritage Drive<br>Apt 219<br>Pompano Beach, FL 33060                       | 13-1623995 | 501(c)(3) | 5,298      |                |                  |                           | Annual distribution                  |
| Facing It Together<br>100 SE 15th Avenue<br>Fort Lauderdale, FL 33301   | 650953436  | 501(c)(3) | 5,000      |                |                  |                           | Long Range and Strategic Planning    |
| Family of Humanity, Inc.<br>3896 Farragut Street<br>Hollywood, FL 33021   | 650928875  | 501(c)(3) | 5,000      |                |                  |                           | The Parent Education Program         |
| First Presbyterian Church of Fort<br>Lauderdale<br>401 SE 15th Avenue<br>Fort Lauderdale, FL 33301                                  | 59-0725544 | 501(c)(3) | 5,298      |                |                  |                           | Annual distribution                  |
| Florida Introduces Physical Activity &<br>Nutrition to Youth, Inc.<br>1350 E. Sunrise Blvd., Suite 127<br>Fort Lauderdale, FL 33304 | 87-0743538 | 501(c)(3) | 10,000     |                |                  |                           | Eat Right! Get Moving! Repeat!       |
| Florida Youth Orchestra<br>1708 N 40th Avenue<br>Hollywood, FL 33021  | 65-0063799 | 501(c)(3) | 12,230     |                |                  |                           | Annual distribution                  |
| Florida Youth Orchestra<br>1708 N 40th Avenue<br>Hollywood, FL 33021  | 65-0063799 | 501(c)(3) | 3,000      |                |                  |                           | General operating support            |
| Florida Youth Orchestra<br>1708 N 40th Avenue<br>Hollywood, FL 33021  | 65-0063799 | 501(c)(3) | 242        |                |                  |                           | Annual distribution                  |
| Fort Lauderdale Children's Theatre<br>2542 B East Sunrise Blvd<br>Fort Lauderdale, FL 33304   | 590756789  | 501(c)(3) | 5,000      |                |                  |                           | Summer Fun Theatre Camp Scholarships |
| Freedoms Foundation at Valley<br>Forge/Broward County Chapter<br>P.O. Box 4116<br>Fort Lauderdale, FL 33338                         | 231657857  | 501(c)(3) | 28,478     |                |                  |                           | Annual distribution                  |
| Friends of the Broward County Library,<br>Inc.<br>Main Library - 6th Floor  | 59-2214644 | 501(c)(3) | 5,298      |                |                  |                           | Annual distribution                  |

Community Foundation of Broward, Inc.  
Grantee 990 - Part 2 Organizations  
Grantees receiving \$5,000 or more  
Tax Year 2009  
Region: All Regions



Schedule #1

| Name, address, and zip   | EIN        | IRC Code  | Cash Grant | Non-Cash Grant | Valuation Method | Descr Non-cash Assistance | Purpose of Grant or Assistance                           |
|--|------------|-----------|------------|----------------|------------------|---------------------------|--|
| 100 South Andrews Avenue<br>Fort Lauderdale, FL 33301  |            |           |            |                |                  |                           |  |
| Girl Scouts of Southeast Florida, Inc.<br>1224 W Indian Town Road<br>Jupiter, FL 33458   | 590657327  | 501(c)(3) | 6,559      |                |                  |                           | Annual distribution                                      |
| Girl Scouts of Southeast Florida, Inc.<br>1224 W Indian Town Road<br>Jupiter, FL 33458   | 590657327  | 501(c)(3) | 251        |                |                  |                           | Annual distribution                                      |
| Girl Scouts of Southeast Florida, Inc.<br>1224 W Indian Town Road<br>Jupiter, FL 33458   | 590657327  | 501(c)(3) | 3,000      |                |                  |                           | For Broward activities and children                      |
| Gold Coast Jazz Society, Inc.<br>1350 East Sunrise Blvd , #115<br>Fort Lauderdale, FL 33304  | 65-0335986 | 501(c)(3) | 7,852      |                |                  |                           | Annual distribution                                      |
| Gold Coast Jazz Society, Inc.<br>1350 East Sunrise Blvd , #115<br>Fort Lauderdale, FL 33304  | 65-0335986 | 501(c)(3) | 880        |                |                  |                           | Annual distribution                                      |
| Habitat for Humanity of Broward, Inc<br>3564 N. Ocean Boulevard<br>Fort Lauderdale, FL 33308                                       | 59-2320573 | 501(c)(3) | 10,000     |                |                  |                           | Key to Success: Women Heads of Household Support Program |
| HANDY, Inc.<br>501 NE 8th Street<br>Fort Lauderdale, FL 33304-2728   | 59-2507617 | 501(c)(3) | 15,000     |                |                  |                           | LIFE Transitional Independent Living                     |
| HANDY, Inc.<br>501 NE 8th Street<br>Fort Lauderdale, FL 33304-2728   | 59-2507617 | 501(c)(3) | 5,357      |                |                  |                           | Children's Emergency Needs and Enrichment Program        |
| Healthy Mothers, Healthy Babies<br>Coalition of Broward County, Inc.<br>1100 W. State Road 84, 2nd FL<br>Fort Lauderdale, FL 33315 | 650161493  | 501(c)(3) | 16,000     |                |                  |                           | Healthy Infant Program                                   |
| Henderson Mental Health Center, Inc.<br>4740 N. State Road 7, #201<br>Fort Lauderdale, FL 33319                                    | 590711167  | 501(c)(3) | 227        |                |                  |                           | Annual distribution                                      |
| Henderson Mental Health Center, Inc.<br>4740 N. State Road 7, #201<br>Fort Lauderdale, FL 33319                                    | 590711167  | 501(c)(3) | 200        |                |                  |                           | General operating support                                |
| Henderson Mental Health Center, Inc.<br>4740 N. State Road 7, #201<br>Fort Lauderdale, FL 33319                                    | 590711167  | 501(c)(3) | 10,213     |                |                  |                           | Annual distribution                                      |
| Henderson Mental Health Center, Inc.<br>4740 N. State Road 7, #201   | 590711167  | 501(c)(3) | 25,140     |                |                  |                           | Wilson Gardens TIL Program                               |

