

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2020**  
Open to Public Inspection

**A** For the **2020** calendar year, or tax year beginning **07-01-2020**, and ending **06-30-2021**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
COMMUNITY FOUNDATION OF BROWARD INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
910 EAST LAS OLAS BLVD NO 200

City or town, state or province, country, and ZIP or foreign postal code  
FORT LAUDERDALE, FL 33301

**D** Employer identification number  
59-2477112

**E** Telephone number  
(954) 761-9503

**G** Gross receipts \$ 79,603,398

**F** Name and address of principal officer:  
JENNIFER O'FLANNERY ANDER  
910 EAST LAS OLAS BLVD NO 200  
FORT LAUDERDALE, FL 33301

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

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

**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: ▶ WWW.CFBROWARD.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1984

**M** State of legal domicile: FL

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities:  
REFER TO SCHEDULE O.

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	22
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	22
<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	18
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	30
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	11,845,937	13,772,428
<b>9</b> Program service revenue (Part VIII, line 2g)	0	0
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,086,805	11,271,825
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,126	5,655
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,937,868	25,049,908
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	12,271,682	13,757,592
<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)	2,129,484	2,351,185
<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) ▶ 830,465		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,232,858	2,660,565
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	16,634,024	18,769,342
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	1,303,844	6,280,566
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	209,401,354	269,155,097
<b>21</b> Total liabilities (Part X, line 26)	20,285,337	24,361,453
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	189,116,017	244,793,644

## Part II Signature Block

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

**Sign Here** \*\*\*\*\*  
Signature of officer  
Date 2022-02-15  
JENNIFER O'FLANNERY ANDERSON PRESIDENT/CEO  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name Preparer's signature Date 2022-02-15 Check  if self-employed PTIN P00455500  
Firm's name ▶ KEEFE MCCULLOUGH & CO LLP CPA'S Firm's EIN ▶ 59-1363792  
Firm's address ▶ 6550 N FEDERAL HIGHWAY SUITE 410 Phone no. (954) 771-0896  
FT LAUDERDALE, FL 33308

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

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

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

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

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

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

**4** Describe the 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 \$ 15,636,702 including grants of \$ 13,757,592 ) (Revenue \$ )  
See Additional Data

**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 ▶ 15,636,702

**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)? If "Yes," complete Schedule A	Yes	
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
<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? If "Yes," complete Schedule C, Part I		No
<b>4</b>	<b>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? If "Yes," complete Schedule C, Part II	Yes	
<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? If "Yes," complete Schedule C, Part III		No
<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? If "Yes," complete Schedule D, Part I	Yes	
<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? If "Yes," complete Schedule D, Part II		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
<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? If "Yes," complete Schedule D, Part IV		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	Yes	
<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? If "Yes," complete Schedule D, Part VI	Yes	
<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? If "Yes," complete Schedule D, Part VII	Yes	
<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? If "Yes," complete Schedule D, Part VIII		No
<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? If "Yes," complete Schedule D, Part IX		No
<b>e</b>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
<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)? If "Yes," complete Schedule D, Part X		No
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
<b>b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		No
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No
<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? If "Yes," complete Schedule F, Parts I and IV		No
<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? If "Yes," complete Schedule F, Parts II and IV		No
<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? If "Yes," complete Schedule F, Parts III and IV		No
<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? If "Yes," complete Schedule G, Part I (see instructions)		No
<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? If "Yes," complete Schedule G, Part II		No
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
<b>20a</b>	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
<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? If "Yes," complete Schedule I, Parts I and II	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

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 [ ]

Table with 3 main columns: Question/Description, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.



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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (22), 1b (22), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed (FL)
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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: CAROL DORKO CFOCOO 910 EAST LAS OLAS BLVD NO 200 FORT LAUDERDALE, FL 33301 (954) 761-9503







Part VIII Statement of Revenue

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

Table with columns (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants and Other Similar Amounts (1a-1g), Program Service Revenue (2a-2f), Other Revenue (3-12), and Total revenue (12).

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<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 . . . . .	13,752,592	13,752,592		
<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. . . . .	5,000	5,000		
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	964,835	478,507	218,581	267,747
<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 . . . . .	950,123	513,365	217,732	219,026
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	113,138	58,601	25,778	28,759
<b>9</b> Other employee benefits . . . . .	194,863	100,931	44,399	49,533
<b>10</b> Payroll taxes . . . . .	128,226	66,416	29,216	32,594
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .	45,000	23,308	10,253	11,439
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	1,381,992		1,381,992	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	204,221	103,448	50,005	50,768
<b>12</b> Advertising and promotion . . . . .	12,992	6,729	2,960	3,303
<b>13</b> Office expenses . . . . .	26,904	13,935	6,130	6,839
<b>14</b> Information technology . . . . .	82,035	42,491	18,691	20,853
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	363,056	219,076	106,270	37,710
<b>17</b> Travel . . . . .	272	141	62	69
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	10,043	5,202	2,288	2,553
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	68,642		68,642	
<b>23</b> Insurance . . . . .	23,075	10,384	6,922	5,769
<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> PRINTING	213,612	110,641	48,671	54,300
<b>b</b> DONOR RELATIONS	53,400	27,659	12,167	13,574
<b>c</b> LICENSES AND PERMITS	44,949	29,217	11,237	4,495
<b>d</b> DUES AND SUBSCRIPTIONS	27,156	14,066	6,187	6,903
<b>e</b> All other expenses	103,216	54,993	33,992	14,231
<b>25</b> Total functional expenses. Add lines 1 through 24e	18,769,342	15,636,702	2,302,175	830,465
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	541,017	<b>1</b>	288,712
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .	7,971,340	<b>3</b>	6,472,314
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<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 . . . . .	259,502	<b>9</b>	357,879
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 718,429		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 589,974	145,520	<b>10c</b> 128,455
	<b>11</b> Investments—publicly traded securities . . . . .	119,402,690	<b>11</b>	187,361,072
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	79,450,349	<b>12</b>	72,814,538
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	500,000	<b>13</b>	500,000
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	1,130,936	<b>15</b>	1,232,127
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	209,401,354	<b>16</b>	269,155,097	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	212,285	<b>17</b>	165,783
	<b>18</b> Grants payable . . . . .	2,763,175	<b>18</b>	2,279,017
	<b>19</b> Deferred revenue . . . . .	622,146	<b>19</b>	587,707
	<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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	302,424	<b>23</b>	0
	<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	16,385,307	<b>25</b>	21,328,946
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	20,285,337	<b>26</b>	24,361,453
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	180,125,195	<b>27</b>	237,165,783
	<b>28</b> Net assets with donor restrictions . . . . .	8,990,822	<b>28</b>	7,627,861
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	189,116,017	<b>32</b>	244,793,644	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	209,401,354	<b>33</b>	269,155,097	

**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>	25,049,908
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	18,769,342
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	6,280,566
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	189,116,017
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	49,778,973
<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>	-381,912
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	244,793,644

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 59-2477112

**Name:** COMMUNITY FOUNDATION OF BROWARD INC

Form 990 (2020)

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**Form 990, Part III, Line 4a:**

REFER TO SCHEDULE O.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LINDA CARTER ..... FOREMER CEO/PRESIDENT	40.00 .....					X		264,600	0	32,270
NANCY THIES ..... VP OF DEVELOPMENT	40.00 .....				X			178,500	0	25,204
CAROL DORKO ..... CFO/COO	40.00 .....			X				165,375	0	24,153
KIRK ENGLEHARDT ..... VP OF MARKETING AND COMMUNICATIONS	40.00 .....				X			165,375	0	24,140
SHERI S BROWN ..... VP OF PROGRAMS	40.00 .....				X			165,375	0	24,140
MARK KOTLER ..... DIRECTOR OF PHILANTHROPY	40.00 .....					X		129,305	0	8,129
ANNETTE BAUER ..... FINANCE MANAGER	40.00 .....					X		115,000	0	20,035
JENNIFER O'FLANNERY ..... CEO	40.00 .....			X				109,068	0	1,834
JAMES DONNELLY ..... CHAIR	2.00 .....	X		X				0	0	0
JULIET MURPHY ROULHAC ..... VICE CHAIR	2.00 .....	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KURT ZIMMERMAN ESQ ..... TREASURER	2.00 .....	X		X				0	0	0
THOMAS OLIVERI ..... SECRETARY	2.00 .....	X		X				0	0	0
PEGGY HOGAN MARKER ..... AT LARGE	2.00 .....	X						0	0	0
ALICE LUCIA JACKSON ..... AT LARGE	2.00 .....	X						0	0	0
J DAVID ARMSTRONG JR ..... BOARD MEMBER	2.00 .....	X						0	0	0
DORIA M CAMARAZA ..... BOARD MEMBER	2.00 .....	X						0	0	0
SUSANNE CORNFELD HUROWITZ ..... BOARD MEMBER	2.00 .....	X						0	0	0
JAMES DAVIS ..... BOARD MEMBER	2.00 .....	X						0	0	0
EDWARD HASHEK ..... BOARD MEMBER	2.00 .....	X						0	0	0
JANE F BOLIN ..... BOARD MEMBER	2.00 .....	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARCELL HAYWOOD ..... BOARD MEMBER	2.00 .....	X						0	0	0
DAVID HORVITZ ..... BOARD MEMBER	2.00 .....	X						0	0	0
ALBERTO FERNANDEZ ..... BOARD MEMBER	2.00 .....	X						0	0	0
PAIGE HYATT ..... BOARD MEMBER	2.00 .....	X						0	0	0
ANNE JOYNER ..... BOARD MEMBER	2.00 .....	X						0	0	0
DARA LEVAN ..... BOARD MEMBER	2.00 .....	X						0	0	0
NANCY A MEYER ..... BOARD MEMBER	2.00 .....	X						0	0	0
DEV MOTWANI ..... BOARD MEMBER	2.00 .....	X						0	0	0
MONA PITTENGER ..... BOARD MEMBER	2.00 .....	X						0	0	0
DAVID M SCULLY ..... BOARD MEMBER	2.00 .....	X						0	0	0



