990-T	•

(6)		Evennt Over	mination Du	oinoo	. Incomo 1	Fox Dotum	1	OMB No 1545-0047
yun, 990-T	[	Exempt Orga	inization bu and proxy tax un			ax Heturn 2004	.  -	
	For cal	lendar year 2019 or other tax						2019
			w.irs gov/Form990T for				- [	
Department of the Treasury Internal Revenue Service	<u> </u>	Do not enter SSN numb	ers on this form as it m	ay be made	public if your organi	zation is a 501(c)(3).	Op 50	oen to Public Inspection for 11(c)(3) Organizations Only
A Check box if address changed		Name of organization (	Check box if name	changed an	d see instructions.)			er identification number rees' trust, see ions)
B Exempt under section	Print	COMMUNITY I	FOUNDATION	OF BRO	WARD, INC			-2477112
X 501(c)(3 43	Type	Number, street, and roo				[1		ed business activity code tructions)
408(e)220(e)		910 EAST LA		<del>`</del>				
408A 530(a) 529(a)		City or town, state or pr FORT LAUDER	RDALE, FL	33301	ostal code		9000	99
C Book value of all assets at end of year	25/	F Group exemption num  G Check organization ty	nber (See instructions.)	progration	501(c) trust	401(a) 1	ruet	Other trust
H Enter the number of the	ornaniza	tion's unrelated trades or	husinesses	1		the only (or first) unre		Other trust
trade or business here						, complete Parts I-V. If		nan one.
		ce at the end of the previ	ous sentence, complete	Parts I and II				
business, then complete					,			
During the tax year, was	the corp	oration a subsidiary in ar	* *	rent-subsidia	ry controlled group?	▶ L	Yes	X No
: If "Yes," enter the name							\ ·	BC4 050
The books are in care of				<del></del>		none number (	<u> ( 254</u>	
		de or Business In	come		(A) Income	(B) Expenses	<u> </u>	(C) Net
1a Gross receipts or sal		<del></del>	c Balance	.   1c				
2 Cost of goods sold (		A line 7)	_ C Dalatice	2				
3 Gross profit Subtract		· ·		3				
4a Capital gain net incoi				4a				
• •	•	art II, line 17) (attach For	m 4797)	4b		1		
c Capital loss deductio	n for trus	sts	,	4c				
5 Income (loss) from a	a partners	ship or an S corporation (	attach statement)	5	-144/,298.	STMT 1		-144,298.
6 Rent income (Sched	ule C)			6				
7 Unrelated debt-finan	ced incor	ne (Schedule E)		7	<i></i>			
•	•	nd rents from a controlled	•					
		on 501(c)(7), (9), or (17)	organization (Schedule (		<del></del>	<del> </del>	-+	<del></del>
<ul><li>10 Exploited exempt act</li><li>11 Advertising income (</li></ul>			<i>,</i>	10		<del> </del>	<del>-  </del> -	
12 Other income (See in				12	<del></del>		_+	
13 Total. Combine line				13	-144,298.			-144,298.
Part II Deduction	ons No	ot Taken Elsewhe			ns on deductions.			
(Deduction:	s must b	be directly connected	with the unrelated bus	siness inco	me)			
14 Compensation of of	fficers, di	rectors, and trustees (Sch	nedule K)	· } · · · ·			14	
15 Salaries and wages				,	- 1	1	15	
16 Repairs and mainte	nance			11. 1. 1.	)[ <b>]</b>		16	
17 Bad debts	adula\ /a	, (	1	0.4	1	SENIED !	1.	<del></del>
<ul><li>18 Interest (attach school</li><li>19 Taxes and licenses</li></ul>	euule) (Si	ee instructions)	\ <u>L</u>	. /	MA	CEIVED	<b>38</b>	
20 Depreciation (attach	Form 4	562)		🚅 -	1 101	0 1 7 2021	50.53	
,		n Scheduje A and elsewhe	ere on return	,	12 a St	Sh I then		
22 Depletion					13 St	Mary 1 184	22	
23 Contributions to del	ferred co	mpensation plans			15	GDEN UT	23	
24 Employee benefit pr	rograms	<i>f</i>			سنسيا		24	
25 Excess exempt expe	7						25	
26 Excess readership of						1	26	<del></del>
27 Other deductions (a	,	· ·				}	27	0.
28 Total deductions			a loce deduction. Cubin	ant line 20 4-	om line 12	ŀ	28	$\frac{0.}{-144,298.}$
,		ncome before net operatii loss arising in tax years b				}	23	
(see instructions)	porauliy	oos anonig in an years D	ogaming on or alter ball	ا ( ۱۰ د د د د د د د د د د د د د د د د د د	SEE STAT	EMENT 2	30	0.
• / /	taxable ii	ncome. Subtract line 30 fi	om line 29				31	-144,298.

923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.