Community Foundation of Broward, Inc.  
Grantee 990 - Part 2 Organizations  
Grantees receiving \$5,000 or more  
Tax Year 2009  
Region: All Regions



Schedule #1

| Name, address, and zip   | EIN        | IRC Code  | Cash Grant | Non-Cash Grant | Valuation Method | Descr Non-cash Assistance | Purpose of Grant or Assistance |
|--|------------|-----------|------------|----------------|------------------|---------------------------|--------------------------------|
| Fort Lauderdale, FL 33319  |            |           |            |                |                  |                           |                                |
| Holy Cross Hospital<br>4725 N Federal Hwy<br>Fort Lauderdale, FL 33308                     | 590791028  | 501(c)(3) | 1,000      |                |                  |                           | General Operating Support      |
| Holy Cross Hospital<br>4725 N Federal Hwy<br>Fort Lauderdale, FL 33308                     | 590791028  | 501(c)(3) | 8,199      |                |                  |                           | Annual distribution            |
| Holy Cross Hospital<br>4725 N Federal Hwy<br>Fort Lauderdale, FL 33308                     | 590791028  | 501(c)(3) | 9,954      |                |                  |                           | Annual distribution            |
| Humane Society of Broward County<br>2070 Griffin Road<br>Fort Lauderdale, FL 33312         | 59-6002321 | 501(c)(3) | 13,487     |                |                  |                           | Annual distribution            |
| Humane Society of Broward County<br>2070 Griffin Road<br>Fort Lauderdale, FL 33312         | 59-6002321 | 501(c)(3) | 3,208      |                |                  |                           | Annual distribution            |
| Humane Society of Broward County<br>2070 Griffin Road<br>Fort Lauderdale, FL 33312         | 59-6002321 | 501(c)(3) | 19,763     |                |                  |                           | Annual distribution            |
| Jack & Jill Children's Center, Inc.<br>1315 West Broward Blvd.<br>Ft. Lauderdale, FL 33312 | 59-0637870 | 501(c)(3) | 5,836      |                |                  |                           | Annual distribution            |
| Jack & Jill Children's Center, Inc.<br>1315 West Broward Blvd.<br>Ft. Lauderdale, FL 33312 | 59-0637870 | 501(c)(3) | 460        |                |                  |                           | Annual distribution            |
| Jack & Jill Children's Center, Inc.<br>1315 West Broward Blvd.<br>Ft. Lauderdale, FL 33312 | 59-0637870 | 501(c)(3) | 31,545     |                |                  |                           | Annual distribution            |
| Jack & Jill Children's Center, Inc.<br>1315 West Broward Blvd<br>Ft. Lauderdale, FL 33312  | 59-0637870 | 501(c)(3) | 2,141      |                |                  |                           | Annual distribution            |
| Jack & Jill Children's Center, Inc.<br>1315 West Broward Blvd.<br>Ft. Lauderdale, FL 33312 | 59-0637870 | 501(c)(3) | 3,000      |                |                  |                           | Operating campaign             |
| Jack & Jill Children's Center, Inc<br>1315 West Broward Blvd<br>Ft. Lauderdale, FL 33312   | 59-0637870 | 501(c)(3) | 1,000      |                |                  |                           | Operating campaign             |
| Jack & Jill Children's Center, Inc.<br>1315 West Broward Blvd.<br>Ft. Lauderdale, FL 33312 | 59-0637870 | 501(c)(3) | 15,000     |                |                  |                           | Family Strengthening Program   |

Community Foundation of Broward, Inc.  
 Grantee 990 - Part 2 Organizations  
 Grantees receiving \$5,000 or more  
 Tax Year 2009  
 Region: All Regions



