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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 private foundations)

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

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
UNITED JEWISH COMMUNITY OF BROWARD COUNTY INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
5890 SOUTH PINE ISLAND ROAD

City or town, state or province, country, and ZIP or foreign postal code
DAVIE, FL 33328

D Employer identification number
59-0967823

E Telephone number
(954) 252-6900

G Gross receipts $ 28,579,852

F Name and address of principal officer
HEATHER BARRAZA
5890 SOUTH PINE ISLAND ROAD
DAVIE, FL 33328

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW JEWISHBROWARD ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1947

M State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
FUNDRAISING ORGANIZATION FOR THE BENEFIT OF JEWISH SOCIAL SERVICE AND EDUCATIONAL ENTITIES AND COMMUNITY AT LARGE

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	65
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	65
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	30
6	Total number of volunteers (estimate if necessary)	**6**	325
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	6,094,059	5,383,719
9	Program service revenue (Part VIII, line 2g)	92,275	89,028
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,652,074	5,047,425
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,610,934	491,765
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,449,342	11,011,937
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,314,020	6,750,184
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,033,178	2,234,382
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶920,752		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,080,593	877,057
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	8,427,791	9,861,623
19	Revenue less expenses Subtract line 18 from line 12	5,021,551	1,150,314

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	103,450,138	99,116,618
21	Total liabilities (Part X, line 26)	22,376,822	20,285,724
22	Net assets or fund balances Subtract line 21 from line 20	81,073,316	78,830,894

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

****** | 2016-01-11
Signature of officer | Date

HEATHER BARRAZA VP OF FINANCE
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
RICK COVERT	RICK COVERT			P00124528

Firm's name ▶ MORRISON BROWN ARGIZ & FARRA LLC — Firm's EIN ▶ 01-0720052

Firm's address ▶ 301 E LAS OLAS BLVD 4TH FLOOR, FORT LAUDERDALE, FL 33301 — Phone no (954) 760-9000

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

EACH AND EVERY DAY, THE JEWISH FEDERATION OF BROWARD COUNTY JOINS TOGETHER THE HUMAN AND FINANCIAL RESOURCES OF OUR COMMUNITY TO SAVE AND IMPROVE JEWISH LIVES IN BROWARD COUNTY, IN ISRAEL AND AROUND THE WORLD THE FEDERATION ACTS IN CONCERT WITH ITS NETWORK OF BENEFICIARY AGENCIES TO SAFEGUARD AND ADDRESS LOCAL EDUCATIONAL AND SOCIAL SERVICE NEEDS, PERPETUATE JEWISH TRADITION AND HERITAGE, AND ENSURE THE CONTINUITY AND SURVIVAL OF ISRAEL, AND JEWISH COMMUNITIES AROUND THE WORLD

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 7,798,342 including grants of $ 6,750,184) (Revenue $ 89,028)

WE, THE MEMBERS OF THE BROWARD JEWISH COMMUNITY, ARE COMMITTED TO A VISION FOR THE JEWISH COMMUNITY OF BROWARD COUNTY IN WHICH AGENCIES, SYNAGOGUES AND ORGANIZATIONS WORK IN PARTNERSHIP SO THAT WE INCREASE COUNTY-WIDE MEASURABLE PARTICIPATION IN JEWISH LIFE WITH THE GOAL OF HAVING THE MAXIMUM NUMBER OF BROWARD JEWS INVOLVED IN ALL EXPRESSIONS OF JEWISH LIFE, AND WE NURTURE JEWISH VALUES FROM GENERATION TO GENERATION WE WILL ACCOMPLISH THIS BY BUILDING PARTNERSHIPS TO CREATE MULTIPLE STRATEGIES AND PROGRAMS THAT 1) ENABLE EVERY BROWARD JEWISH CHILD AND TEEN TO PARTICIPATE IN MEANINGFUL JEWISH EXPERIENCES THAT WILL CREATE STRONG JEWISH IDENTITIES THAT WILL LAST THROUGHOUT THEIR LIFETIMES 2) ENABLE BROWARD JEWS OF EVERY AGE TO ACTIVELY PARTICIPATE IN JEWISH LIVING AND LEARNING 3) ENSURE THAT EVERY BROWARD JEW LIVES OUT HIS OR HER LIFE IN DIGNITY 4) BROADEN THE OPPORTUNITIES FOR ANY JEWISH CHILD OR ADULT WITH DEVELOPMENTAL DISABILITIES TO LIVE AND LEARN IN A JEWISH ENVIRONMENT 5) GROW BROWARD COUNTY'S PARTICIPATION IN ISRAEL'S FUTURE AND ESPECIALLY IN REBUILDING AND REVITALIZING ALL OF ISRAEL 6) ADVOCATE FOR JEWISH SECURITY IN BROWARD COUNTY AND THROUGHOUT THE WORLD

