

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2015, or fiscal year beginning JUL 1, 2015, and ending JUN 30, 2016

# 2015

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**

Name of exempt organization

**UNITED JEWISH COMMUNITY OF BROWARD COUNTY, INC.**

Employer identification number

**59-0967823**

Name and title of officer

**MICHAEL BALABAN  
CEO**

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>21,080,132.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c) .....	<b>5b</b> _____

## Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize MORRISON, BROWN, ARGIZ & FARRA, LLC to enter my PIN 67823  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**65061320052**

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2015**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>UNITED JEWISH COMMUNITY OF BROWARD COUNTY, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>5890 SOUTH PINE ISLAND ROAD</b> City or town, state or province, country, and ZIP or foreign postal code <b>DAVIE, FL 33328</b> <b>F</b> Name and address of principal officer: <b>MICHAEL BALABAN</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>59-0967823</b> <b>E</b> Telephone number <b>(954) 252-6900</b> <b>G</b> Gross receipts \$ <b>45,282,821.</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.JEWISHBROWARD.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1947</b>		<b>M</b> State of legal domicile: <b>FL</b>

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>	
Activities & Governance	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	3 68
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	4 68
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a) .....	5 27
	<b>6</b> Total number of volunteers (estimate if necessary) .....	6 350
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	7a 0.
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 .....	7b 0.
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	5,383,719. 15,636,556.
	<b>9</b> Program service revenue (Part VIII, line 2g) .....	89,028. 206,995.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	5,047,425. 4,726,408.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	491,765. 510,173.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	11,011,937. 21,080,132.
	Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....		0. 0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....		2,234,382. 2,129,367.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....		0. 0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,035,866.</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....		877,057. 1,253,308.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....		9,861,623. 10,165,692.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	1,150,314. 10,914,440.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) .....	99,116,618. 108,084,925.
	<b>21</b> Total liabilities (Part X, line 26) .....	20,285,724. 22,320,184.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	78,830,894. 85,764,741.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>MICHAEL BALABAN, CEO</b> Type or print name and title	Date			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>RICK COVERT</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P00124528</b>
	Firm's name ▶ <b>MORRISON, BROWN, ARGIZ &amp; FARRA, LLC</b> Firm's address ▶ <b>301 E LAS OLAS BLVD, 4TH FLOOR FORT LAUDERDALE, FL 33301</b>	Firm's EIN ▶ <b>01-0720052</b>	Phone no. (954) <b>760-9000</b>		

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 [X]

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

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 [X] 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 [X] 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 \$ 8,078,214. including grants of \$ 6,783,017. ) (Revenue \$ 206,995. ) 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

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 8,078,214.

**UNITED JEWISH COMMUNITY OF BROWARD  
COUNTY, INC.**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		<b>X</b>
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....		<b>X</b>
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....	<b>X</b>	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>X</b>	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>X</b>	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>X</b>	
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		<b>X</b>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>X</b>	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		<b>X</b>
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		<b>X</b>
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>X</b>	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		<b>X</b>

**UNITED JEWISH COMMUNITY OF BROWARD  
COUNTY, INC.**

Form 990 (2015)

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>X</b>	
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		<b>X</b>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	<b>X</b>	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		<b>X</b>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		<b>X</b>
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....		<b>X</b>
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> .....		<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		<b>X</b>
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	<b>X</b>	

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

Form **990** (2015)

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

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

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

**Section A. Governing Body and Management**

			Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year 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>1a</b>	68		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	68		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>		X	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	<b>3</b>			X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>			X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>			X
<b>6</b> Did the organization have members or stockholders?	<b>6</b>			X
<b>7a</b> 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?	<b>7a</b>		X	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>			X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?	<b>8a</b>		X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>		X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<b>9</b>			X

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

			Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>			X
<b>b</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?	<b>10b</b>			
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>		X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>		X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>		X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>		X	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>		X	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>		X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>		X	
<b>b</b> Other officers or key employees of the organization	<b>15b</b>		X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>			X
<b>b</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?	<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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 - 954-252-6921**  
**5890 SOUTH PINE ISLAND ROAD, DAVIE, FL 33328**

**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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if 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 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) ADAM DAVIS BOARD MEMBER	1.00	X					0.	0.	0.	
(2) AIMEE LEWINTER BOARD MEMBER	1.00	X					0.	0.	0.	
(3) ALAN COHN BOARD MEMBER	1.00	X					0.	0.	0.	
(4) ANDREW SOSSIN BOARD MEMBER	1.00	X					0.	0.	0.	
(5) ANNE SOPSHIN BOARD MEMBER	1.00	X					0.	0.	0.	
(6) BEN J. GENET TREASURER	1.00	X					0.	0.	0.	
(7) BERNIE FRIEDMAN BOARD MEMBER	1.00	X					0.	0.	0.	
(8) BILL GROSS BOARD MEMBER	1.00	X					0.	0.	0.	
(9) BRETT ROBINS BOARD MEMBER	1.00	X					0.	0.	0.	
(10) BRUCE GREENBERG BOARD MEMBER	1.00	X					0.	0.	0.	
(11) CAROLYN SHAPIR BOARD MEMBER	1.00	X					0.	0.	0.	
(12) CINDI SAMSON BOARD VICE-CHAIR	1.00	X					0.	0.	0.	
(13) CORINNE COTT BOARD MEMBER	1.00	X					0.	0.	0.	
(14) CRAIG FELDMAN BOARD MEMBER	1.00	X					0.	0.	0.	
(15) DAVID SILVER BOARD MEMBER	1.00	X					0.	0.	0.	
(16) DEBRA GOBER ANNUAL CAMPAIGN CHAIR	1.00	X					0.	0.	0.	
(17) DOUGLAS BERMAN BOARD VICE-CHAIR	1.00	X					0.	0.	0.	



