

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 for instructions and the latest information.


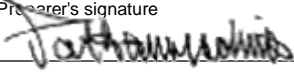
A For the 2020 calendar year, or tax year beginning , 2020, and ending , 20																										
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization FOUNDATION FOR JEWISH CAMP, INC.</td> <td>D Employer identification number 22-3551013</td> </tr> <tr> <td colspan="2">Doing business as</td> <td rowspan="3">E Telephone number (646) 278-4500</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2">253 W 35TH ST 4TH FL</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10001</td> <td>G Gross receipts \$ 15,119,958.</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: JEREMY J. FINGERMAN 253 WEST 35TH STREET, 4TH FLR, NEW YORK, NY 10001</td> <td> H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. </td> </tr> <tr> <td colspan="2"> I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 </td> <td>H(c) Group exemption number ▶</td> </tr> <tr> <td colspan="2">J Website: ▶ WWW.JEWISHCAMP.ORG</td> <td></td> </tr> <tr> <td colspan="2"> K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ </td> <td>L Year of formation: 1997 M State of legal domicile: NJ</td> </tr> </table>	C Name of organization FOUNDATION FOR JEWISH CAMP, INC.		D Employer identification number 22-3551013	Doing business as		E Telephone number (646) 278-4500	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	253 W 35TH ST 4TH FL		City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10001		G Gross receipts \$ 15,119,958.	F Name and address of principal officer: JEREMY J. FINGERMAN 253 WEST 35TH STREET, 4TH FLR, NEW YORK, NY 10001		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	J Website: ▶ WWW.JEWISHCAMP.ORG			K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1997 M State of legal domicile: NJ
C Name of organization FOUNDATION FOR JEWISH CAMP, INC.		D Employer identification number 22-3551013																								
Doing business as		E Telephone number (646) 278-4500																								
Number and street (or P.O. box if mail is not delivered to street address)	Room/suite																									
253 W 35TH ST 4TH FL																										
City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10001		G Gross receipts \$ 15,119,958.																								
F Name and address of principal officer: JEREMY J. FINGERMAN 253 WEST 35TH STREET, 4TH FLR, NEW YORK, NY 10001		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.																								
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶																								
J Website: ▶ WWW.JEWISHCAMP.ORG																										
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1997 M State of legal domicile: NJ																								

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO BUILD A STRONG JEWISH FUTURE THROUGH TRANSFORMATIVE JEWISH SUMMERS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	27.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	27.
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	38.
	6 Total number of volunteers (estimate if necessary)	6	30.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	14,406,271.	12,868,265.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	55,308.	108,000.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,431,657.	247,878.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	29,294.	0.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,922,530.	13,224,143.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	4,424,622.	10,668,368.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	3,934,371.	4,481,993.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 920,239.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,560,277.	3,111,883.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,919,270.	18,262,244.
19 Revenue less expenses. Subtract line 18 from line 12	3,003,260.	-5,038,101.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	47,153,596.	47,846,874.
	22 Net assets or fund balances. Subtract line 21 from line 20.	7,206,216.	12,019,835.
		39,947,380.	35,827,039.

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		5-AUGUST, 2021			
	Signature of officer JEREMY J. FINGERMAN, CEO	Date			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name PAUL HAMMERSCHMIDT	Preparer's signature 	Date 8/3/2021	Check <input type="checkbox"/> if self-employed	PTIN P01384178
	Firm's name ▶ BDO USA, LLP	Firm's EIN ▶ 13-5381590			
	Firm's address ▶ 100 PARK AVENUE, NEW YORK, NY 10017-5001	Phone no. 212-885-8000			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2020)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

ATTACHMENT 1

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 7,798,460. including grants of \$ 7,244,799.) (Revenue \$ 0.)

COVID EMERGENCY GRANTS - WITH SUPPORT FROM ITS PHILANTHROPIC PARTNERS, FJC OFFERED EMERGENCY RELIEF GRANTS TO OVERNIGHT CAMPS STARTING IN THE SPRING 2020. THESE GRANTS WERE IN RESPONSE TO FINANCIAL LOSSES RESULTING FROM THE COVID-19 PANDEMIC. FJC WAS ABLE TO PROVIDE \$7.2 MILLION OF MUCH NEEDED FUNDS TO 21 OVERNIGHT CAMPS WHO LOST PRE-CAMP RETREAT REVENUE AND/OR CANCELLED THEIR ENTIRE 2020 CAMPING SEASON. THE AVAILABILITY OF THESE GRANTS CONTINUED INTO 2021.

4b (Code:) (Expenses \$ 2,341,929. including grants of \$ 2,099,700.) (Revenue \$ 0.)

ATTACHMENT 2

4c (Code:) (Expenses \$ 1,689,790. including grants of \$ 901,408.) (Revenue \$ 0.)

ATTACHMENT 3

4d Other program services (Describe on Schedule O.) ATTACHMENT 4

(Expenses \$ 4,671,480. including grants of \$ 422,461.) (Revenue \$ 108,000.)

4e Total program service expenses ► 16,501,659.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V.		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	X	
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.		X
c Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	X	
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.		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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.	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions.		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	X	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 38		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders 11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	27													
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.														
b Enter the number of voting members included on line 1a, above, who are independent.		27												
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			X											
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				X										
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X										
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X										
6 Did the organization have members or stockholders?				X										
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X										
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X										
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?			X											
b Each committee with authority to act on behalf of the governing body?			X											
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.												X		

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **ATTACHMENT 5**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on 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 ►
 RACHEL MEIR, 253 WEST 35TH STREET, 4TH FLOOR, NEW YORK, NY 10001 646-278-4549

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☒ X**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JEREMY J. FINGERMAN CHIEF EXECUTIVE OFFICER	40.00 0.			X				484,278.	0.	100,331.
(2) MARINA LEWIN CHIEF OPERATING OFFICER	40.00 0.			X				255,525.	0.	51,766.
(3) RABBI AVRAM ORLOW VP, INNOVATION AND EDUCATION	40.00 0.					X		107,597.	0.	94,947.
(4) COREY CUTLER SENIOR DIR., DEVELOPMENT	40.00 0.					X		153,402.	0.	15,969.
(5) NILA ROSEN DIR., LEARNING & RESEARCH	40.00 0.					X		126,152.	0.	32,464.
(6) JULIE FINKELSTEIN SR DIR, PROG STRATEGY & INNOV.	40.00 0.					X		131,694.	0.	15,221.
(7) REBECCA KAHN SR. DIR., FIELD EXPANSION	40.00 0.					X		131,684.	0.	15,221.
(8) JULIE BEREN PLATT CHAIR, BOARD OF DIRECTORS	5.00 0.	X		X				0.	0.	0.
(9) JAMES HEEGER VICE CHAIR, BOARD OF DIRECTORS	5.00 0.	X		X				0.	0.	0.
(10) JEFFREY WOLMAN TREASURER	5.00 0.	X		X				0.	0.	0.
(11) JULIE EISEN ASSISTANT TREASURER	2.00 0.	X		X				0.	0.	0.
(12) ARCHIE GOTTESMAN SECRETARY	2.00 0.	X		X				0.	0.	0.
(13) LOIS KOHN-CLAAR (THRU 6/20) ASSISTANT SECRETARY	2.00 0.	X		X				0.	0.	0.
(14) SCOTT BRODY BOARD MEMBER	1.00 0.	X						0.	0.	0.