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** ▶ 7,798,342

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)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
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? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
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? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	15		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	30		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	65		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	65		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		Yes	
3	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? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ HEATHER BARRAZA

5890 SOUTH PINE ISLAND ROAD
DAVIE, FL 33328 (954) 252-6921

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								610,432	0	64,698

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

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶0

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 3,348,665				
	b	Membership dues	1b				
	c	Fundraising events	1c 616,814				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 1,418,240				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		5,383,719			
Program Service Revenue			Business Code				
	2a	VARIOUS PROGRAMS	900099	89,028	89,028		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		89,028			
	3	Investment income (including dividends, interest, and other similar amounts)		2,977,182			2,977,182
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	19,130,786				
	b	Less cost or other basis and sales expenses	17,060,543				
	c	Gain or (loss)	2,070,243				
	d	Net gain or (loss)		2,070,243			2,070,243
Other Revenue	8a	Gross income from fundraising events (not including $ 616,814 of contributions reported on line 1c) See Part IV, line 18	a 207,756				
	b	Less direct expenses	b 507,372				
	c	Net income or (loss) from fundraising events		-299,616			-299,616
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	OTHER REVENUE	900099	791,381			791,381
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		791,381			
	12	**Total revenue.** See Instructions		11,011,937	89,028	0	5,539,190

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	6,750,184	6,750,184		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	834,824	203,447	325,742	305,635
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,094,243	412,910	434,010	247,323
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	173,434	43,991	85,552	43,891
10 Payroll taxes	131,881	57,349	43,432	31,100
11 Fees for services (non-employees)				
a Management				
b Legal	9,140		5,740	3,400
c Accounting	38,500		38,500	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	11,926	2,187	2,159	7,580
12 Advertising and promotion	35,608	4,422	2,057	29,129
13 Office expenses	121,434	25,035	40,202	56,197
14 Information technology	33,849	10,257	13,468	10,124
15 Royalties				
16 Occupancy	125,627	43,783	43,456	38,388
17 Travel	25,218	1,547	7,447	16,224
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,598		3,225	7,373
20 Interest	11,600		11,600	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	118,763	42,410	39,501	36,852
23 Insurance	43,678	14,047	17,455	12,176
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PROMOTION ACTIVITIES	181,208	181,208		
b BANK CHARGES/CREDIT CAR	54,481		5,305	49,176
c HOUSING ALLOWANCE/OTHER	30,484	3,122	16,936	10,426
d DINNERS AND MEETINGS	24,943	2,443	6,742	15,758
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	9,861,623	7,798,342	1,142,529	920,752
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☑

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		249,122	1	349,849
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		2,130,033	3	1,678,780
	4	Accounts receivable, net		30,797	4	36,105
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 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		31,569	9	26,024
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 26,255,441			
	b	Less accumulated depreciation	10b 11,819,187	15,082,050	10c	14,436,254
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		83,709,013	12	81,047,079
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		2,217,554	15	1,542,527
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		103,450,138	16	99,116,618
Liabilities	17	Accounts payable and accrued expenses		326,662	17	314,524
	18	Grants payable		2,710,735	18	2,424,727
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to 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		8,250,000	23	7,500,000
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		11,089,425	25	10,046,473
	26	**Total liabilities.** Add lines 17 through 25		22,376,822	26	20,285,724
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		48,906,297	27	46,665,152
	28	Temporarily restricted net assets		7,982,315	28	7,534,516
	29	Permanently restricted net assets		24,184,704	29	24,631,226
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	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	Total net assets or fund balances		81,073,316	33	78,830,894
	34	Total liabilities and net assets/fund balances		103,450,138	34	99,116,618

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,011,937
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,861,623
3	Revenue less expenses Subtract line 2 from line 1	3	1,150,314
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	81,073,316
5	Net unrealized gains (losses) on investments	5	-3,392,736
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	78,830,894

Part XII Financial Statements and Reporting

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

			Yes	No
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?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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	3b		

