

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning and ending


B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	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 \$ 14,180,186.
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	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	49
	6 Total number of volunteers (estimate if necessary)	6	26
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	NONE
b Net unrelated business taxable income from Form 990-T, line 34	7b	NONE	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	25,166,005.	11,888,435.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	107,610.	972,281.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	399,666.	298,958.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,041.	31,368.
		25,684,322.	13,191,042.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,594,999.	5,697,842.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,894,491.	5,185,857.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,148,856.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,198,919.	4,546,379.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	19,688,409.	15,430,078.	
19 Revenue less expenses. Subtract line 18 from line 12	5,995,913.	-2,239,036.	
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)	52,775,430.	48,400,130.
	22 Net assets or fund balances. Subtract line 21 from line 20.	10,034,988.	9,447,426.
	42,740,442.	38,952,704.	

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		9-Aug-23
	Signature of officer	Date
	JEREMY J FINGERMAN, CEO	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	PAUL HAMMERSCHMIDT	PAUL HAMMERSCHMIDT	08/07/2023		P01384178
	Firm's name ▶ BDO USA, P.A.	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** (2022)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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 \$ 3,030,337. including grants of \$ 2,310,470.) (Revenue \$ NONE)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 1,466,236. including grants of \$ 785,193.) (Revenue \$ NONE)

SEE SCHEDULE O

4c (Code:) (Expenses \$ 1,454,425. including grants of \$ 28,550.) (Revenue \$ NONE)

SEE SCHEDULE O

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

(Expenses \$ 7,206,224. including grants of \$ 2,573,629.) (Revenue \$ 972,281.)

4e Total program service expenses 13,157,222.

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)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VIII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IX</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule G, Part I</i> . See instructions	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
28a 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
28b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28c A 35% controlled entity of one or more individuals and/or organizations described in line 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
35b 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 on 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 Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.		
1c 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 49		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	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? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
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? 13a 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? <i>If "No," provide an explanation on Schedule O</i>		
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? 15 If "Yes," see the 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. 16		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 17 If "Yes," complete Form 6069.		

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

Table with 3 columns: Question, Yes, No. Rows include 1a (24), 1b (24), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
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.
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 Contractors

Check 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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 NONE			X			539,553.	NONE	122,440.	
(2) ROBERT HARRIS DIR., SE REGION & ISRAEL	40.00 NONE				X		195,556.	NONE	44,044.	
(3) MARINA LEWIN (THRU 8/22) CHIEF OPERATING OFFICER	40.00 NONE			X			219,427.	NONE	17,400.	
(4) RABBI AVRAM ORLOW VP, INNOVATION AND EDUCATION	40.00 NONE				X		124,461.	NONE	71,316.	
(5) COREY CUTLER SR. DIR., DEVELOPMENT	40.00 NONE				X		168,742.	NONE	18,609.	
(6) REBECCA KAHN SR. DIR., FIELD EXPANSION	40.00 NONE				X		154,785.	NONE	18,180.	
(7) JULIE FINKELSTEIN SR. DIR., FIELD SERVICES	40.00 NONE				X		154,783.	NONE	18,180.	
(8) ELISABETH RIMAUD WILLIAMS SR DIR FIN & ADMIN (EFF 9/22)	40.00 NONE			X			44,179.	NONE	161.	
(9) JAMES HEEGER CHAIR, BOARD OF DIRECTORS	5.00 NONE	X		X			NONE	NONE	NONE	
(10) MARK SILBERMAN VICE-PRESIDENT	2.00 NONE	X		X			NONE	NONE	NONE	
(11) JEFFREY WOLMAN VICE-PRESIDENT	2.00 NONE	X		X			NONE	NONE	NONE	
(12) RANDALL KAPLAN TREASURER	5.00 NONE	X		X			NONE	NONE	NONE	
(13) SCOTT BRODY ASSISTANT TREASURER	2.00 NONE	X		X			NONE	NONE	NONE	
(14) SHELLEY NICELEY GROFF SECRETARY	2.00 NONE	X		X			NONE	NONE	NONE	

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) DIANE C. ZACK ASSISTANT SECRETARY	2.00 NONE	X		X			NONE	NONE	NONE	
(16) RICH BILLER BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(17) JULIE EISEN BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(18) ARCHIE GOTTESMAN BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(19) ALISON LEOVITZ BOARD MEMBER (EFF. 1/22)	1.00 NONE	X					NONE	NONE	NONE	
(20) MARCIA WEINER MANKOFF BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(21) JUDY NEUMAN BOARD MEMBER (EFF. 1/22)	1.00 NONE	X					NONE	NONE	NONE	
(22) RABBI REX PERLMETER BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(23) JULIE BEREN PLATT BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(24) MICHAEL POLOWIN BOARD MEMBER (EFF. 1/22)	1.00 NONE	X					NONE	NONE	NONE	
(25) REBECCA RAPHAEL BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total							1,601,486.	NONE	310,330.	
c Total from continuation sheets to Part VII, Section A							NONE	NONE	NONE	
d Total (add lines 1b and 1c)							1,601,486.	NONE	310,330.	

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 ► 14

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

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 ►

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) SUSAN SACKS BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(27) DIANE SCHILIT BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(28) ANITA H. SIEGAL BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(29) JIM SOKOLOVE BOARD MEMBER (EFF. 1/22)	1.00 NONE	X					NONE	NONE	NONE	
(30) JEFFREY M. SOLOMON BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(31) SHAWNA GOODMAN SONE BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(32) JOE TEFLOW BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(33) ELISA SPUNGEN BILDNER CO-CHAIR, BOARD OF TRUSTEES	2.00 NONE			X			NONE	NONE	NONE	
(34) ROBERT BILDNER CO-CHAIR, BOARD OF TRUSTEES	2.00 NONE			X			NONE	NONE	NONE	
1b Sub-total										
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 ▶

	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
SEE SCHEDULE O		

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 ▶ 4

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a							
	b	Membership dues	1b							
	c	Fundraising events	1c							
	d	Related organizations	1d							
	e	Government grants (contributions) . .	1e	190,000.						
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	11,698,435.						
	g	Noncash contributions included in lines 1a-1f	1g	\$ 10,150.						
	h	Total. Add lines 1a-1f		11,888,435.						
	Program Service Revenue	2a	CONFERENCE REGISTRATION FEES	Business Code	611710	847,100.	847,100.			
b		PROGRAM PARTICIPATION FEES	611710	125,181.	125,181.					
c										
d										
e										
f		All other program service revenue								
g		Total. Add lines 2a-2f			972,281.					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			299,479.	NONE	299,479.			
	4	Income from investment of tax-exempt bond proceeds .			NONE					
	5	Royalties			NONE					
	6a	Gross rents	6a	(i) Real	(ii) Personal					
	b	Less: rental expenses	6b							
	c	Rental income or (loss)	6c	NONE	NONE					
	d	Net rental income or (loss)				NONE				
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other					
						988,623.				
	b	Less: cost or other basis and sales expenses . .	7b	989,144.						
	c	Gain or (loss)	7c	-521.						
d	Net gain or (loss)				-521.	-521.				
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		NONE						
			b	Less: direct expenses	8b	NONE				
			c	Net income or (loss) from fundraising events			NONE			
			9a	Gross income from gaming activities. See Part IV, line 19	9a		NONE			
						b	Less: direct expenses	9b	NONE	
			c	Net income or (loss) from gaming activities			NONE			
			10a	Gross sales of inventory, less returns and allowances	10a		NONE			
						b	Less: cost of goods sold	10b	NONE	
						c	Net income or (loss) from sales of inventory			NONE
			Miscellaneous Revenue	11a	MISCELLANEOUS INCOME	Business Code	900099	31,368.		31,368.
b										
c										
d	All other revenue									
e	Total. Add lines 11a-11d				31,368.					
12	Total revenue. See instructions			13,191,042.	972,281.	NONE	330,326.			