Form 990 (2020)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MARLA KELL BROWN BOARD MEMBER	1.00 0.	X						0.	0.	0.
(16) SHELLEY RICHMAN COHEN BOARD MEMBER	1.00 0.	X						0.	0.	0.
(17) ROBERT J. DEUTSCH BOARD MEMBER	1.00 0.	X						0.	0.	0.
(18) DAVID FISHER BOARD MEMBER	1.00 0.	X						0.	0.	0.
(19) SHELLEY NICELEY GROFF BOARD MEMBER	1.00 0.	X						0.	0.	0.
(20) RANDALL KAPLAN BOARD MEMBER	1.00 0.	X						0.	0.	0.
(21) GERRY MALDOFF BOARD MEMBER	1.00 0.	X						0.	0.	0.
(22) MARCIA WEINER MANKOFF BOARD MEMBER	1.00 0.	X						0.	0.	0.
(23) RABBI REX PERLMETER BOARD MEMBER	1.00 0.	X						0.	0.	0.
(24) REBECCA RAPHAEL (FROM 2/20) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(25) MARC E. SACKS BOARD MEMBER	1.00 0.	X						0.	0.	0.
1b Sub-total								1,390,332.	0.	325,919.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,390,332.	0.	325,919.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **11**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 6		

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) DIANE SCHILIT (FROM 2/20) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(27) ANITA H. SIEGAL BOARD MEMBER	1.00 0.	X						0.	0.	0.
(28) MARK SILBERMAN BOARD MEMBER	1.00 0.	X						0.	0.	0.
(29) AIMEE SKIER BOARD MEMBER	1.00 0.	X						0.	0.	0.
(30) JEFFREY SOLOMON BOARD MEMBER	1.00 0.	X						0.	0.	0.
(31) SHAWNA GOODMAN SONE BOARD MEMBER	1.00 0.	X						0.	0.	0.
(32) MICHAEL STAENBERG BOARD MEMBER	1.00 0.	X						0.	0.	0.
(33) JOE TELOW (FROM 6/20) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(34) PETER J. WEIDHORN BOARD MEMBER	2.00 0.	X						0.	0.	0.
(35) DIANE ZACK BOARD MEMBER	1.00 0.	X						0.	0.	0.
(36) ELISA SPUNGEN BILDNER CO-CHAIR, BOARD OF TRUSTEES	2.00 0.			X				0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **11**

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

Section B. Independent Contractors

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

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

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

[illegible]

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	11
---	---	----

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

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

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

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e	527,343.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	12,340,922.			
	g	Noncash contributions included in lines 1a-1f.	1g	\$ 26,024.			
	h	Total. Add lines 1a-1f		12,868,265.			
	Program Service Revenue				Business Code		
2a		CONFERENCE REGISTRATION FEES		611710	108,000.	108,000.	
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		108,000.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).			245,932.		245,932.
	4	Income from investment of tax-exempt bond proceeds . .			0.		
	5	Royalties			0.		
			(i) Real	(ii) Personal			
	6a	Gross rents	6a				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)			0.		
	7a	Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other		
				1,897,761.			
	b	Less: cost or other basis and sales expenses . .	7b		1,895,815.		
	c	Gain or (loss)	7c		1,946.		
	d	Net gain or (loss)			1,946.		1,946.
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a		0.		
	b	Less: direct expenses	8b		0.		
	c	Net income or (loss) from fundraising events.			0.		
	9a	Gross income from gaming activities. See Part IV, line 19	9a		0.		
b	Less: direct expenses	9b		0.			
c	Net income or (loss) from gaming activities.			0.			
10a	Gross sales of inventory, less returns and allowances	10a		0.			
b	Less: cost of goods sold	10b		0.			
c	Net income or (loss) from sales of inventory.			0.			
Miscellaneous Revenue				Business Code			
	11a	MISCELLANEOUS INCOME		900099			
	b						
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d			0.			
12	Total revenue. See instructions			13,224,143.	108,000.	247,878.	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	10,653,701.	10,653,701.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	14,667.	14,667.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	891,900.	447,449.	150,648.	293,803.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	2,849,500.	2,215,888.	352,104.	281,508.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	75,522.	58,006.	8,642.	8,874.
9 Other employee benefits	402,236.	258,381.	79,863.	63,992.
10 Payroll taxes	262,835.	193,114.	36,679.	33,042.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	146,777.	128,344.	8,836.	9,597.
c Accounting	80,043.		80,043.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	5,061.		5,061.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,491,784.	1,454,410.	19,370.	18,004.
12 Advertising and promotion	1,974.	1,759.	165.	50.
13 Office expenses	59,962.	37,855.	2,127.	19,980.
14 Information technology	307,512.	265,157.	14,064.	28,291.
15 Royalties	0.			
16 Occupancy	337,109.	239,989.	46,556.	50,564.
17 Travel	75,540.	65,218.	3,425.	6,897.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	268,014.	262,202.	1,938.	3,874.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	165,124.	116,817.	23,157.	25,150.
23 Insurance	49,682.	36,360.	6,386.	6,936.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BAD DEBT EXPENSE	59,182.			59,182.
b CAMPER INCENTIVE STIPENDS	15,264.	15,264.		
c MISCELLANEOUS EXPENSES	48,855.	37,078.	1,282.	10,495.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	18,262,244.	16,501,659.	840,346.	920,239.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	43,698.	1	142,860.
	2 Savings and temporary cash investments.	17,502,208.	2	16,943,410.
	3 Pledges and grants receivable, net	15,762,369.	3	13,877,018.
	4 Accounts receivable, net.	1,336,694.	4	1,309.
	5 Loans and other receivables from 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	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
	7 Notes and loans receivable, net	5,633,553.	7	7,428,684.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	102,886.	9	40,620.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,515,358.		
	b Less: accumulated depreciation.	10b 1,167,584.		
		378,447.	10c	347,774.
	11 Investments - publicly traded securities.	5,954,315.	11	8,471,311.
	12 Investments - other securities. See Part IV, line 11.	0.	12	0.
	13 Investments - program-related. See Part IV, line 11.	0.	13	0.
	14 Intangible assets	0.	14	0.
15 Other assets. See Part IV, line 11	439,426.	15	593,888.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	47,153,596.	16	47,846,874.	
Liabilities	17 Accounts payable and accrued expenses.	687,304.	17	456,467.
	18 Grants payable	45,000.	18	3,539,079.
	19 Deferred revenue.	313,258.	19	0.
	20 Tax-exempt bond liabilities.	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22 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	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	5,653,289.	23	7,428,684.
	24 Unsecured notes and loans payable to unrelated third parties.	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	507,365.	25	595,605.
	26 Total liabilities. Add lines 17 through 25.	7,206,216.	26	12,019,835.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	11,431,493.	27	12,859,603.
	28 Net assets with donor restrictions.	28,515,887.	28	22,967,436.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.		30	
	31 Retained earnings, endowment, accumulated income, or other funds.		31	
	32 Total net assets or fund balances	39,947,380.	32	35,827,039.
	33 Total liabilities and net assets/fund balances.	47,153,596.	33	47,846,874.