Additional Data

Software ID:

Software Version:

EIN: 59-0967823

Name: UNITED JEWISH COMMUNITY OF BROWARD COUNTY INC

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SAMMY SCHULMAN BOARD CHAIR	1 00	X						0	0	0
(1) DEBRA GOBER ANNUAL CAMPAIGN CHAIR	1 00	X						0	0	0
(2) DRLORI BEN-EZRA BOARD VICE-CHAIR	1 00	X						0	0	0
(3) DOUGLAS BERMAN BOARD VICE-CHAIR	1 00	X						0	0	0
(4) GIL NEUMAN BOARD VICE-CHAIR	1 00	X						0	0	0
(5) CINDI SAMSON BOARD VICE-CHAIR	1 00	X						0	0	0
(6) KENNETH STRAUSS BOARD VICE-CHAIR	1 00	X						0	0	0
(7) LAURA GOLDBLUM IMMEDIATE PAST PRESIDENT	1 00	X						0	0	0
(8) ESTHER SHACKET SECRETARY	1 00	X						0	0	0
(9) BEN J GENET TREASURER	1 00	X						0	0	0
(10) LORI ADELSON BOARD MEMBER	1 00	X						0	0	0
(11) MOSHE BANIN BOARD MEMBER	1 00	X						0	0	0
(12) STEVEN BECKER BOARD MEMBER	1 00	X						0	0	0
(13) ALAN COHN BOARD MEMBER	1 00	X						0	0	0
(14) IRA COLEMAN BOARD MEMBER	1 00	X						0	0	0
(15) CORINNE COTT BOARD MEMBER	1 00	X						0	0	0
(16) ADAM DAVIS BOARD MEMBER	1 00	X						0	0	0
(17) RICHARD DRATH BOARD MEMBER	1 00	X						0	0	0
(18) JARRED ELMAR BOARD MEMBER	1 00	X						0	0	0
(19) LISA ENFIELD BOARD MEMBER	1 00	X						0	0	0
(20) CRAIG FELDMAN BOARD MEMBER	1 00	X						0	0	0
(21) RICHARD FINKELSTEIN PRESIDENT,CANTOR SENIOR CE	1 00	X						0	0	0
(22) BERNIE FRIEDMAN BOARD MEMBER	1 00	X						0	0	0
(23) HEATHER GILBERT BOARD MEMBER	1 00	X						0	0	0
(24) LINDSEY GLANTZ BOARD MEMBER	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) MARSHALL GOLDBERG BOARD MEMBER	1 00	X						0	0	0
(1) BRUCE GREENBERG BOARD MEMBER	1 00	X						0	0	0
(2) BILL GROSS BOARD MEMBER	1 00	X						0	0	0
(3) SHELDON HARR BOARD MEMBER	1 00	X						0	0	0
(4) LEE KADIN BOARD MEMBER	1 00	X						0	0	0
(5) WALTER KATZ BOARD MEMBER	1 00	X						0	0	0
(6) DR LAUREN KIMMEL BOARD MEMBER	1 00	X						0	0	0
(7) JEFFREY LEBOWITZ BOARD MEMBER	1 00	X						0	0	0
(8) RAYMOND LEIGHTMAN BOARD MEMBER	1 00	X						0	0	0
(9) AIMEE LEWINTER BOARD MEMBER	1 00	X						0	0	0
(10) RICHARD LINEVSKY BOARD MEMBER	1 00	X						0	0	0
(11) GARY MARKS BOARD MEMBER	1 00	X						0	0	0
(12) JILL MILLER BOARD MEMBER	1 00	X						0	0	0
(13) LORI MIZELS BOARD MEMBER	1 00	X						0	0	0
(14) ELISSA MOGILEFSKY BOARD MEMBER	1 00	X						0	0	0
(15) WENDI NORRIS BOARD MEMBER	1 00	X						0	0	0
(16) BRETT ROBINS BOARD MEMBER	1 00	X						0	0	0
(17) DR IRV ROSENBAUM PRESIDENT, SOREF JCC	1 00	X						0	0	0
(18) ERIK ROSENSTRAUCH BOARD MEMBER	1 00	X						0	0	0
(19) JOSEPH RUBINSZTAIN BOARD MEMBER	1 00	X						0	0	0
(20) LEONARD K SAMUELS BOARD MEMBER	1 00	X						0	0	0
(21) JEFFREY SANDLER BOARD MEMBER	1 00	X						0	0	0
(22) JEFFREY SASTER BOARD MEMBER	1 00	X						0	0	0
(23) ROBERT SCHNEIDER BOARD MEMBER	1 00	X						0	0	0
(24) IBBY SCHULMAN BOARD MEMBER	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(51) STACEY SCHULMAN BOARD MEMBER	1 00	X						0	0	0
(1) SHERI SCHULTZ BOARD MEMBER	1 00	X						0	0	0
(2) DR STEWART SHULL BOARD MEMBER	1 00	X						0	0	0
(3) CAROLYN SHAPIR BOARD MEMBER	1 00	X						0	0	0
(4) DAVID SILVER BOARD MEMBER	1 00	X						0	0	0
(5) DR RON SIMON PRESIDENT, JAFCO	1 00	X						0	0	0
(6) ANNE SOPSHIN BOARD MEMBER	1 00	X						0	0	0
(7) ANDREW SOSSIN BOARD MEMBER	1 00	X						0	0	0
(8) JUDY SPATZ BOARD MEMBER	1 00	X						0	0	0
(9) MARSHALL STAIMAN BOARD MEMBER	1 00	X						0	0	0
(10) ERIK SUSSMAN BOARD MEMBER	1 00	X						0	0	0
(11) MANNY SYNALOVSKI BOARD MEMBER	1 00	X						0	0	0
(12) SELMA TELLES BOARD MEMBER	1 00	X						0	0	0
(13) SETH WISE BOARD MEMBER	1 00	X						0	0	0
(14) BRUCE YUDEWITZ CHIEF OPERATING OFFICER	36 50			X				117,575	0	8,533
(15) HEATHER BARRAZA VP-FINANCE	36 50			X				2,107	0	1,571
(16) NICOLE PACKER SVP - FRD DIRECTOR	36 50					X		124,564	0	8,612
(17) SHARON NESS VP-CORP DEVELOPMENT	36 50					X		102,743	0	7,840
(18) ERIC STILLMAN FORMER PRESIDENT & CEO	36 50						X	263,443	0	38,142