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	5,498,891.	5,498,891.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	198,951.	198,951.		
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	943,160.	463,676.	157,905.	321,579.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	3,292,073.	2,485,220.	458,143.	348,710.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	91,802.	71,667.	9,293.	10,842.
9 Other employee benefits	545,459.	367,019.	100,447.	77,993.
10 Payroll taxes	313,363.	222,495.	50,819.	40,049.
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	10,536.	7,959.	2,043.	534.
c Accounting	99,653.		99,653.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	5,409.		5,409.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	1,542,053.	1,275,863.	114,434.	151,756.
12 Advertising and promotion	27,574.	27,302.		272.
13 Office expenses	104,248.	58,937.	3,997.	41,314.
14 Information technology	357,498.	294,527.	22,807.	40,164.
15 Royalties	NONE			
16 Occupancy	373,777.	262,466.	54,858.	56,453.
17 Travel	607,083.	573,628.	12,763.	20,692.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	1,042,259.	1,022,839.	7,684.	11,736.
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	95,093.	66,198.	14,241.	14,654.
23 Insurance	60,173.	43,238.	8,346.	8,589.
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 CAMPER INCENTIVE STIPENDS	182,497.	182,497.		
b MISCELLANEOUS EXPENSES	38,526.	33,849.	1,158.	3,519.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	15,430,078.	13,157,222.	1,124,000.	1,148,856.
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)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	478,357.	1	925,057.
	2 Savings and temporary cash investments.	10,975,013.	2	6,681,025.
	3 Pledges and grants receivable, net	17,747,064.	3	17,847,204.
	4 Accounts receivable, net	253,043.	4	249,554.
	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	NONE	5	NONE
	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).	NONE	6	NONE
	7 Notes and loans receivable, net	NONE	7	NONE
	8 Inventories for sale or use	NONE	8	NONE
	9 Prepaid expenses and deferred charges	29,077.	9	38,342.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,405,959.		
	b Less: accumulated depreciation.	10b 1,280,241.		
	11 Investments - publicly traded securities.	220,811.	10c	125,718.
	12 Investments - other securities. See Part IV, line 11	14,372,632.	11	15,036,540.
	13 Investments - program-related. See Part IV, line 11.	NONE	12	NONE
	14 Intangible assets	8,142,895.	13	4,953,158.
	15 Other assets. See Part IV, line 11	NONE	14	NONE
16 Total assets. Add lines 1 through 15 (must equal line 33)	556,538.	15	2,543,532.	
	52,775,430.	16	48,400,130.	
Liabilities	17 Accounts payable and accrued expenses.	567,372.	17	1,126,977.
	18 Grants payable	442,220.	18	427,654.
	19 Deferred revenue	NONE	19	NONE
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	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	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	8,418,157.	23	5,328,157.
	24 Unsecured notes and loans payable to unrelated third parties.	NONE	24	NONE
	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	607,239.	25	2,564,638.
	26 Total liabilities. Add lines 17 through 25.	10,034,988.	26	9,447,426.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>			
	27 Net assets without donor restrictions.	13,682,680.	27	12,973,452.
	28 Net assets with donor restrictions.	29,057,762.	28	25,979,252.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>			
	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	42,740,442.	32	38,952,704.
33 Total liabilities and net assets/fund balances.	52,775,430.	33	48,400,130.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,191,042.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,430,078.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,239,036.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	42,740,442.
5	Net unrealized gains (losses) on investments	5	-1,491,842.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-56,860.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	38,952,704.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- 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 (2022)

**SCHEDULE A
(Form 990)**

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

2022

**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).)
- 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 on 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						

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	26,663,442.	14,406,271.	12,868,265.	25,166,005.	11,888,435.	90,992,418.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3 The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4 Total. Add lines 1 through 3.	26,663,442.	14,406,271.	12,868,265.	25,166,005.	11,888,435.	90,992,418.
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).						42,773,268.
6 Public support. Subtract line 5 from line 4						48,219,150.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	26,663,442.	14,406,271.	12,868,265.	25,166,005.	11,888,435.	90,992,418.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	208,147.	320,977.	245,932.	174,899.	299,479.	1,249,434.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	556,553.	29,294.	NONE	11,041.	31,368.	628,256.
11 Total support. Add lines 7 through 10						92,870,108.
12 Gross receipts from related activities, etc. (see instructions)					12	1,804,550.
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 2022 (line 6, column (f), divided by line 11, column (f))	14	51.92 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	52.52 %
16a 33 1/3% support test - 2022. 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 - 2021. 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 - 2022. 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 - 2021. 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on 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**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)),	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . .

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on 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 on 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.		Yes	No
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 on 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>):		
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).		

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 2022 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-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. 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 2023. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
c	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			

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.)

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2018	2019	2020	2021	2022	TOTAL
FORGIVE. OF ACCR. INTEREST PAY	544,150.	NONE	NONE	NONE	NONE	544,150.
MISCELLANEOUS	12,403.	29,294.	NONE	11,041.	31,368.	84,106.
TOTALS	556,553.	29,294.	NONE	11,041.	31,368.	628,256.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

Employer identification number

FOUNDATION FOR JEWISH CAMP, INC.

22-3551013

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 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

[X] 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), 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), 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).

Name of organization <p style="text-align: center;">FOUNDATION FOR JEWISH CAMP, INC.</p>	Employer identification number <p style="text-align: center;">22-3551013</p>
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
1	N/A <hr/> <hr/> <hr/>	\$ 4,420,975.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;">Person</td> <td style="width:20%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
2	N/A <hr/> <hr/> <hr/>	\$ 1,093,991.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;">Person</td> <td style="width:20%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
3	N/A <hr/> <hr/> <hr/>	\$ 975,760.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;">Person</td> <td style="width:20%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
4	N/A <hr/> <hr/> <hr/>	\$ 680,245.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;">Person</td> <td style="width:20%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
5	N/A <hr/> <hr/> <hr/>	\$ 600,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;">Person</td> <td style="width:20%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
6	N/A <hr/> <hr/> <hr/>	\$ 350,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;">Person</td> <td style="width:20%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								

Name of organization <p style="text-align: center;">FOUNDATION FOR JEWISH CAMP, INC.</p>	Employer identification number <p style="text-align: center;">22-3551013</p>
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A <hr/> <hr/> <hr/>	\$ 345,991.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	N/A <hr/> <hr/> <hr/>	\$ 332,615.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	N/A <hr/> <hr/> <hr/>	\$ 291,731.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	N/A <hr/> <hr/> <hr/>	\$ 246,309.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input 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 II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization FOUNDATION FOR JEWISH CAMP, INC.	Employer identification number 22-3551013
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Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this 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)

Supplemental Financial Statements

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

Employer identification number

FOUNDATION FOR JEWISH CAMP, INC.

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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?, 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)?, 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.

Table with 2 columns: Description, Amount. Rows include: 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., 1b 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) 2022

JSA 2E1268 1.000

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
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | 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:
- | | Yes | No |
|--|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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		620,857.	608,227.	12,630.
d Equipment		485,001.	412,438.	72,563.
e Other		300,101.	259,576.	40,525.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				125,718.

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
SEE SUPPLEMENTAL PAGE		
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . . .	4,953,158.	