**UNITED JEWISH COMMUNITY OF BROWARD COUNTY, INC.**

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**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 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			
(18) DR. IRV ROSENBAUM PRESIDENT, SOREF JCC	1.00	X						0.	0.	0.
(19) DR. LAUREN KIMMEL BOARD MEMBER	1.00	X						0.	0.	0.
(20) DR. RON SIMON PRESIDENT, JAFCO	1.00	X						0.	0.	0.
(21) DR. STEWART SHULL BOARD MEMBER	1.00	X						0.	0.	0.
(22) DR. LORI BEN-EZRA BOARD MEMBER	1.00	X						0.	0.	0.
(23) ELISSA MOGILEFSKY BOARD MEMBER	1.00	X						0.	0.	0.
(24) ERIK ROSENSTRAUCH BOARD MEMBER	1.00	X						0.	0.	0.
(25) ERIK SUSSMAN BOARD MEMBER	1.00	X						0.	0.	0.
(26) ESTHER SHACKET SECRETARY	1.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								741,155.	0.	42,750.
<b>d Total (add lines 1b and 1c)</b>								741,155.	0.	42,750.

**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 **4**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**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**

**SEE PART VII, SECTION A CONTINUATION SHEETS**

Form **990** (2015)

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12-16-15

**UNITED JEWISH COMMUNITY OF BROWARD  
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**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 line)	(C) Position (check all that apply)						(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			
(27) GARY MARKS BOARD MEMBER	1.00	X					0.	0.	0.	
(28) GIL NEUMAN BOARD VICE-CHAIR	1.00	X					0.	0.	0.	
(29) HEATHER GILBERT BOARD MEMBER	1.00	X					0.	0.	0.	
(30) IBBY SCHULMAN BOARD MEMBER	1.00	X					0.	0.	0.	
(31) IRA COLEMAN BOARD MEMBER	1.00	X					0.	0.	0.	
(32) JEFFREY LEBOWITZ BOARD MEMBER	1.00	X					0.	0.	0.	
(33) JEFFREY SANDLER BOARD MEMBER	1.00	X					0.	0.	0.	
(34) JEFFREY SASTER BOARD MEMBER	1.00	X					0.	0.	0.	
(35) JILL MILLER BOARD MEMBER	1.00	X					0.	0.	0.	
(36) JUDY SPATZ BOARD MEMBER	1.00	X					0.	0.	0.	
(37) KENNETH STRAUSS BOARD VICE-CHAIR	1.00	X					0.	0.	0.	
(38) LAURA GOLDBLUM IMMEDIATE PAST PRESIDENT	1.00	X					0.	0.	0.	
(39) LEE KADIN BOARD MEMBER	1.00	X					0.	0.	0.	
(40) LEONARD K SAMUELS BOARD MEMBER	1.00	X					0.	0.	0.	
(41) LINDSEY GLANTZ BOARD MEMBER	1.00	X					0.	0.	0.	
(42) LISA ENFIELD BOARD MEMBER	1.00	X					0.	0.	0.	
(43) LORI ADELSON BOARD MEMBER	1.00	X					0.	0.	0.	
(44) LORI MIZELS BOARD MEMBER	1.00	X					0.	0.	0.	
(45) MANNY SYNALOVSKI BOARD MEMBER	1.00	X					0.	0.	0.	
(46) MOSHE BANIN BOARD MEMBER	1.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c .....										

**UNITED JEWISH COMMUNITY OF BROWARD  
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**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 line)	(C) Position (check all that apply)						(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			
(47) RAYMOND LEIGHTMAN BOARD MEMBER	1.00	X					0.	0.	0.	
(48) RICHARD DRATH BOARD MEMBER	1.00	X					0.	0.	0.	
(49) RICHARD FINKELSTEIN PRESIDENT, CANTOR SENIOR CE	1.00	X					0.	0.	0.	
(50) RICHARD LINEVSKY BOARD MEMBER	1.00	X					0.	0.	0.	
(51) ROBERT SCHNEIDER BOARD MEMBER	1.00	X					0.	0.	0.	
(52) SAMMY SCHULMAN BOARD CHAIR	1.00	X					0.	0.	0.	
(53) SELMA TELLES BOARD MEMBER	1.00	X					0.	0.	0.	
(54) SETH WISE BOARD MEMBER	1.00	X					0.	0.	0.	
(55) SHELDON HARR BOARD MEMBER	1.00	X					0.	0.	0.	
(56) SHERI SCHULTZ BOARD MEMBER	1.00	X					0.	0.	0.	
(57) STACEY SCHULMAN BOARD MEMBER	1.00	X					0.	0.	0.	
(58) STEVEN BECKER BOARD MEMBER	1.00	X					0.	0.	0.	
(59) WALTER KATZ BOARD MEMBER	1.00	X					0.	0.	0.	
(60) TERRY BREITBORD BOARD MEMBER	1.00	X					0.	0.	0.	
(61) SAM EPPY BOARD MEMBER	1.00	X					0.	0.	0.	
(62) ROCHELLE GOLUB BOARD MEMBER	1.00	X					0.	0.	0.	
(63) RANDI GRANT BOARD MEMBER	1.00	X					0.	0.	0.	
(64) DENISE LETTAU BOARD MEMBER	1.00	X					0.	0.	0.	
(65) ALAN MELTZER BOARD MEMBER	1.00	X					0.	0.	0.	
(66) DAN NEWMAN BOARD MEMBER	1.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c .....										