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SCHEDULE A (Form 990 or 990EZ)

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.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
UNITED JEWISH COMMUNITY OF BROWARD COUNTY INC

Employer identification number
59-0967823

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

The organization is not a private foundation because it is (For lines 1 through 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	6,287,730	14,196,569	6,525,835	5,428,205	4,766,905	37,205,244
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	6,287,730	14,196,569	6,525,835	5,428,205	4,766,905	37,205,244
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						37,205,244

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	6,287,730	14,196,569	6,525,835	5,428,205	4,766,905	37,205,244
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,710,548	130,846	1,989,944	3,546,831	2,977,182	14,355,351
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	282,791	1,125,014	542,098	662,574	791,381	3,403,858
11 **Total support** Add lines 7 through 10						54,964,453

12 Gross receipts from related activities, etc (see instructions)	12	3,546,409

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 2014 (line 6, column (f) divided by line 11, column (f))	14	67 690 %
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	80 430 %

16a **33 1/3% support test—2014.** 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—2013.** 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—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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 ▶☐

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First 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

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** 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—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Facts And Circumstances Test

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493011014326

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
UNITED JEWISH COMMUNITY OF BROWARD COUNTY INC

Employer identification number
59-0967823

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	68	
2	Aggregate value of contributions to (during year)	415,473	
3	Aggregate value of grants from (during year)	1,041,108	
4	Aggregate value at end of year	6,585,274	

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)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the 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, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included 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 (ASC 958) relating to these items

a Revenue 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 XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

	(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	72,974,213	58,901,428	54,565,907	47,718,873	40,536,841
b Contributions	1,083,560	8,915,285	2,531,078	10,823,688	1,954,808
c Net investment earnings, gains, and losses	1,583,469	10,347,678	6,935,187	-1,339,808	9,723,872
d Grants or scholarships					
e Other expenditures for facilities and programs	4,490,341	5,190,178	5,130,744	2,636,846	4,496,648
f Administrative expenses					
g End of year balance	71,150,901	72,974,213	58,901,428	54,565,907	47,718,873

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

- a Board designated or quasi-endowment ▶ 58 000 %
- b Permanent endowment ▶ 34 000 %
- c Temporarily restricted endowment ▶ 8 000 %