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) RIGHT OF USE ASSET	2,036,200.
(2) 457 PLAN ASSETS HELD FOR	
(3) OTHERS	422,779.
(4) SECURITY DEPOSITS	84,553.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	2,543,532.

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 COMPENSATION PAYABLE	441,529.
(3) LEASE LIABILITY	2,123,109.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,564,638.

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 .

Part XIII Supplemental Information (continued)

PART VIII, INVESTMENTS - PROGRAM RELATED:

DURING 2016, AS PART OF THE FOUNDATION'S LOAN AGREEMENT, THE FOUNDATION AGREED TO PROVIDE INTEREST-FREE FIVE-YEAR LOANS TO VARIOUS NON-PROFIT JEWISH YOUTH AND TEEN CAMPS IN THE UNITED STATES AS A CONTINUATION OF THE 2015 PROGRAM. THE LOANS ARE TO FINANCE UP TO 50% OF THE COST OF CONSTRUCTION OF CAPITAL IMPROVEMENTS (FJC BUILDING LOAN PROGRAM). (SEE PAGE 38 FOR THE LIST OF LOANS RECEIVABLE).

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, 2022, 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 2019.

Part XIII Supplemental Information *(continued)*

PART XII, LINE 2D:

BAD DEBT FOR UNCOLLECTIBLE PLEDGES.....\$56,860.

Part XIII Supplemental Information (continued)

SCHEDULE D, PART VIII - INVESTMENTS - PROGRAM RELATED

=====

DESCRIPTION -----	BOOK VALUE -----	COST OR FMV -----
URJ - CAMP NEWMAN	1,400,000.	COST
CAMP TAWONGA	750,000.	COST
B'NAI BRITH MEN'S CAMP ASSOC.	600,000.	COST
URJ - OSRUI	550,000.	COST
HERZL CAMP ASSOCIATION	375,000.	COST
JEWISH COMM CTRS OF CHICAGO	390,000.	COST
URJ - CAMP GEORGE	292,500.	COST
URJ - CAMP KALSMAN	157,895.	COST
URJ - GOLDMAN UNION CAMP	105,263.	COST
NRC - CAMP RAMAH NYACK	332,500.	COST

TOTALS	4,953,158.	
	=====	

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

Employer identification number

FOUNDATION FOR JEWISH CAMP, INC.

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			GRANTMAKING		198,951.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					198,951.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					198,951.

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

Schedule F (Form 990) 2022

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	MENTAL HEALTH	116,606.	WIRE			
(2)			NORTH AMERICA	MENTAL HEALTH	38,093.	WIRE			
(3)			NORTH AMERICA	MENTAL HEALTH	11,500.	WIRE			
(4)			NORTH AMERICA	MENTAL HEALTH	11,500.	WIRE			
(5)			NORTH AMERICA	MENTAL HEALTH	10,753.	WIRE			
(6)			NORTH AMERICA	MENTAL HEALTH	10,500.	WIRE			
(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 . . . ▶ _____ 6

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)							

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

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)**

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

FOUNDATION FOR JEWISH CAMP, INC.

Employer identification number

22-3551013

Part I General Information on Grants and Assistance

- 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
- 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UJA-FEDERATION OF NY 130 EAST 59TH STREET NEW YORK, NY 10022	51-0172429	501(C)(3)	323,520.				INCLUSION & ACCESSIBILITY
(2) EDEN VILLAGE CAMP 392 DENNYTOWN RD, PUTNAM VALLEY, NY 10579	26-4373931	501(C)(3)	284,700.				RSJ, MENTAL HEALTH SCI, INCLU. & ACCESS
(3) URJ CAMP NEWMAN 711 GRAND AVE, #280, SAN RAFAEL, CA 94901	13-1663143	501(C)(3)	274,950.				INCLUSION & ACCESS, RSJ ENGAGEMENT
(4) URJ OLIN SANG RUBY UNION INSTITUTE 1121 LAKE COOK ROAD, DEERFIELD, IL 60015	13-1663143	501(C)(3)	270,610.				INCLUSION & ACCESS, FAMILY CAMP
(5) J CAMPS 3506 GWYNNBROOK AVE, OWINGS MILLS, MD 21117	52-0619002	501(C)(3)	210,000.				INCLUSION & ACCESSIBILITY
(6) APACHI ROGERS PARK 300 REVERE DRIVE, NORTHBROOK, IL 60062	36-2167758	501(C)(3)	205,000.				INCLUSION & ACCESSIBILITY
(7) RAMAH DAY CAMP IN CHICAGO 67 E MADISON ST, #1905, CHICAGO, IL 60603	01-0564426	501(C)(3)	200,000.				INCLUSION & ACCESSIBILITY
(8) JCC CAMP CHI 30 S WELLS STREET, #4000, CHICAGO, IL 60606	36-2167758	501(C)(3)	153,650.				RSJ ENGAGEMENT, MENTAL HEALTH, COMPET. EDGE
(9) URJ CAMP COLEMAN 1580 SPALDING DRIVE, ATLANTA, GA 30350	13-1663143	501(C)(3)	140,776.				COMPET. EDGE, MENTAL HEALTH, CAPACTY EXP
(10) CAMP MOSHAVA OF WILD ROSE 3740 WEST DEMPSTER, SKOKIE, IL 60076	36-3874839	501(C)(3)	130,000.				MENTAL HEALTH, COMPET. EDGE
(11) TIYUL ADVENTURE CAMP 5425 MT. GILEAD RD, REISTERSTOWN, MD 21136	43-2080719	501(C)(3)	128,800.				FAMILY CAMP, INCLUS. & ACCESSIBILITY
(12) CAMP TAWONGA 131 STEUART ST, SAN FRANCISCO, CA 94105	94-3227261	501(C)(3)	120,265.				RSJ ENGAGEMENT, MENTAL HEALTH, FAMILY CAMP

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 90

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) 2022

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

FOUNDATION FOR JEWISH CAMP, INC.

22-3551013

Part I General Information on Grants and Assistance

- 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
- 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) STAMFORD JCC 1035 NEWFIELD AVENUE, STAMFORD, CT 05905	06-0646918	501(C)(3)	120,000.				INCLUSION & ACCESSIBILITY
(2) CAMP BEN FRANKEL 3419 W. MAIN STREET, BELLEVILLE, IL 62958	37-0661214	501(C)(3)	116,000.				RSJ, SCI, CAPEXP, MENTL HEALTH, SCHOLARSHIPS
(3) CAMP ZEKE 322 HIGHLAND ROAD, RYE, NY 10580	46-1869615	501(C)(3)	112,465.				RSJ ENGAGEMENT, FAMILY CAMP
(4) CAMP J 851 N. MAITLAND AVENUE, MAITLAND, FL 32751	23-7448234	501(C)(3)	104,000.				INCLUSION & ACCESSIBILITY
(5) EMMA KAUFMANN CAMP 5738 FORBES AVENUE PITTSBURGH, PA 15217	25-1094514	501(C)(3)	80,500.				MH, SCI, INNOV PROG, CHAR DEV. RES.
(6) CAMP LAURELWOOD 463 SUMMER HILL ROAD, MADISON, CT 06443	06-0693092	501(C)(3)	80,475.				SCI, MENTL HEALTH, FAM CAMP, CHAR DEV. RES
(7) PRIZMAH CENTER FOR JEWISH DAY SCHOOLS 254 W 54TH ST, FL 11, NEW YORK, NY 10019	81-1750864	501(C)(3)	78,335.				SAFETY, RESPECT, EQUITY TRAININGS
(8) CAMP STONE 2463 S GREEN ROAD, CLEVELAND, OH 44122	34-0897622	501(C)(3)	76,000.				SMALL COMMUN. INCENT SCHOLARSHIPS
(9) B'NAI BRITH CAMP AKA B'NAI BRITH OREGON 9400 SW BEAVERTON HILLSDALE HIGHWAY	91-1842787	501(C)(3)	74,830.				RSJ, SCI, INCLUSION & ACCESSIBILITY
(10) RAINBOW DAY CAMP OF MILWAUKEE JCC 6255 N SANTA MONICA BLVD MILWAUKEE WI 53217	39-0806234	501(C)(3)	74,400.				INCLUSION & ACCESSIBILITY
(11) CAPITAL CAMPS 11300 ROCKVILLE PIKE, ROCKVILLE, MD 20852	52-1515202	501(C)(3)	73,000.				MENTAL HEALTH, INCL. & ACCESSIBILITY
(12) URJ HENRY S. JACOBS CAMP 3863 MORRISON ROAD, UTICA, MS 39175	13-1663143	501(C)(3)	70,450.				SMALL COMMUN. INCENT MENTAL HEALTH

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

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

Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Attach to Form 990.