Form **990** (2020)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,224,143.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,262,244.
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,038,101.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	39,947,380.
5	Net unrealized gains (losses) on investments	5	917,760.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O).	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	35,827,039.

Part XII Financial Statements and ReportingCheck 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 on 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 on Schedule O and describe any steps taken to undergo such audits . . .

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

Form **990** (2020)

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 for instructions and the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

FOUNDATION FOR JEWISH CAMP, INC.

Employer identification number

22-3551013

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 **section 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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2020

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	17,666,294.	7,537,365.	26,663,442.	14,406,271.	12,868,265.	79,141,637.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	17,666,294.	7,537,365.	26,663,442.	14,406,271.	12,868,265.	79,141,637.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						38,816,483.
6 Public support. Subtract line 5 from line 4						40,325,154.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4.	17,666,294.	7,537,365.	26,663,442.	14,406,271.	12,868,265.	79,141,637.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	161,378.	171,673.	208,147.	320,977.	245,932.	1,108,107.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	34,893.	19,334.	556,553.	29,294.		640,074.
11 Total support. Add lines 7 through 10						80,889,818.
12 Gross receipts from related activities, etc. (see instructions)					12	1,136,684.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	49.85 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	49.54 %
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.		<input checked="" type="checkbox"/>
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		<input type="checkbox"/>
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.		<input type="checkbox"/>
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.		<input type="checkbox"/>
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		<input type="checkbox"/>

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 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>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c 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>		
10a 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 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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):	1e		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <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).			

Schedule A (Form 990 or 990-EZ) 2020

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

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

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

Schedule A (Form 990 or 990-EZ) 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.)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2016	2017	2018	2019	2020	TOTAL
FORGIVE. OF ACCR. INTEREST PAY			544,150.			544,150.
MISCELLANEOUS	34,893.	19,334.	12,403.	29,294.		95,924.
TOTALS	<u>34,893.</u>	<u>19,334.</u>	<u>556,553.</u>	<u>29,294.</u>		<u>640,074.</u>

Schedule of Contributors

OMB No. 1545-0047

2020

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization

FOUNDATION FOR JEWISH CAMP, INC.

Employer identification number

22-3551013

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization **FOUNDATION FOR JEWISH CAMP, INC.**Employer identification number
22-3551013**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 3,957,717.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 2,067,831.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,805,514.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 900,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 570,703.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 527,343.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **FOUNDATION FOR JEWISH CAMP, INC.**Employer identification number
22-3551013**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 511,735.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

22-3551013

Part II

(a) No.
from
Part I

(b)
Description of noncash property given

(c)
FMV (or estimate)
(See instructions.)

(d)
Date received

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Name of organization FOUNDATION FOR JEWISH CAMP, INC.

Employer identification number

22-3551013

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

FOUNDATION FOR JEWISH CAMP, INC.

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Employer identification number

22-3551013

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) . .		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

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

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

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

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

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

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

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

1a If the organization elected, as permitted under 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. ▶ \$ _____

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

Schedule D (Form 990) 2020

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 make significant use of its collection items (check all that apply):

- a** ☐ Public exhibition **d** ☐ Loan or exchange program
b ☐ Scholarly research **e** ☐ Other _____
c ☐ Preservation for future generations

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:

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on 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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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 ▶ _____ %

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 **3a(i)** ☐ **Yes** ☐ **No**

(ii) Related organizations **3a(ii)** ☐ **Yes** ☐ **No**

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? **3b** ☐ **Yes** ☐ **No**

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
1a Land				
b Buildings				
c Leasehold improvements		611,836.	512,369.	99,467.
d Equipment		491,221.	329,830.	161,391.
e Other		412,301.	325,385.	86,916.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				347,774.

Schedule D (Form 990) 2020

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) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶		

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) _____		
Total. (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) _____	
Total. (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) DEFERRED RENT	86,270.
(3) DEFERRED COMPENSATION PAYABLE	509,335.
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . ☒ X

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.

1	Total revenue, gains, and other support per audited financial statements	1	14,136,842.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	917,760.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	917,760.
3	Subtract line 2e from line 1	3	13,219,082.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	5,061.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	5,061.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	13,224,143.

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.

1	Total expenses and losses per audited financial statements	1	18,257,183.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	18,257,183.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	5,061.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	5,061.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	18,262,244.

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.

SEE PAGE 5

Part XIII Supplemental Information (continued)

PART X, LINE 2:

UNDER ASC 740, AN ORGANIZATION MUST RECOGNIZE THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION BY A TAXING AUTHORITY. FOUNDATION FOR JEWISH CAMP, INC. DOES NOT BELIEVE IT HAS TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT HAS NOT RECORDED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. THE ORGANIZATION HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO. ADDITIONALLY, THE ORGANIZATION HAS FILED IRS FORM 990 INFORMATION RETURNS, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHERE SO REQUIRED. FOR THE YEAR ENDED DECEMBER 31, 2020, THERE WERE NO INCOME TAX-RELATED INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE STATEMENT OF ACTIVITIES. MANAGEMENT BELIEVES THAT THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2017.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

FOUNDATION FOR JEWISH CAMP, INC.

Employer identification number

22-3551013

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) NORTH AMERICA	0.	0.	GRANTMAKING		14,667.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					14,667.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					14,667.

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

Schedule F (Form 990) 2020

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	RUSSIAN ENGAGEMENT	10,292.	CHECK, WIRE			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . **1.**

3 Enter total number of other organizations or entities . . .

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2020

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ **Yes** ☒ **No**
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ **Yes** ☒ **No**
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☐ **Yes** ☒ **No**
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ **Yes** ☒ **No**
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ **Yes** ☒ **No**
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* ☐ **Yes** ☒ **No**

Schedule F (Form 990) 2020

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

PART I, LINE 2:

EACH GRANTEE ORGANIZATION SIGNS A GRANT AGREEMENT WHERE THE GRANT
STIPULATIONS AND REPORTING REQUIREMENTS ARE DELINEATED. FJC MONITORS THE
USE OF CERTAIN GRANT FUNDS THROUGH WRITTEN AND/OR FINANCIAL REPORTS THAT
EXPLAIN THE RESULTS OF THE FUNDED PROGRAMS. FOR ANY GRANTS INVOLVING A
CHALLENGE COMPONENT, DEMONSTRATION OF MATCHING FUNDING IS REQUIRED.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

FOUNDATION FOR JEWISH CAMP, INC.

