

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

## 2023

Open to Public Inspection

Form **990**

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

Department of the Treasury  
Internal Revenue Service

**A For the 2023 calendar year, or tax year beginning and ending**

<b>B</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	<b>C Name of organization</b> FOUNDATION FOR JEWISH CAMP, INC. Doing Business As	<b>D Employer identification number</b> 22-3551013
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 253 W 35TH ST 4TH FL	<b>E Telephone number</b> (646) 278-4500
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10001	<b>G Gross receipts \$</b> 20,035,278.
	<b>F Name and address of principal officer:</b> JEREMY J. FINGERMAN 253 WEST 35TH STREET, 4TH FLR, NEW YORK, NY 10001	<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates indicated?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c) Group exemption number</b> ▶
<b>J Website:</b> ▶ WWW.JEWISHCAMP.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L Year of formation:</b> 1997	<b>M State of legal domicile:</b> NJ

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <u>TO BUILD A STRONG JEWISH FUTURE THROUGH TRANSFORMATIVE JEWISH SUMMERS.</u>			
	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 2023 (Part V, line 2a)	5	51	
	6	Total number of volunteers (estimate if necessary)	6	27	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	NONE	
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	NONE		
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	11,888,435.	15,388,774.	
	9	Program service revenue (Part VIII, line 2g)	972,281.	133,500.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	298,958.	654,530.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	31,368.	9,524.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,191,042.	16,186,328.	
	<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,697,842.	3,304,490.
		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)	5,185,857.	5,913,739.
		16a	Professional fundraising fees (Part IX, column (A), line 11e)	NONE	82,000.
		16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,351,123.		
		17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,546,379.	4,692,555.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,430,078.	13,992,784.	
19	Revenue less expenses. Subtract line 18 from line 12	-2,239,036.	2,193,544.		
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	48,400,130.	50,858,056.	
	21	Total liabilities (Part X, line 26)	9,447,426.	8,300,630.	
	22	Net assets or fund balances. Subtract line 21 from line 20	38,952,704.	42,557,426.	

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer:	Date: 14-AUG-24
	Type or print name and title: JEREMY J. FINGERMAN	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	PAUL HAMMERSCHMIDT	PAUL HAMMERSCHMIDT	08/12/2024		P01384178
	Firm's name ▶ BDO USA	Firm's EIN ▶ 13-5381590		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 (2023)

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 \$ 1,928,067. including grants of \$ 1,085,291. ) (Revenue \$ NONE )

SEE SCHEDULE O

4b (Code: ) (Expenses \$ 1,715,910. including grants of \$ NONE ) (Revenue \$ NONE )

SEE SCHEDULE O

4c (Code: ) (Expenses \$ 1,315,478. including grants of \$ 738,000. ) (Revenue \$ NONE )

SEE SCHEDULE O

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

(Expenses \$ 6,726,457. including grants of \$ 1,481,199. ) (Revenue \$ 133,500. )

4e Total program service expenses 11,685,912.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 51		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		X
<b>b</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> . . . . .		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		X
<b>b</b>	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	7d	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . .	11a	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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	
<b>c</b>	Enter the amount of reserves on hand . . . . .	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> . . . . .		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.		X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> 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? . . . . . 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.
[X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records.
RACHEL MEIR, 253 WEST 35TH STREET, 4TH FLOOR, NEW YORK, NY 10001