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

Name of the organization

Employer identification number

FOUNDATION FOR JEWISH CAMP, INC.

22-3551013

Part I General Information on Grants and Assistance

- 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
- 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CAMP SABRA 2 MILLSTONE CAMPUS DR, ST. LOUIS, MO 63146	43-0681477	501(C)(3)	69,300.				SCI, CAPACITY EXP MENTAL HEALTH
(2) CAMP RAMAH DAROM 6400 POWERS FERRY ROAD, ATLANTA, GA 30339	58-2146741	501(C)(3)	66,500.				SMALL COMMUNITY INCENTIVE
(3) CAMP RAMAH IN CALIFORNIA 17525 VENTURA BLVD, #310, ENCINO, CA 91316	95-1843131	501(C)(3)	61,800.				MENTAL HEALTH, RSJ, SCHOLARSHIPS
(4) HABONIM DROR CAMP TAVOR 4444 SECOND AVENUE, DETROIT, MI 48201	36-6009159	501(C)(3)	59,780.				MENTAL HEALTH, SMALL COMMUNITY INCENTIVE
(5) CAMP LIVINGSTON 8485 RIDGE ROAD, CINCINNATI, OH 45236	31-6050765	501(C)(3)	56,417.				RSJ, SCI, MENTAL HEALTH
(6) JCC CAMP RUACH 775 TALAMINI ROAD, BRIDGEWATER, NJ 08807	22-3681640	501(C)(3)	56,000.				INCLUSION & ACCESSIBILITY
(7) URJ CRANE LAKE CAMP P.O. BOX 569, GREAT BARRINGTON, MA 01230	13-1663143	501(C)(3)	55,200.				INCLUSION & ACCESS., CHARAC, DEV. RESEARCH
(8) ISLAND QUEST DAY CAMP 58-20 LITTLE NECK PKWY LITTLE NECK NY 11362	11-3071518	501(C)(3)	54,925.				RSJ, MENTAL HEALTH, COMMON GROUND
(9) URJ GREENE FAMILY CAMP 1192 SMITH LANE, BRUCEVILLE, TX 76630	13-1663143	501(C)(3)	54,224.				FAMILY CAMP, INNOVATION PROGRAMS
(10) RAMAH DAY CAMP IN NYACK 3080 BROADWAY, NEW YORK, NY 10027	13-6161110	501(C)(3)	47,500.				MENTAL HEALTH, INCL. & ACCESSIBILITY
(11) CAMP JCA SHALOM 34342 MULHOLLAND HWY., MALIBU, CA 90265	84-1652923	501(C)(3)	47,400.				RSJ ENGAGEMENT, INNOVATION PROGRAMS
(12) CAMP MORASHA 274 HIGH LAKE ROAD, LAKEWOOD, PA 18439	13-1999091	501(C)(3)	45,000.				COVID EMERG

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(1) CAMP YOUNG JUDAEA MIDWEST 60 REVERE DR, STE 800, NORTHBROOK, IL 60062	39-1672846	501(C)(3)	45,000.				MENTAL HEALTH, SMALL COMMUNITY INCENTIVE
(2) CAMP DEENY RIBACK 760 NORTHFIELD AVE, WEST ORANGE, NJ 07052	22-2680030	501(C)(3)	43,000.				INCLUSION & ACCESSIBILITY
(3) NJY CAMPS 21 PLYMOUTH STREET, FAIRFIELD, NJ 07004	22-1487266	501(C)(3)	39,817.				RSJ ENGAGEMENT
(4) JEWISH FEDERATION OF GREATER ATLANTA 1440 SPRING STREET NW, ATLANTA, GA 30309	58-1021791	501(C)(3)	37,667.				RSJ ENGAGEMENT, ONE HAPPY CAMPER
(5) CAMP AVODA 43 STANDISH ROAD, NEEDHAM, MA 02492	04-6002095	501(C)(3)	37,185.				RSJ ENGAGEMENT
(6) JEWISH FEDERATION OF GREATER METROWEST NJ 901 ROUTE 10 EAST, WHIPPANY, NJ 07981	22-1487222	501(C)(3)	35,550.				RSJ ENGAGEMENT, ONE HAPPY CAMPER
(7) JEWISH FEDERATION OF GREATER WASHINGTON 6101 EXECUTIVE BLVD, N. BETHESDA, MD 20852	53-0212445	501(C)(3)	35,000.				ONE HAPPY CAMPER
(8) CAMP AIRY & LOUISE 5750 PARK HEIGHTS AVE, BALTIMORE, MD 21215	52-0563083	501(C)(3)	33,000.				RSJ ENGAGEMENT, MENTAL HEALTH
(9) GOLDEN SLIPPER CAMP 215 N PRESIDENTIAL BLV BALA CYNWYD PA 19004	23-1312911	501(C)(3)	27,500.				RSJ ENGAGEMENT
(10) CAMP RAMAH IN THE BERKSHIRES 25 ROCKWOOD PLACE #345 ENGELWOOD, NJ 07631	13-1997276	501(C)(3)	26,500.				MENTAL HEALTH, INCL. & ACCESSIBILITY
(11) CAMP TEL YEHUDAH 575 8TH AVENUE, 11TH FL, NEW YORK, NY 10018	13-5654375	501(C)(3)	26,500.				MENTAL HEALTH, SCHOLARSHIPS
(12) EDEN VILLAGE WEST 6176 MCBRYDE AVENUE, RICHMOND, CA 94805	26-4373931	501(C)(3)	26,000.				RSJ ENGAGEMENT