Schedule #1

| Name, address, and zip  | EIN        | IRC Code  | Cash Grant | Non-Cash Grant | Valuation Method | Descr Non-cash Assistance | Purpose of Grant or Assistance  |
|---|------------|-----------|------------|----------------|------------------|---------------------------|---|
| Jewish Adoption & Foster Care Options<br>4200 North University Drive<br>Sunrise, FL 33351                 | 20-0898587 | 501(c)(3) | 2,000      |                |                  |                           | JAFCO Senior Caregiver Program  |
| Jewish Adoption & Foster Care Options<br>4200 North University Drive<br>Sunrise, FL 33351                 | 20-0898587 | 501(c)(3) | 10,000     |                |                  |                           | JAFCO Independent Living Program  |
| Junior Achievement of South Florida, Inc.<br>1130 Coconut Creek Boulevard<br>Pompano Beach, FL 33066-1647 | 59-0871446 | 501(c)(3) | 3,000      |                |                  |                           | General operating support   |
| Junior Achievement of South Florida, Inc.<br>1130 Coconut Creek Boulevard<br>Pompano Beach, FL 33066-1647 | 59-0871446 | 501(c)(3) | 13,892     |                |                  |                           | Annual distribution   |
| Junior League of Greater Fort Lauderdale<br>704 SE 1st Street<br>Fort Lauderdale, FL 33301                | 590932711  | 501(c)(3) | 5,000      |                |                  |                           | FLITE Ft. Laud Independence Training & Education                                    |
| Legal Aid Service of Broward County, Inc.<br>491 N. State Road 7<br>Plantation, FL 33317                  | 591547191  | 501(c)(3) | 10,000     |                |                  |                           | BIA Board Technology and Marketing Infrastructure                                   |
| LifeNet4Families/The Cooperative Feed Program<br>One NW 33rd Terrace<br>Fort Lauderdale, FL 33311         | 59-2696451 | 501(c)(3) | 2,670      |                |                  |                           | Annual distribuion  |
| LifeNet4Families/The Cooperative Feed Program<br>One NW 33rd Terrace<br>Fort Lauderdale, FL 33311         | 59-2696451 | 501(c)(3) | 5,000      |                |                  |                           | food for homebound (or expenses, such as gasoline, to get the food to the homebound |
| LifeNet4Families/The Cooperative Feed Program<br>One NW 33rd Terrace<br>Fort Lauderdale, FL 33311         | 59-2696451 | 501(c)(3) | 1,275      |                |                  |                           | Annual distribuion  |
| LifeNet4Families/The Cooperative Feed Program<br>One NW 33rd Terrace<br>Fort Lauderdale, FL 33311         | 59-2696451 | 501(c)(3) | 3,500      |                |                  |                           | Hope Delivered  |
| Lighthouse of Broward County<br>650 North Andrews Avenue<br>Fort Lauderdale, FL 33311                     | 59-1650909 | 501(c)(3) | 10,000     |                |                  |                           | KIDS Keys to Independence   |
| Lighthouse of Broward County<br>650 North Andrews Avenue<br>Fort Lauderdale, FL 33311                     | 59-1650909 | 501(c)(3) | 3,208      |                |                  |                           | Annual distribution   |

Community Foundation of Broward, Inc.  
 Grantee 990 - Part 2 Organizations  
 Grantees receiving \$5,000 or more  
 Tax Year 2009  
 Region: All Regions



Schedule #1

| Name, address, and zip  | EIN        | IRC Code  | Cash Grant | Non-Cash Grant | Valuation Method | Descr Non-cash Assistance | Purpose of Grant or Assistance                    |
|---|------------|-----------|------------|----------------|------------------|---------------------------|---|
| Lighthouse of Broward County<br>650 North Andrews Avenue<br>Fort Lauderdale, FL 33311                               | 59-1650909 | 501(c)(3) | 10,000     |                |                  |                           | BIA Donor Database Support System                 |
| Living Promises, Inc.<br>PO Box 3802<br>Hallandale, FL 33008  | 82-0547727 | 501(c)(3) | 5,000      |                |                  |                           | Food and Finances, not holiday gifts              |
| Lutheran Services Florida, Inc.<br>3627 A West Waters Avenue<br>Tampa, FL 33614                                     | 59-2198911 | 501(c)(3) | 8,169      |                |                  |                           | Annual distribution                               |
| Luz Del Mundo - Light of the World Clinic<br>806 East Prospect Road<br>Oakland Park, FL 33334                       | 65-0266070 | 501(c)(3) | 5,000      |                |                  |                           | Programa Ancianos Indigent Health for Seniors     |
| Madison Community Foundation<br>2 Science Court<br>P O. Box 5010<br>Madison, WI 53705-0010                          | 36-6038248 | 501(c)(3) | 19,678     |                |                  |                           | Annual distribution                               |
| Master Chorale of South Florida<br>6278 N. Federal Hwy., #351<br>Fort Lauderdale, FL 33308-1916                     | 74-3096907 | 501(c)(3) | 12,230     |                |                  |                           | Annual distribution                               |
| Miami Rescue Mission, Inc. d/b/a Brow Outreach<br>P O Box 220490<br>Hollywood, FL 33022                             | 59-1743865 | 501(c)(3) | 10,000     |                |                  |                           | BIA Fundraising, Recruitment and Outreach Program |
| Minority Development and Empowerment Inc.<br>5225 NW 33rd Avenue<br>Bldg 5 Suite 5225<br>Fort Lauderdale, FL 33309  | 650693623  | 501(c)(3) | 43,000     |                |                  |                           | On-Line/En-Linea                                  |
| Museum of Art Fort Lauderdale, Nova Southeastern University<br>One East Las Olas Blvd.<br>Fort Lauderdale, FL 33301 | 59-6033555 | 501(c)(3) | 1,000      |                |                  |                           | General Operating Support                         |
| Museum of Art Fort Lauderdale, Nova Southeastern University<br>One East Las Olas Blvd.<br>Fort Lauderdale, FL 33301 | 59-6033555 | 501(c)(3) | 5,298      |                |                  |                           | Annual distribution                               |
| Museum of Discovery and Science<br>401 SW 2nd Street<br>Fort Lauderdale, FL 33312                                   | 59-1709542 | 501(c)(3) | 146,370    |                |                  |                           | Annual distribution                               |
| Museum of Discovery and Science<br>401 SW 2nd Street  | 59-1709542 | 501(c)(3) | 4,147      |                |                  |                           | Annual distribution                               |