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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

**Name of the organization**  
COMMUNITY FOUNDATION OF BROWARD INC

**Employer identification number**  
59-2477112

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . . \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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 failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

	Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . . . .	13,149,727	20,633,091	22,052,553	11,845,937	13,772,428	81,453,736
<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</b>	<b>Total.</b> Add lines 1 through 3	13,149,727	20,633,091	22,052,553	11,845,937	13,772,428	81,453,736
<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) . . . . .						4,182,004
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4.						77,271,732

**Section B. Total Support**

	Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b>	Amounts from line 4. . . . .	13,149,727	20,633,091	22,052,553	11,845,937	13,772,428	81,453,736
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	2,643,818	3,339,500	3,403,615	4,051,112	4,716,913	18,154,958
<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.). . . . .	1,947,528	2,195,001	2,295,474	2,512,873	2,746,518	11,697,394
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						111,306,088

**12** Gross receipts from related activities, etc. (see instructions) . . . . . **12**

**13** **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

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

**14** Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) . . . . . **14** 69.420 %

**15** Public support percentage for 2019 Schedule A, Part II, line 14 . . . . . **15** 68.490 %

**16a** **33 1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b** **33 1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**17a** **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

**b** **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

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

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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</b>	<b>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</b>	<b>Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First 5 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 2020 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2020</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2020.** 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—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 line 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 lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in 11a above?		
<b>c</b>	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the officers, 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? <i>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.</i>		
<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? <i>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.</i>		

**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)? <i>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).</i>		

**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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in line 2 above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**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 ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer lines 2a and 2b below.</b>		
<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? <i>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.</i>	Yes	No
<b>b</b>	Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>3</b>	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>		
<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? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**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 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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)		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts ( <i>prior IRS approval required - provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions	<b>6</b>	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions	<b>8</b>	
<b>9</b> Distributable amount for 2020 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by Line 9 amount	<b>10</b>	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required-- <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020:			
<b>a</b> From 2015. . . . .			
<b>b</b> From 2016. . . . .			
<b>c</b> From 2017. . . . .			
<b>d</b> From 2018. . . . .			
<b>e</b> From 2019. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016. . . . .			
<b>b</b> Excess from 2017. . . . .			
<b>c</b> Excess from 2018. . . . .			
<b>d</b> Excess from 2019. . . . .			
<b>e</b> Excess from 2020. . . . .			

**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).

<b>Facts And Circumstances Test</b>
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**990 Schedule A, Supplemental Information**

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	MANAGEMENT FEES CHARGED TO INDIVIDUAL FUNDS - 2016 AMOUNT: \$ 1,947,528. 2017 AMOUNT: \$ 2,195,001. 2018 AMOUNT: \$ 2,295,474. 2019 AMOUNT: \$ 2,512,873. 2020 AMOUNT: \$ 2,746,518.



**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
  
**2020**  
**Open to Public Inspection**

**If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization COMMUNITY FOUNDATION OF BROWARD INC	Employer identification number 59-2477112
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

**1** Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

**2** Political campaign activity expenditures (see instructions) ..... ▶ \$ \_\_\_\_\_

**3** Volunteer hours for political campaign activities (see instructions) .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

**1** Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_

**2** Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_

**3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No

**4a** Was a correction made? .....  Yes  No

**b** If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

**1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

**2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

**3** Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ \_\_\_\_\_

**4** Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No

**5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals (b) Affiliated group totals

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying) .....
- b** Total lobbying expenditures to influence a legislative body (direct lobbying) .....
- c** Total lobbying expenditures (add lines 1a and 1b) .....
- d** Other exempt purpose expenditures .....
- e** Total exempt purpose expenditures (add lines 1c and 1d) .....
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

	0
	0
	0
	0
	0

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

- g** Grassroots nontaxable amount (enter 25% of line 1f) .....
- h** Subtract line 1g from line 1a. If zero or less, enter -0- .....
- i** Subtract line 1f from line 1c. If zero or less, enter -0- .....

	0

- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  Yes  No

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
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**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

OMB No. 1545-0047  
**2020**  
**Open to Public Inspection**

▶ **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.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**Name of the organization**  
COMMUNITY FOUNDATION OF BROWARD INC

**Employer identification number**  
59-2477112

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

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year . . . . .	121	
<b>2</b> Aggregate value of contributions to (during year)	9,225,197	
<b>3</b> Aggregate value of grants from (during year)	5,616,348	
<b>4</b> Aggregate value at end of year . . . . .	49,838,397	

- 5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  **Yes**  **No**
- 6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .  **Yes**  **No**

**Part II Conservation Easements.**  
Complete if the organization answered "Yes" 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 an historically important land area
- Protection of natural habitat  Preservation of a certified historic structure
- Preservation of open space

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

	Held at the End of the Year
<b>a</b> Total number of conservation easements . . . . .	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements . . . . .	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a) . . . . .	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	<b>2d</b>

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**

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

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

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

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

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

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	189,894,594	191,783,109	176,118,385	160,383,520	141,061,092
<b>b</b> Contributions . . . . .	6,933,352	7,814,643	18,887,279	14,291,836	9,505,343
<b>c</b> Net investment earnings, gains, and losses	62,254,890	1,585,127	7,310,068	12,670,228	19,949,748
<b>d</b> Grants or scholarships . . . . .	8,682,047	7,873,584	7,389,872	8,060,446	7,328,344
<b>e</b> Other expenditures for facilities and programs . . . . .	1,308,121	1,048,220	996,831	1,073,855	922,464
<b>f</b> Administrative expenses . . . . .	2,600,752	2,366,481	2,145,920	2,092,898	1,881,855
<b>g</b> End of year balance . . . . .	246,491,916	189,894,594	191,783,109	176,118,385	160,383,520

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

- a** Board designated or quasi-endowment ▶ .....
- b** Permanent endowment ▶ 100.000 % .....
- c** Term endowment ▶ .....

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

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

- (i)** Unrelated organizations . . . . .
- (ii)** Related organizations . . . . .

	Yes	No
<b>3a(i)</b>		No
<b>3a(ii)</b>		No
<b>3b</b>		

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements		448,844	400,757	48,087
<b>d</b> Equipment . . . . .		161,163	120,822	40,341
<b>e</b> Other . . . . .		108,422	68,395	40,027
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				128,455

**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) INVESTMENT FUNDS	57,805,257	F
(B) PRIVATE EQUITY FUNDS	7,372,644	F
(C) COMMODITIES INVESTMENT TRUSTS	288,131	F
(D) REAL ESTATE INVESTMENTS TRUSTS	7,348,506	F
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	72,814,538	

**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)		
(10)		
<b>Total.</b> (Column (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)	
(10)	
<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 TRANSACTIONS PAYABLE	21,328,946
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	21,328,946

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	72,739,961
<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>	49,778,973
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<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>	49,778,973
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	22,960,988
<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>	1,263,081
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	825,839
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	2,088,920
<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>	25,049,908

**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>	16,998,855
<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>	
<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>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	16,998,855
<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>	1,263,081
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	507,406
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	1,770,487
<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>	18,769,342

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation



## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 59-2477112

**Name:** COMMUNITY FOUNDATION OF BROWARD INC

## Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	AGENCY TRANSACTIONS 825,839.

## Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	AGENCY TRANSACTIONS 507,406.

Note: To capture the full content of this document as Filed, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Name of the organization COMMUNITY FOUNDATION OF BROWARD INC

Employer identification number 59-2477112

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to 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.

Table with 8 columns: (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 noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 223
3 Enter total number of other organizations listed in the line 1 table. 0

**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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	ONCE A GRANT HAS BEEN AWARDED, A CONTRACT IS CREATED THAT OUTLINES THE PROJECT SPECIFICS AS DESCRIBED IN THE PROPOSAL. GRANTEEES SUBMIT MID-YEAR AND YEAR-END REPORTS THAT INCLUDE A FINANCIAL ACCOUNTING REPORT. THE FOUNDATION HAS A GOOD WORKING RELATIONSHIP WITH ITS GRANTEEES. IT IS THE GOAL OF THE COMMUNITY FOUNDATION TO HELP GRANTEEES REACH THEIR STATED OUTCOMES TO ADDRESS COMMUNITY CHANGE.