		COMMUNITY FOUNDATION OF BROWARD, INC.	59-247	/112 Page 2
		Total Unrelated Business Taxable Income	<del></del>	
32		unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		4,298.
33		ts paid for disallowed fringes	38	
34		ble contributions (see instructions for limitation rules)	34	0.
35		nrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33		14,298.
36		ion for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	0.
37		unrelated business taxable income before specific deduction. Subtract line 36 from line 35		4,298.
38		c deduction (Generally \$1,000, but see line 38 instructions for exceptions)		1,000.
39 1 l		ted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, le smaller of zero or line 37	19 -14	14,298.
Par		Tax Computation	- 4a   T-	4,290.
40		zations Taxable as Corporations Multiply line 39 by 21% (0.21)	40	0.
41		Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 39 from:		
		ax rate schedule or Schedule D (Form 1041)	41	
42		ax. See instructions	42	
43	-	ive minimum tax (trusts only)	43	
44 .	Tax on	Noncompliant Facility Income. See Instructions	44	
45	Total. A	dd lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.
		Tax and Payments	•	
46a	Foreign	tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a		
		redits (see instructions) 46b		
C	General	business credit. Attach Form 3800 46c		
d	Credit f	or prior year minimum tax (attach Form 8801 or 8827)		
е		redits Add lines 46a through 46d	46e	
47	Subtrac	it line 46e from line 45	47	0.
48	Other ta	ixes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	
49	Total ta	x. Add lines 47 and 48 (see instructions)	49	0.
50	2019 no	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51 a		nts: A 2018 overpayment credited to 2019 69 34 2,240.		
		stimated tax payments 51b		
		posited with Form 8868 51c		
d	Foreian	organizations: Tax paid or withheld at source (see instructions) 51d		
	_	withholding (see instructions) 51e		
		or small employer health insurance premiums (attach Form 8941) 51f		
		redits, adjustments, and payments: Form 2439		
•	Fc Fc	orm 4136 ☐ Other Total ► 51g		
52	Total p	ayments Add lines 51a through 51g	5 <b>½</b>	2,240.
53		ed tax penalty (see instructions) Check if Form 2220 is attached 🕨 🔲	53	
54	Tax du	e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpa	yment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	<b>\$</b> 5	2,240.
1 56	Enter th	ne amount of line 55 you want. Credited to 2020 estimated tax   2,240. Refunded	56	0.
Par	t VI	Statements Regarding Certain Activities and Other Information (see instructions)		
57	At any t	ime during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a f	inancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		1 1
	here	<b>&gt;</b>		X
58	During	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
		see instructions for other forms the organization may have to file.		
59		e amount of tax-exempt interest received or accrued during the tax year > \$		<del></del>
Sign		nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know irrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	riedge and belief, if i	s true,
Here			y the IRS discuss th	
11016			preparer shown bel	
				es No
	//	Print/Type preparer's name Preparer's signature Date Check if	PTIN	
Paid	<b>1//</b>	Self-employed NTILTAM C BENGON 04/01/21	P00455	500
	parer	WILLIAM G. BENSON WILLIAM G. BENSON 04/01/21 Firm's name ▶ KEEFE, MCCULLOUGH & CO., LLP, C.P.A.'S Firm's EIN ▶	59-136	
Use	Only	Firm's name ► KEEFE, MCCULLOUGH & CO., LLP, C.P.A.'S Firm's EIN ► 6550 N FEDERAL HIGHWAY, SUITE 410	73-136	
			54-771-0	1896
923711	01-27-20	<del>\</del>		90-T (2019)
252111	J 1-21-2U	43	Form 3	(2019)

Schedule A - Cost of Good	<b>s Sold.</b> Enter	method of inver	ntory v	aluation 🕨 N	/A	-			
1 Invertory at beginning of year	1		6	Inventory at end of	f year		6		
2 Purchases	Purchases 2 7 Cost			Cost of goods sold	d. Subtract	line 6			-
3 Cost of labor	3			from line 5. Enter h	nere and in	Part I,			
4a Additional section 263A costs		-		line 2			7		
(attach schedule)	_ 4a		8	Do the rules of sec	tion 263A (	with respect to		Yes	s No
b Other costs (attach schedule)	4b			property produced	or acquire	d for resale) apply to			T
5 Total. Add lines 1 through 4b	5			the organization?					Ш
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe	rsonal Proper	ty Leas 	ed With Real Pro	oper	ty) 	
1 Description of property					_				
(1)									
(2)	· ***								
(3)								<u>.</u>	
(4)						<del></del>			
<del></del>		red or accrued				3(a)Deductions directl	lv conn	ected with the income	e in
(a) From personal property (if the personal property is more 10% but not more than 50%	e than	` 'of rent for	personal	onal property (if the per property exceeds 50% ed on profit or income)	centage or if	columns 2(a) a	ind 2(b)	(attach schedule)	•
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		nter			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Del	bt-Financed	I Income (see	ınstru	ctions)					
			2	. Gross income from		<ol><li>Deductions directly control to debt-finant</li></ol>			
1. Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule	
(1)			<del>                                     </del>				$\dashv$		
(2)							_		
(3)						,			
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	e adjusted basis allocable to inced property h schedule)	6	. Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8 Allocable dedu (column 6 x total of o 3(a) and 3(b))	columns
(1)					%				
(2)					%	·			
(3)					%				
(4)				(	%				
						Enter here and on page 1, Part I, line 7, column (A)		Enter here and on pa Part I, line 7, column	
Totals					ightharpoonup	0			0.
Total dividends-received deductions in	ncluded in columi	1 8					•		0.