Community Foundation of Broward, Inc.  
 Grantee 990 - Part 2 Organizations  
 Grantees receiving \$5,000 or more  
 Tax Year 2009  
 Region: All Regions



Schedule #1

| Name, address, and zip   | EIN        | IRC Code  | Cash Grant | Non-Cash Grant | Valuation Method | Descr Non-cash Assistance | Purpose of Grant or Assistance  |
|--|------------|-----------|------------|----------------|------------------|---------------------------|---|
| Fort Lauderdale, FL 33312  |            |           |            |                |                  |                           |   |
| Museum of Discovery and Science<br>401 SW 2nd Street<br>Fort Lauderdale, FL 33312  | 59-1709542 | 501(c)(3) | 285        |                |                  |                           | Annual distribution   |
| Museum of Discovery and Science<br>401 SW 2nd Street<br>Fort Lauderdale, FL 33312  | 59-1709542 | 501(c)(3) | 4,936      |                |                  |                           | Annual distribution   |
| Museum of Discovery and Science<br>401 SW 2nd Street<br>Fort Lauderdale, FL 33312  | 59-1709542 | 501(c)(3) | 7,000      |                |                  |                           | Annual distribution   |
| Museum of Discovery and Science<br>401 SW 2nd Street<br>Fort Lauderdale, FL 33312  | 59-1709542 | 501(c)(3) | 6,300      |                |                  |                           | Family Science: Parents as Teachers Science Literacy Program for Young Children |
| National Multiple Sclerosis Society,<br>South Florida Chapter<br>3201 West Commercial Boulevard<br>Suite 127<br>Fort Lauderdale, FL 33309-3452 | 59-0954683 | 501(c)(3) | 10,021     |                |                  |                           | Annual distribution   |
| Navy League of the United States Ft<br>Lauderdale Council, Inc.<br>PO Box 4385<br>Fort Lauderdale, FL 33338                                    | 59-1412425 | 501(c)(3) | 1,375      |                |                  |                           | Annual distribution   |
| Navy League of the United States Ft.<br>Lauderdale Council, Inc.<br>PO Box 4385<br>Fort Lauderdale, FL 33338                                   | 59-1412425 | 501(c)(3) | 3,208      |                |                  |                           | Annual distribution   |
| Navy League of the United States Ft.<br>Lauderdale Council, Inc.<br>PO Box 4385<br>Fort Lauderdale, FL 33338                                   | 59-1412425 | 501(c)(3) | 578        |                |                  |                           | Annual distribution   |
| New Horizon Community Development<br>Corporation<br>1518 N.W. 17th Avenue<br>Pompano Beach, FL 33069   | 311583031  | 501(c)(3) | 5,000      |                |                  |                           | Skills and Academic Center for At-Risk Youth                                    |
| North Broward Hospital District<br>303 SE 17th Street<br>Fort Lauderdale, FL 33316-2591  | 59-6012065 | 501(c)(3) | 12,683     |                |                  |                           | Annual distribution   |
| Nova Southeastern University<br>3301 College Avenue<br>Ft. Lauderdale, FL 33314-7796   | 59-1083502 | 501(c)(3) | 110,472    |                |                  |                           | Annual distribution   |
| OIC of Broward County, Inc.<br>3407 NW 9th Ave.  | 651117147  | 501(c)(3) | 10,000     |                |                  |                           | BIA Strategic and Organizational Planning                                       |



Community Foundation of Broward, Inc.  
 Grantee 990 - Part 2 Organizations  
 Grantees receiving \$5,000 or more  
 Tax Year 2009  
 Region: All Regions