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 59-2477112  
**Name:** COMMUNITY FOUNDATION OF BROWARD INC

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
2-1-1 BROWARD 250 NE 33RD STREET OAKLAND PARK, FL 33334	65-0589294	501(C)(3)	13,318				GENERAL SUPPORT
AID TO VICTIMS OF DOMESTIC ABUSE INC PO BOX 6161 DELRAY BEACH, FL 33482	59-2486620	501(C)(3)	10,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN CANCER SOCIETY 3363 W COMMERCIAL BOULEVARD 100 FORT LAUDERDALE, FL 33309	13-1788491	501(C)(3)	17,779				GENERAL SUPPORT
AMERICAN HEART ASSOCIATION 4000 HOLLYWOOD BLVDSUITE 170N HOLLYWOOD, FL 33021	13-5613797	501(C)(3)	67,005				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN MATHEMATICAL SOCIETY 201 CHARLES STREET PROVIDENCE, RI 02904	05-0264797	501(C)(3)	10,000				GENERAL SUPPORT
AMERICAN RED CROSS - BROWARD COUNTY CHAPTER 600 NE 3RD AVE FORT LAUDERDALE, FL 33304	53-0196605	501(C)(3)	35,908				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN SOCIETY FOR TECHNION ISRAEL INSTITUTE OF TECHNOLOGY 55 E 59TH STREET NEW YORK, NY 10022	13-0434195	501(C)(3)	22,647				GENERAL SUPPORT
AMERICARES 88 HAMILTON AVE STAMFORD, CT 06902	06-1008595	501(C)(3)	20,000				GENERAL SUPPORT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMG INTERNATIONAL 6815 SHALLOWFORD ROAD CHATTANOOGA, TN 37421	13-1766596	501(C)(3)	5,000				GENERAL SUPPORT
ANTI-DEFAMATION LEAGUE 605 THIRD AVENUE NEW YORK, NY 10158	13-1818723	501(C)(3)	20,968				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ARC BROWARD 10250 NW 53RD STREET SUNRISE, FL 33351	59-0809623	501(C)(3)	127,600				GENERAL SUPPORT
ARCHDIOCESE OF MIAMI DEVELOPMENT CORPORATION 9401 BISCAYNE BOULEVARD MIAMI SHORES, FL 33138	59-1279497	501(C)(3)	11,417				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ART AND CULTURE CENTER OF HOLLYWOOD 1650 HARRISON STREET HOLLYWOOD, FL 33020	59-1951668	501(C)(3)	84,500				GENERAL SUPPORT
ART PREVAILS PROJECT PO BOX 5142 FORT LAUDERDALE, FL 33310	81-1459352	501(C)(3)	35,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ASIAN AMERICAN LEAD 5518 CONNECTICUT AVE NW SECOND FLOOR WASHINGTON, DC 20015	52-2102012	501(C)(3)	20,000				GENERAL SUPPORT
BACK ON MY FEET 100 S BROAD STREET SUITE 2136 PHILADELPHIA, PA 19110	26-2109809	501(C)(3)	25,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BAPS CHARITIES 81 SUTTON LANE SUITE 201 PISCATAWAY, NJ 08854	26-1530694	501(C)(3)	5,000				GENERAL SUPPORT
BAPTIST HEALTH FOUNDATION 6855 RED ROAD CORAL GABLES, FL 33143	47-3403762	501(C)(3)	50,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BE THE DROP 5391 SW 130TH TERRACE MIRAMAR, FL 33027	83-4431545	501(C)(3)	5,000				GENERAL SUPPORT
BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON ROAD KANAB, UT 84741	23-7147797	501(C)(3)	5,349				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BIG BROTHERS BIG SISTERS HAWAI'I 2119 N KING STREET SUITE 202 HONOLULU, HI 96819	99-0109970	501(C)(3)	5,000				GENERAL SUPPORT
BIGELOW LABRATORY FOR OCEAN SCIENCES 60 BIGELOW DRIVE EAST BOOTHBAY, ME 04544	01-6006001	501(C)(3)	5,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOYS & GIRLS CLUBS OF BROWARD COUNTY 877 NW 61ST STREET FORT LAUDERDALE, FL 33309	59-1108790	501(C)(3)	77,323				GENERAL SUPPORT
BRIGHAM AND WOMEN'S HOSPITAL 116 HUNTINGTON AVENUE BOSTON, MA 02116	04-2312909	501(C)(3)	10,000				GENERAL SUPPORT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BROWARD CHILDREN'S CENTER INC 200 SE 19TH AVENUE POMPANO BEACH, FL 33060	59-1378244	501(C)(3)	5,381				GENERAL SUPPORT
BROWARD COLLEGE FOUNDATION 111 E LAS OLAS BOULEVARD 11TH FLOOR FLOOR FORT LAUDERDALE, FL 33301	23-7181959	501(C)(3)	977,361				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BROWARD COUNTY FILM SOCIETY FORT LAUDERDALE FILM FESTIVAL 1314 E LAS OLAS BLVD SUITE 007 FT LAUDERDALE, FL 33301	59-2701676	501(C)(3)	5,500				GENERAL SUPPORT
BROWARD EDUCATION FOUNDATION INC 600 SE 3RD AVE 1ST FLOOR FORT LAUDERDALE, FL 33301	59-2359433	501(C)(3)	49,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BROWARD HEALTH FOUNDATION 1201 S ANDREWS AVE FORT LAUDERDALE, FL 33316	65-0930889	501(C)(3)	10,725				GENERAL SUPPORT
BROWARD HOUSE INC 1726 SE 3RD AVENUE FT LAUDERDALE, FL 33316	59-2913416	501(C)(3)	102,887				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BROWARD PARTNERSHIP FOR THE HOMELESS INC 920 NW 7TH AVENUE FORT LAUDERDALE, FL 33311	65-0777033	501(C)(3)	235,473				GENERAL SUPPORT
BROWARD PERFORMING ARTS FOUNDATION 201 SW FIFTH AVENUE FORT LAUDERDALE, FL 33312	59-2657043	501(C)(3)	238,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BROWARD PUBLIC LIBRARY FOUNDATION INC 100 SOUTH ANDREWS AVENUE 8TH FLOOR FORT LAUDERDALE, FL 33301	59-2224746	501(C)(3)	85,210				GENERAL SUPPORT
BUSINESS FOR THE ARTS BROWARD 401 E LAS OLAS BLVD SUITE 800 FORT LAUDERDALE, FL 33301	65-0151424	501(C)(3)	15,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BYTE BACK 899 NORTH CAPITOL STREET NE SUITE 850 WASHINGTON, DC 20002	52-2061398	501(C)(3)	35,000				GENERAL SUPPORT
CANINE ASSISTED THERAPY INC 1040 NE 45 STREET OAKLAND PARK, FL 33334	27-0700622	501(C)(3)	41,845				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MIAMI INC 1505 NE 26TH STREET WILTON MANORS, FL 33305	59-1279497	501(C)(3)	10,000				GENERAL SUPPORT
CATS EXCLUSIVE INC 6350 W ATLANTIC BLVD 1 MARGATE, FL 33063	59-2212954	501(C)(3)	20,500				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHICAGO RETIRED TEACHERS AID FUND INC 111 N WABASH AVENUE SUITE 2010 CHICAGO, IL 60602	36-3464898	501(C)(3)	5,239				GENERAL SUPPORT
CHILDNET 1100 W MCNAB RD FORT LAUDERDALE, FL 33309	65-1149351	501(C)(3)	25,000				GENERAL SUPPORT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHILDREN'S DIAGNOSTIC & TREATMENT CENTER 1401 SOUTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33316	65-1026739	501(C)(3)	92,666				GENERAL SUPPORT
CHILDREN'S HOME SOCIETY OF FLORIDA 800 NW 15 STREET MIAMI, FL 33136	59-0192430	501(C)(3)	8,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHILDREN'S SERVICES COUNCIL OF BROWARD COUNTY 6600 W COMMERCIAL BLVD LAUDERHILL, FL 33319	65-1104179	501(C)(3)	136,095				GENERAL SUPPORT
CHRIST CHURCH UNITED METHODIST 4845 NE 25TH AVENUE FORT LAUDERDALE, FL 33308	59-0931259	501(C)(3)	47,117				GENERAL SUPPORT

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

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CHRISTIAN AID MINISTRIES PO BOX 360 BERLIN, OH 44610	34-1344364	501(C)(3)	5,000				GENERAL SUPPORT
CHRISTMAS IN JULY 6208 WHITE OAK LANE TAMARAC, FL 33319	65-1315291	501(C)(3)	5,000				GENERAL SUPPORT

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

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CHRISTOPHER AND DANA REEVE FOUNDATION 636 MORRIS TURNPIKE SUITE 3A SHORT HILLS, NJ 07078	22-2939536	501(C)(3)	22,402				GENERAL SUPPORT
CITY OF LIGHTHOUSE POINT 2200 NE 38TH STREET LIGHTHOUSE POINT, FL 33064	59-6017151	501(C)(3)	41,500				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLLEGE BOUND 128 M STREET NW SUITE 220 WASHINGTON, DC 20001	52-1761312	501(C)(3)	232,500				GENERAL SUPPORT
COMMUNITY ENHANCEMENT COLLABORATION 5648 WILEY STREET HOLLYWOOD, FL 33023	74-3116992	501(C)(3)	5,000				GENERAL SUPPORT

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COMMUNITY WORKS INC 2594 E BARNETT RD SUITE C MEDFORD, OR 97504	93-0633804	501(C)(3)	5,000				GENERAL SUPPORT
CONSERVANCY OF SOUTHWEST FLORIDA 1495 SMITH PRESERVE WAY NAPLES, FL 34102	59-1157084	501(C)(3)	5,000				GENERAL SUPPORT

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<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COVENANT HOUSE FLORIDA INC 733 BREAKERS AVENUE FORT LAUDERDALE, FL 33304	59-2323607	501(C)(3)	17,912				GENERAL SUPPORT
CROCKETT FOUNDATION 401 SW 1ST AVENUE SUITE 102 FORT LAUDERDALE, FL 33301	20-2689974	501(C)(3)	15,260				GENERAL SUPPORT