	- Indices, noya		pt Controlled C				instruction	10)
, 1 Name of controlled organizat	identif	nployer 3. Ne	t unrelated income (see instructions)	4 Tot	al of specified ments made	5 Part of colum included in the co organization's gro	ontrolling	6. Deductions directly connected with income in column 5
(1)				1			···	
(2)				t				
(3)								***************************************
(4)				1				
Nonexempt Controlled Organi	zations			<u> </u>	I			
7 Taxable Income	8 Net unrelated incolumn (see instruction		otal of specified pay made	rments	10. Part of column in the controllingross	in 9 that is including organization's income		eductions directly connected in income in column 10
(1)								<del> </del>
(2)				1				
(3)					·			
(4)		· · · · · · · · · · · · · · · · · · ·						
						on page 1, Part I, olumn (A)	Enter I	dd columns 6 and 11 nere and on page 1, Part I, line 8, column (B)
Totals				<b>&gt;</b>		0	•	0.
Schedule G - Investme (see instr		Section 501	(c)(7), (9), or	(17) Or	ganization			
1 Descri	ription of income		2 Amount o	f income	3 Deduction directly connect (attach schedu	ted 4	Set-asides ch schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)		<del>-</del>						
(2)								
(3)								
(4)								
			Enter here and Part I, line 9, c	on page 1, olumn (A)				Enter here and on page 1, Part I, line 9, column (B)
Totals			<b>•</b>	0.				0.
Schedule I - Exploited (see instru		y Income, Ot	her Than A	dvertisi	ng Income			
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	minus colun	d trade or olumn 2 nn 3) If a te cols 5	5. Gross inconfrom activity the is not unrelate business incon	at attri	Expenses butable to olumn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)								
(2)	······································							1
(3)				Ì				
(4)								
Totals -	Enter here and on page 1, Part I, line 10, col (A)	Enter here and or page 1, Part I, line 10, col (B)	0.	-				Enter here and on page 1, Part II, line 25
Schedule J - Advertision			1		_			
	Periodicals Rep		onsolidated	l Basis				
1. Name of periodical	2. Gross advertising income	3 Direct advertising c	or (loss) (osts col 3) If a g	tising gain col 2 minus gain, comput through 7	5. Circulation		eadership osts	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) (2)				·				
(3)					<b></b>	+		
(4)								
Totals (carry to Part II, line (5))	<b> </b>	0.	0.					0.
								Form <b>990-T</b> (2019)

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical		2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	▶	0.	0.			<u> </u>	0
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	<b>•</b>	0.	0.				0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)_		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		<b>&gt;</b>	0.

Form 990-T (2019)

FORM 990-T	INCON	ME (LOSS) FROM PA	RTNERSHIPS	STATEMENT	1
DESCRIPTION				NET INCOM	
INCOME (LOS: MONTAUK TRIC (LOSS) JUNIPER CAP: CROW HOLDING BUSINESS INC JUNIPER CAP:	GUARD FUND V, LP - ITAL II, LP - ORDI GS REALTY PARTNERS	ORDINARY BUSINE  INARY BUSINESS IN  S VII-A, LP - ORD  DINARY BUSINESS I	SS INCOME COME (LOSS) INARY	-6,8: -14,9: 1,3: -124,6:	78. 41. 42.
					-
FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT	
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
06/30/19	396,970.	0.	396,970.	396,970	0.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	396,970.	396,970	0.
FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT	3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
06/30/13 06/30/14 06/30/15 06/30/17 06/30/18	10,831. 26,831. 3,876. 19,344. 126,666.	10,831. 26,831. 3,876. 0.	0. 0. 0. 19,344. 126,666.	(	

FL F-1120		NET OP	NET OPERATING LOSS CARRYOVERS					
YEAR	APPORTION FACTOR	CURRENT YR NOL/ SECTION 382 LIMIT	NET OPERATING LOSS CARRYOVER	LOSS PREVIOUSLY DEDUCTED	NET LOSS REMAINING			
2012	0%	0.	10,831.	10,831.	0.00			
2013	0%	0.	26,831.	26,831.	0.00			
2014	0%	0.	3,876.	3,876.	0.00			
2016	0%	0.	19,344.	0.	19,344.00			
2017	0%	0.	126,666.	0.	126,666.00			
2018	0%	0.	396,970.	0.	396,970.00			
TOTAL	NET OPERAT	ING LOSS CARRYO	VER AVAILABLE		542,980.00			