Schedule #1

| Name, address, and zip  | EIN        | IRC Code  | Cash Grant | Non-Cash Grant | Valuation Method | Descr Non-cash Assistance | Purpose of Grant or Assistance                                  |
|---|------------|-----------|------------|----------------|------------------|---------------------------|---|
| Fort Lauderdale, FL 33309   |            |           |            |                |                  |                           |   |
| Opera Guild of Fort Lauderdale<br>8390 NW 25 ST<br>Miami, FL 33122  | 59-0906317 | 501(c)(3) | 5,298      |                |                  |                           | Annual distribution   |
| Our Children Our Future, Inc.<br>1909 Tyler Street<br>Ste 504<br>Hollywood, FL 33020  | 650469870  | 501(c)(3) | 5,000      |                |                  |                           | Completing Referral Component Design Requirements               |
| Pace Center for Girls/Broward<br>2225 North Andrews Avenue<br>Wilton Manors, FL 33311   | 592414492  | 501(c)(3) | 10,000     |                |                  |                           | BIA Board Fundraising Capacity Support                          |
| Planned Parenthood of South Florida at the Treasure Coast, Inc.<br>2300 North Florida Mango Road<br>West Palm Beach, FL 33409 | 591391115  | 501(c)(3) | 3,000      |                |                  |                           | To support programs in Broward County only                      |
| Planned Parenthood of South Florida at the Treasure Coast, Inc.<br>2300 North Florida Mango Road<br>West Palm Beach, FL 33409 | 591391115  | 501(c)(3) | 4,500      |                |                  |                           | The Test to Protect Project                                     |
| Red Hispana Florida<br>P.O. BOX 23384<br>FT LAUDERDALE, FL 33307  | 83-0390786 | 501(c)(3) | 2,500      |                |                  |                           | S.I.N. (SENIOR INFO NETWORK)                                    |
| Red Hispana Florida<br>P.O. BOX 23384<br>FT LAUDERDALE, FL 33307  | 83-0390786 | 501(c)(3) | 38,000     |                |                  |                           | BEEHIVE (BE HIV EDUCATED) PROJECT                               |
| RIZE & SHINE<br>3521 W. Broward Blvd.<br>Suite #105<br>Fort Lauderdale, FL 33312  | 262103029  | 501(c)(3) | 10,000     |                |                  |                           | Respect, Check, Protect Yourself (RCP Movement)                 |
| Russell Life Skills and Reading Foundation, Inc.<br>9112 State Road 84<br>Pine Island Plaza<br>Davie, FL 33324                | 650922490  | 501(c)(3) | 8,000      |                |                  |                           | Russell Reading Room: Summer Literacy Program for At-Risk Youth |
| Russell Life Skills and Reading Foundation, Inc.<br>9112 State Road 84<br>Pine Island Plaza<br>Davie, FL 33324                | 650922490  | 501(c)(3) | 1,000      |                |                  |                           | The Russell Reading Room  |
| Russell Life Skills and Reading Foundation, Inc.<br>9112 State Road 84<br>Pine Island Plaza                                   | 650922490  | 501(c)(3) | 5,000      |                |                  |                           | Project Community REACH   |

Community Foundation of Broward, Inc.  
Grantee 990 - Part 2 Organizations  
Grantees receiving \$5,000 or more  
Tax Year 2009  
Region: All Regions



Schedule #1

| Name, address, and zip   | EIN        | IRC Code  | Cash Grant | Non-Cash Grant | Valuation Method | Descr Non-cash Assistance | Purpose of Grant or Assistance   |
|--|------------|-----------|------------|----------------|------------------|---------------------------|--|
| Davie, FL 33324  |            |           |            |                |                  |                           |  |
| Russell Life Skills and Reading Foundation, Inc<br>9112 State Road 84<br>Pine Island Plaza<br>Davie, FL 33324  | 650922490  | 501(c)(3) | 5,000      |                |                  |                           | Russell Reading Room Literacy Program for At-Risk Youth  |
| Russell Life Skills and Reading Foundation, Inc.<br>9112 State Road 84<br>Pine Island Plaza<br>Davie, FL 33324 | 650922490  | 501(c)(3) | 1,683      |                |                  |                           | Russell Reading Room: Literacy Program for At-Risk Youth                                       |
| Seafarers' House<br>1850 Eller Dr., Ste 500<br>Fort Lauderdale, FL 33316                                       | 65-0123576 | 501(c)(3) | 10,000     |                |                  |                           | BIA Board Fundraising Capacity Support   |
| St. Thomas Aquinas High School<br>2801 S.W. 12th Street<br>Ft. Lauderdale, FL 33312                            | 590791007  | 501(c)(3) | 1,513      |                |                  |                           | Annual distribution  |
| St. Thomas Aquinas High School<br>2801 S.W. 12th Street<br>Ft. Lauderdale, FL 33312                            | 590791007  | 501(c)(3) | 4,262      |                |                  |                           | Annual distribution  |
| St. Thomas Aquinas High School<br>2801 S.W. 12th Street<br>Ft. Lauderdale, FL 33312                            | 590791007  | 501(c)(3) | 2,000      |                |                  |                           | Foundation office-STA Forensics Team   |
| St. Thomas Aquinas High School<br>2801 S.W. 12th Street<br>Ft. Lauderdale, FL 33312                            | 590791007  | 501(c)(3) | 4,259      |                |                  |                           | Annual distribution to carry out the purposes of the Bienes Arts Center at St. Thomas Aquinas. |
| Stonewall Library & Archives, Inc.<br>1300 E. Sunrise Boulevard<br>Fort Lauderdale, FL 33304-2802              | 65-0139829 | 501(c)(3) | 10,000     |                |                  |                           | Capital Campaign   |
| Stranahan House<br>335 S.E. 6th Avenue<br>Fort Lauderdale, FL 33301  | 59-2164225 | 501(c)(3) | 11,816     |                |                  |                           | Annual distribution  |
| Stranahan House<br>335 S E. 6th Avenue<br>Fort Lauderdale, FL 33301  | 59-2164225 | 501(c)(3) | 1,093      |                |                  |                           | Annual distribution  |
| Sunshine Social Services, Inc. dba SunServe<br>1480 SW 9th Ave.<br>Fort Lauderdale, FL 33315                   | 01-0582371 | 501(c)(3) | 5,000      |                |                  |                           | Integrating for Success  |
| Sunshine Social Services, Inc dba SunServe   | 01-0582371 | 501(c)(3) | 1,500      |                |                  |                           | Having a Gay Old Time!   |