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

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CYSTIC FIBROSIS FOUNDATION 3201 W COMMERCIAL BOULEVARD SUITE 237 FORT LAUDERDALE, FL 33309	59-1280455	501(C)(3)	33,603				GENERAL SUPPORT
DANIEL D CANTOR SENIOR CENTER 5000 NOB HILL RD SUNRISE, FL 33351	65-0245068	501(C)(3)	49,381				GENERAL SUPPORT



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DILLARD HIGH SCHOOL 2501 NW 11TH STREET FT LAUDERDALE, FL 33311	59-1977746	501(C)(3)	15,000				GENERAL SUPPORT
DOCTORS WITHOUT BORDERS 40 RECTOR STREET 16TH FLOOR NEW YORK, NY 10006	13-3433452	501(C)(3)	14,810				GENERAL SUPPORT

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DR STANLEY AND PEARL GOODMAN JFS OF BROWARD COUNTY INC 5890 S PINE ISLAND ROAD SUITE 201 DAVIE, FL 33328	59-0995106	501(C)(3)	64,780				GENERAL SUPPORT
EASTERSEALS SOUTH FLORIDA 1475 NW 14TH AVE MIAMI, FL 33125	59-0722783	501(C)(3)	74,100				GENERAL SUPPORT

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ENVIRONMENTAL DEFENSE FUND 257 PARK AVENUE SOUTH NEW YORK, NY 10010	11-6107128	501(C)(3)	20,000				GENERAL SUPPORT
EQUALITY FLORIDA INSTITUTE PO BOX 13184 ST PETERSBURG, FL 33733	59-3435235	501(C)(3)	72,050				GENERAL SUPPORT

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EXCHANGE CLUB OF POMPANO BEACH PO BOX 672 POMPANO BEACH, FL 33061	65-0416426	501(C)(3)	16,958				GENERAL SUPPORT
FACE THE MUSIC FOUNDATION 915 MIDDLE RIVER DRIVE SUITE114 FORT LAUDERDALE, FL 33304	46-4927379	501(C)(3)	75,000				GENERAL SUPPORT

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FEEDING SOUTH FLORIDA 2501 SW 32ND TERRACE PEMBROKE PARK, FL 33023	59-2097520	501(C)(3)	245,069				GENERAL SUPPORT
FIREFIGHTERS OF MIRAMAR BENEVOLENT ASSOCIATION INC 14359 MIRAMAR PKWY 4134 MIRAMAR, FL 33027	84-2970095	501(C)(3)	15,000				GENERAL SUPPORT

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FIRST PRESBYTERIAN CHURCH OF FORT LAUDERDALE 401 SE 15TH AVENUE FORT LAUDERDALE, FL 33301	59-0725544	501(C)(3)	22,087				GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH OF POTTSTOWN 750 N EVANS STREET POTTSTOWN, PA 19464	23-1522639	501(C)(3)	112,009				GENERAL SUPPORT

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FLAMINGO GARDENS INC 3750 S FLAMINGO RD DAVIE, FL 33330	46-2372621	501(C)(3)	250,000				GENERAL SUPPORT
FLITE CENTER 5201 NW 33RD AVENUE FORT LAUDERDALE, FL 33309	26-4155794	501(C)(3)	64,000				GENERAL SUPPORT

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FLORIDA ATLANTIC UNIVERSITY FOUNDATION 777 GLADES ROAD BOCA RATON, FL 33431	59-0917284	501(C)(3)	33,500				GENERAL SUPPORT
FLORIDA GRAND OPERA 8390 NW 25TH STREET MIAMI, FL 33122	65-0496477	501(C)(3)	39,132				GENERAL SUPPORT



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FLORIDA JUSTICE CENTER 111 E LAS OLAS BLVD SUITE 1100 FORT LAUDERDALE, FL 33301	83-3734928	501(C)(3)	50,000				GENERAL SUPPORT
FLORIDA RESEARCH INSTITUTE FOR EQUINE NURTURING DEVELOPMENT & SA 1840 NE 65 COURT FORT LAUDERDALE, FL 33308	59-2825751	501(C)(3)	26,000				GENERAL SUPPORT

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FLORIDA RISING (DBA NEW FLORIDA MAJORITY EDUCATION FUND) 10800 BISCAYNE BLVD SUITE 1050 MIAMI, FL 33161	45-3956785	501(C)(3)	20,000				GENERAL SUPPORT
FLORIDA STATE UNIVERSITY FOUNDATION INC 325 W COLLEGE AVE TALLAHASSEE, FL 32301	59-6152180	501(C)(3)	100,000				GENERAL SUPPORT

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FLORIDA TAX WATCH 106 N BRONOUGH STREET TALLAHASSEE, FL 32301	59-1918055	501(C)(3)	25,000				GENERAL SUPPORT
FLORIDA YOUTH ORCHESTRA 1708 N 40TH AVENUE HOLLYWOOD, FL 33021	65-0063799	501(C)(3)	15,581				GENERAL SUPPORT

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FOR THE KIDS INTERNATIONAL 6614 VAN WINKLE DRIVE FALLS CHURCH, VA 22044	46-2772734	501(C)(3)	20,700				GENERAL SUPPORT
FOUNDATION FOR INDEPENDENT LIVING 1367 LYONS RD COCONUT CREEK, FL 33063	59-2656932	501(C)(3)	40,000				GENERAL SUPPORT

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FREEDOMS FOUNDATION AT VALLEY FORGE BROWARD COUNTY CHAPTER PO BOX 4116 FORT LAUDERDALE, FL 33338	23-1657857	501(C)(3)	135,531				GENERAL SUPPORT
FRIENDS OF WLRN INC PO BOX 19731 MIAMI, FL 33101	23-7365001	501(C)(3)	65,584				GENERAL SUPPORT

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FRIENDSHIP CIRCLE OF GREATER FORT LAUDERDALE INC 1302 E LAS OLAS BLVD FORT LAUDERDALE, FL 33301	26-4240600	501(C)(3)	7,614				GENERAL SUPPORT
FUNDING ARTS BROWARD INC 1350 EAST SUNRISE BLVD SUITE 120 FORT LAUDERDALE, FL 33304	20-0151317	501(C)(3)	9,600				GENERAL SUPPORT

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GILDA'S CLUB SOUTH FLORIDA 119 ROSE DRIVE FORT LAUDERDALE, FL 33316	65-0528626	501(C)(3)	49,000				GENERAL SUPPORT
GIRL SCOUTS OF SOUTHEAST FLORIDA INC 6944 LAKE WORTH RD LAKE WORTH, FL 33467	59-0657327	501(C)(3)	8,771				GENERAL SUPPORT

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GLORIA M SILVERIO FOUNDATION AKA A SAFE HAVEN FOR NEWBORNS 6955 NW 77TH AVENUE SUITE 302 MIAMI, FL 33166	65-1075409	501(C)(3)	10,000				GENERAL SUPPORT
GOLD COAST JAZZ SOCIETY INC 1350 EAST SUNRISE BLVD 115 FORT LAUDERDALE, FL 33304	65-0335986	501(C)(3)	43,207				GENERAL SUPPORT



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GOODWILL INDUSTRIES OF BROWARD COUNTY INC 2104 WEST COMMERCIAL BOULEVARD FORT LAUDERDALE, FL 33309	59-0866126	501(C)(3)	33,603				GENERAL SUPPORT
GREATER MIAMI JEWISH FEDERATION INC 4200 BISCAYNE BLVD MIAMI, FL 33137	59-0624404	501(C)(3)	38,000				GENERAL SUPPORT

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HOMES INC 690 NE 13 STREET FT LAUDERDALE, FL 33304	65-0870180	501(C)(3)	164,000				GENERAL SUPPORT
HABITAT FOR HUMANITY OF BROWARD PO BOX 5209 DEERFIELD BEACH, FL 33442	59-2320573	501(C)(3)	346,000				GENERAL SUPPORT

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HARMONY DEVELOPMENT CENTER 12233 SW 55TH STREET SUITE 801 DAVIE, FL 33330	80-0004598	501(C)(3)	30,000				GENERAL SUPPORT
HARVEST DRIVE INC 13762 W STATE ROAD 84 SUITE 316 SUNRISE, FL 33325	27-3012602	501(C)(3)	60,730				GENERAL SUPPORT

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HEALTHY AQUATICS MARINE INSTITUTE DBA THE REEF INSTITUTE 520 24TH STREET WEST PALM BEACH, FL 33407	81-3369434	501(C)(3)	33,000				GENERAL SUPPORT
HEALTHY MOTHERS HEALTHY BABIES COALITION OF BROWARD COUNTY INC 3810 INVERRARY BLVD SUITE 305 LAUDERHILL, FL 33319	65-0161493	501(C)(3)	36,750				GENERAL SUPPORT

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HEART GALLERY OF BROWARD 222 SE 10TH STREET FORT LAUDERDALE, FL 33316	06-1799263	501(C)(3)	5,000				GENERAL SUPPORT
HELPING ABUSED NEGLECTED DISADVANTAGED YOUTH (HANDY) INC 1717 N ANDREWS AVENUE FORT LAUDERDALE, FL 33311	59-2507617	501(C)(3)	22,204				GENERAL SUPPORT

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HENDERSON BEHAVIORAL HEALTH 4740 N STATE ROAD 7 201 FORT LAUDERDALE, FL 33319	59-0711167	501(C)(3)	112,915				GENERAL SUPPORT
HIDDEN HARBOR MARINE ENVIRONMENTAL PROJECT 2396 OVERSEAS HIGHWAY MARATHON, FL 33050	65-0306516	501(C)(3)	5,000				GENERAL SUPPORT