Employer identification number

22-3551013

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CAMP RAMAH DAROM 6400 POWERS FERRY RD, ATLANTA, GA 30339	58-2146741	501(C)(3)	1,250,000.				COVID EMERGENCY
(2) CAMP JUDAEA (NC) 1440 SPRING STREET NW, ATLANTA, GA 30309	58-6014651	501(C)(3)	1,004,125.				COVID EMERGENCY, RSJ ENGAGEMENT
(3) URJ OLIN-SANG-RUBY UNION INSTITUTE 1121 LAKE COOK RD, D, DEERFIELD, IL 60015	13-1663143	501(C)(3)	813,000.				COVID EMERGENCY, INCLUSION & ACCESS.
(4) JEWISH COMMUNITY CENTERS OF CHICAGO 30 S. WELLS STREET, CHICAGO, IL 60606	36-2167758	501(C)(3)	775,000.				COVID EMERGENCY
(5) CAMP RAMAH WISCONSIN 67 E. MADISON ST, #1905, CHICAGO, IL 60603	36-6009250	501(C)(3)	650,000.				COVID EMERGENCY
(6) B'NAI BRITH BEBER CAMP 8833 GROSS POINT RD, #312, SKOKIE, IL 60077	27-2025066	501(C)(3)	600,000.				COVID EMERGENCY
(7) UJA-FEDERATION OF NY 130 EAST 59TH STREET, NEW YORK, NY 10022	51-0172429	501(C)(3)	405,000.				INCLUSION AND ACCESSIBILITY
(8) CAMP RAMAH CALIFORNIA 17525 VENTURA BLVD., #201, ENCINO, CA 91316	95-1843131	501(C)(3)	288,625.				COVID EMERG., MENTAL HEALTH AND INCLUSION
(9) CAMP TAWONGA 131 STEUART ST., SAN FRANCISCO, CA 94105	94-3227261	501(C)(3)	255,400.				COVID EMERGENCY/ INCLUSION/ACCESS/RSJ
(10) CAMP INTERLAKEN 6255 N SANTA MONICA BLVD, MILWAUKEE, WI, 53217	39-0806234	501(C)(3)	225,000.				COVID EMERGENCY
(11) SABABA SURF INC. 1001 PLANDOME ROAD, PLANDOME, NY 11030	81-4561235	501(C)(3)	222,115.				SUPPORT SPECIALTY CAMP
(12) UNION FOR REFORM JUDAISM (CAMP NEWMAN) 633 3RD AVENUE, 7TH FL, NEW YORK, NY 10017	13-1663143	501(C)(3)	220,000.				INCLUSION & ACCESS. COLLAB. NETWORK

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

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

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

Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

FOUNDATION FOR JEWISH CAMP, INC.

Employer identification number

22-3551013

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) LAWRENCE FAMILY JCC 4126 EXECUTIVE DRIVE, LA JOLLA, CA 92037	95-1985444	501(C)(3)	210,000.				INCLUSION AND ACCESSIBILITY
(2) CAMP HAVAYA (FORMERLY JRF ARTS) 1299 CHURCH ROAD, WYNCOTE, PA 19095	36-4478803	501(C)(3)	205,690.				SPECIALTY CAMP/COVID EMERG./MENTAL HEALTH
(3) CAPITAL CAMPS 11300 ROCKVILLE PIKE, ROCKVILLE, MD 20852	52-1515202	501(C)(3)	200,000.				COVID EMERGENCY
(4) STAMFORD JCC 1035 NEWFIELD AVENUE, STAMFORD, CT 05905	06-0646918	501(C)(3)	200,000.				INCLUSION AND ACCESSIBILITY
(5) JCC CHICAGO (BERNARD WEINGER JCC) 300 REVERE DRIVE, NORTHBROOK, IL 60062	36-2167758	501(C)(3)	182,625.				INCLUSION & ACCESS., MENTAL HEALTH
(6) CAMP YOUNG JUDAEA MIDWEST 60 REVERE DR, STE 800, NORTHBROOK, IL 60062	39-1672846	501(C)(3)	177,500.				COVID EMERGENCY, RSJ ENGAGEMENT
(7) EDEN VILLAGE WEST 6176 MCBRYDE AVENUE, RICHMOND, CA 94805	26-4373931	501(C)(3)	175,298.				SUPPORT SPECIALTY CAMP
(8) NEW JERSEY Y CAMPS 21 PLYMOUTH STREET, FAIRFIELD, NJ 07004	22-1487266	501(C)(3)	150,000.				COVID EMERGENCY
(9) RAINBOW DAY CAMP OF MILWAUKEE JCC 6255 N SANTA MONICA BLVD, MILWAUKEE, WI, 53217	39-0806234	501(C)(3)	136,600.				INCLUSION AND ACCESSIBILITY
(10) TAMARACK CAMPS 6735 TELEGRAPH RD, BLOOMFIELD HILLS, MI, 48301	38-1360545	501(C)(3)	125,000.				COVID EMERGENCY
(11) URJ GREENE FAMILY CAMP 1192 SMITH LANE, BRUCEVILLE, TX 76630	13-1663143	501(C)(3)	125,000.				COVID EMERGENCY
(12) UNION FOR REFORM JUDAISM (6 PTS CREAT. ARTS) 633 3RD AVENUE, 7TH FL, NEW YORK, NY 10017	13-1663143	501(C)(3)	124,724.				SUPPORT SPECIALTY CAMP

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

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

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

Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

FOUNDATION FOR JEWISH CAMP, INC.

Employer identification number

22-3551013

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) URJ CRANE LAKE CAMP P.O. BOX 569, GREAT BARRINGTON, MA 01230	13-1663143	501(C)(3)	123,000.				INCLUSION & ACCESS., COVID EMERGENCY
(2) URJ 6 POINTS SCI TECH WEST 633 THIRD AVE, 7TH FL, NEW YORK, NY 10017	13-6633143	501(C)(3)	121,863.				SUPPORT SPECIALTY CAMP, RSJ ENGAGEMENT
(3) CAMP MOSHAVA OF WILD ROSE 3740 WEST DEMPSTER, SKOKIE, IL 60076	36-3874839	501(C)(3)	120,000.				COVID EMERGENCY
(4) URJ EISNER CAMP P.O. BOX 569, GREAT BARRINGTON, MA 01230	13-1663143	501(C)(3)	102,625.				COVID EMERG., MENTAL HEALTH INITIATIVE
(5) CAMP YOUNG JUDAEA TEXAS 5410 BELLAIRE BLVD., BELLAIRE, TX 77401	74-6063430	501(C)(3)	100,000.				COVID EMERGENCY
(6) CAMP HACHSHARA MOSHAVA OF NY INC. 520 EIGHTH AVENUE, NEW YORK, NY 10018	13-5596850	501(C)(3)	98,000.				COVID EMERGENCY
(7) CAMP RAMAH NEW ENGLAND 1206 BOSTON PROVIDENCE HWY, NORWOOD, MA, 02062	04-3035964	501(C)(3)	84,000.				INCLUSION AND ACCESSIBILITY
(8) CAMP RAMAH IN THE BERKSHIRES 25 ROCKWOOD PL., #345, ENGELWOOD, NJ 07631	13-1997276	501(C)(3)	75,000.				COVID EMERGENCY
(9) CHAI LIFELINE 151 W. 30TH ST, 3RD FL, NEW YORK, NY 10001	11-2940331	501(C)(3)	64,200.				INCLUSION AND ACCESSIBILITY
(10) NATIONAL RAMAH COMMISSION-RAMAH SPORTS ACAD 3080 BROADWAY, NEW YORK, NY 10027	13-6161110	501(C)(3)	63,343.				SUPPORT SPECIALTY CAMP
(11) CAMP NAGEELA MIDWEST 3542 W. PETERSON AVENUE, CHICAGO, IL 60659	36-3529801	501(C)(3)	60,000.				COVID EMERGENCY
(12) CAMP YOUNG JUDAEA SPROUT LAKE 575 8TH AVENUE, 11TH FL, NEW YORK, NY 10018	13-2830437	501(C)(3)	60,000.				COVID EMERGENCY, SCHOLARSHIPS

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

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

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

Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

FOUNDATION FOR JEWISH CAMP, INC.