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**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b> 3,617,262.						
	<b>b</b> Membership dues .....	<b>1b</b>						
	<b>c</b> Fundraising events .....	<b>1c</b> 608,443.						
	<b>d</b> Related organizations .....	<b>1d</b>						
	<b>e</b> Government grants (contributions) .....	<b>1e</b>						
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 11,410,851.						
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....							
	<b>h Total.</b> Add lines 1a-1f .....							
							15,636,556.	
<b>Program Service Revenue</b>	<b>2 a</b> VARIOUS PROGRAMS .....	<b>Business Code</b> 900099	206,995.	206,995.				
	<b>b</b> .....							
	<b>c</b> .....							
	<b>d</b> .....							
	<b>e</b> .....							
	<b>f</b> All other program service revenue .....							
	<b>g Total.</b> Add lines 2a-2f .....		206,995.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		3,711,762.			3,711,762.		
	<b>4</b> Income from investment of tax-exempt bond proceeds .....							
	<b>5</b> Royalties .....							
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal					
		<b>b</b> Less: rental expenses .....						
		<b>c</b> Rental income or (loss) .....						
		<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other					
		24,770,198.						
		<b>b</b> Less: cost or other basis and sales expenses .....	23,755,552.					
		<b>c</b> Gain or (loss) .....	1,014,646.					
	<b>d</b> Net gain or (loss) .....			1,014,646.			1,014,646.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 608,443. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b> 146,860.						
		<b>b</b> Less: direct expenses .....	<b>b</b> 447,137.					
		<b>c</b> Net income or (loss) from fundraising events .....						-300,277.
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>							
	<b>b</b> Less: direct expenses .....	<b>b</b>						
	<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>							
	<b>b</b> Less: cost of goods sold .....	<b>b</b>						
	<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<b>11 a</b> OTHER REVENUE .....	900099		810,450.			810,450.		
	<b>b</b> .....							
	<b>c</b> .....							
	<b>d</b> All other revenue .....							
	<b>e Total.</b> Add lines 11a-11d .....		810,450.					
<b>12 Total revenue.</b> See instructions. ....			21,080,132.	206,995.	0.	5,236,581.		

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**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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,783,017.	6,783,017.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	669,763.	198,925.	249,785.	221,053.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	1,196,656.	441,822.	333,873.	420,961.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	132,107.	45,622.	48,506.	37,979.
<b>10</b> Payroll taxes	130,841.	45,267.	44,329.	41,245.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	17,277.		17,277.	
<b>c</b> Accounting	38,955.		38,955.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	269,254.	265,994.	3,260.	
<b>12</b> Advertising and promotion	25,686.	2,332.		23,354.
<b>13</b> Office expenses	122,201.	24,079.	48,429.	49,693.
<b>14</b> Information technology	35,530.	11,332.	13,840.	10,358.
<b>15</b> Royalties				
<b>16</b> Occupancy	138,955.	48,111.	48,744.	42,100.
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	54,627.	3,943.	18,797.	31,887.
<b>20</b> Interest	11,001.		11,001.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	119,101.	2,121.	108,610.	8,370.
<b>23</b> Insurance	48,184.	4,660.	43,524.	
<b>24</b> 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.)				
<b>a</b> <b>PROMOTIONAL ACTIVITIES</b>	211,657.	198,445.		13,212.
<b>b</b> <b>OTHER FUNDRAISING RELAT</b>	60,237.			60,237.
<b>c</b> <b>BANK CHARGES/CREDIT CAR</b>	51,961.		1,896.	50,065.
<b>d</b> <b>HOUSING ALLOWANCE</b>	29,885.	2,189.	16,070.	11,626.
<b>e</b> All other expenses	18,797.	355.	4,716.	13,726.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	10,165,692.	8,078,214.	1,051,612.	1,035,866.
<b>26</b> <b>Joint costs.</b> 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)

**UNITED JEWISH COMMUNITY OF BROWARD  
COUNTY, INC.**

Form 990 (2015)

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**Part X Balance Sheet**

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

		(A) Beginning of year			(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	349,849.	<b>1</b>		304,879.	
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>			
	<b>3</b> Pledges and grants receivable, net .....	1,678,780.	<b>3</b>		1,009,022.	
	<b>4</b> Accounts receivable, net .....	36,105.	<b>4</b>		114,978.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....			<b>5</b>		
	<b>6</b> 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 instr). Complete Part II of Sch L .....			<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....			<b>7</b>		
	<b>8</b> Inventories for sale or use .....			<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	26,024.	<b>9</b>		48,846.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	26,259,872.	<b>10a</b>			
	<b>b</b> Less: accumulated depreciation .....	12,482,937.	<b>10b</b>			
	<b>11</b> Investments - publicly traded securities .....			<b>11</b>		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	81,047,079.	<b>12</b>		90,766,990.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....			<b>13</b>		
	<b>14</b> Intangible assets .....			<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	1,542,527.	<b>15</b>		2,063,275.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	99,116,618.	<b>16</b>		108,084,925.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	314,524.	<b>17</b>		640,885.	
	<b>18</b> Grants payable .....	2,424,727.	<b>18</b>		2,523,963.	
	<b>19</b> Deferred revenue .....		<b>19</b>			
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>			
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>			
	<b>22</b> 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 .....			<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	7,500,000.	<b>23</b>		6,750,000.	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>			
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	10,046,473.	<b>25</b>		12,405,336.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	20,285,724.	<b>26</b>		22,320,184.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b> Unrestricted net assets .....	46,665,152.	<b>27</b>		53,586,882.	
	<b>28</b> Temporarily restricted net assets .....	7,534,516.	<b>28</b>		5,802,524.	
	<b>29</b> Permanently restricted net assets .....	24,631,226.	<b>29</b>		26,375,335.	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>					
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>			
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>			
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>			
<b>33</b> Total net assets or fund balances .....	78,830,894.	<b>33</b>		85,764,741.		
<b>34</b> Total liabilities and net assets/fund balances .....	99,116,618.	<b>34</b>		108,084,925.		