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

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		3,894,068	1,272,372	2,621,696
c Leasehold improvements		5,194,519		5,194,519
d Equipment		132,158	98,796	33,362
e Other		17,034,696	10,448,019	6,586,677
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				14,436,254

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) MONEY MARKET FUNDS	326,245	F
(B) EQUITY SECURITIES	1,778,085	F
(C) BONDS	1,309,729	F
(D) MUTUAL FUNDS	61,264,348	F
(E) LIMITED PARTNERSHIPS	497,648	F
(F) ALTERNATIVE INVESTMENTS	12,800,488	F
(G) STATE OF ISRAEL	3,070,536	C
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	81,047,079	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
AGENCY FUNDS	170,703
SPLIT INTEREST AGREEMENTS	1,039,066
TRUST ASSETS HELD ON BEHALF OF AGENCIES	7,953,154
LINE OF CREDIT	883,550
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	10,046,473

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	8,776,476
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-3,392,736		
b	Donated services and use of facilities	2b	649,903		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	507,372		
e	Add lines **2a** through **2d**			2e	-2,235,461
3	Subtract line **2e** from line **1**			3	11,011,937
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	11,011,937

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	11,018,898
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	649,903		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	507,372		
e	Add lines **2a** through **2d**			2e	1,157,275
3	Subtract line **2e** from line **1**			3	9,861,623
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	9,861,623

Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2	THE FEDERATION IS EXEMPT FROM FEDERAL INCOME TAXES AS AN ORGANIZATION, AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE THIS EXEMPTION IS SUBJECT TO PERIODIC REVIEW BY THE INTERNAL REVENUE SERVICE THE FEDERATION RECOGNIZES AND MEASURES TAX POSITIONS BASED ON THEIR TECHNICAL MERIT AND ASSESSES THE LIKELIHOOD THAT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION BASED ON THE FACTS, CIRCUMSTANCES AND INFORMATION AVAILABLE AT THE END OF EACH PERIOD INTEREST AND PENALTIES ON TAX LIABILITIES, IF ANY, WOULD BE RECORDED IN INTEREST EXPENSE AND OTHER NON-INTEREST EXPENSE, RESPECTIVELY THE U S FEDERAL JURISDICTION IS THE MAJOR TAX JURISDICTION WHERE THE FEDERATION FILES INCOME TAX RETURNS THE FEDERATION IS GENERALLY NO LONGER SUBJECT TO U S FEDERAL EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2012
PART XI, LINE 2D - OTHER ADJUSTMENTS	FUNDRAISING EVENTS EXPENSE 507,372
PART XII, LINE 2D - OTHER ADJUSTMENTS	FUNDRAISING EVENTS EXPENSE 507,372

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
UNITED JEWISH COMMUNITY OF BROWARD COUNTY INC

Employer identification number
59-0967823

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

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

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

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 CCC (event type)	(b) Event #2 MEN'S NIGHT OUT (event type)	(c) Other events 10 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	210,845	146,445	467,280	824,570
	2 Less Contributions	148,924	96,120	371,770	616,814
	3 Gross income (line 1 minus line 2)	61,921	50,325	95,510	207,756
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	33,749	19,723	28,001	81,473
	7 Food and beverages	36,640	20,550	81,180	138,370
	8 Entertainment	52,129	38,793	46,309	137,231
	9 Other direct expenses	28,852	28,150	93,296	150,298
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(507,372)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-299,616