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HILLSIDE SCHOOL 404 ROBIN HILL STREET MARLBOROUGH, MA 01752	04-2111216	501(C)(3)	5,239				GENERAL SUPPORT
HISPANIC UNITY OF FLORIDA INC 5840 JOHNSON STREET HOLLYWOOD, FL 33021	59-2230272	501(C)(3)	100,000				GENERAL SUPPORT

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HOLOCAUST DOCUMENTATION AND EDUCATION CENTER INC 303 N FEDERAL HWY DANIA, FL 33004	59-1992826	501(C)(3)	5,000				GENERAL SUPPORT
HOLY CROSS HEALTH 4725 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308	59-0791028	501(C)(3)	158,176				GENERAL SUPPORT



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<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HUMAN RIGHTS CAMPAIGN FOUNDATION 1640 RHODE ISLAND AVE NW WASHINGTON, DC 20036	52-1481896	501(C)(3)	5,000				GENERAL SUPPORT
HUMANE SOCIETY OF BROWARD COUNTY 2070 GRIFFIN ROAD FORT LAUDERDALE, FL 33312	59-6002321	501(C)(3)	237,169				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
I HAVE A DREAM FOUNDATION OF MIAMI 17749 COLLINS AVENUE TS40 SUNNY ISLES BEACH, FL 33160	65-0570404	501(C)(3)	10,000				GENERAL SUPPORT
IMACS 7435 NW 4TH STREET PLANTATION, FL 33317	65-1065467	501(C)(3)	30,200				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
INSIDE OUT THEATER CO PO BOX 267355 FORT LAUDERDALE, FL 33326	65-0869196	501(C)(3)	87,500				GENERAL SUPPORT
INSTITUTE FOR ADVANCED CATHOLIC STUDIES 3601 WATT WAY GFS 304 LOS ANGELES, CA 90089	25-1843470	501(C)(3)	26,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
INTERNATIONAL ESSENTIAL TREMOR FOUNDATION PO BOX 14005 LEXENA, KS 66285	36-3847816	501(C)(3)	24,900				GENERAL SUPPORT
JACK & JILL CENTER 1315 WEST BROWARD BLVD LAUDERDALE, FL 33312	59-0637870	501(C)(3)	94,650				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JAZZ EDUCATION NETWORK 1440 W TAYLOR STREET 1135 CHICAGO, IL 60607	26-2880358	501(C)(3)	5,000				GENERAL SUPPORT
JESSICA JUNE CHILDREN'S CANCER FOUNDATION INC ONE LAS OLAS CIRCLE SUITE 209 FORT LAUDERDALE, FL 33316	13-4280980	501(C)(3)	18,100				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JEWISH ADOPTION AND FOSTER CARE OPTIONS 4200 NORTH UNIVERSITY DRIVE SUNRISE, FL 33351	20-0898587	501(C)(3)	31,800				GENERAL SUPPORT
JEWISH FEDERATION OF BROWARD COUNTY INC 5890 S PINE ISLAND RD DAVIE, FL 33328	59-0967823	501(C)(3)	92,500				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JOE DIMAGGIO CHILDREN'S HOSPITAL FOUNDATION 3329 JOHNSON STREET HOLLYWOOD, FL 33021	65-0492343	501(C)(3)	44,055				GENERAL SUPPORT
JUNIOR ACHIEVEMENT OF SOUTH FLORIDA 1130 COCONUT CREEK BLVD COCONUT CREEK, FL 33066	59-0871466	501(C)(3)	73,961				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JUVENILE DIABETES RESEARCH FOUNDATION 26 BROADWAY 14TH FLOOR NEW YORK, NY 10004	23-1907729	501(C)(3)	25,000				GENERAL SUPPORT
KATE DUNCAN SMITH DAR SCHOOL 6077 MAIN STREET GRANT, AL 35747	63-6052700	501(C)(3)	5,239				GENERAL SUPPORT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
KIDSAFE FOUNDATION 5944 CORAL RIDGE DRIVE 241 CORAL SPRINGS, FL 33076	27-1067698	501(C)(3)	5,000				GENERAL SUPPORT
KNOX THEOLOGICAL SEMINARY 5555 N FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308	45-1812625	501(C)(3)	78,750				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LAKE FOREST ACADEMY 1500 WEST KENNEDY ROAD LAKE FOREST, IL 60045	36-2216167	501(C)(3)	10,000				GENERAL SUPPORT
LAMBDA LEGAL DEFENSE AND EDUCATION FUND INC 120 WALL STREET 19TH FLOOR NEW YORK, NY 10005	23-7395681	501(C)(3)	5,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LEGAL AID SERVICE OF BROWARD COUNTY INC 491 N STATE ROAD 7 PLANTATION, FL 33317	59-1547191	501(C)(3)	54,000				GENERAL SUPPORT
LIFENET4FAMILIES ONE NW 33 TERRACE LAUDERHILL, FL 33311	59-2696451	501(C)(3)	93,985				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LIGHT OF THE WORLD CLINIC - LUZ DEL MUNDO 5333 N DIXIE HIGHWAY SUITE 201 OAKLAND PARK, FL 33334	65-0266070	501(C)(3)	40,000				GENERAL SUPPORT
LIGHTHOUSE OF BROWARD COUNTY 650 NORTH ANDREWS AVENUE FORT LAUDERDALE, FL 33311	59-1650909	501(C)(3)	35,593				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LUPUS FOUNDATION OF AMERICA INC SOUTHEAST FLORIDA CHAPTER 2300 HIGH RIDGE ROAD SUITE 375 BOYNTON BEACH, FL 33426	59-1752601	501(C)(3)	67,205				GENERAL SUPPORT
LUTHERAN SERVICES FLORIDA INC 3627 A WEST WATERS AVENUE TAMPA, FL 33614	59-2198911	501(C)(3)	6,944				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MADISON COMMUNITY FOUNDATION 111 N FAIRCHILD STREET SUITE 260 MADISON, WI 53703	36-6038248	501(C)(3)	17,312				GENERAL SUPPORT
MADRE 121 WEST 27TH STREET 301 NEW YORK, NY 10001	13-3280194	501(C)(3)	7,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MAKE-A-WISH SOUTHERN FLORIDA INC 4491 S STATE ROAD 7 SUITE 201 DAVIE, FL 33314	59-2620322	501(C)(3)	42,953				GENERAL SUPPORT
MASSACHUSETTS GENERAL HOSPITAL DEVELOPMENT OFFICE 165 CAMBRIDGE STREET SUITE 600 BOSTON, MA 02114	04-1564655	501(C)(3)	10,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MASTER CHORALE OF SOUTH FLORIDA 6278 N FEDERAL HWY 351 FORT LAUDERDALE, FL 33308	74-3096907	501(C)(3)	10,093				GENERAL SUPPORT
MEMORIAL FOUNDATION INC 3329 JOHNSON STREET HOLLYWOOD, FL 33021	59-2082218	501(C)(3)	292,970				GENERAL SUPPORT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MIAMI CITY BALLET INC 2200 LIBERTY AVE MIAMI BEACH, FL 33139	59-2578534	501(C)(3)	12,352				GENERAL SUPPORT
MIAMI RESCUE MISSION PO BOX 420620 MIAMI, FL 33242	59-1743865	501(C)(3)	12,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MIAMI-DADE FAWL 1395 BRICKELL AVENUE SUITE 1200 MIAMI, FL 33131	65-0069844	501(C)(3)	5,012				GENERAL SUPPORT
MISSION OF OUR LADY OF MERCY 1140 W JACKSON BLVD CHICAGO, IL 60607	36-2171726	501(C)(3)	6,060				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MISSIONARY FLIGHTS INTERNATIONAL 3170 AIRMANS DRIVE FORT PIERCE, FL 34946	23-7199063	501(C)(3)	10,000				GENERAL SUPPORT
MOUNT OLIVE DEVELOPMENT CORPORATION 1530 NW 6TH STREET FORT LAUDERDALE, FL 33311	65-0548855	501(C)(3)	90,650				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MUSEUM OF DISCOVERY AND SCIENCE 401 SW 2ND STREET FORT LAUDERDALE, FL 33312	59-1709542	501(C)(3)	308,046				GENERAL SUPPORT
NATIONAL MULTIPLE SCLEROSIS SOCIETY SOUTH FLORIDA CHAPTER 3125 W COMMERCIAL BLVD SUITE 100 FORT LAUDERDALE, FL 33309	59-0954683	501(C)(3)	9,896				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DRIVE 20190 RESTON, VA 20190	53-0204616	501(C)(3)	35,000				GENERAL SUPPORT
NAVY LEAGUE OF THE US FORT LAUDERDALE COUNCIL PO BOX 350625 FORT LAUDERDALE, FL 33335	59-1412425	501(C)(3)	66,501				GENERAL SUPPORT

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

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NEIGHBORHOOD HOUSING SERVICES OF SOUTH FLORIDA 300 NW 12TH AVENUE MIAMI, FL 33128	59-1845761	501(C)(3)	150,000				GENERAL SUPPORT
NETWORK FOR TEACHING ENTREPRENEURSHIP 360 NW 27TH STREET MIAMI, FL 33127	13-3408731	501(C)(3)	53,500				GENERAL SUPPORT