646-278-4549

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent 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				519,007.	NONE	123,685.
(2) JAMIE SIMON CHIEF PROGRAM OFF. (EFF. 1/23)	40.00 NONE				X			228,572.	NONE	41,013.
(3) ROBERT HARRIS DIR, SE REGION & ISRAEL INIT.	40.00 NONE					X		204,859.	NONE	43,188.
(4) JULIE WOLPOV VP, ADVANCEMENT (EFF. 3/23)	40.00 NONE				X			178,651.	NONE	33,117.
(5) NILA ROSEN DIR, LEARNING & EVALUATION	40.00 NONE					X		159,546.	NONE	41,834.
(6) COREY CUTLER SR DIR, DEVELOPMENT	40.00 NONE					X		177,847.	NONE	19,021.
(7) REBECCA KAHN SR DIR, FIELD EXPANSION	40.00 NONE					X		171,634.	NONE	18,895.
(8) JULIE FINKELSTEIN SR DIR, PROG STRATGY & INNOV	40.00 NONE					X		168,207.	NONE	18,741.
(9) ELISABETH RIMAUD WILLIAMS SR DIR, FIN & ADMIN(THRU 7/23)	40.00 NONE			X				120,117.	NONE	271.
(10) MATTHEW LEVITT SR DIR, FIN&TECH (EFF. 12/23)	40.00 NONE			X				6,847.	NONE	3,218.
(11) JAMES HEEGER CHAIR, BOARD OF DIRECTORS	5.00 NONE	X		X				NONE	NONE	NONE
(12) MARK SILBERMAN VICE-PRESIDENT	2.00 NONE	X		X				NONE	NONE	NONE
(13) JEFFREY WOLMAN VICE-PRESIDENT	2.00 NONE	X		X				NONE	NONE	NONE
(14) RANDALL KAPLAN TREASURER	5.00 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 ) SCOTT BRODY ASSISTANT TREASURER	2.00 NONE	X		X				NONE	NONE	NONE
( 16 ) SHELLEY NICELEY GROFF SECRETARY	2.00 NONE	X		X				NONE	NONE	NONE
( 17 ) DIANE C. ZACK ASSISTANT SECRETARY	2.00 NONE	X		X				NONE	NONE	NONE
( 18 ) RICH BILLER BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
( 19 ) STACIE BROCKMAN BOARD MEMBER (EFF. 1/23)	1.00 NONE	X						NONE	NONE	NONE
( 20 ) JULIE EISEN BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
( 21 ) ALISON LEOVITZ BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
( 22 ) MARCIA WEINER MANKOFF BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
( 23 ) JUDY NEUMAN BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
( 24 ) RABBI REX PERLMETER BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
( 25 ) JULIE BEREN PLATT BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
<b>1b Sub-total</b> . . . . .								1,935,287.	NONE	342,983.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								NONE	NONE	NONE
<b>d Total (add lines 1b and 1c)</b> . . . . .								1,935,287.	NONE	342,983.

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		

**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 ) MICHAEL POLOWIN BOARD MEMBER (THRU 6/23)	1.00 NONE	X					NONE	NONE	NONE	
( 27 ) REBECCA RAPHAEL BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
( 28 ) SUSAN SACKS BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
( 29 ) DIANE SCHILIT BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
( 30 ) ANITA H. SIEGAL BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
( 31 ) JEFFREY M. SKIER BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
( 32 ) JIM SOKOLOVE BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
( 33 ) JEFFREY M. SOLOMON BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
( 34 ) SHAWNA GOODMAN SONE BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
( 35 ) JOE TEFLOW BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
( 36 ) ELISA SPUNGEN BILDNER CO-CHAIR, BOARD OF TRUSTEES	2.00 NONE			X			NONE	NONE	NONE	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

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 <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	3	
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> . . . . .	4	
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> . . . . .	5	

**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 VIII Statement of Revenue

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

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512-514. Rows include Contributions, Grants, and Other Similar Amounts; Program Service Revenue; Other Revenue; and Miscellaneous Revenue.

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 [X]

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Pension, and Total functional expenses.