Employer identification number

22-3551013

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) HABONIM DROR CAMP GALIL 2100 ARCH STREET, PHILADELPHIA, PA 19103	23-6005866	501(C)(3)	59,000.				COVID EMERGENCY, RSJ ENGAGEMENT
(2) BERKSHIRE HILLS EISENBERG CAMP 49 WEST 38TH ST, 5TH FL, NEW YORK, NY 10018	13-1739934	501(C)(3)	55,667.				COMPETITIVE EDGE, RSJ ENGAGEMENT
(3) CAMP JCC OF GREATER WASHINGTON 6125 MONTROSE ROAD, ROCKVILLE, MD 20852	53-0205921	501(C)(3)	55,000.				INCLUSION AND ACCESSIBILITY
(4) CAMP RAMAH IN THE POCONOS 2100 ARCH STREET, PHILADELPHIA, PA 19103	23-1607236	501(C)(3)	53,625.				INCLUSION, COVID EMERG., ISRAEL EDUC.
(5) SHIMON AND SARA BIRNBAUM JCC (CAMP RUACH) 775 TALAMINI ROAD, BRIDGEWATER, NJ 08807	22-3681640	501(C)(3)	51,500.				INCLUSION AND ACCESSIBILITY
(6) JEWISH FEDERATION OF GREATER LOS ANGELES 6505 WILSHIRE BLVD., LOS ANGELES, CA 90048	95-1643388	501(C)(3)	50,000.				SCHOLARSHIPS
(7) CAMP TEL YEHUDAH 575 8TH AVENUE, 11TH FL, NEW YORK, NY 10018	13-5654375	501(C)(3)	40,000.				COVID EMERGENCY, SCHOLARSHIPS
(8) CAMP YAVNEH 160 HERRICK ROAD, NEWTON, MA 02459	04-6004710	501(C)(3)	35,000.				COVID EMERGENCY
(9) ELI AND BESSIE COHEN CAMPS 27 LOWELL ST., #305, MANCHESTER, NH 03101	04-6152862	501(C)(3)	35,000.				COVID EMERGENCY
(10) CZ WELLNESS GROUP INC. (DBA CAMP ZEKE) 809 W. 181ST ST., #261, NEW YORK, NY 10033	46-1869615	501(C)(3)	33,500.				COVID EMERGENCY, RSJ ENGAGEMENT
(11) MARCUS JCC ATLANTA 5342 TILLY MILL ROAD, DUNWOODY, GA 30338	58-0566126	501(C)(3)	32,625.				INCLUSION & ACCESS., MENTAL HEALTH
(12) EDEN VILLAGE CAMP 392 DENNYTOWN RD, PUTNAM VALLEY, NY 10579	26-4373931	501(C)(3)	28,833.				INCLUSION & ACCESS., RSJ, MENTAL HEALTH

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

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

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

Schedule I (Form 990) 2020

JSA

0E1288 1.000

94232S 702V 7/28/2021 11:43:53 AM V 20-6F

PAGE 42

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

FOUNDATION FOR JEWISH CAMP, INC.

Employer identification number

22-3551013

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNION FOR REFORM JUDAISM-6 PTS SCI-TECH ACA 633 3RD AVENUE, 7TH FL, NEW YORK, NY 10017	13-1663143	501(C)(3)	27,625.				COVID EMERG., MENTAL HEALTH INITIATIVE
(2) CAMP LAURELWOOD 463 SUMMER HILL ROAD, MADISON, CT 06443	06-0693092	501(C)(3)	25,000.				COVID EMERGENCY
(3) PRIZMAH CENTER FOR JEWISH DAY SCHOOLS, INC. 254 W. 54TH ST., FL 11, NEW YORK, NY 10019	81-1750864	501(C)(3)	23,795.				SAFETY, RESPECT AND EQUITY
(4) B'NAI BRITH CAMP (AKA B'NAI BRITH OREGON) 9400 SW BEAVERTON HILLSDALE HWY, BEAVERTON	91-1842787	501(C)(3)	23,708.				RSJ ENGAGEMENT, INNOVATION CHALLENGE
(5) CAMP BEN FRANKEL 3419 W. MAIN STREET, BELLEVILLE, IL 62958	37-0661214	501(C)(3)	20,000.				COVID EMERGENCY
(6) GOLDEN SLIPPER CAMP 215 N. PRESIDENTIAL BLVD., BALA CYNWYD, PA	23-1312911	501(C)(3)	17,250.				COVID EMERGENCY, RSJ ENGAGEMENT
(7) CAMP LIVINGSTON 8485 RIDGE ROAD, CINCINNATI, OH 45236	31-6050765	501(C)(3)	16,917.				RSJ ENGAGE., MENTAL HEALTH INITIATIVE
(8) PINEMERE CAMP 333 LANCASTER AVENUE, WYNEWOOD, PA 19096	23-1429830	501(C)(3)	16,625.				COVID EMERGENCY, RSJ, MENTAL HEALTH
(9) CAMP BARNEY MEDINTZ 5342 TILLY MILL ROAD, DUNWOODY, GA 30338	58-0566126	501(C)(3)	15,000.				INCLUSION AND ACCESSIBILITY
(10) AREIVIM PHILANTHROPIC FUND 729 7TH AVENUE, FL 9, NEW YORK, NY 10019	20-8024537	501(C)(3)	14,329.				KAYITZ KEF
(11) UNION FOR REFORM JUDAISM (URJ CAMP HARLAM) 633 3RD AVENUE, 7TH FL, NEW YORK, NY 10017	13-1663143	501(C)(3)	12,625.				COVID EMERG., MENTAL HEALTH INITIATIVE
(12) WESTSIDE JCC 5870 W OLYMPIC BLVD., LOS ANGELES, CA 90036	95-1691010	501(C)(3)	12,000.				MENTAL HEALTH INIT., RSJ ENGAGEMENT

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

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

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

Schedule I (Form 990) 2020

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

FOUNDATION FOR JEWISH CAMP, INC.