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|---|------------|-----------|------------|----------------|------------------|---------------------------|---|
| 1480 SW 9th Ave.<br>Fort Lauderdale, FL 33315   |            |           |            |                |                  |                           |   |
| Susan B Anthony Center, Inc.<br>1633 Poinciana Drive<br>Pembroke Pines, FL 33025                                      | 650583089  | 501(c)(3) | 15,000     |                |                  |                           | Well Baby Care  |
| Susan B Anthony Center, Inc.<br>1633 Poinciana Drive<br>Pembroke Pines, FL 33025                                      | 650583089  | 501(c)(3) | 7,000      |                |                  |                           | Stop the Cycle: Rehab for Substance Addicted Women and their Children |
| Symphony of the Americas<br>199 N. Ocean Boulevard, #200<br>Pompano Beach, FL 33062-5741                              | 65-0157441 | 501(c)(3) | 10,000     |                |                  |                           | BIA Donor Database Support System                                     |
| Symphony of the Americas<br>199 N. Ocean Boulevard, #200<br>Pompano Beach, FL 33062-5741                              | 65-0157441 | 501(c)(3) | 10,596     |                |                  |                           | Annual distribution   |
| Take Stock in Children, Inc.<br>600 S E. 3rd Avenue, 8th Floor<br>Fort Lauderdale, FL 33301                           | 59-3331584 | 501(c)(3) | 5,000      |                |                  |                           | Community Mentoring Challenge   |
| The Boggy Creek Gang, Inc.<br>30500 Brantley Branch Road<br>Eustis, FL 32736  | 593012889  | 501(c)(3) | 61,456     |                |                  |                           | Annual distribution   |
| The Center for Technology, Enterprise, and Development<br>401 W. Atlantic Avenue<br>Suite 9<br>Delray Beach, FL 33444 | 650362710  | 501(c)(3) | 10,000     |                |                  |                           | Florida Women's Business Center - Broward                             |
| The Jewish Federation of Broward County, Inc.<br>5890 S. Pine Island Rd.<br>Davie, FL 33328                           | 59-0967823 | 501(c)(3) | 5,000      |                |                  |                           | General operating support   |
| The Pantry of Broward, Inc.<br>610 NW 3rd Ave.<br>Fort Lauderdale, FL 33311   | 743215234  | 501(c)(3) | 3,500      |                |                  |                           | Support for Grandparent Caregivers                                    |
| The Pantry of Broward, Inc.<br>610 NW 3rd Ave.<br>Fort Lauderdale, FL 33311   | 743215234  | 501(c)(3) | 10,000     |                |                  |                           | Support for Grandparent Caregivers                                    |
| The Pride Center at Equality Park<br>2040 North Dixie Highway<br>Wilton Manors, FL 33305                              | 65-0431045 | 501(c)(3) | 1,000      |                |                  |                           | Youth Advisory Meeting<br>13-Nov-09                                   |
| The Pride Center at Equality Park<br>2040 North Dixie Highway<br>Wilton Manors, FL 33305                              | 65-0431045 | 501(c)(3) | 7,810      |                |                  |                           | Annual distribution   |

Community Foundation of Broward, Inc.  
 Grantee 990 - Part 2 Organizations  
 Grantees receiving \$5,000 or more  
 Tax Year 2009  
 Region: All Regions



Schedule #1

| Name, address, and zip   | EIN           | IRC Code  | Cash Grant | Non-Cash Grant | Valuation Method | Descr Non-cash Assistance | Purpose of Grant or Assistance  |
|--|---------------|-----------|------------|----------------|------------------|---------------------------|---|
| The Pride Center at Equality Park<br>2040 North Dixie Highway<br>Wilton Manors, FL 33305           | 65-0431045    | 501(c)(3) | 1,599      |                |                  |                           | Annual distribution   |
| The School Board of Broward County, Florida<br>600 Southeast 3rd Ave.<br>Fort Lauderdale, FL 33301 | 6-03274675-57 | 501(c)(3) | 1,491      |                |                  |                           | Bright Horizons<br>Center-Creating Adaptive Photo Books                       |
| The School Board of Broward County, Florida<br>600 Southeast 3rd Ave.<br>Fort Lauderdale, FL 33301 | 6-03274675-57 | 501(c)(3) | 1,440      |                |                  |                           | Pompano Beach HS-Reading to Go  |
| The School Board of Broward County, Florida<br>600 Southeast 3rd Ave<br>Fort Lauderdale, FL 33301  | 6-03274675-57 | 501(c)(3) | 1,396      |                |                  |                           | McNab Elementary-All Aboard on Literacy through an Integrated Curri           |
| The School Board of Broward County, Florida<br>600 Southeast 3rd Ave.<br>Fort Lauderdale, FL 33301 | 6-03274675-57 | 501(c)(3) | 1,008      |                |                  |                           | Pompano Beach<br>Elementary-Activslate<br>Enthusiasm                          |
| The School Board of Broward County, Florida<br>600 Southeast 3rd Ave.<br>Fort Lauderdale, FL 33301 | 6-03274675-57 | 501(c)(3) | 875        |                |                  |                           | McNab Elementary-Florida<br>History and Ecology at the<br>Anne Kolb Natur     |
| The School Board of Broward County, Florida<br>600 Southeast 3rd Ave.<br>Fort Lauderdale, FL 33301 | 6-03274675-57 | 501(c)(3) | 750        |                |                  |                           | Cross Creek School-Smart Pen<br>Notes: A Pulse on Science<br>Comprehension    |
| The School Board of Broward County, Florida<br>600 Southeast 3rd Ave.<br>Fort Lauderdale, FL 33301 | 6-03274675-57 | 501(c)(3) | 1,036      |                |                  |                           | Cypress Run Ed. Center-Shaping<br>Language with Clay                          |
| The School Board of Broward County, Florida<br>600 Southeast 3rd Ave.<br>Fort Lauderdale, FL 33301 | 6-03274675-57 | 501(c)(3) | 1,500      |                |                  |                           | McNab Elementary-Integrating<br>Reading, Science, Math, and<br>Technology     |
| The School Board of Broward County, Florida<br>600 Southeast 3rd Ave.<br>Fort Lauderdale, FL 33301 | 6-03274675-57 | 501(c)(3) | 1,500      |                |                  |                           | Palmview Elementary-Teaching<br>People and Places (History,<br>Culture, Geog) |
| The Shepherd's Way<br>1232 NE 26th Street<br>Wilton Manors, FL 33305                               | 650670031     | 501(c)(3) | 15,000     |                |                  |                           | HEAD's UP - Homeless<br>Afterschool Program                                   |
| The Starting Place, Inc.   | 23-7047895    | 501(c)(3) | 6,143      |                |                  |                           | Annual distribution   |