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(1) BERKSHIRE HILLS EISENBERG CAMP 405 LEXINGTON AVENUE, NEW YORK, NY 10174	13-1739934	501(C)(3)	25,983.				RSJ ENGAGEMENT MENTAL HEALTH
(2) CAMP NAGEELA MIDWEST 3542 W. PETERSON AVE, CHICAGO, IL 60659	36-3529801	501(C)(3)	25,604.				RSJ ENGAGEMENT, SCHOLARSHIPS
(3) JCAMP LA 5870 W OLYMPIC BLVD, LOS ANGELES, CA 90036	95-1691010	501(C)(3)	25,000.				RSJ ENGAGEMENT MENTAL HEALTH
(4) NATIONAL RAMAH COMMISSION 3080 BROADWAY, NEW YORK, NY 10027	13-6161110	501(C)(3)	25,000.				COVID EMERG
(5) CAMP JUDAEA 1440 SPRING ST. NW, ATLANTA, GA 30309	58-6014651	501(C)(3)	24,500.				RSJ ENGAGEMENT, MENTAL HEALTH
(6) CAMP RAMAH WISCONSIN 67 E. MADISON ST, #1905, CHICAGO, IL 60603	36-3866094	501(C)(3)	23,500.				MENTAL HEALTH, MACHAN OLAMI, CHAR. DEV. RES
(7) HABONIM DROR CAMP GALIL 2100 ARCH STREET, PHILADELPHIA, PA 19103	23-6005866	501(C)(3)	22,675.				RSJ ENGAGEMENT, MENTAL HEALTH
(8) JEWISHCOLORADO 300 SOUTH DAHLIA ST, #300, DENVER, CO 80246	01-0831698	501(C)(3)	22,500.				ONE HAPPY CAMPER
(9) 92ND STREET Y 1395 LEXINGTON AVENUE, NEW YORK, NY 10128	13-1624229	501(C)(3)	21,500.				MENTAL HEALTH, CAPACITY EXP, DEI
(10) CAMP YOUNG JUDAEA SPROUT LAKE 45 HAVERFORD ROAD, NEW YORK, NY 10018	13-2830437	501(C)(3)	21,500.				MENTAL HEALTH, SCHOLARSHIPS
(11) CAMP KEF 45 HAVERFORD ROAD, WYNEWOOD, PA 19096	27-0841715	501(C)(3)	20,000.				INNOVATION PROGRAMS
(12) URJ 6 POINTS SCI TECH WEST 633 THIRD AVE, 7TH FL, NEW YORK, NY 10017	13-1663143	501(C)(3)	20,000.				INNOVATION PROGRAMS

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(1) NEW COUNTRY DAY CAMP 197 EAST BROADWAY, NEW YORK, NY 10002	13-5562210	501(C)(3)	19,975.				MENTAL HEALTH, DEI, COMMON GROUND
(2) RAMAH IN THE ROCKIES 300 S DAHLIA STREET, #205, DENVER, CO 80246	20-4078988	501(C)(3)	19,125.				MENTAL HEALTH, CAPACITY EXP
(3) JEWISH FEDERATION OF NORTHERN NEW JERSEY 50 EISENHOWER DRIVE PARAMUS, NJ 07652	20-1195592	501(C)(3)	18,500.				ONE HAPPY CAMPER
(4) CAMP HACHSHARA MOSHAVA OF NY 520 EIGHTH AVE., FL 15, NEW YORK, NY 10018	13-5596850	501(C)(3)	18,000.				PASS-THROUGH GRANTS
(5) CAMP YACHAD 1391 MARTINE AVE., SCOTCH PLAINS, NJ 07076	22-2667094	501(C)(3)	18,000.				INCLUSION & ACCESSIBILITY
(6) MIAMI BEACH JEWISH COMMUNITY CENTER 4221 PINE TREE DRIVE, MIAMI BEACH, FL 33140	59-2788834	501(C)(3)	18,000.				RSJ ENGAGEMENT
(7) CAMP ALONIM 1101 PEPPERTREE LANE, BRANDEIS, CA 93064	95-1684064	501(C)(3)	17,633.				MENTAL HEALTH, RSJ ENGAGEMENT
(8) CAMP SETTOGA 334 AMSTERDAM AVE, NEW YORK, NY 10023	13-3490745	501(C)(3)	15,675.				MENTAL HEALTH, DEI
(9) CAMP MOUNTAIN CHAI 4950 MURPHY CANYON RD, SAN DIEGO, CA 92123	91-2158031	501(C)(3)	13,900.				MENTAL HEALTH, RSJ ENGAGEMENT
(10) URJ 6 POINTS SCI-TECH ACADEMY - EAST 160 CHUBB AVENUE, #207, LYNDHURST, NJ 07071	13-1663143	501(C)(3)	13,500.				MENTAL HEALTH
(11) JCC MACCABI SPORTS PAY TO OSHMANJCC 3921 FABIAN WAY, PALO ALTO, CA 94118	77-0185734	501(C)(3)	13,300.				MENTAL HEALTH, RSJ ENGAGEMENT
(12) CAMP RAMAH IN NORTHERN CALIFORNIA 969-G EDGEWATER BLVD, FOSTER CITY, CA 94404	91-2020313	501(C)(3)	12,600.				MENTAL HEALTH, RSJ ENGAGEMENT

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(1) JCC LOUISVILLE DAY CAMP 3600 DUTCHMANS LANE, LOUISVILLE, KY 40291	61-0444765	501(C)(3)	12,500.				MENTAL HEALTH
(2) RAMAH SPORTS ACADEMY 3080 BROADWAY, NEW YORK, NY 10027	13-6161110	501(C)(3)	12,500.				SMALL COMMUNITY INCENTIVE
(3) MID-ISLAND Y CAMP 45 MANETTO HILL ROAD, PLAINVIEW, NY 11803	11-1841899	501(C)(3)	11,600.				MENTAL HEALTH, COMMON GROUND
(4) CAMP AT THE J - CINCINNATI, OH 8485 RIDGE ROAD, CINCINNATI, OH 45236	31-0536986	501(C)(3)	11,500.				MENTAL HEALTH
(5) CAMP BARNEY MEDINTZ 5342 TILLY MILL RD., DUNWOODY, GA 30338	58-0566126	501(C)(3)	11,500.				MENTAL HEALTH
(6) CAMP HAVAYA 5342 TILLY MILL ROAD, WYNCOTE, PA 19095	36-4478803	501(C)(3)	11,500.				MENTAL HEALTH
(7) CAMP KEHILLA 300 FOREST DRIVE, EAST HILLS, NY 11548	11-1976051	501(C)(3)	11,500.				MENTAL HEALTH
(8) CAMP PEMBROKE 27 LOWELL ST., #305, MANCHESTER, NH 03101	04-6003680	501(C)(3)	11,500.				MENTAL HEALTH
(9) CAMP SENECA LAKE 1200 EDGEWOOD AVENUE, ROCHESTER, NY 14618	16-0743060	501(C)(3)	11,500.				MENTAL HEALTH
(10) SHORESH 3723 OLD COURT RD, 206, BALTIMORE, MD 21208	52-1664097	501(C)(3)	11,500.				MENTAL HEALTH
(11) STATEN ISLAND JCC CAMPS 1466 MANOR ROAD, STATEN ISLAND, NY 10314	13-5562256	501(C)(3)	11,500.				MENTAL HEALTH
(12) URJ 6 POINTS CREATIVE ARTS ACADEMY 633 3RD AVENUE, 7TH FL, NEW YORK, NY 10017	13-1663143	501(C)(3)	11,500.				MENTAL HEALTH