Employer identification number

22-3551013

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) OSHMAN FAMILY JEWISH COMMUNITY CENTER 3921 FABIAN WAY, PALO ALTO, CA 94303	77-0185734	501(C)(3)	10,000.				PASS-THROUGH INNOVATION CHALLENGE
(2) WILSHIRE BLVD TEMPLE CAMPS (EVENTS) 3663 WILSHIRE BLVD., LOS ANGELES, CA 90010	95-1691339	501(C)(3)	10,000.				INNOVATION CHALLENGE
(3) BE'CHOL LASHON P.O. BOX 591107, SAN FRANCISCO, CA 94159	94-3307253	501(C)(3)	8,000.				DIVERSITY, EQUITY AND INCLUSION
(4) JEWISH COMMUNITY CENTERS OF DENVER 350 SOUTH DAHLIA STREET, DENVER, CO 80246	84-0404245	501(C)(3)	7,500.				MENTAL HEALTH INITIATIVES
(5) MOSHAVA BA'IR NJ 520 8TH AVENUE, 15TH FL, NEW YORK, NY 10018	13-3713762	501(C)(3)	7,500.				MENTAL HEALTH INITIATIVES
(6) JCC OF CHICAGO (CAMP CHI) 300 REVERE DRIVE, NORTHBROOK, IL 60062	36-2167758	501(C)(3)	6,208.				RSJ ENGAGEMENT
(7) CAMP AVODA 43 STANDISH ROAD, NEEDHAM, MA 02492	04-6002095	501(C)(3)	6,000.				RSJ ENGAGEMENT
(8) CAMP AIRY AND LOUISE 5750 PARK HTS AVE, 306, BALTIMORE, MD 21215	52-0563083	501(C)(3)	5,083.				RSJ ENGAGEMENT
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 56.

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

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

Schedule I (Form 990) 2020

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

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

PART I, LINE 2:

EACH GRANTEE ORGANIZATION SIGNS A GRANT AGREEMENT WHERE THE GRANT
STIPULATIONS AND REPORTING REQUIREMENTS ARE DELINEATED. FJC MONITORS THE
USE OF CERTAIN GRANT FUNDS THROUGH WRITTEN AND/OR FINANCIAL REPORTS THAT
EXPLAIN THE RESULTS OF THE FUNDED PROGRAMS. FOR ANY GRANTS INVOLVING A
CHALLENGE COMPONENT, DEMONSTRATION OF MATCHING FUNDING IS REQUIRED.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

FOUNDATION FOR JEWISH CAMP, INC.

Employer identification number

22-3551013

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" 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 |

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

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

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

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

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

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

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

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

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

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

Yes No

1b	X	
2		X
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

Page **2****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 aren't 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				
JEREMY J. FINGERMAN 1 CHIEF EXECUTIVE OFFICER	(i)	384,278.	100,000.	0.	68,550.	31,781.	584,609.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MARINA LEWIN 2 CHIEF OPERATING OFFICER	(i)	255,525.	0.	0.	29,794.	21,972.	307,291.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
RABBI AVRAM ORLOW 3 VP, INNOVATION AND EDUCATION	(i)	107,597.	0.	0.	3,579.	91,368.	202,544.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
COREY CUTLER 4 SENIOR DIR., DEVELOPMENT	(i)	153,402.	0.	0.	4,639.	11,330.	169,371.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
NILA ROSEN 5 DIR., LEARNING & RESEARCH	(i)	126,152.	0.	0.	3,864.	28,600.	158,616.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Schedule J (Form 990) 2020

JSA

OE1291 1.000

94232S 702V 7/28/2021 11:43:53 AM V 20-6F

PAGE 47

Part III Supplemental Information

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

PART I, LINES 1A AND 2:

THE ORGANIZATION PROVIDED A PARSONAGE ALLOWANCE AS A PART OF THE
COMPENSATION PACKAGE FOR RABBI AVRAM ORLOW, VP, INNOVATION AND EDUCATION,
IN THE AMOUNT OF \$60,000, INCLUDED IN PART II, COLUMN D.

PART I, LINE 4B:

THE REPORTING ORGANIZATION MAINTAINS A 457(F) PLAN WITH THE INTENT THAT
AT THEIR RETIREMENT, THE PROCEEDS WILL GO TO JEREMY J. FINGERMAN, CHIEF
EXECUTIVE OFFICER AND MARINA LEWIN, CHIEF OPERATING OFFICER. THEREFORE
FJC'S ACCRUAL OF BENEFITS OF MR. FINGERMAN'S \$60,000 AND MS. LEWIN'S
\$22,000 ARE SHOWN AS PART OF THEIR RETIREMENT AND DEFERRED COMPENSATION,
INCLUDED IN PART II, COLUMN (C).

PART I, LINE 7:

CEO HAS AN ANNUAL TARGETED BONUS STIPULATED BY HIS CONTRACT. THE ACTUAL
PAYMENTS CAN VARY BASED ON CORPORATE AND INDIVIDUAL PERFORMANCE AS
DETERMINED BY THE PERSONNEL COMMITTEE (COMPRISED OF INDEPENDENT BOARD
MEMBERS), FOLLOWING THE CONCLUSION OF EACH CALENDAR YEAR.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- ▶ **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 for instructions and the latest information.**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

FOUNDATION FOR JEWISH CAMP, INC.

Employer identification number

22-3551013

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	3.	26,024.	MARKET QUOTATION
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 V, Donee Acknowledgement

29

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

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

Schedule M (Form 990) 2020

JSA

0E1298 1.000

94232S 702V 7/28/2021 11:43:53 AM V 20-6F

PAGE 49

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.

PART I, COLUMN (B):

NUMERICAL DATA REPORTED REPRESENTS THE NUMBER OF CONTRIBUTIONS.

PART I, LINE 32:

FOUNDATION FOR JEWISH CAMP, INC. HAS A POLICY TO SELL MARKETABLE
SECURITIES AS SOON AS PRACTICAL AFTER RECEIVING FROM DONORS AND USES A
NATIONALLY RECOGNIZED BROKERAGE FIRM TO SELL THE SECURITIES.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

FOUNDATION FOR JEWISH CAMP, INC.

Employer identification number

22-3551013

FORM 990, PART III, LINE 2:

FOUNDATION FOR JEWISH CAMP, INC. LAUNCHED THE FOLLOWING NEW INITIATIVES

IN 2020:

- 1) COMPETITIVE EDGE - COHORT II
- 2) COVID EMERGENCY GRANTS
- 3) JEWISH CAMP@HOME
- 4) JEWISH CAMP SAFETY AND SECURITY INITIATIVE

FORM 990, PART III, LINE 3:

FOUNDATION FOR JEWISH CAMP, INC. CEASED CONDUCTING THE FOLLOWING PROGRAM

SERVICES DURING 2020:

- 1) YITRO
- 2) SPECIALTY CAMPS ACCELERATOR
- 3) NY DAY CAMP COACHING
- 4) CAMP POYNTELLE LEWIS VILLAGE IMPLEMENTATION
- 5) INNOVATION FUND FOR JEWISH RESOURCES

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

CO-FOUNDERS AND CO-CHAIRS, BOARD OF TRUSTEES, ROB BILDNER AND ELISA
SPUNGEN BILDNER ARE HUSBAND AND WIFE.