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activities conducted in

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

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

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

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

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
UNITED JEWISH COMMUNITY OF BROWARD COUNTY INC

Employer identification number
59-0967823

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ **Yes** ☐ **No**

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
See Additional Data Table							

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

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

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

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 59-0967823
Name: UNITED JEWISH COMMUNITY OF BROWARD COUNTY INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN FRIENDS OF HEBREW UNIVERSITY100 W CYPRESS CREEK ROAD 865 FORT LAUDERDALE, FL 33309	13-1568923	501(C)(3)	5,184				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALLIANCE FOR KIDS901 45TH STREET WEST PALM BEACH,FL 33407	46-1279617	501(C)(3)	16,983				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN FRIENDS OF JORDAN RIVER VILLAGE 600 COLUMBUS AVE APT 9H NEW YORK, NY 10024	36-4558884	501(C)(3)	15,097				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN RED MAGEN DAVID ADOM FOR ISRAEL 16499 NE 19TH AVENUE NORTH MIAMI BEACH, FL 33162	13-1790719	501(C)(3)	12,323				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ANTI-DEFAMATION LEAGUE1640 RHODE ISLAND AVENUE NW WASHINGTON,DC 20036	13-1818723	501(C)(3)	12,428				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
B'NAI AVIV1410 INDIAN TRACE WESTON,FL 33326	65-0096470	501(C)(3)	11,798				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
B'NAI BRITH YOUTH ORG 800 8TH ST NW WASHINGTON,DC 20006	31-1794932	501(C)(3)	21,251				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN ISRAEL EDUCATION FOUNDATION 251 H STREET NW WASHINGTON, DC 20001	52-1623781	501(C)(3)	100,000				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BRAUSER MAIMONIDES ACADEMY5300 SW 40TH AVENUE FT LAUDERDALE, FL 33314	65-0213879	501(C)(3)	236,112				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CENTER FOR LEARNING & LEADERSHIP440 PARK AVENUE SOUTH 4TH FLOOR NEW YORK, NY 10016	23-7390358	501(C)(3)	10,000				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COOPERATIVE FEEDING PROGRAM1 NW 33RD TERRACE LAUDERHILL,FL 33311	59-2696451	501(C)(3)	16,983				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CONGREGATION KOL TIKVAH6750 UNIVERSITY DRIVE PARKLAND,FL 33067	65-0291376	501(C)(3)	5,742				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DANIEL CANTOR SENIOR CENTER5000 NOB HILL ROAD SUNRISE,FL 33351	65-0245068	501(C)(3)	103,973				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DAVID POSNACK JCC5850 S PINE ISLAND ROAD DAVIE,FL 33328	59-2075982	501(C)(3)	316,218				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DAVID POSNACK JEWISH DAY SCHOOL5890-A SOUTH PINE ISLAND ROAD DAVIE,FL 33328	59-1606514	501(C)(3)	179,704				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DEBORAH HOSPITAL FOUNDATION211 TRENTON ROAD BROWN MILLS,NJ 08015	22-2049500	501(C)(3)	16,983				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GREATER MIAMI JEWISH FEDERATION4200 BISCAYNE BOULEVARD MIAMI,FL 33117	59-0624404	501(C)(3)	17,810				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HADASSAH50 W 58 STREET NEW YORK, NY 10019	59-1826857	501(C)(3)	28,546				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HAROLD GRINSPOON FOUNDATION67 HUNT ST SUITE 100 AGAWAM,MA 01001	04-6685725	501(C)(3)	73,769				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

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HOLOCAUST DOC & EDUCATION CENTER2031 HARRISON STREET HOLLYWOOD,FL 33020	59-1992826	501(C)(3)	527,425				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

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HEBREW ACADEMY MARGATE1500 N STATE ROAD 7 MARGATE,FL 33063	65-1026989	501(C)(3)	71,182				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

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HILLEL BROWARDPALM BEACH800 8TH ST NW WASHINGTON,DC 20001	52-1844823	501(C)(3)	17,619				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

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FORREST SPENCE FUND 130 WARING ROAD MEMPHIS,TN 38117	27-0151429	501(C)(3)	16,983				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

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FOUNDATION FIGHTING BLINDNESS7168 COLUMBIA GATEWAY DRIVE 100 COLUMBIA,MD 21046	23-7135845	501(C)(3)	50,000				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

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JAFCO-JEWISH ADOPT & FOSTER CARE4200 NORTH UNIVERSITY DRIVE SUNRISE,FL 33351	20-0898587	501(C)(3)	93,341				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

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JCPA-JEWISH COUNCIL PUBLIC AFFAIRS116 E 27TH ST 10TH FL NEW YORK, NY 10016	13-1624104	501(C)(3)	5,125				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

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ISRAEL GUIDE DOG CENTER FOR THE BLIND 968 EASTON ROAD SUITE H WARRINGTON,PA 18976	23-2519029	501(C)(3)	25,000				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

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JEWISH FEDERATIONS OF NORTH AMERICA25 BROADWAY 1700 NEW YORK,NY 10004	13-1624240	501(C)(3)	1,401,369				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

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FRIENDS OF THE MARCH OF THE LIVING7500 SW 120TH STREET PINECREST,FL 33156	65-1058975	501(C)(3)	58,483				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