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NICKLAUS CHILDREN'S HEALTH SYSTEM 3100 SW 62ND AVENUE MIAMI, FL 33155	59-1720704	501(C)(3)	53,216				GENERAL SUPPORT
NOVA SOUTHEASTERN UNIVERSITY 3301 COLLEGE AVENUE FT LAUDERDALE, FL 33314	59-1083502	501(C)(3)	339,584				GENERAL SUPPORT

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

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NSU ART MUSEUM FORT LAUDERDALE ONE EAST LAS OLAS BLVD FORT LAUDERDALE, FL 33301	59-1083502	501(C)(3)	543,413				GENERAL SUPPORT
ORANGE BOWL COMMITTEE 14360 NW 77TH COURT MIAMI LAKES, FL 33016	59-0384382	501(C)(3)	25,000				GENERAL SUPPORT



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

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PACE CENTER FOR GIRLS BROWARD 2225 NORTH ANDREWS AVENUE WILTON MANORS, FL 33311	59-2414472	501(C)(3)	219,406				GENERAL SUPPORT
PARKINSON'S FOUNDATION INC 200 SE 1ST STREET SUITE 800 MIAMI, FL 33131	59-0968031	501(C)(3)	300,894				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PINE CREST SCHOOL INC 1501 NE 62ND STREET FORT LAUDERDALE, FL 33334	59-0861374	501(C)(3)	10,000				GENERAL SUPPORT
PINEY GROVE BOYS ACADEMY 4699 WEST OAKLAND PARK BLVD LAUDERDALE LAKES, FL 33313	46-0645965	501(C)(3)	40,000				GENERAL SUPPORT

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

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PLANNED PARENTHOOD OF SOUTHEAST AND NORTH FLORIDA 2300 NORTH FLORIDA MANGO DRIVE WEST PALM BEACH, FL 33409	59-1391115	501(C)(3)	39,075				GENERAL SUPPORT
POTTSTOWN YMCA 724 NORTH ADAMS STREET POTTSTOWN, PA 19464	23-1360867	501(C)(3)	78,406				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PRESTIGE CLUB OF SOUTHWEST BROWARD 6191 ORANGE DRIVE SUITE 6173 DAVIE, FL 33314	65-0717521	501(C)(3)	10,000				GENERAL SUPPORT
REDEMPTION RIDGE 711 MEDFORD CENTER 264 MEDFORD, OR 97504	93-1301433	501(C)(3)	5,000				GENERAL SUPPORT

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

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SAIL TO PREVAIL INC PO BOX 1264 NEWPORT, RI 02840	05-0399703	501(C)(3)	10,000				GENERAL SUPPORT
SAINT ANTHONY SCHOOL 820 NE 3RD STREET FORT LAUDERDALE, FL 33301	59-1293631	501(C)(3)	49,061				GENERAL SUPPORT

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

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SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	15,000				GENERAL SUPPORT
SAWGRASS NATURE CENTER & WILDLIFE HOSPITAL 3000 SPORTPLEX DRIVE CORAL SPRINGS, FL 33065	65-0595837	501(C)(3)	48,660				GENERAL SUPPORT

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

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SCHOOL BOARD OF BROWARD COUNTY 600 SOUTHEAST 3RD AVE FORT LAUDERDALE, FL 33301	59-6000530	501(C)(3)	12,650				GENERAL SUPPORT
SEAFARERS' HOUSE 2550 EISENHOWER BOULEVARD SUITE 207 FORT LAUDERDALE, FL 33316	65-0123576	501(C)(3)	51,459				GENERAL SUPPORT

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

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SHERIDAN HOUSE FAMILY MINISTRIES INC 1700 S FLAMINGO ROAD DAVIE, FL 33325	26-0557974	501(C)(3)	55,900				GENERAL SUPPORT
SHRINERS HOSPITAL FOR CHILDREN 2900 ROCKY POINT DR TAMPA, FL 33607	36-2193608	501(C)(3)	10,250				GENERAL SUPPORT



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SLOW BURN THEATRE COMPANY 201 SW 5TH AVENUE FORT LAUDERDALE, FL 33312	27-0802234	501(C)(3)	15,000				GENERAL SUPPORT
SOS CHILDREN'S VILLAGES - FLORIDA 3681 NW 59TH PL COCONUT CREEK, FL 33073	65-0080301	501(C)(3)	66,662				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SOUTH FLORIDA HUNGER COALITION 599 SW 2ND AVENUE FORT LAUDERDALE, FL 33301	45-1211657	501(C)(3)	40,000				GENERAL SUPPORT
SOUTH FLORIDA INSTITUTE ON AGING 2038 N DIXIE HIGHWAY SUITE 201 WILTON MANORS, FL 33305	59-1297932	501(C)(3)	140,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SOUTH FLORIDA PBS PO BOX 610002 MIAMI, FL 33261	59-2141826	501(C)(3)	76,349				GENERAL SUPPORT
SOUTH FLORIDA WILDLIFE CENTER 3200 SW 4TH AVE FORT LAUDERDALE, FL 33315	23-7086391	501(C)(3)	30,500				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	62-0646012	501(C)(3)	144,757				GENERAL SUPPORT
ST RUTH MISSIONARY BAPTIST CHURCH 145 NW 5TH AVENUE DANIA BEACH, FL 33004	65-0352438	501(C)(3)	28,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST THOMAS AQUINAS HIGH SCHOOL 2801 SW 12TH STREET FT LAUDERDALE, FL 33312	59-0791007	501(C)(3)	15,000				GENERAL SUPPORT
ST THOMAS UNIVERSITY 16401 NW 37 AVENUE MIAMI GARDENS, FL 33054	59-0949880	501(C)(3)	18,740				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST VINCENT DE PAUL SEMINARY 10701 S MILITARY TRAIL BOYNTON BEACH, FL 33436	59-1028326	501(C)(3)	10,000				GENERAL SUPPORT
STRANAHAN HOUSE 335 SE 6TH AVENUE FORT LAUDERDALE, FL 33301	59-2164225	501(C)(3)	23,209				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SYMPHONY OF THE AMERICAS 2300 E OAKLAND PARK BLVD SUITE 306 FORT LAUDERDALE, FL 33306	65-0157441	501(C)(3)	74,448				GENERAL SUPPORT
TAKE STOCK IN CHILDREN OF BROWARD COUNTY 2050 CIVIC CENTER PLACE ROOM 213 MIRAMAR, FL 33025	59-3331584	501(C)(3)	9,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TAMASSEE DAR SCHOOL 1925 BUMGARDNER DRIVE TAMASSEE, SC 29686	57-6000973	501(C)(3)	5,239				GENERAL SUPPORT
TAYLOR'S CLOSET FOUNDATION INC 3600 GALT OCEAN DRIVE 1D FORT LAUDERDALE, FL 33308	77-0667869	501(C)(3)	25,000				GENERAL SUPPORT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TEAM RUBICON INC 6171 CENTURY BLVD SUITE 310 LOS ANGELES, CA 90045	27-1720480	501(C)(3)	7,500				GENERAL SUPPORT
THE BOGGY CREEK GANG INC 30500 BRANTLEY BRANCH ROAD EUSTIS, FL 32736	59-3012889	501(C)(3)	53,400				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE BRANDON MERRITT CHARITABLE FOUNDATION 2325 NW 102 PLACE DORAL, FL 33172	46-0571075	501(C)(3)	5,000				GENERAL SUPPORT
THE COORDINATING COUNCIL OF BROWARD PO BOX 4640 FORT LAUDERDALE, FL 33338	65-0613528	501(C)(3)	10,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE CROSSNORE SCHOOL & CHILDREN'S HOME PO BOX 249 CROSSNORE, NC 28616	56-0567980	501(C)(3)	5,239				GENERAL SUPPORT
THE FRUITFUL FIELD 100 NE 44TH STREET DEERFIELD BEACH, FL 33064	27-3202720	501(C)(3)	37,084				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE HERITAGE FOUNDATION 214 MASSACHUSETTS AVENUE NE WASHINGTON, DC 20002	23-7327730	501(C)(3)	5,000				GENERAL SUPPORT
THE KENNEDY CENTER PO BOX 101510 ARLINGTON, VA 22210	53-0245017	501(C)(3)	80,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE LEADERSHIP INSTITUTE 1101 NORTH HIGHLAND STREET ARLINGTON, VA 22201	51-0235174	501(C)(3)	20,000				GENERAL SUPPORT
THE MIAMI PROJECT TO CURE PARALYSIS 1095 NW 14TH TERRACE MIAMI, FL 33136	59-0624458	501(C)(3)	5,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE OPEN DOOR 28 EMERSON AVENUE GLOUCESTER, MA 01930	22-2513482	501(C)(3)	5,000				GENERAL SUPPORT
THE PANTRY OF BROWARD INC 610 NW 3RD AVE FORT LAUDERDALE, FL 33311	74-3215234	501(C)(3)	20,200				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE PET PROJECT FOR PETS INC 2200 NW 9TH AVENUE WILTON MANORS, FL 33311	37-1440098	501(C)(3)	40,200				GENERAL SUPPORT
THE PRIDE CENTER AT EQUALITY PARK 2040 N DIXIE HIGHWAY WILTON MANORS, FL 33305	65-0431045	501(C)(3)	25,320				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE SALVATION ARMY OF BROWARD COUNTY 1445 W BROWARD BLVD FORT LAUDERDALE, FL 33312	58-0660607	501(C)(3)	75,372				GENERAL SUPPORT
THE SALVATION ARMY OF MIAMI PO BOX 350370 MIAMI, FL 33135	13-2923701	501(C)(3)	12,000				GENERAL SUPPORT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE THOMAS E SMITH FIGHT TO CURE PARALYSIS FOUNDATION PO BOX 1624 ANDOVER, MA 01810	27-2801227	501(C)(3)	5,000				GENERAL SUPPORT
TRUSTBRIDGE HOSPICE FOUNDATION 550 W CYPRESS CREEK ROAD SUITE 550 FORT LAUDERDALE, FL 33309	20-3974070	501(C)(3)	157,257				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UM BASCOM PALMER EYE INSTITUTE PO BOX 016880 MIAMI, FL 33101	59-0624458	501(C)(3)	20,000				GENERAL SUPPORT
UNITED COMMUNITY OPTIONS OF BROWARD PALM BEACH & MID-COAST COUNTIES INC 3117 SW 13TH COURT FORT LAUDERDALE, FL 33312	59-0174817	501(C)(3)	18,565				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF BROWARD COUNTY 1300 S ANDREWS AVENUE FORT LAUDERDALE, FL 33316	59-0624402	501(C)(3)	129,844				GENERAL SUPPORT
UNITED WAY OF JOHNSON AND WASHINGTON COUNTIES 1150 5TH STREET SUITE 290 CORALVILLE, IA 52241	42-6062055	501(C)(3)	5,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF MIAMI-DADE 3250 SW 3RD AVENUE MIAMI, FL 33131	59-0830840	501(C)(3)	15,000				GENERAL SUPPORT
UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE-DIV OF RHEUMATOLOGY 1120 NW 14TH STREET LOCATOR CODE D4-10 MIAMI, FL 33136	59-0624458	501(C)(3)	11,145				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF MIAMI NEWMAN ALUMNI CENTER 6200 SAN AMARO DRIVE CORAL GABLES, FL 33146	59-0624458	501(C)(3)	51,000				GENERAL SUPPORT
UNIVERSITY OF MIAMI OFFICE OF RESEARCH ADMINISTRATION 1320 S DIXIE HWY SUITE 6501 MIAMI, FL 33146	59-0624458	501(C)(3)	58,421				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
URBAN HEALTH PARTNERSHIPS 1800 SW 1ST AVENUE SUITE 205 MIAMI, FL 33129	45-3332540	501(C)(3)	133,000				GENERAL SUPPORT
URBAN LEAGUE OF BROWARD COUNTY 560 NW 27TH AVE FORT LAUDERDALE, FL 33311	59-1564384	501(C)(3)	27,922				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WHEELCHAIR FOUNDATION FLORIDA 2117 NE 56TH COURT FORT LAUDERDALE, FL 33308	94-3353881	501(C)(3)	5,000				GENERAL SUPPORT
WHISPERING MANES 6105 SW 125TH AVE MIAMI, FL 33183	27-3697303	501(C)(3)	5,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WILDLIFE IMAGES REHABILITATION AND EDUCATION CENTER PO BOX 36 MERLIN, OR 97532	93-0793314	501(C)(3)	10,000				GENERAL SUPPORT
WINDRUSH FARM THERAPEUTIC EQUITATION INC 479 LACY STREET NORTH ANDOVER, MA 01845	04-2476717	501(C)(3)	50,000				GENERAL SUPPORT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WOMEN IN DISTRESS OF BROWARD COUNTY INC PO BOX 50187 LIGHTHOUSE POINT, FL 33074	59-1592524	501(C)(3)	212,098				GENERAL SUPPORT
WOUNDED VETERANS RELIEF FUND 1335 OLD DIXIE HIGHWAY 3 LAKE PARK, FL 33403	26-2886846	501(C)(3)	15,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YMCA OF SOUTH FLORIDA INC 900 SE 3RD AVENUE 3RD FLOOR FORTH LAUDERDALE, FL 33316	59-0624464	501(C)(3)	124,830				GENERAL SUPPORT
YOUNG AT ART OF BROWARD INC 751 SW 121ST AVE 1 DAVIE, FL 33325	59-2832971	501(C)(3)	6,622				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YOUTH AUTOMOTIVE TRAINING CENTER 399 SW 3RD AVENUE DEERFIELD BEACH, FL 33441	59-2432681	501(C)(3)	167,366				GENERAL SUPPORT
YOUTH ENVIRONMENTAL ALLIANCE INC (YEA) 6900 SW 21ST COURT SUITE 8 DAVIE, FL 33317	20-2577410	501(C)(3)	56,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YOUTH VILLAGESJANIE'S FUND 3320 BROTHER BLVD MEMPHIS, TN 38133	62-1652079	501(C)(3)	25,000				GENERAL SUPPORT