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	925,057.	<b>1</b>	460,160.
	<b>2</b> Savings and temporary cash investments. . . . .	6,681,025.	<b>2</b>	4,424,468.
	<b>3</b> Pledges and grants receivable, net . . . . .	17,847,204.	<b>3</b>	19,185,099.
	<b>4</b> Accounts receivable, net . . . . .	249,554.	<b>4</b>	6,144.
	<b>5</b> 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	<b>5</b>	NONE
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). . . . .	NONE	<b>6</b>	NONE
	<b>7</b> Notes and loans receivable, net . . . . .	NONE	<b>7</b>	NONE
	<b>8</b> Inventories for sale or use . . . . .	NONE	<b>8</b>	NONE
	<b>9</b> Prepaid expenses and deferred charges . . . . .	38,342.	<b>9</b>	122,850.
	<b>10 a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 1,459,824.		
	<b>b</b> Less: accumulated depreciation. . . . .	<b>10b</b> 1,320,965.		
	<b>11</b> Investments - publicly traded securities. . . . .	125,718.	<b>10c</b>	138,859.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	15,036,540.	<b>11</b>	19,564,667.
	<b>13</b> Investments - program-related. See Part IV, line 11. . . . .	NONE	<b>12</b>	NONE
	<b>14</b> Intangible assets . . . . .	4,953,158.	<b>13</b>	4,519,298.
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	NONE	<b>14</b>	NONE
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	2,543,532.	<b>15</b>	2,436,511.	
	48,400,130.	<b>16</b>	50,858,056.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses. . . . .	1,126,977.	<b>17</b>	733,764.
	<b>18</b> Grants payable . . . . .	427,654.	<b>18</b>	337,635.
	<b>19</b> Deferred revenue . . . . .	NONE	<b>19</b>	NONE
	<b>20</b> Tax-exempt bond liabilities . . . . .	NONE	<b>20</b>	NONE
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	NONE	<b>21</b>	NONE
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	NONE	<b>22</b>	NONE
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	5,328,157.	<b>23</b>	4,781,798.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties. . . . .	NONE	<b>24</b>	NONE
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	2,564,638.	<b>25</b>	2,447,433.
	<b>26 Total liabilities.</b> Add lines 17 through 25. . . . .	9,447,426.	<b>26</b>	8,300,630.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.</b> <input checked="" type="checkbox"/>			
	<b>27</b> Net assets without donor restrictions. . . . .	12,973,452.	<b>27</b>	14,791,108.
	<b>28</b> Net assets with donor restrictions. . . . .	25,979,252.	<b>28</b>	27,766,318.
	<b>Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.</b> <input type="checkbox"/>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	38,952,704.	<b>32</b>	42,557,426.
<b>33</b> Total liabilities and net assets/fund balances. . . . .	48,400,130.	<b>33</b>	50,858,056.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	16,186,328.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	13,992,784.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	2,193,544.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	38,952,704.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,411,628.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-450.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	42,557,426.

**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
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

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

OMB No. 1545-0047

**2023**

**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)						
<b>Total</b>						

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

Schedule A (Form 990) 2023

JSA  
3E1210 1.000

**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	14,406,271.	12,868,265.	25,166,005.	11,888,435.	15,388,774.	79,717,750.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						NONE
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						NONE
<b>4 Total.</b> Add lines 1 through 3. . . . .	14,406,271.	12,868,265.	25,166,005.	11,888,435.	15,388,774.	79,717,750.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						39,065,139.
<b>6 Public support.</b> Subtract line 5 from line 4						40,652,611.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 . . . . .	14,406,271.	12,868,265.	25,166,005.	11,888,435.	15,388,774.	79,717,750.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	320,977.	245,932.	174,899.	299,479.	693,961.	1,735,248.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						NONE
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	29,294.	NONE	11,041.	31,368.	9,524.	81,227.
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						81,534,225.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	1,376,698.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	49.86 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 . . . . .	<b>15</b>	51.92 %
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . . <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. . . . . <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. . . . . <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>		



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5. . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

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

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

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)). . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** 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 - 2022.** 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 <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> 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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> 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
<b>1</b> 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>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

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

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

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

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

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**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 - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 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-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018 . . . . .			
b	From 2019 . . . . .			
c	From 2020 . . . . .			
d	From 2021 . . . . .			
e	From 2022 . . . . .			
f	<b>Total</b> of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019 . . . .			
b	Excess from 2020 . . . .			
c	Excess from 2021 . . . .			
d	Excess from 2022 . . . .			
e	Excess from 2023 . . . .			