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HILLEL INTERNATIONAL 800 8TH ST NW WASHINGTON,DC 20001	52-1844823	501(C)(3)	30,000				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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JFS-JEWISH FAMILY SERVICE100 S PINE ISLAND ROAD SUITE 230 PLANTATION,FL 33324	59-0995106	501(C)(3)	647,464				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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JOSEPH MEYERHOFF SENIOR CENTER DBA SOUTHEAST FOCAL3081 TAFT STREET HOLLYWOOD,FL 33021	20-8473893	501(C)(3)	393,451				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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KESHER18900 NE 25TH AVENUE SU3ITE 219 NORTH MIAMI BEACH, FL 33180	65-0591858	501(C)(3)	19,627				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NATIONAL MUSEUM OF AMERICAN JEWISH HISTORY55 NORTH FIFTH STREET PHILADELPHIA,PA 19106	23-7379280	501(C)(3)	15,000				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

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ORLOFF CENTRAL AGENCY FOR JEWISH EDUCATION 5890 SO PINE ISLAND BLVD DAVIE,FL 33328	03-0429765	501(C)(3)	281,785				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

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ORT AMERICA777 YAMATO RD 100 BOCA RATON,FL 33431	13-5562424	501(C)(3)	6,091				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

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KEYS JEWISH COMMUNITY CENTERPO BOX 1332 TAVERNIER,FL 33070	59-2427941	501(C)(3)	36,000				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

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PRINCETON CENTER FOR JEWISH LIFE70 WASHINGTON ROAD PRINCETON,NJ 08540	22-6071127	501(C)(3)	25,000				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

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RAMAT SHALOM11301 WEST BROWARD BLVD PLANTATION,FL 33325	59-1689889	501(C)(3)	8,209				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

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SOREF JEWISH COMMUNITY CENTER6501 W SUNRISE BOULEVARD PLANTATION,FL 33313	59-1766701	501(C)(3)	253,746				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

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SOUTH FLORIDA JEWISH ACADEMY4640 NW 74 PLACE COCONUT CREEK,FL 33073	65-0635581	501(C)(3)	18,357				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

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TEMPLE BETH EL1351 S 14TH AVENUE HOLLYWOOD,FL 33020	59-0794397	501(C)(3)	7,485				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

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TEMPLE BETH EMET4807 SOUTH FLAMINGO ROAD COOPER CITY,FL 33330	59-1707916	501(C)(3)	37,368				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

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TEMPLE BETH TORAH9101 NW 57TH STREET TAMARAC,FL 33351	59-1405955	501(C)(3)	7,375				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

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TEMPLE DOR DORIM2360 GLADES CIRCLE WESTON,FL 33326	65-0651401	501(C)(3)	6,847				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

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TEMPLE KOL AMI8200 PETERS ROAD PLANTATION,FL 33324	23-7449716	501(C)(3)	14,761				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

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TEMPLE SINAI1400 N 46 AVE HOLLYWOOD,FL 33021	59-0791032	501(C)(3)	16,465				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

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TRUSTEES OF THE UNIV OF PENN SCHOOL OF VET MED 3800 SPRUCE STREET 172E PHILADELPHIA,PA 19104	23-1352685	501(C)(3)	10,000				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

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TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA220 SOUTH 33RD STREET PHILADELPHIA,PA 19104	23-1352685	501(C)(3)	15,000				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

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TEMPLE BETH ISRAEL491 SAWGRASS CORPORATE PKWY SUNRISE,FL 33325	59-1113470	501(C)(3)	11,504				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

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TEMPLE BETH ORR2151 RIVERSIDE DRIVE CORAL SPRINGS,FL 33071	59-1648723	501(C)(3)	6,780				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

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WEINBAUM YESHIVA HIGH SCHOOL OF BOCA7902 MONTOOYA CIRCLE BOCA RATON,FL 33433	65-0781573	501(C)(3)	15,000				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

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YOUNG ISRAEL SYNAGOGUE OF HOLLYWOOD INC3291 STIRLING ROAD FORT LAUDERDALE, FL 33312	59-1665301	501(C)(3)	30,800				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

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YOUNG ISRAEL OF GREATER MIAMI990 NE 171ST STREET NORTH MIAMI BEACH, FL 33162	59-6033985	501(C)(3)	10,000				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

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TEMPLE BETH SOLEL5100 SHERIDAN STREET HOLLYWOOD,FL 33021	23-7079611	501(C)(3)	5,606				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