Form **990** (2015)

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	21,080,132.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	10,165,692.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	10,914,440.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	78,830,894.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-3,980,593.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	85,764,741.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		<b>X</b>
<b>b</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 _____		

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**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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	14196569.	6525835.	5428205.	4766905.	15028113.	45945627.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	14196569.	6525835.	5428205.	4766905.	15028113.	45945627.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						45945627.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4 .....	14196569.	6525835.	5428205.	4766905.	15028113.	45945627.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	130,846.	1989944.	3546831.	2977182.	3711762.	12356565.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	1125014.	542,098.	662,574.	791,381.	810,450.	3931517.
<b>11 Total support.</b> Add lines 7 through 10						62233709.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	3,099,964.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	73.83 %
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 .....	<b>15</b>	67.69 %
<b>16a 33 1/3% support test - 2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2014.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2015.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2014.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

**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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2015.** 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 - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Part IV Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> 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.		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.			
<b>b</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.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
<b>b</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.			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**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	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

UNITED JEWISH COMMUNITY OF BROWARD

Schedule A (Form 990 or 990-EZ) 2015 COUNTY, INC.

59-0967823 Page 7

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013			
<b>e</b> From 2014			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2015 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013			
<b>d</b> Excess from 2014			
<b>e</b> Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

UNITED JEWISH COMMUNITY OF BROWARD

**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.)

Multiple horizontal lines for supplemental information.



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Name of the organization

UNITED JEWISH COMMUNITY OF BROWARD COUNTY, INC.

Employer identification number

59-0967823

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization <b>UNITED JEWISH COMMUNITY OF BROWARD COUNTY, INC.</b>	Employer identification number <b>59-0967823</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SAM BERMAN CHARITABLE FOUNDATION 1920 E. HALLANDALE BEACH BLVD., SUITE 606  HALLANDALE BEACH, FL 33009	\$ 1,175,606.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	DOUGLAS BERMAN  2760 PADDOCK ROAD  WESTON, FL 33331	\$ 509,332.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ESTATE OF DANIEL FLIGELMAN  401 E. LAS OLAS BLVD.  FORT LAUDERDALE, FL 33301	\$ 540,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ESTATE OF LESTER STERNFELS  114 WEST 47TH ST  NEW YORK, NY 10036	\$ 489,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

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

Employer identification number  
**59-0967823**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	66	
2 Aggregate value of contributions to (during year) .....	1,400,947.	
3 Aggregate value of grants from (during year) .....	956,414.	
4 Aggregate value at end of year .....	6,828,589.	
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? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on 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 a 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 Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, 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, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on Form 990, Part VIII, line 1 .....

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



**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other		
(A) MONEY MARKET FUNDS	2,532,041.	END-OF-YEAR MARKET VALUE
(B) EQUITY SECURITIES	821,745.	END-OF-YEAR MARKET VALUE
(C) BONDS	3,034,556.	END-OF-YEAR MARKET VALUE
(D) MUTUAL FUNDS	68,060,935.	END-OF-YEAR MARKET VALUE
(E) ALTERNATIVE INVESTMENTS	13,307,497.	END-OF-YEAR MARKET VALUE
(F) STATE OF ISRAEL	3,010,216.	COST
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>90,766,990.</b>	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AGENCY FUNDS	175,110.
(3) SPLIT INTEREST AGREEMENTS	2,796,064.
(4) TRUST ASSETS HELD ON BEHALF OF	
(5) AGENCIES	8,291,655.
(6) LINE OF CREDIT	1,142,507.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>12,405,336.</b>

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

UNITED JEWISH COMMUNITY OF BROWARD  
COUNTY, INC.

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	18,113,524.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-3,980,593.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	566,848.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-3,413,745.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	21,527,269.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-447,137.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-447,137.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	21,080,132.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	11,179,677.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	566,848.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	566,848.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	10,612,829.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-447,137.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-447,137.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	10,165,692.

**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.

**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.



**Part XIII** Supplemental Information (continued)

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  
2013.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EVENTS EXPENSES REPORTED UNDER REVENUE SECTION -447,137.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EVENTS EXPENSES REPORTED UNDER REVENUE SECTION -447,137.

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

**Supplemental Information Regarding Fundraising or Gaming Activities**  
Complete if the organization answered "Yes" on 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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a 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?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....						

- 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.
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**UNITED JEWISH COMMUNITY OF BROWARD**

Schedule G (Form 990 or 990-EZ) 2015 **COUNTY, INC.**

59-0967823 Page 2

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		CCC	MEN'S NIGHT OUT	10	
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	163,810.	104,045.	487,448.	755,303.
	<b>2</b> Less: Contributions .....	115,024.	82,328.	411,091.	608,443.
	<b>3</b> Gross income (line 1 minus line 2) .....	48,786.	21,717.	76,357.	146,860.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	34,024.	17,018.	107,747.	158,789.
	<b>7</b> Food and beverages .....	45,585.	19,913.	32,239.	97,737.
	<b>8</b> Entertainment .....	25,002.	32,960.	19,760.	77,722.
	<b>9</b> Other direct expenses .....	35,294.	16,083.	61,512.	112,889.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				447,137.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-300,277.