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(1) URJ CAMP HARLAM 301 CITY AVE., #110, BALA CYNWYD, PA 19004	13-1663143	501(C)(3)	11,500.				MENTAL HEALTH
(2) URJ CAMP KALSMAN 3805 108 AVE., NE, #100, BELLEVUE, WA 98004	13-1663143	501(C)(3)	11,500.				MENTAL HEALTH
(3) YOUNG JUDEA SPROUT WESTCHESTER DAY CAMP 6 SPROUT LAKE CAMP ROAD, VERBANK, NY 12585	13-2830437	501(C)(3)	11,500.				MENTAL HEALTH
(4) GAN ISRAEL CHABAD 1360 INDIAN CREEK DR, WYNNEWOOD, PA 19096	83-2712139	501(C)(3)	11,445.				MENTAL HEALTH
(5) MJCCA DAY CAMPS 5342 TILLY MILL ROAD, DUNWOODY, GA 30338	58-0566126	501(C)(3)	11,402.				MENTAL HEALTH
(6) URJ EISNER CAMP P.O. BOX 569, GREAT BARRINGTON, MA 01230	13-1663143	501(C)(3)	11,245.				MENTAL HEALTH
(7) YOUNG JUDAEA SPROUT BROOKLYN 575 EIGHTH AVE, 11TH FL, NEW YORK, NY 10018	13-2830437	501(C)(3)	11,200.				MENTAL HEALTH
(8) JCC CAMPS AT MEDFORD 1301 SPRINGDALE ROAD, CHERRY HILL, NJ 08003	21-0634489	501(C)(3)	10,750.				MENTAL HEALTH
(9) JCC RANCH CAMP 350 SOUTH DAHLIA ST., DENVER, CO 80246	84-0404245	501(C)(3)	10,500.				RSJ ENGAGEMENT
(10) MOSHAVA BA'IR NJ 520 8TH AVENUE, 15TH FL, NEW YORK, NY 10018	13-3713762	501(C)(3)	10,500.				MENTAL HEALTH
(11) HABONIM DROR CAMP GILBOA 8339 WEST 3RD STREET, LOS ANGELES, CA 90048	95-1929706	501(C)(3)	10,143.				MENTAL HEALTH
(12) BNEI AKIVA OF LOS ANGELES 1101 S ROBERTSON BLVD LOS ANGELES, CA 90035	26-2103488	501(C)(3)	10,000.				RSJ ENGAGEMENT

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(1) CAMP INTERLAKEN JCC 6255 N SANTA MONICA, MILWAUKEE, WI 53217	39-0806234	501(C)(3)	10,000.				MENTAL HEALTH
(2) CAMP SHAI 350 S DAHLIA STREET, DENVER, CO 80246	84-0404245	501(C)(3)	10,000.				MENTAL HEALTH
(3) CAMP YOUNG JUDAEA NH 9 CAMP ROAD, AMHERST, NH 03031	02-0241080	501(C)(3)	10,000.				MENTAL HEALTH
(4) JEWISH NEVADA 9510 W. SAHARA AVENUE, LAS VEGAS, NV 89117	88-0098500	501(C)(3)	10,000.				ONE HAPPY CAMPER
(5) KINGS BAY Y SUMMER DAY CAMP 3495 NOSTRAND AVENUE, BROOKLYN, NY 11229	11-3068515	501(C)(3)	10,000.				MENTAL HEALTH
(6) MARLEEN FORKAS CAMPS @ ADOLPH AND ROSE 21300 RUTH & BARON BLVD BOCA RATON FL 33428	65-1115689	501(C)(3)	10,000.				MENTAL HEALTH
(7) PINEMERE CAMP 4100 MAIN ST, #301, PHILADELPHIA, PA 19127	23-1429830	501(C)(3)	10,000.				MENTAL HEALTH
(8) TAMARACK CAMPS 6735 TELGRPH RD, BLOOMFIELD HILLS, MI 48301	38-1360545	501(C)(3)	10,000.				INNOVATION PROGRAMS
(9) CAMP WISE 26001 S. WOODLAND ROAD, BEACHWOOD, OH 44122	34-0714439	501(C)(3)	8,000.				MENTAL HEALTH
(10) URJ 6 POINTS SPORTS ACADEMY NC 300 SE 2ND ST, FORT LAUDERDALE, FL 33301	13-1663143	501(C)(3)	8,000.				CHARACTER DEV. RESEARCH
(11) CAMP OHEL 1268 EAST 14TH STREET, BROOKLYN, NY 11230	11-6078704	501(C)(3)	7,750.				MENTAL HEALTH
(12) NJY TEEN CAMP 21 PLYMOUTH STREET, FAIRFIELD, NJ 07004	22-1487266	501(C)(3)	7,750.				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) 2022

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

FOUNDATION FOR JEWISH CAMP, INC.

22-3551013

Part I General Information on Grants and Assistance

- 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
- 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CHARLESTON JEWISH FEDERATION 176 CROGHAN SPUR ROAD, CHARLESTON, SC 29407	57-6000188	501(C)(3)	7,500.				ONE HAPPY CAMPER
(2) CAMP RAMAH NEW ENGLAND 1206 BOSTON PROV HIGHWAY, NORWOOD, MA 02062	04-3035964	501(C)(3)	7,025.				RSJ ENGAGEMENT
(3) JEWISH EDUCATION CENTER OF CLEVELAND 2030 S TAYLOR RD, CLEVELAND HGHTS, OH 44118	34-0714554	501(C)(3)	6,938.				RSJ ENGAGEMENT
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 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) 2022

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

Name of the organization

FOUNDATION FOR JEWISH CAMP, INC.

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

2022

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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) 2022

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 and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JEREMY J. FINGERMAN CHIEF EXECUTIVE OFFICER	(i)	414,553.	125,000.	NONE	84,150.	38,290.	661,993.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 MARINA LEWIN (THRU 8/22) CHIEF OPERATING OFFICER	(i)	199,427.	20,000.	NONE	NONE	17,400.	236,827.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 ROBERT HARRIS DIR., SE REGION & ISRAEL	(i)	195,556.	NONE	NONE	6,000.	38,044.	239,600.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 RABBI AVRAM ORLOW VP, INNOVATION AND EDUCATION	(i)	124,461.	NONE	NONE	4,027.	67,289.	195,777.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 COREY CUTLER SR. DIR., DEVELOPMENT	(i)	168,742.	NONE	NONE	5,118.	13,491.	187,351.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
6 JULIE FINKELSTEIN SR. DIR., FIELD SERVICES	(i)	154,783.	NONE	NONE	4,740.	13,440.	172,963.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7 REBECCA KAHN SR. DIR., FIELD EXPANSION	(i)	154,785.	NONE	NONE	4,740.	13,440.	172,965.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
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)							

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 \$62,000, INCLUDED IN PART II, COLUMN D.

PART I, LINE 4B:

THE REPORTING ORGANIZATION MAINTAINS A 457(F) PLAN WITH THE INTENT THAT
AT RETIREMENT, THE PROCEEDS WILL GO TO JEREMY J. FINGERMAN, CHIEF
EXECUTIVE OFFICER. THEREFORE FJC'S ACCRUAL OF BENEFITS OF MR. FINGERMAN'S
\$75,000 IS SHOWN AS PART OF HIS 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

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.

DETERMINED BY THE PERSONNEL COMMITTEE (COMPRISED OF INDEPENDENT BOARD MEMBERS), FOLLOWING THE CONCLUSION OF EACH CALENDAR YEAR. SCHEDULE J, PART II, LINE 1 (II), REFERS TO A CASH BONUS PAYOUT PAID IN 2022 FOR THE PRIOR YEAR (2021) ACCRUAL. ADDITIONALLY, THE PERSONNEL COMMITTEE AT ITS DISCRETION AWARDED A ONE-TIME NONFIXED BONUS PAYMENT TO THE COO IN RECOGNITION OF OUTSTANDING PERFORMANCE.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

FOUNDATION FOR JEWISH CAMP, INC.

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

2022

**Open to Public
Inspection**

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22-3551013

FORM 990, PART III, LINE 2:

FOUNDATION FOR JEWISH CAMP, INC. LAUNCHED THE FOLLOWING NEW INITIATIVES
IN 2022:

- 1) INNOVATION PROGRAMS
- 2) TALENT COMPASS
- 3) MACHANE OLAMI

FORM 990, PART III, LINE 3:

FOUNDATION FOR JEWISH CAMP, INC. CEASED CONDUCTING THE FOLLOWING PROGRAM
SERVICES DURING 2022:

- 1) INTERNAL CAPACITY
- 2) LOST TRIBE CAMP INTERNSHIP
- 3) ISRAEL EDUCATION AT DAY CAMPS

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

CO-FOUNDERS AND CO-CHAIRS, BOARD OF TRUSTEES, ROB BILDNER AND ELISA
SPUNGEN BILDNER HAVE A FAMILY RELATIONSHIP.