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

THE CONTROLLER FOR THE ORGANIZATION SUBMITS THE NECESSARY SCHEDULES TO
BDO USA, LLP (THE ORGANIZATION'S INDEPENDENT ACCOUNTANTS AND TAX

Name of the organization FOUNDATION FOR JEWISH CAMP, INC.	Employer identification number 22-3551013
--	--

PREPARERS) TO PREPARE FORM 990. AFTER BDO USA, LLP FURNISHES DRAFT FORM 990 TO THE ORGANIZATION, THE CONTROLLER, COO AND CEO REVIEW IT FOR ACCURACY AND SUBMIT ANY ADJUSTMENTS. THE UPDATED DRAFT IS THEN DISTRIBUTED TO EACH VOTING MEMBER ON THE BOARD OF DIRECTORS FOR THE OPPORTUNITY TO REVIEW WITH AN ASSOCIATED DEADLINE. ANY COMMENTS/CHANGES ARE DISCUSSED WITH THE BOARD TREASURER AND APPROPRIATE CHANGES ARE INCORPORATED BEFORE FORM 990 IS FINALIZED AND SUBMITTED TO THE IRS.

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

UPON APPOINTMENT AND ANNUALLY THEREAFTER EACH BOARD MEMBER AND CORPORATE OFFICER IS PROVIDED WITH THE CONFLICT OF INTEREST POLICY WITH THE REQUIREMENT TO REVIEW AND REPORT ANY POTENTIAL CONFLICTS OF INTEREST. IF A POTENTIAL CONFLICT EXISTS, THE CHAIR OF THE AUDIT COMMITTEE AND THE CHAIR OF THE BOARD ARE INFORMED. THEY WILL THEN DECIDE IF THIS IS A TRUE CONFLICT AND, IF SO, TAKE APPROPRIATE ACTION AS DETAILED IN THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINES 15A AND 15B:

IN 2020, THE PERSONNEL COMMITTEE CONTRACTED WITH AN OUTSIDE FIRM TO PREPARE AN UPDATED COMPENSATION REVIEW OF THE CEO AND COO. IN ADDITION, THE PERSONNEL COMMITTEE CONTINUALLY MONITORS COMPENSATION AND EMPLOYMENT TERMS OF SELECT EXECUTIVES IN OTHER COMPARABLE ORGANIZATIONS. THE PERSONNEL COMMITTEE IS COMPRISED OF INDEPENDENT BOARD MEMBERS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST

Name of the organization FOUNDATION FOR JEWISH CAMP, INC.	Employer identification number 22-3551013
--	--

POLICY AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION'S FORM 990
AND FINANCIAL STATEMENTS ARE AVAILABLE ON ITS WEBSITE AND UPON REQUEST.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE KEY TO THE JEWISH FUTURE IS JEWISH CAMP. WE KNOW FROM
RESEARCH-AND TWO DECADES' EXPERIENCE-THAT THIS IS WHERE YOUNG PEOPLE
FIND JEWISH ROLE MODELS AND CREATE ENDURING JEWISH FRIENDSHIPS. IT'S
WHERE THEY FORGE A VITAL, LIFELONG CONNECTION TO THEIR ESSENTIAL
JEWISHNESS. THE FOUNDATION FOR JEWISH CAMP (FJC) IS THE CENTRAL
ADDRESS AND ADVOCACY GROUP WHICH HELPS CREATE TRANSFORMATIVE SUMMER
EXPERIENCES FOR YOUNG PEOPLE-ENSURING THE JEWISH FUTURE. FOUNDED IN
1998, WE ARE A CATALYST FOR CHANGE THROUGHOUT THE FIELD PROVIDING
LEADERSHIP, FINANCIAL, AND EDUCATIONAL RESOURCES TO NONPROFIT JEWISH
SUMMER CAMPS, CAMPERS AND THEIR FAMILIES ACROSS NORTH AMERICA. FJC
HAS GROWN TO WORK WITH OVER 300 DAY AND OVERNIGHT CAMPS AND SERVE
MORE THAN 180,000 YOUTH, TEENS AND YOUNG ADULTS ACROSS NORTH AMERICA
EACH SUMMER.

IN OUR RAPIDLY CHANGING WORLD, CAMP MAY BE MORE IMPORTANT THAN EVER
BEFORE. TO SUCCEED, JEWISH CAMP MUST OPERATE ON MULTIPLE LEVELS - FOR
CAMPERS AND COUNSELORS - DURING THE SUMMER AND YEAR-ROUND -
ATTRACTING NEW FAMILIES SEEKING NEW CONNECTIONS IN NEW WAYS. BY
PROVIDING MEANINGFUL IMMERSIVE EXPERIENCES WHICH WIDEN THE GATES OF
ENTRY INTO JEWISH LIFE - STARTING AT THE EARLIEST AGES WITH DAY CAMPS
AND FAMILY CAMPS - WE CREATE YEAR-ROUND ENGAGEMENT, BUILD LIFELONG

Name of the organization

FOUNDATION FOR JEWISH CAMP, INC.

Employer identification number

22-3551013

ATTACHMENT 1 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

CONNECTIONS, AND INCREASE THE NUMBER OF JEWISH CHILDREN ATTENDING JEWISH SUMMER CAMP.

IN 2018, THE FOUNDATION COMPLETED ITS LATEST STRATEGIC PLAN, A FIVE-YEAR ROAD MAP THAT DRIVES AND INFORMS ITS WORK THROUGH 2023. STARTING IN 2019, AGENCY PRIORITIES FALL INTO THREE CENTRAL CATEGORIES, WITH INITIATIVES AIMED AT BOTH INTRODUCING INNOVATIVE IDEAS AND STRENGTHENING EXISTING CORE PROGRAMMING:

- 1) ADAPTIVE TALENT: NEW FOCUS ON THE COUNSELOR EXPERIENCE AS PART OF THE LEADERSHIP DEVELOPMENT PIPELINE FOR PROFESSIONALS AT ALL LEVELS.
- 2) IMMERSIVE LEARNING: NEW FOCUS ON ACTIVATING YEAR-ROUND ENGAGEMENT WHILE CONTINUING TO PROVIDE FRESH JEWISH CONTENT, ISRAEL ENGAGEMENT, AND COMMUNITY BUILDING.
- 3) FIELD GROWTH: NEW FOCUS ON ENGAGING FAMILIES WITH YOUNG CHILDREN THROUGH INTENTIONAL DAY AND FAMILY CAMPS WHILE SUPPORTING ONE HAPPY CAMPER AND SPECIALTY CAMPS/TRACKS TO GROW ENROLLMENT, RETENTION, AND SATISFACTION IN FUTURE YEARS.

FJC REGULARLY REVIEWS ITS STRATEGIC PLAN TO ENSURE THAT IT IS UPDATED AND MATCHES THE NEEDS OF THE FIELD.

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4B

YASHAR - THE YASHAR INITIATIVE IS A \$12 MILLION PROGRAM GENEROUSLY

Name of the organization

FOUNDATION FOR JEWISH CAMP, INC.