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| 351 N. State Road 7, #2000<br>Plantation, FL 33317-2859  |            |           |            |                |                  |                           |   |
| United Way of Broward County, Inc.<br>1300 S. Andrews Avenue<br>Fort Lauderdale, FL 33316  | 590624402  | 501(c)(3) | 661        |                |                  |                           | Annual distribution                                     |
| United Way of Broward County, Inc.<br>1300 S. Andrews Avenue<br>Fort Lauderdale, FL 33316  | 590624402  | 501(c)(3) | 3,159      |                |                  |                           | Annual distribution                                     |
| United Way of Broward County, Inc.<br>1300 S. Andrews Avenue<br>Fort Lauderdale, FL 33316  | 590624402  | 501(c)(3) | 23,368     |                |                  |                           | Annual distribution                                     |
| United Way of Broward County, Inc.<br>1300 S. Andrews Avenue<br>Fort Lauderdale, FL 33316  | 590624402  | 501(c)(3) | 3,055      |                |                  |                           | Annual distribution                                     |
| United Way of Broward County, Inc.<br>1300 S. Andrews Avenue<br>Fort Lauderdale, FL 33316  | 590624402  | 501(c)(3) | 2,555      |                |                  |                           | Annual distribution                                     |
| United Way of Broward County, Inc.<br>1300 S. Andrews Avenue<br>Fort Lauderdale, FL 33316  | 590624402  | 501(c)(3) | 26,787     |                |                  |                           | Annual distribution                                     |
| United Way of Broward County, Inc.<br>1300 S. Andrews Avenue<br>Fort Lauderdale, FL 33316  | 590624402  | 501(c)(3) | 15,000     |                |                  |                           | Project Lifeline  |
| United Way of Broward County, Inc.<br>1300 S. Andrews Avenue<br>Fort Lauderdale, FL 33316  | 590624402  | 501(c)(3) | 1,500      |                |                  |                           | CareGiver: A Town Hall Meeting                          |
| United Way of Broward County, Inc.<br>1300 S. Andrews Avenue<br>Fort Lauderdale, FL 33316  | 590624402  | 501(c)(3) | 1,500      |                |                  |                           | CareGiver: A Town Hall Meeting                          |
| University of Miami Miller School of<br>Medicine-Div of Rheumatology<br>1120 NW 14th Street<br>Locator Code D4-10<br>Miami, FL 33136 | 590624458  | 501(c)(3) | 32,377     |                |                  |                           | Arthritis. New Approaches to Pathogenesis and Treatment |
| Urban League of Broward County, Inc.<br>11 NW 36th Avenue<br>Fort Lauderdale, FL 33311-8330  | 59-1564384 | 501(c)(3) | 129,487    |                |                  |                           | Annual Distribution                                     |
| Urban League of Broward County, Inc.<br>11 NW 36th Avenue<br>Fort Lauderdale, FL 33311-8330  | 59-1564384 | 501(c)(3) | 71,596     |                |                  |                           | Annual Distribution                                     |
| Urban League of Broward County, Inc.   | 59-1564384 | 501(c)(3) | 1,478      |                |                  |                           | Youth Educational Program                               |

Community Foundation of Broward, Inc.  
Grantee 990 - Part 2 Organizations  
Grantees receiving \$5,000 or more  
Tax Year 2009  
Region: All Regions