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

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

UNITED JEWISH COMMUNITY OF BROWARD

Schedule G (Form 990 or 990-EZ) 2015 COUNTY, INC.

59-0967823 Page 3

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

a The organization's facility .....	<b>13a</b>	%
b An outside facility .....	<b>13b</b>	%

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV** Supplemental Information. Provide the 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).

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**Part IV** Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

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

OMB No. 1545-0047

**2015**

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" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN FRIENDS OF HEBREW UNIVERSITY - 100 W. CYPRESS CREEK ROAD, #865 - FORT LAUDERDALE, FL 33309	13-1568923	501(C)(3)	5,184.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT
AMERICAN FRIENDS OF IDC HERZLIYA 116 EAST 16TH ST, 11TH FL NEW YORK, NY 10003	31-1577589	501(C)(3)	61,800.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT
AMERICAN FRIENDS OF ISRAEL EMERGENCY AID FUND - PO BOX 456 - SHARON, MA 02067	26-4515751	501(C)(3)	18,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT
AMERICAN RED MAGEN DAVID ADOM FOR ISRAEL - 16499 NE 19TH AVENUE - NORTH MIAMI BEACH, FL 33162	13-1790719	501(C)(3)	17,369.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT
AMERICAN RED MAGEN DAVID INTERNATIONAL - 1900 NW CORPORATE BLVD. #W-310 - BOCA RATON, FL 33431	13-1790719	501(C)(3)	17,369.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT
B'NAI AVIV 1410 INDIAN TRACE WESTON, FL 33326	65-0096470	501(C)(3)	7,832.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT

- 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 ▶

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

Schedule I (Form 990) (2015)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**UNITED JEWISH COMMUNITY OF BROWARD  
COUNTY, INC.**

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
B'NAI B'RITH YOUTH ORG. 800 8TH ST. NW WASHINGTON, DC 20006	31-1794932	501(C)(3)	27,714.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT
BRAUSER MAIMONIDES ACADEMY 5300 SW 40TH AVENUE FT. LAUDERDALE, FL 33314	65-0213879	501(C)(3)	234,876.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT
BROWARD MEALS ON WHEELS 451 N STATE ROAD 7 PLANTATION, FL 33317	59-2450053	501(C)(3)	25,300.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT
CAMPUS JUDEA 48 CAMPUS JUDEA BEACH BLVD HENDERSONVILLE, NC 28792	59-2450053	501(C)(3)	7,950.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT
CENTER FOR THE ADVANCEMENT OF JEWISH EDUCATION, INC - 4200 BISCAYNE BOULEVARD - MIAMI, FL 33137	59-0624373	501(C)(3)	50,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT
CHABAD OF SOUTH BROWARD 1295 E HALLANDALE BEACH BLVD. HALLANDELE BEACH, FL 33009	59-2496454	501(C)(3)	18,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT
COMMUNITY FOUNDATION OF BROWARD INC. - 901 E. LAS OLAS - FORT LAUDERDALE, FL 33301	59-2477112	501(C)(3)	6,967.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT
CONGREGATION KOL TIKVAH 6750 UNIVERSITY DRIVE PARKLAND, FL 33067	65-0291376	501(C)(3)	7,185.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT
DANIEL CANTOR SENIOR CENTER 5000 NOB HILL ROAD SUNRISE, FL 33351	65-0245068	501(C)(3)	112,720.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT

Schedule I (Form 990)

**UNITED JEWISH COMMUNITY OF BROWARD  
COUNTY, INC.**

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
DAVID POSNACK JEWISH DAY SCHOOL 5890-A SOUTH PINE ISLAND ROAD DAVIE, FL 33328	59-1606514	501(C)(3)	176,900.	786,521.	FMV		GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT
FIGHTING FOR BLINDLESS 7168 COLUMBIA GATEWAY DRIVE # 100 COLUMBIA, MD 21046	23-7135845	501(C)(3)	50,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT
DAVID POSNACK JCC 5850 S PINE ISLAND ROAD DAVIE, FL 33328	59-2075982	501(C)(3)	377,277.	1,085,327.	FMV		GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT
FRIENDS OD THE ARAVA INSTITUTE 896 BEACON STREET BOSTON, MA 02215	11-3485736	501(C)(3)	5,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT
FRIENDS OF AMAL 199 MAIN ST. 71TH FL WHITE PLAINS, NY 10601	13-4180338	501(C)(3)	18,750.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT
GREATER MIAMI JEWISH FEDERATION 4200 BISCAYNE BOULEVARD MIAMI, FL 33117	59-0624404	501(C)(3)	18,360.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT
HADASSAH 50 W. 58 STREET NEW YORK, NY 10019	59-1826857	501(C)(3)	24,740.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT
HAROLD GRINSPOON FOUNDATION 67 HUNT ST., SUITE 100 AGAWAM, MA 01001	04-6685725	501(C)(3)	86,401.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT
HEBREW ACADEMY MARGATE 1500 N. STATE ROAD 7 MARGATE, FL 33063	65-1026989	501(C)(3)	65,867.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT

Schedule I (Form 990)