Employer identification number

22-3551013

ATTACHMENT 2 (CONT'D)

FUNDED BY THE HARRY AND JEANETTE WEINBERG FOUNDATION. THE GOAL OF THE INITIATIVE IS TO INCREASE ACCESSIBILITY FOR CAMPERS AND STAFF WITH DISABILITIES AT JEWISH SUMMER DAY AND OVERNIGHT CAMPS.

ACCORDING TO A 2013 FOUNDATION FOR JEWISH CAMP SURVEY, CAMP PROFESSIONALS HIGHLIGHTED TWO AREAS, AMONG OTHERS, IN WHICH THEY REQUIRED SUPPORT TO BETTER SERVE CHILDREN WITH DISABILITIES: THEIR NEED FOR FUNDING FOR CAPITAL IMPROVEMENTS TO INCREASE ACCESSIBILITY, AND TRAINING FOR STAFF. THIS INITIATIVE PROVIDES DAY AND OVERNIGHT CAMPS WITH ESSENTIAL SUPPORT IN BOTH OF THESE AREAS, AND PROVIDES FUNDING FOR PROFESSIONAL DEVELOPMENT, STAFF TRAINING, RESEARCH, AND EVALUATION.

THE FIRST ROUND OF GRANT APPLICATIONS OPENED IN WINTER 2018, WITH 16 CAMPS RECEIVING GRANTS IN MARCH 2019. THE SECOND ROUND OF GRANT APPLICATIONS OPENED IN FALL 2019, WITH 15 CAMPS RECEIVING GRANTS IN JANUARY 2020. EACH CAMP RECEIVED A CAPITAL GRANT RANGING IN VALUE FROM \$25,000 TO \$300,000 IN ADDITION TO A CAPACITY-BUILDING GRANT RANGING IN VALUE FROM \$20,000 TO \$30,000. CAMPS ARE ALSO REQUIRED TO ATTEND SEVERAL TRAININGS THROUGHOUT THE YEAR.

ATTACHMENT 3FORM 990, PART III - PROGRAM SERVICE, LINE 4C

SPECIALTY CAMPS INCUBATOR III - THE JIM JOSEPH FOUNDATION IN PARTNERSHIP WITH THE AVI CHAI FOUNDATION APPROVED FUNDING FOR 5

Name of the organization FOUNDATION FOR JEWISH CAMP, INC.	Employer identification number 22-3551013
--	--

ATTACHMENT 3 (CONT'D)

NEW SPECIALTY CAMPS IN MARCH 2016 FOR A TOTAL OF \$11.7 MILLION.

PRIOR TO THE LAUNCH, IN NOVEMBER 2016, THE TWO FOUNDATIONS
PROVIDED AN ADDITIONAL \$1 MILLION GRANT TO ADMIT A SIXTH CAMP.

DURING 2020, THE INCUBATOR III PROGRAM INCLUDED: ONE-ON-ONE
MENTORING, CONSULTING SUPPORT FROM BOTH FIELD OPERATIONS DIRECTORS
AND THE JEWISH EDUCATOR AND ONE 3-DAY WORKSHOP AS WELL AS FOUR
VIRTUAL WORKSHOPS, COVERING ALL AREAS OF CAMP OPERATIONS,
INCLUDING RECRUITMENT, MARKETING, FINANCE AND BUDGET, PROGRAM
DESIGN, STAFF TRAINING, AND JEWISH LIFE.

DUE TO THE COVID-19 PANDEMIC, THE SIX CAMPS WERE UNABLE TO OPEN
FOR THEIR THIRD SUMMER IN 2020. GIVEN THIS, THE JIM JOSEPH
FOUNDATION ALLOCATED A PORTION OF THE REMAINING INCUBATOR BUDGET
TO GRANT AN EXTENSION FOR CONTINUED CAMP SUPPORT AND CAMP FUNDING.

ATTACHMENT 4FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
INTERNAL CAPACITY	10,000.	915,712.	0.
CORNERSTONE	0.	895,805.	0.
RSJ ENGAGEMENT INITIATIVES	122,462.	568,230.	0.
ONE HAPPY CAMPER	0.	303,152.	0.
FAMILY CAMP	0.	245,116.	0.
YEDID NEFESH- MENTAL, SOCIAL & EMOTIONAL HEALTH	85,500.	232,614.	0.
WEST COAST REGIONAL HUBS	10,000.	218,625.	0.

Name of the organization FOUNDATION FOR JEWISH CAMP, INC.	Employer identification number 22-3551013
--	--

ATTACHMENT 4 (CONT'D)

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
CAMP COLLABORATIVE NETWORK	10,000.	148,943.	0.
COMPETITIVE EDGE	50,000.	146,536.	0.
LEADERS ASSEMBLY - BIENNIAL FIELD-WIDE CONVENING	0.	128,377.	108,000.
NY COMMON GROUND	0.	103,433.	0.
LONG ISLAND PROFESSIONAL DEVELOPMENT	0.	87,990.	0.
MIDWEST CAMPS LEADERSHIP NETWORK	0.	86,218.	0.
STRATEGIC GRANTS, SCHOLARSHIPS AND PASS-THROUGHS	85,000.	85,000.	0.
DISABILITIES INITIATIVES	0.	83,800.	0.
SAFETY, RESPECT & EQUITY	23,795.	54,237.	0.
DIVERSITY, EQUITY & INCLUSION	8,000.	50,849.	0.
NY DAY CAMP INCUBATOR	0.	40,638.	0.
JEWISH CAMP SAFETY AND SECURITY INITIATIVE	0.	36,139.	0.
EXECUTIVE LEADERSHIP INSTITUTE (COHORT IV)	0.	44,510.	0.
ISRAEL EDUCATION AT DAY CAMPS	3,375.	32,555.	0.
JEWISH CAMP@HOME	0.	26,272.	0.
MACHANE OLAMI	0.	26,188.	0.
BUILDING LOAN PROGRAM	0.	20,950.	0.
MENTAL HEALTH AND WELLBEING	0.	18,909.	0.
INNOVATION FUND FOR JEWISH EDUCATORS	0.	17,593.	0.
COUNSELOR EXPERIENCE	0.	16,081.	0.
KAYITZ KEF (HEBREW IMMERSION AT CAMP)	14,329.	14,880.	0.
ANNUAL CAMP CENSUS	0.	19,065.	0.
OTHER PROGRAMMING	0.	3,063.	0.
TOTALS	422,461.	4,671,480.	108,000.

Name of the organization	Employer identification number
FOUNDATION FOR JEWISH CAMP, INC.	22-3551013

ATTACHMENT 5

FORM 990, PART VI, LINE 17 - STATES

CA, CO, CT,

FL, GA, IL, MD, MA,

NJ, NY, OH, PA,

VA,

ATTACHMENT 6

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
TRUE TO LIFE TRAINING, LLC P.O. BOX 277 HIGHTSTOWN, NJ 08520	PRGM. MGMT./TRAINING	304,207.
MICHELE FRIEDMAN 372 CENTRAL PARK WEST, SUITE 3X NEW YORK, NY 10025	CONSULTING	221,311.