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

THE CONTROLLER FOR THE ORGANIZATION SUBMITS THE NECESSARY SCHEDULES TO
BDO USA, P.A. (THE ORGANIZATION'S INDEPENDENT ACCOUNTANTS AND TAX
PREPARERS) TO PREPARE FORM 990. AFTER BDO USA, P.A. FURNISHES DRAFT FORM
990 TO THE ORGANIZATION, THE CONTROLLER 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.

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2022

▶ Attach to Form 990 or 990-EZ.

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Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

FOUNDATION FOR JEWISH CAMP, INC.

22-3551013

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, FJC CONTRACTED WITH AN OUTSIDE FIRM TO PREPARE AN UPDATED EXECUTIVE COMPENSATION REVIEW. 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. THE PERSONNEL COMMITTEE APPROVED A NEW CONTRACT FOR THE CEO WHICH BEGAN IN JANUARY 2022.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION'S FORM 990 AND FINANCIAL STATEMENTS ARE AVAILABLE ON ITS WEBSITE AND UPON REQUEST.

FORM 990, PART XI, LINE 9:

BAD DEBT FOR UNCOLLECTIBLE PLEDGES.....\$(56,860.)

Name of the organization

Employer identification number

FOUNDATION FOR JEWISH CAMP, INC.

22-3551013

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

=====

JEWISH SUMMER CAMP IS THE ENDURING AND IRREPLACEABLE CONNECTION AND COMMUNITY THAT STRENGTHENS JEWISH IDENTITY, DEVELOPS JEWISH LEADERSHIP, AND ENSURES A JEWISH FUTURE.

FOUNDATION FOR JEWISH CAMP (FJC) IS THE ONLY NONPROFIT WHOSE SINGULAR MISSION IS TO GROW, SUPPORT AND STRENGTHEN THE JEWISH CAMP MOVEMENT. WE LEVERAGE MORE THAN \$15 MILLION OF PHILANTHROPIC GIVING ANNUALLY TO SCALE PROGRAMS AND RESOURCES THAT BENEFIT MORE THAN 300 JEWISH DAY AND OVERNIGHT CAMPS ACROSS NORTH AMERICA, IMPACTING 175,000 YOUNG PEOPLE EACH SUMMER.

AS THE CENTRAL ADVOCATE AND RESOURCE FOR JEWISH CAMP TO THRIVE - AND WHEN TIMES ARE TOUGH - SURVIVE, FJC WORKS WITH JEWISH CAMPS AND SUMMER EXPERIENCES FROM ALL STREAMS OF JEWISH BELIEF AND PRACTICE TO PROMOTE EXCELLENCE IN THEIR MANAGEMENT, PROGRAMS, AND ENROLLMENT BY PROVIDING THOUGHT LEADERSHIP, PROFESSIONAL DEVELOPMENT, RESEARCH/DATA, FUNDING, AND INSPIRING INNOVATION.

Name of the organization

FOUNDATION FOR JEWISH CAMP, INC.

Employer identification number

22-3551013

FORM 990, PART III - PROGRAM SERVICE

=====

LINE 4A, PROGRAM SERVICE

YASHAR - THE YASHAR INITIATIVE IS A \$12 MILLION PROGRAM GENEROUSLY 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 AND IN 2022, WE DISTRIBUTED THE FOURTH AND FINAL ROUND OF GRANTS WITH 15 CAMPS RECEIVING FUNDING. OVER FOUR ROUNDS, 53 GRANTS WERE DISTRIBUTED TO 46 CAMPS. 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.

LINE 4B, PROGRAM SERVICE

YEDID NEFESH - FOUNDATION FOR JEWISH CAMP'S YEDID NEFESH (BELOVED SOUL) INITIATIVE LAUNCHED IN 2019 WITH A VISIONARY GIFT FROM THE MARCUS FOUNDATION TO NURTURE MENTAL, EMOTIONAL, SOCIAL, AND SPIRITUAL HEALTH (MESSH) AT JEWISH CAMPS. PRIOR TO THE COVID-19 PANDEMIC AND CURRENT YOUTH MENTAL HEALTH CRISIS, MORE THAN 90 CAMPS APPLIED FOR THE INITIAL COHORT OF 30, INDICATING THIS AS A CLEAR NEED AND PRIORITY FOR CAMPS.

OVER THE YEARS, AS YOUTH MENTAL HEALTH NEEDS REACH CRISIS LEVELS, THE MARCUS FOUNDATION INCREASED ITS FINANCIAL SUPPORT FROM \$3M OVER FOUR YEARS TO \$5M EXPANDING THE PROGRAM ACROSS SEVEN YEARS. IN 2021, UJA-FEDERATION OF NEW YORK PROVIDED FUNDING TO OFFER THE PROGRAM AT 8 LOCAL DAY CAMPS. THEY PAVED THE WAY FOR JEWISH FEDERATION OF GREATER LOS ANGELES TO FOLLOW SUIT IN 2022, FUNDING

Name of the organization

FOUNDATION FOR JEWISH CAMP, INC.

Employer identification number

22-3551013

FORM 990, PART III - PROGRAM SERVICE

=====

THE PROGRAM FOR AN ADDITIONAL 3 CAMPS IN THE SOUTHERN CALIFORNIA REGION.

TO DATE THERE ARE THREE COHORTS MADE UP OF 102 JEWISH DAY AND OVERNIGHT CAMPS. EACH CAMP RECEIVES FOUR YEARS OF FINANCIAL AND PROGRAMMATIC SUPPORT TO ADDRESS MESSH IN HOLISTIC WAYS. THE TOTAL AMOUNT A CAMP MAY RECEIVE OVER FOUR YEARS IS \$36,500 FOR: HIRING A QUALIFIED MENTAL HEALTH PROFESSIONAL ON THEIR STAFF, ENHANCING AND EXPANDING COUNSELOR TRAINING, INTEGRATING NEW PROACTIVE WELLNESS PROGRAMMING INTO ACTIVITY AREAS, AND DEVELOPING OUTREACH INITIATIVES TO DECREASE STIGMA AROUND MENTAL HEALTH IN THEIR COMMUNITY YEAR-ROUND.

CAMP LEADERSHIP AND MENTAL HEALTH PROFESSIONALS PARTICIPATE IN LEARNING THROUGHOUT THE YEAR, INCLUDING A MONTHLY COMMUNITY OF PRACTICE AND YEARLY IN-PERSON CONFERENCE. AN ADVISORY GROUP OF MENTAL HEALTH EXPERTS, RESEARCHERS, AND EDUCATORS MEET QUARTERLY AND CREATE RESOURCES AVAILABLE TO CAMP STAFF. THE INITIATIVE ALSO INCLUDES A FELLOWSHIP PROGRAM ENABLING GRADUATE STUDENTS PURSUING CAREERS IN MENTAL HEALTH TO SPEND A SUMMER LEARNING ON-THE-JOB AT A CAMP, ACCESSING MENTORSHIP, BENEFITING FROM WEEKLY PROFESSIONAL DEVELOPMENT AS A COHORT, AND RECEIVING A STIPEND TO SUPPLEMENT THEIR SUMMER CAMP SALARY - ALL IN AN EFFORT TO BUILD A TALENT PIPELINE AS THE SHORTAGE OF QUALIFIED MENTAL HEALTH PROFESSIONALS CONTINUES ACROSS NORTH AMERICA.