Schedule #1

| Name, address, and zip   | EIN        | IRC Code  | Cash Grant | Non-Cash Grant | Valuation Method | Descr Non-cash Assistance | Purpose of Grant or Assistance |
|--|------------|-----------|------------|----------------|------------------|---------------------------|--------------------------------|
| 11 NW 36th Avenue<br>Fort Lauderdale, FL 33311-8330                                    |            |           |            |                |                  |                           |                                |
| Westminster Academy<br>5601 N. Federal Highway<br>Fort Lauderdale, FL 33308            | 65-0750530 | 501(c)(3) | 6,159      |                |                  |                           | Annual distribution            |
| Women in Distress of Broward County, Inc.<br>P.O. Box 676<br>Fort Lauderdale, FL 33302 | 59-1592524 | 501(c)(3) | 56,454     |                |                  |                           | Annual distribution            |
| Women in Distress of Broward County, Inc.<br>P.O. Box 676<br>Fort Lauderdale, FL 33302 | 59-1592524 | 501(c)(3) | 8,576      |                |                  |                           | Annual distribution            |
| Women in Distress of Broward County, Inc.<br>P.O. Box 676<br>Fort Lauderdale, FL 33302 | 59-1592524 | 501(c)(3) | 1,520      |                |                  |                           | Annual distribution            |
| Women in Distress of Broward County, Inc.<br>P.O. Box 676<br>Fort Lauderdale, FL 33302 | 59-1592524 | 501(c)(3) | 1,101      |                |                  |                           | Annual distribution            |
| Women in Distress of Broward County, Inc.<br>P.O. Box 676<br>Fort Lauderdale, FL 33302 | 59-1592524 | 501(c)(3) | 21,144     |                |                  |                           | Annual distribution            |
| WPBT Communications Foundation<br>14901 NE 20th Avenue<br>North Miami, FL 33181        | 59-2141826 | 501(c)(3) | 500        |                |                  |                           | Unrestricted                   |
| WPBT Communications Foundation<br>14901 NE 20th Avenue<br>North Miami, FL 33181        | 59-2141826 | 501(c)(3) | 10,596     |                |                  |                           | Annual distribution            |
| WPBT Communications Foundation<br>14901 NE 20th Avenue<br>North Miami, FL 33181        | 59-2141826 | 501(c)(3) | 1,520      |                |                  |                           | Annual distribution            |
| YMCA of Broward County, FL<br>1830 W. Broward Boulevard<br>Fort Lauderdale, FL 33312   | 59-0624463 | 501(c)(3) | 5,352      |                |                  |                           | Annual distribution            |
| YMCA of Broward County, FL<br>1830 W. Broward Boulevard<br>Fort Lauderdale, FL 33312   | 59-0624463 | 501(c)(3) | 661        |                |                  |                           | Annual distribution            |
| YMCA of Broward County, FL<br>1830 W. Broward Boulevard                                | 59-0624463 | 501(c)(3) | 1,110      |                |                  |                           | Annual distribution            |

Community Foundation of Broward, Inc.  
 Grantee 990 - Part 2 Organizations  
 Grantees receiving \$5,000 or more  
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 Region: All Regions



Schedule #1

| Name, address, and zip   | EIN        | IRC Code  | Cash Grant | Non-Cash Grant | Valuation Method | Descr Non-cash Assistance | Purpose of Grant or Assistance |
|--|------------|-----------|------------|----------------|------------------|---------------------------|--------------------------------|
| Fort Lauderdale, FL 33312  |            |           |            |                |                  |                           |                                |
| YMCA of Broward County, FL<br>1830 W. Broward Boulevard<br>Fort Lauderdale, FL 33312 | 59-0624463 | 501(c)(3) | 818        |                |                  |                           | Annual distribution            |
| Young At Art of Broward, Inc.<br>11584 West State Road 84<br>Davie, FL 33325         | 592832971  | 501(c)(3) | 250        |                |                  |                           | Annual distribution            |
| Young At Art of Broward, Inc.<br>11584 West State Road 84<br>Davie, FL 33325         | 592832971  | 501(c)(3) | 7,650      |                |                  |                           | Annual distribution            |
| Totals   |            |           | 1,916,793  | 0              |                  |                           |                                |

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

|   |  |   |
|---|--|---|
| <b>Type or print</b>  | Name of exempt organization<br><b>COMMUNITY FOUNDATION OF BROWARD, INC.</b>  | Employer identification number<br><b>59-2477112</b> |
| File by the due date for filing your return. See instructions | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>1401 E. BROWARD BLVD., NO. 100</b>              |   |
|   | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>FORT LAUDERDALE, FL 33301</b> |   |

Enter the Return code for the return that this application is for (file a separate application for each return)

**01**

| Application Is For                       | Return Code | Application Is For       | Return Code |
|--|-------------|--------------------------|-------------|
| Form 990                                 | 01          | Form 990-T (corporation) | 07          |
| Form 990-BL                              | 02          | Form 1041-A              | 08          |
| Form 990-EZ                              | 03          | Form 4720                | 09          |
| Form 990-PF                              | 04          | Form 5227                | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                | 12          |

• The books are in the care of ► **ANTHONY TIMIRAOS C/O COMMUNITY FOUNDATION OF BROWARD, INC. - 1401 E. BROWARD BLVD, SUITE 100 - FORT**

Telephone No. ►

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
► ☐ calendar year  or  
► ☒ tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**

2 If the tax year entered in line 1 is for less than 12 months, check reason. ☐ Initial return ☐ Final return  
☐ Change in accounting period

|   |    |    |    |
|---|----|----|----|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | 3a | \$ | 0. |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.      | 3c | \$ | 0. |

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2011)