**UNITED JEWISH COMMUNITY OF BROWARD  
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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
HEBREW FREE LOAN ASSOCIATION OF SOUTH FLORIDA - PO BOX 630362 - MIAMI, FL 33163	65-0204289	501(C)(3)	10,118.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT
HILLEL BROWARD/PALM BEACH 800 8TH ST. NW WASHINGTON, DC 20001	52-1844823	501(C)(3)	17,304.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT
HILLEL INTERNATIONAL 800 8TH ST. NW WASHINGTON, DC 20001	52-1844823	501(C)(3)	35,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT
HOLOCAUST DOC & EDUCATION CENTER 2031 HARRISON STREET HOLLYWOOD, FL 33020	59-1992826	501(C)(3)	20,150.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT
IMPACT BROWARD, INC. 4701 NW 33RD AVE OAKLAND PARK, FL 33309	59-1297932	501(C)(3)	7,500.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT
ISRAEL GUIDE DOG CENTER FOR THE BLIND - 968 EASTON ROAD, SUITE H - WARRINGTON, PA 18976	23-2519029	501(C)(3)	12,500.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT
JAFCO-JEWISH ADOPT & FOSTER CARE 4200 NORTH UNIVERSITY DRIVE SUNRISE, FL 33351	20-0898587	501(C)(3)	72,790.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT
JCPA-JEWISH COUNCIL PUBLIC AFFAIRS 116 E. 27TH ST, 10TH FL NEW YORK, NY 10016	13-1624104	501(C)(3)	6,500.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT
JEWISH FEDERATION OF GREATER HOUSTON - 5603 S BRAESWOOD BLVD - HOUSTON, TX 77096	74-1109654	501(C)(3)	5,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT

Schedule I (Form 990)

**UNITED JEWISH COMMUNITY OF BROWARD  
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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
JEWISH FEDERATION OF LOS ANGELES 6505 WILSHIRE BLVD LOS ANGELES, CA 90048	95-1643388	501(C)(3)	100,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT
JEWISH FEDERATION OF MINNEAPOLIS 13100 WAYZATA BLVD., #200 MINNETONKA, MN 55305	41-0693866	501(C)(3)	100,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT
JEWISH FEDERATIONS OF NORTH AMERICA - 25 BROADWAY, #1700 - NEW YORK, NY 10004	13-1624240	501(C)(3)	930,236.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT
JEWISH NATIONAL FUND 1951 NW 19TH ST, SUITE A100 BOCA RATON, FL 33431	13-1659627	501(C)(3)	9,286.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT
JEWISH STUDENT CONNECTION 7430 WILES ROAD CORAL SPRINGS, FL 33065	61-1420053	501(C)(3)	5,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT
JFS-JEWISH FAMILY SERVICE 100 S PINE ISLAND ROAD, SUITE 230 PLANTATION, FL 33324	59-0995106	501(C)(3)	779,204.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT
JOSEPH MEYERHOFF SENIOR CENTER DBA SOUTHEAST FOCAL - 3081 TAFT STREET - HOLLYWOOD, FL 33021	20-8473893	501(C)(3)	102,053.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT
KESHER 18900 N.E. 25TH AVENUE SU3ITE 219 NORTH MIAMI BEACH, FL 33180	65-0591858	501(C)(3)	14,300.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT
NATIONAL MUSEUM OF AMERICAN JEWISH HISTORY - 55 NORTH FIFTH STREET - PHILADELPHIA, PA 19106	23-7379280	501(C)(3)	15,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT

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**UNITED JEWISH COMMUNITY OF BROWARD  
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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
NCSY 7200 W CAMINO REAL #104 BOCA RATON, FL 33433		501(C)(3)	10,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT
ORLOFF CENTRAL AGENCY FOR JEWISH EDUCATION - 5890 SO PINE ISLAND BLVD. - DAVIE, FL 33328	03-0429765	501(C)(3)	244,346.	115,000.	FMV		GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT
ORT AMERICA 777 YAMATO RD. #100 BOCA RATON, FL 33431	13-5562424	501(C)(3)	6,091.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT
OU/YACHAD 11 BROADWAY, 14TH FL NEW YORK, NY 10004	13-5623717	501(C)(3)	16,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT
PENNSYLVANIA STATE UNIVERSITY ONE OLD MAIN UNIVERSITY PARK, PA 16802	24-6000376	501(C)(3)	10,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT
PRINCETON CENTER FOR JEWISH LIFE 70 WASHINGTON ROAD PRINCETON, NJ 08540	22-6071127	501(C)(3)	10,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT
RAMAT SHALOM 11301 WEST BROWARD BLVD PLANTATION, FL 33325	59-1689889	501(C)(3)	6,601.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT
SALANTER AKIBA RIVERDALE ACADEMY 655 WEST 25TH ST RIVERDALE, NY 10471	13-2646185	501(C)(3)	36,623.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT
SOREF JEWISH COMMUNITY CENTER 6501 W. SUNRISE BOULEVARD PLANTATION, FL 33313	59-1766701	501(C)(3)	219,575.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT

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**UNITED JEWISH COMMUNITY OF BROWARD  
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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
TEMPLE BETH EL 1351 S 14TH AVENUE HOLLYWOOD, FL 33020	59-0794397	501(C)(3)	6,786.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT
TEMPLE BETH EMET 4807 SOUTH FLAMINGO ROAD COOPER CITY, FL 33330	59-1707916	501(C)(3)	45,097.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT
TEMPLE BETH SOLEL 5100 SHERIDAN STREET HOLLYWOOD, FL 33021	23-7079611	501(C)(3)	5,816.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT
TEMPLE BETH TORAH 5700 NW 94 AVE TAMARAC, FL 33321	59-1405955	501(C)(3)	9,288.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT
TEMPLE DOR DORIM 2360 GLADES CIRCLE WESTON, FL 33326	65-0651401	501(C)(3)	5,248.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT
TEMPLE KOL AMI 8200 PETERS ROAD PLANTATION, FL 33324	23-7449716	501(C)(3)	13,659.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT
TEMPLE SINAI 1400 N 46 AVE HOLLYWOOD, FL 33021	59-0791032	501(C)(3)	15,147.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT
UJA/FEDERATION 6900 JERICHO TPKE SYOSSET, NY 11791	51-0172429	501(C)(3)	5,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT
UNITED WAY OF BROWARD COUNTY 1300 S ANDREWS AVE FORT LAUDERDALE, FL 33316	59-0624402	501(C)(3)	6,967.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT

Schedule I (Form 990)

**UNITED JEWISH COMMUNITY OF BROWARD  
COUNTY, INC.**

Schedule I (Form 990)

59-0967823

Page 1

<b>Part II</b> Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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
WEINBAUM YESHIVA HIGH SCHOOL OF BOCA - 7902 MONTTOOYA CIRCLE - BOCA RATON, FL 33433	65-0781573	501(C)(3)	111,300.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT
YOUNG ISRAEL SYNAGOGUE OF HOLLYWOOD, INC - 3291 STIRLING ROAD - FORT LAUDERDALE, FL 33312	59-1665301	501(C)(3)	17,000.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT
URJ CAMP COLEMAN 201 CAMP COLEMAN DRIVE CLEVELAND, GA 30528	13-1663143	501(C)(3)	17,700.	0.			GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT

**UNITED JEWISH COMMUNITY OF BROWARD  
COUNTY, INC.**

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

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

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

**PART II, LINE 1, COLUMN (H):**

**NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN FRIENDS OF HEBREW UNIVERSITY**

**(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND**

**EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS**

**AND PURPOSES OF THE FEDERATION.**

**NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN FRIENDS OF IDC HERZLIYA**

**(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND**

**EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS**

**Part IV Supplemental Information**

AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN FRIENDS OF ISRAEL EMERGENCY AID FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND  
EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS  
AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN RED MAGEN DAVID ADOM FOR ISRAEL

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND  
EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS  
AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN RED MAGEN DAVID INTERNATIONAL

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND  
EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS  
AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: B'NAI AVIV

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND  
EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS  
AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: B'NAI B'RITH YOUTH ORG.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND  
EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS

Part IV Supplemental Information

AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: BRAUSER MAIMONIDES ACADEMY

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: BROWARD MEALS ON WHEELS

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: CAMPUS JUDEA

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT:

CENTER FOR THE ADVANCEMENT OF JEWISH EDUCATION, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: CHABAD OF SOUTH BROWARD

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION.



**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY FOUNDATION OF BROWARD INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND  
EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS  
AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: CONGREGATION KOL TIKVAH

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND  
EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS  
AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: DANIEL CANTOR SENIOR CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND  
EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS  
AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: DAVID POSNACK JEWISH DAY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND  
EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS  
AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: FIGHTING FOR BLINDLESS

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND  
EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS  
AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: DAVID POSNACK JCC

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND  
EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS

**Part IV Supplemental Information**

AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: FRIENDS OD THE ARAVA INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND  
EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS  
AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: FRIENDS OF AMAL

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND  
EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS  
AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: GREATER MIAMI JEWISH FEDERATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND  
EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS  
AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: HADASSAH

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND  
EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS  
AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: HAROLD GRINSPOON FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND  
EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS  
AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: HEBREW ACADEMY MARGATE

**Part IV Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND  
EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS  
AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT:

HEBREW FREE LOAN ASSOCIATION OF SOUTH FLORIDA

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND  
EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS  
AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: HILLEL BROWARD/PALM BEACH

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND  
EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS  
AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: HILLEL INTERNATIONAL

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND  
EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS  
AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: HOLOCAUST DOC & EDUCATION CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND  
EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS  
AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: IMPACT BROWARD, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND  
EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS

**Part IV Supplemental Information**

AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: ISRAEL GUIDE DOG CENTER FOR THE BLIND

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND

EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS

AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: JAFCO-JEWISH ADOPT & FOSTER CARE

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND

EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS

AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: JCPA-JEWISH COUNCIL PUBLIC AFFAIRS

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND

EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS

AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: JEWISH FEDERATION OF GREATER HOUSTON

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND

EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS

AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: JEWISH FEDERATION OF LOS ANGELES

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND

EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS

AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: JEWISH FEDERATION OF MINNEAPOLIS

**Part IV Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND  
EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS  
AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: JEWISH FEDERATIONS OF NORTH AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND  
EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS  
AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: JEWISH NATIONAL FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND  
EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS  
AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: JEWISH STUDENT CONNECTION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND  
EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS  
AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: JFS-JEWISH FAMILY SERVICE

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND  
EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS  
AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT:

JOSEPH MEYERHOFF SENIOR CENTER DBA SOUTHEAST FOCAL

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND  
EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS

**Part IV** Supplemental Information

AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: KESHER

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND  
EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS  
AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL MUSEUM OF AMERICAN JEWISH HISTORY

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND  
EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS  
AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: NCSY

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND  
EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS  
AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT:

ORLOFF CENTRAL AGENCY FOR JEWISH EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND  
EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS  
AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: ORT AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND  
EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS  
AND PURPOSES OF THE FEDERATION.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: OU/YACHAD

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: PENNSYLVANIA STATE UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: PRINCETON CENTER FOR JEWISH LIFE

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: RAMAT SHALOM

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: SALANTER AKIBA RIVERDALE ACADEMY

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: SOREF JEWISH COMMUNITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND

**Part IV** Supplemental Information

EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS  
AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: TEMPLE BETH EL

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND  
EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS  
AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: TEMPLE BETH EMET

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND  
EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS  
AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: TEMPLE BETH SOLEL

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND  
EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS  
AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: TEMPLE BETH TORAH

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND  
EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS  
AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: TEMPLE DOR DORIM

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND  
EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS  
AND PURPOSES OF THE FEDERATION.