**Schedule J**  
**(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**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.**  
**▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
COMMUNITY FOUNDATION OF BROWARD INC

Employer identification number  
59-2477112

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input 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 idemnification 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)		
<input type="checkbox"/> First-class or charter travel	<input 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 idemnification 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)									
<p><b>b</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</p>	<b>1b</b>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	<b>2</b>									
<p><b>3</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" 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				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" 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									
<p><b>4</b> 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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>	No								
	<b>4b</b>	No								
	<b>4c</b>	No								
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> 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:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5a</b>	No								
	<b>5b</b>	No								
<p><b>6</b> 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:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6a</b>	No								
	<b>6b</b>	No								
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	<b>7</b>	No								
<p><b>8</b> 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.</p>	<b>8</b>	No								
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>									

**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 LINDA CARTER FOREMER CEO/PRESIDENT	(i)	264,600	0	0	21,200	11,070	296,870	0
	(ii)	0	0	0	0	0	0	0
2 NANCY THIES VP OF DEVELOPMENT	(i)	178,500	0	0	14,301	10,903	203,704	0
	(ii)	0	0	0	0	0	0	0
3 CAROL DORKO CFO/COO	(i)	165,375	0	0	13,250	10,903	189,528	0
	(ii)	0	0	0	0	0	0	0
4 KIRK ENGLEHARDT VP OF MARKETING AND COMMUNICATIONS	(i)	165,375	0	0	13,237	10,903	189,515	0
	(ii)	0	0	0	0	0	0	0
5 SHERI S BROWN VP OF PROGRAMS	(i)	165,375	0	0	13,237	10,903	189,515	0
	(ii)	0	0	0	0	0	0	0

**Part III**    **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>
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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
COMMUNITY FOUNDATION OF BROWARD INC

Employer identification number  
59-2477112

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	18	1,542,312	FAIR MARKET VALUE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .

	Yes	No
30a		No

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31		No
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32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

32a	Yes	
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b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.



**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 32B:	SECURITIES ARE RECEIVED INTO BROKERAGE ACCOUNTS AND SOLD IMMEDIATELY.