FOR MANY PEOPLE, JEWISH CAMP PROVIDES A PLACE TO FEEL SAFE AND UNIQUELY EMPOWERED TO EMBRACE THEIR WHOLE SELVES. THE GROWING AWARENESS AND EVOLVING COMPLEXITY OF MENTAL HEALTH CHALLENGES IN OUR SOCIETY NECESSITATES CAMPS BE EQUIPPED WITH ENHANCED STAFFING AND TRAINING AT ALL LEVELS TO ENSURE PROACTIVE SUPPORT FOR THE MENTAL HEALTH NEEDS OF EVERY COMMUNITY MEMBER. THROUGH THESE EFFORTS, WE CAN BUILD STRONGER, MORE INCLUSIVE, AND MORE RESILIENT COMMUNITIES YEAR-ROUND.

LINE 4C, PROGRAM SERVICE

CORNERSTONE - FOUNDATION FOR JEWISH CAMP'S CORNERSTONE FELLOWSHIP WAS INITIATED IN 2003 TO HELP CAMPS RETAIN EXPERIENCED BUNK COUNSELORS AND TO CAPITALIZE ON THEIR INFLUENCE TO REFRESH AND ENHANCE THE JEWISH EXPERIENCE AT CAMP. IN FALL OF 2022, A CONSORTIUM OF FOUR FUNDERS (THE MARCUS FOUNDATION, CROWN FAMILY

Name of the organization

Employer identification number

FOUNDATION FOR JEWISH CAMP, INC.

22-3551013

FORM 990, PART III - PROGRAM SERVICE
=====

PHILANTHROPIES, MORNINGSTAR FOUNDATION AND AN ANONYMOUS NATIONAL FUNDER) AGREED TO NEW MULTI-YEAR FUNDING FOR THE CORNERSTONE FELLOWSHIP THROUGH 2025.

SINCE INCEPTION, CORNERSTONE HAS PROVIDED OVER 6,000 PARTICIPANTS WITH A MEANINGFUL PROFESSIONAL DEVELOPMENT PROGRAM WORTHY OF PUTTING ON THEIR RESUMES AND AN EXPERIENCE FOR WHICH STAFF VIE TO PARTICIPATE. FOR THOSE CAMPS INVOLVED FOR MULTIPLE YEARS, CORNERSTONE PARTICIPATION HAS BECOME A HIGHLY DESIRED FELLOWSHIP FOR CAMP STAFF. EACH YEAR, PARTICIPATING CAMPS NOMINATE EXEMPLARY RETURNING COUNSELORS AND SPECIALISTS AS FELLOWS AND SEND THEM TO A 5-DAY SEMINAR IN THE SPRING.

THE 2023 CORNERSTONE FELLOWSHIP WAS HELD IN MAY 2023 AND INCLUDED CLOSE TO 400 PARTICIPANTS. ACCOMPANYING THE FELLOWS IS ONE MEMBER OF THE CAMP LEADERSHIP TEAM, THE CORNERSTONE SUPERVISOR, WHO MENTORS THE FELLOWS AND CONTINUES THEIR TRAINING AT CAMP. THE VAST MAJORITY OF THESE SUPERVISORS ARE IN THEIR 20'S AND 30'S. RECOGNIZING THE OPPORTUNITY TO PROVIDE A RICH JEWISH AND PROFESSIONAL LEARNING EXPERIENCE FOR SUPERVISORS, THE SEMINAR AIMS TO HELP SUPERVISORS GAIN AN IMMEASURABLE SENSE OF THEMSELVES AS JEWISH LEADERS AND COMMUNITY PARTICIPANTS. ALL PARTICIPANTS HAVE COME TO REGARD CORNERSTONE AS A PREMIER PROFESSIONAL DEVELOPMENT AND JEWISH EDUCATIONAL OPPORTUNITY THAT HAS A PROFOUND AND LASTING IMPACT.

Name of the organization

FOUNDATION FOR JEWISH CAMP, INC.

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

DESCRIPTION	GRANTS	EXPENSES	REVENUE
LEADERS ASSEMBLY - BIENNIAL FIELD-WIDE	NONE	983,190.	847,101.
RSJ ENGAGEMENT	492,600.	935,245.	NONE
ONE HAPPY CAMPER	134,750.	817,101.	NONE
SMALL COMMUNITIES INCENTIVE PROGRAM	616,200.	768,192.	NONE
COMPETITIVE EDGE	471,231.	766,171.	NONE
FAMILY CAMP	290,888.	648,045.	NONE
REGIONAL OFFICES	NONE	486,863.	NONE
INNOVATION PROGRAMS	92,000.	221,939.	NONE
STUDY OF CHARACTER DEV AT JEWISH CAMPS	40,000.	184,624.	NONE
NY COMMON GROUND	19,325.	182,755.	NONE
LONG ISLAND PROFESSIONAL DEVELOPMENT	NONE	162,037.	NONE
ISRAEL-AMER. CAMPERS RESEARCH	118,300.	161,944.	NONE
CAMPER/STAFF SATISFACTION INSIGHT SURVEY	NONE	139,694.	124,180.
SAFETY, RESPECT & EQUITY	78,335.	137,698.	1,000.
STRATEGIC GRANTS, SCHOLARSHIPS	121,000.	121,000.	NONE
DIVERSITY, EQUITY & INCLUSION	25,000.	118,194.	NONE
MIDWEST CAMPS LEADERSHIP NETWORK	NONE	92,145.	NONE
COVID EMERGENCY GRANTS	70,000.	83,823.	NONE
JEWISH CAMP SAFETY AND SECURITY	NONE	48,222.	NONE
SPECIALTY CAMPS INCUBATOR III	NONE	29,951.	NONE
TALENT COMPASS	NONE	23,254.	NONE
MACHANE OLAMI	4,000.	18,373.	NONE
BUILDING LOAN PROGRAM	NONE	17,971.	NONE
EXEC. LEADERSHIP INSTIT. IV	NONE	17,123.	NONE
ANNUAL CAMP CENSUS	NONE	12,823.	NONE
INNOVATION FUND FOR JEWISH EDUCATORS	NONE	11,937.	NONE
RESEARCH ON JOC	NONE	7,188.	NONE
COUNSELOR INNOVATION	NONE	6,777.	NONE
OTHER PROGRAMMING	NONE	1,945.	NONE
TOTALS	2,573,629.	7,206,224.	972,281.

Name of the organization

Employer identification number

FOUNDATION FOR JEWISH CAMP, INC.

22-3551013

FORM 990, PART VI, LINE 17 - STATES

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CA, CO, CT,
FL, GA, IL, MD, MA,
NJ, NY, OH, PA,
VA,

Name of the organization

FOUNDATION FOR JEWISH CAMP, INC.

Employer identification number

22-3551013

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
MICHELE FRIEDMAN 372 CENTRAL PARK WEST, SUITE 3X NEW YORK, NY 10025	NEW CAMPS & INITIAT.	200,000.
SUMMATION RESEARCH 7781 BENNINGTON DRIVE CINCINNATI, OH 45241	SURVEYING SERVICES	139,951.
SCHIFFMAN & ASSOCIATES, INC. 808 WESTWOOD LANE WILMETTE, IL 60091	FUNDRAISING/RECRUIT	139,525.
TRUE TO LIFE TRAINING, LLC P.O. BOX 277 HIGHSTOWN, NJ 08520	PRGM. MGMT./TRAINING	114,996.