**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: TEMPLE KOL AMI

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND  
EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS  
AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: TEMPLE SINAI

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND  
EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS  
AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: UJA/FEDERATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND  
EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS  
AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF BROWARD COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND  
EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS  
AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: WEINBAUM YESHIVA HIGH SCHOOL OF BOCA

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND  
EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS  
AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT:

YOUNG ISRAEL SYNAGOGUE OF HOLLYWOOD, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND

**Part IV** Supplemental Information

EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS  
AND PURPOSES OF THE FEDERATION.

NAME OF ORGANIZATION OR GOVERNMENT: URJ CAMP COLEMAN

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS TO SOCIAL WELFARE AND  
EDUCATIONAL INSTITUTIONS WHOSE ACTIVITIES ARE CONSISTENT WITH THE GOALS  
AND PURPOSES OF THE FEDERATION.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2015**

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

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

Employer identification number  
**59-0967823**

**Part I Questions Regarding Compensation**

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

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence            |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)            |

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

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

**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.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
<b>1b</b>		X
<b>2</b>		X
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2015

UNITED JEWISH COMMUNITY OF BROWARD  
COUNTY, INC.

59-0967823

Schedule J (Form 990) 2015

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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 on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BRUCE YUDEWITZ CHIEF OPERATING OFFICER	(i)	151,920.	0.	0.	4,841.	4,707.	161,468.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) NICOLE PACKER SVP - FRD DIRECTOR	(i)	151,174.	0.	0.	4,623.	4,707.	160,504.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ERIC STILLMAN FORMER PRESIDENT & CEO	(i)	238,155.	0.	0.	3,591.	7,578.	249,324.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**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.

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.

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

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization <b>UNITED JEWISH COMMUNITY OF BROWARD COUNTY, INC.</b>	Employer identification number <b>59-0967823</b>
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FUNDRAISING ORGANIZATION FOR THE BENEFIT OF JEWISH SOCIAL SERVICE AND  
EDUCATIONAL ENTITIES AND COMMUNITY AT LARGE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

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.

FORM 990, PART VI, SECTION A, LINE 2:

JEFFREY AND ANNE SOPSHIN ARE HUSBAND AND WIFE. SAMMY AND IBBY SCHULMAN 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 MEMBERSHIP SHALL BE PUBLISHED IN A NEWSPAPER OF GENERAL CIRCULATION  
IN BROWARD COUNTY, OR IN A PERIODICAL PUBLISHED BY OR ON BEHALF OF THE

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

FEDERATION, AT LEAST THIRTY (30) DAYS PRIOR TO THE GENERAL MEMBERSHIP MEETING. ADDITIONAL NOMINATIONS FOR ANY DIRECTOR MAY BE MADE BY FILING OF A PETITION CONTAINING THE SIGNATURE OF ONE HUNDRED (100) MEMBERS OF THE UJCBC.

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

THE FORM 990 IS REVIEWED BY EXECUTIVE MANAGEMENT AND THE AUDIT COMMITTEE AND APPROVED BEFORE IT IS FILED BY THE INDEPENDENT ACCOUNTANTS WHO PREPARED THE RETURN. THE BOARD OF DIRECTORS ARE PROVIDED A COPY OF THE FORM 990 AT THE BOARD MEETING BEFORE THE TAX RETURN IS FILED.

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

WHEN A MATTER WHERE A CONFLICT EXISTS BECOMES A MATTER OF BOARD COMMITTEE ACTION THE MEMBER IS NOT PERMITTED TO VOTE OR USE PERSONAL INFLUENCE ON THAT MATTER. EACH BOARD MEMBER IS REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT 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 AVAILABLE TO THE PUBLIC. THE ORGANIZATION MAKES ITS FORM 990 TAX RETURN AVAILABLE TO THE PUBLIC VIA ITS WEBSITE, GUIDESTAR'S WEBSITE AND UPON REQUEST. THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC VIA ITS WEBSITE.





• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

<b>Type or print</b>  <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. <b>UNITED JEWISH COMMUNITY OF BROWARD COUNTY, INC.</b>	Employer identification number (EIN) or <b>59-0967823</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>5890 SOUTH PINE ISLAND ROAD</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>DAVIE, FL 33328</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

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

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**HEATHER BARRAZA**

• The books are in the care of **▶ 5890 SOUTH PINE ISLAND ROAD - DAVIE, FL 33328**  
 Telephone No. **▶ 954-252-6921** Fax No. **▶**

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **\_\_\_\_\_**. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2017**.

5 For calendar year **\_\_\_\_\_**, or other tax year beginning **JUL 1, 2015**, and ending **JUN 30, 2016**.

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension  
**ADDITIONAL TIME IS NEEDED TO FILE A COMPLETE AND ACCURATE RETURN**

<b>8a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	0.
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	0.

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **▶** Title **▶ TAX ACCOUNTANT** Date **▶**