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

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury

Name of the Organization

COMMUNITY FOUNDATION OF BROWARD INC

Employer identification number

59-2477112

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART I, LINE 1A	<p>THE MISSION OF THE COMMUNITY FOUNDATION OF BROWARD IS TO: TO PROVIDE LEADERSHIP ON COMMUNITY SOLUTIONS AND FOSTER PHILANTHROPY THAT CONNECTS PEOPLE WHO CARE WITH CAUSES THAT MATTER. THE COMMUNITY FOUNDATION'S PURPOSE IS TO ENHANCE AND IMPROVE THE QUALITY OF LIFE FOR ALL WHO LIVE IN BROWARD COUNTY. WE COMBINE PROFESSIONAL INVESTMENT MANAGEMENT WITH EXPERT GUIDANCE ON THE SCIENCE OF GIVING TO HELP OUR FUNDHOLDERS ACHIEVE THEIR PHILANTHROPIC GOALS IN PERPETUITY. TO ACCOMPLISH THIS, THE COMMUNITY FOUNDATION LINKS DONORS' CHARITABLE DOLLARS WITH RESULTS-ORIENTED PROGRAMS. WE POOL CONTRIBUTIONS OF ALL DONORS, INVEST THOSE ASSETS, AND DIRECT A PORTION OF THE INVESTMENT RETURN INTO THE COMMUNITY THROUGH AN EFFECTIVE GRANTMAKING PROCESS. THIS SERVICE IS FUNDAMENTAL TO THE FOUNDATION'S PURPOSE AND ROLE TO CREATE A PERMANENT ENDOWMENT TO SUPPORT OUR COMMUNITY FOR GOOD. FOR EVER. THE FOUNDATION ALSO UNDERTAKES A COMMUNITY LEADERSHIP ROLE BY IDENTIFYING EMERGING CHALLENGES IN OUR REGION AND INVESTING IN INNOVATIVE PROGRAMS THAT ADDRESS THEM. WE DO THIS THROUGH RESEARCH, GRANTMAKING, ACADEMIC SCHOLARSHIPS AND OUR ABILITY TO BRING TOGETHER DIFFERENT COMMUNITY AND BUSINESS SECTORS TO COLLECTIVELY ADDRESS PROBLEMS. THE FOUNDATION'S LEADERSHIP IN IDENTIFYING AND SOLVING CRITICAL COMMUNITY ISSUES IS DEMONSTRATED IN THE SUMMARY OF GRANTS ENCLOSED WITH THIS TAX FILING. THE COMMUNITY FOUNDATION OF BROWARD REMAINS AMONG AN ELITE GROUP OF COMMUNITY FOUNDATIONS NATIONWIDE TO BE CONFIRMED IN COMPLIANCE WITH NATIONAL STANDARDS FOR COMMUNITY FOUNDATIONS.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A</p>	<p>GRANTMAKING PHILOSOPHY: APPLYING THE SHARED DREAMS OF OUR FUNDHOLDERS, THE COMMUNITY FOUNDATION OF BROWARD TACKLES ISSUES AND PROVIDES SOLUTIONS THROUGH GRANTMAKING. GRANTMAKING IS CONDUCTED WITH THE INTENT OF MAKING AN IMPACT IN THE LIVES OF THOSE SERVED, AND THE BROWARD COMMUNITY AS A WHOLE. GRANTMAKING FOCUS AREAS ARE BASED UPON ASSESSMENT OF COMMUNITY NEEDS, STATISTICS, AND EVALUATION OF THE FOUNDATION'S CAPACITY TO MAKE AN IMPACT. GRANTMAKING PRIORITY IS THEN GIVEN TO PROGRAMS THAT MAKE A MEASURABLE IMPACT IN THE COMMUNITY THROUGH STRATEGIES THAT:</p> <ul style="list-style-type: none"> <li>- ADDRESS UNMET COMMUNITY NEEDS IN TARGET POPULATIONS</li> <li>- USE COLLABORATION TO ENHANCE/EXPAND SERVICES AND/OR REDUCE DUPLICATION</li> <li>- STRENGTHEN AN EXISTING PROGRAM ALLOWING IT TO REACH NEW LEVEL OF SERVICE</li> <li>- USE CREATIVE AND INNOVATIVE APPROACHES TO ACHIEVE POSITIVE OUTCOMES</li> <li>- FOCUS ON PREVENTION AND ELIMINATION OF ROOT CAUSES</li> <li>- FILL GAPS IN SERVICES</li> <li>- INCORPORATE ACCOUNTABILITY AND EVALUATION MEASURES TO IMPROVE OUTCOMES</li> <li>- LEVERAGE SUPPORT TO IMPLEMENT THE PROGRAM TO ITS FULLEST POTENTIAL</li> <li>- ADDRESS RACIAL EQUITY AND SOCIAL JUSTICE.</li> </ul> <p>TYPES OF GRANTMAKING: - AGING/ELDERLY - ANIMAL WELFARE - ART &amp; CULTURE - CANCER RESEARCH AND PATIENT CARE - CAPACITY BUILDING - CIVIC ENGAGEMENT - EDUCATION - ENVIRONMENTAL - GAY &amp; LESBIAN ISSUES - HEALTH - HUMAN SERVICES - SCHOLARSHIPS - YOUTH ENGAGEMENT</p> <p>GRANTMAKING PROCESS: EVERY GRANT IS REVIEWED BY FOUNDATION'S STAFF AND FOLLOWS A DUE DILIGENCE PROCESS. THE REQUEST IS VETTED FOR COMPLIANCE WITH ESTABLISHED GUIDELINES AND SUBMISSION OF ALL REQUIRED INFORMATION. THE ORGANIZATION'S TAX EXEMPTION STATUS IS VERIFIED AND THE FOUNDATION STAFF COMMITTEE WILL GIVE THE PROPOSAL A THOROUGH REVIEW. STAFF MAY CONDUCT RESEARCH, SCHEDULE A SITE VISIT, INTERVIEW GRANTEE STAFF AND/OR BOARD AND TALK TO EXPERTS IN THE FIELD TO ASCERTAIN ADDITIONAL INFORMATION. FOR SOME GRANTMAKING AREAS, A COMMITTEE MADE UP OF 8-12 BOARD AND COMMUNITY MEMBERS IS CONVENED TO MAKE GRANT RECOMMENDATIONS. THE RECOMMENDATIONS ARE SUBMITTED BY STAFF TO THE APPROPRIATE COMMITTEE. THE COMMITTEE REVIEWS RECOMMENDATIONS, DECLARES ANY CONFLICT OF INTEREST, ENGAGES IN A DISCUSSION, AND EVALUATES REQUESTS WITH THE DOLLARS AVAILABLE. FINAL RECOMMENDATIONS ARE BROUGHT TO THE BOARD OF DIRECTORS FOR APPROVAL. WHEN DEEMED NECESSARY, A "REQUEST FOR PROPOSALS" IS ISSUED TO ADDRESS A PARTICULAR ISSUE. THEY ARE ANNOUNCED THROUGH NEWSLETTERS, MAILINGS, PRESS RELEASES AND ON OUR WEBSITE. GRANT WORKSHOPS ARE CONDUCTED TO REVIEW GUIDELINES AND APPLICATIONS, TO PROVIDE EDUCATION ON MEASURABLE OUTCOMES, AND ANSWER QUESTIONS. WHEN A GRANT HAS BEEN AWARDED, A GRANT AGREEMENT IS CREATED THAT OUTLINES THE PROJECT DETAILS AS DESCRIBED IN THE PROPOSAL. GRANTEES SUBMIT MID-YEAR AND YEAR-END REPORTS THAT INCLUDE A FINANCIAL ACCOUNTING REPORT. THE FOUNDATION HAS A GOOD WORKING RELATIONSHIP WITH ITS GRANTEES. IT IS THE GOAL OF THE COMMUNITY FOUNDATION TO HELP GRANTEES REACH THEIR STATED OUTCOMES TO ADDRESS COMMUNITY CHANGE. FOR DONOR ADVISED</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART III, LINE 4A	<p>GRANTS AND ANNUAL GRANT DISTRIBUTIONS FROM DESIGNATED AND NONPROFIT AGENCY ENDOWMENT FUNDS , GRANT AGREEMENTS ARE USUALLY NOT CREATED. THE COMMUNITY FOUNDATION OF BROWARD (CFB) HOLD S AND ADMINISTERS A NUMBER OF SCHOLARSHIP FUNDS ESTABLISHED BY DONORS TO PROVIDE EDUCATION AL GRANTS TO INDIVIDUALS FOR TRAVEL, STUDY, OR OTHER SIMILAR PURPOSES. CFB SCHOLARSHIP POL ICIES ENSURE THAT THE EDUCATIONAL GRANTS MEET THE REQUIREMENTS OF PARAGRAPHS (1), (2), OR (3) OF SECTION 4945(G) OF THE INTERNAL REVENUE CODE AND THE PENSION PROTECTION ACT 2006-HR 4 AND ARE AWARDED ON AN OBJECTIVE AND NONDISCRIMINATORY BASIS. SCHOLARSHIPS THAT ARE BASED ON FINANCIAL NEED REQUIRE A COPY OF THE PARENT OR ADULT STUDENT'S TAX RETURN OR FAFSA APP LICATION AND A FORMULA IS USED TO DETERMINE FINANCIAL NEED AND UNMET NEED BASED ON ADJUSTE D GROSS INCOME, NUMBER OF DEPENDENT FAMILY MEMBERS ATTENDING COLLEGE AT THE SAME TIME, AND OTHER FINANCIAL RESOURCES DEDICATED FOR POST-SECONDARY EDUCATION. SOME SCHOLARSHIPS HAVE ADDITIONAL SPECIFIC CRITERIA: COURSE OF STUDY, COLLEGE ATTENDING, GRADE POINT AVERAGE, US CITIZEN, COUNTY RESIDENT, ETC. IN SOME CASES, AN APPLICANT IS REQUIRED TO PROVIDE A COPY O F THEIR PARENTS AND THE STUDENT'S DRIVER'S LICENSE, ORIGINAL SCHOOL TRANSCRIPT AND LETTERS OF REFERENCE AS WELL AS ANY OTHER INFORMATION NEEDED TO DEMONSTRATE THEY MEET THE CRITERI A. THE SCHOLARSHIP PAYMENT IS SENT DIRECTLY TO THE COLLEGE AND THE COLLEGE IS INSTRUCTED A S TO HOW THE FUND MAY BE USED AND THAT ANY UNUSED PORTION MUST BE RETURNED TO THE FOUNDATI ON. FOR MULTI-YEAR AWARDS, STUDENTS ARE REQUIRED TO HAVE AN OFFICIAL TRANSCRIPT SENT TO TH E FOUNDATION BEFORE ADDITIONAL FUNDS ARE SENT TO THE COLLEGE. A NUMBER OF OUR SCHOLARSHIPS ARE ADMINISTERED THROUGH A SELECTION COMMITTEE IN PARTNERSHIP WITH THE BROWARD EDUCATION FOUNDATION. THEY ABIDE BY THE SELECTION CRITERIA FOR EACH CFB FUND, CONDUCT DUE DILIGENCE IN ASSESSING THE UNMET FINANCIAL NEED, MAKE RECOMMENDATIONS OF RECIPIENTS, DISBURSE SCHOLA RSHIP FUNDS TO THE COLLEGES AND UNIVERSITIES OF EACH RECIPIENT, AND HANDLE THE ANNUAL FOLL OW-UP VERIFICATION OF ENROLLMENT FOR STUDENTS WITH MULTI-YEAR SCHOLARSHIPS. ALL VERIFICATI ON DOCUMENTATION IS THEN PROVIDED TO THE FOUNDATION TO RELEASE ADDITIONAL YEARS' PAYMENTS ON MULTI-YEAR SCHOLARSHIPS.</p>

**990 Schedule O, Supplemental Information**

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

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	BOARD AND STAFF MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY ANNUALLY. BOARD MEMBERS ARE ALSO REQUIRED TO DISCLOSE CONFLICTS OF INTEREST AND ABSTAIN FROM ANY DISCUSSION OR VOTING, AT THE MONTHLY BOARD MEETINGS.

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9:	AGENCY TRANSACTIONS -318,433. CHANGE IN SPLIT-INTEREST AGREEMENTS -63,479.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XII, LINE 2C	NO CHANGE FROM PRIOR YEAR.