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THE HAIFA FOUNDATION 1120 AVENUE OF THE AMERICAS STE 4111 4TH FLOOR NEW YORK, NY 10018	13-3278992	501(C)(3)	10,000				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

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THE PANTRY OF BROWARD 610 NW 3RD AVENUE FORT LAUDERDALE, FL 33311	74-3215234	501(C)(3)	16,983				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

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ST JUDE CHILDREN'S RESEARCH HOSPITAL262 DANNY THOMAS PLACE MEMPHIS,TN 38105	62-0646012	501(C)(3)	17,483				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SURFERS HEALINGPO BOX 1267 SAN JUAN CAPISTRANO, CA 92693	33-0931538	501(C)(3)	7,000				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY 250 DALLAS,TX 75244	75-1835298	501(C)(3)	16,983				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CRAIG AND BARBARA WEINER FAMILY FOUNDATION3064 BIRKDALE WESTON,FL 33332	47-2411339	501(C)(3)	11,570				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MARCH OF THE LIVING DADE4200 BISCAYNE BOULEVARD MIAMI,FL 33137	59-0624373	501(C)(3)	45,000				GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION

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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.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
UNITED JEWISH COMMUNITY OF BROWARD COUNTY INC

Employer identification number
59-0967823

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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	☑ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in 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	**1b**		No
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		No
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) 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?	**5a**		No
b	Any related organization?	**5b**		No
	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?	**6a**		No
b	Any related organization?	**6b**		No
	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	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ERIC STILLMAN, FORMER PRESIDENT & CEO	(i)	263,443	0	0	15,409	22,733	301,585	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 1A	PER EMPLOYMENT AGREEMENT, ERIC STILLMAN, CEO RECEIVES A REAL ESTATE SUPPLEMENT OF $1,000 PER MONTH
PART I, LINE 4A	ERIC STILLMAN, FORMER CEO, RECEIVED A SEVERANCE UPON SEPARATION ON APRIL 1, 2015

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	RICHARD AND LESLIE LINEVSKY ARE HUSBAND AND WIFE. FRANKLIN AND KAREN ZEMEL ARE HUSBAND AND WIFE.
FORM 990, PART VI, SECTION A, LINE 7A	THE SLATE OF DIRECTORS TO BE PRESENTED BY THE NOMINATING COMMITTEE TO THE GENERAL MEMBERSH IP SHALL BE PUBLISHED IN A NEWSPAPER OF GENERAL CIRCULATION IN BROWARD COUNTY, OR IN A PER IODICAL PUBLISHED BY OR ON BEHALF OF THE FEDERATION, AT LEAST THIRTY (30) DAYS PRIOR TO TH E GENERAL MEMBERSHIP MEETING. ADDITIONAL NOMINATIONS FOR ANY DIRECTOR MAY BE MADE BY FILIN G OF A PETITION CONTAINING THE SIGNATURE OF ONE HUNDRED (100) MEMBERS OF THE UJCBC
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS REVIEWED BY EXECUTIVE MANAGEMENT AND THE AUDIT COMMITTEE AND APPROVED BEFO RE IT IS FILED BY THE INDEPENDENT ACCOUNTANTS WHO PREPARED THE RETURN. THE BOARD OF DIRECT ORS ARE PROVIDED A COPY OF THE FORM 990 AT THE BOARD MEETING BEFORE THE TAX RETURN IS FILE D
FORM 990, PART VI, SECTION B, LINE 12C	WHEN A MATTER WHERE A CONFLICT EXISTS BECOMES A MATTER OF BOARD COMMITTEE ACTION THE MEMBE R IS NOT PERMITTED TO VOTE OR USE PERSONAL INFLUENCE ON THAT MATTER. EACH BOARD MEMBER IS REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT ON AN ANNUAL BASIS
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE REVIEWS COMPARABILITY DATA FROM UJC AND APPROVES COMPENSATION DECISIONS
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVA ILABLE TO THE PUBLIC. THE ORGANIZATION MAKES ITS FORM 990 TAX RETURN AVAILABLE TO THE PUBL IC VIA ITS WEBSITE, GUIDESTAR'S WEBSITE AND UPON REQUEST. THE ORGANIZATION MAKES ITS FINAN CIAL STATEMENTS AVAILABLE TO THE PUBLIC VIA ITS WEBSITE.
FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS NOT CHANGED IT'S PROCESS