**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	2019	2020	2021	2022	2023	TOTAL
MISCELLANEOUS	29,294.	NONE	11,041.	31,368.	9,524.	81,227.
TOTALS	29,294.	NONE	11,041.	31,368.	9,524.	81,227.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

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/>	\$ 2,394,767.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A <hr/> <hr/> <hr/>	\$ 1,359,146.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A <hr/> <hr/> <hr/>	\$ 1,333,748.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A <hr/> <hr/> <hr/>	\$ 1,333,747.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A <hr/> <hr/> <hr/>	\$ 1,100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A <hr/> <hr/> <hr/>	\$ 1,022,346.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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/>	\$ 1,000,000.	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/>	\$ 849,335.	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/>	\$ 517,700.	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/>	\$ 471,759.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	N/A <hr/> <hr/> <hr/>	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	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.)

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
13	N/A	\$ 333,729.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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 <b>FOUNDATION FOR JEWISH CAMP, INC.</b>	Employer identification number <b>22-3551013</b>
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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
_____ _____ _____	_____ _____ _____

(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
_____ _____ _____	_____ _____ _____

(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
_____ _____ _____	_____ _____ _____

(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
_____ _____ _____	_____ _____ _____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2023

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: 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 2d 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: Revenue included on Form 990, Part VIII, line 1, Assets included in Form 990, Part X. 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) 2023

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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?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table.
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i) Unrelated organizations?
(ii) Related organizations?
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 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.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)).

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . .		

**Part VIII Investments - Program Related**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
SEE SUPPLEMENTAL PAGE		
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, col. (B)) . . .	4,519,298.	

**Part IX Other Assets**

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

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

**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	619,230.
(3) LEASE LIABILITY	1,828,203.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)). . . . .	2,447,433.

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, 2023, 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.....\$450.

**Part XIII** Supplemental Information (continued)

## SCHEDULE D, PART VIII - INVESTMENTS - PROGRAM RELATED

=====

DESCRIPTION -----	BOOK VALUE -----	COST OR FMV -----
CAMP YOUNG JUDAEA TEXAS	900,000.	COST
URJ - CAMP NEWMAN	866,666.	COST
CAMP TAWONGA	550,000.	COST
RAMAH DAROM, INC.	450,000.	COST
B'NAI BRITH MEN'S CAMP ASSOC.	400,000.	COST
URJ - OSRUI	350,000.	COST
NRC - CAMP RAMAH NYACK	262,500.	COST
JEWISH COMM CTRS OF CHICAGO	260,000.	COST
HERZL CAMP ASSOCIATION	225,000.	COST
URJ - CAMP GEORGE	202,500.	COST
URJ - CAMP KALSMAN	31,579.	COST
URJ - GOLDMAN UNION CAMP	21,053.	COST
	-----	
TOTALS	4,519,298.	
	=====	

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2023**

**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](http://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	NONE	NONE	GRANTMAKING		139,878.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Subtotal . . . . .	NONE	NONE			139,878.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)	NONE	NONE			139,878.

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

Schedule F (Form 990) 2023

**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	RSJ ENGAGE . , MENT. HEALTH	24,500.	WIRE			
(2)			NORTH AMERICA	COMPET. EDGE MENT. HEALTH	24,071.	WIRE			
(3)			NORTH AMERICA	MENTAL HEALTH	13,000.	WIRE			
(4)			NORTH AMERICA	MENTAL HEALTH	11,500.	WIRE			
(5)			NORTH AMERICA	MENTAL HEALTH	11,500.	WIRE			
(6)			NORTH AMERICA	MENTAL HEALTH	11,500.	WIRE			
(7)			NORTH AMERICA	MENTAL HEALTH	11,500.	WIRE			
(8)			NORTH AMERICA	MENTAL HEALTH	11,307.	WIRE			
(9)			NORTH AMERICA	MENTAL HEALTH	11,000.	WIRE			
(10)			NORTH AMERICA	MENTAL HEALTH	10,000.	WIRE			
(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 . . . . . 10

3 Enter total number of other organizations or entities . . . . . NONE

**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 the 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 the 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 the 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 the 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 the 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 the 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 G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2023**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

**Open to Public  
Inspection**

Go to [www.irs.gov/Form990](http://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 Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
SEE SUPPLEMENT INFORMATION 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>				NONE	82,000.	-82,000.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts . . . . .			
	2	Less: Contributions . . . . .			
	3	Gross income (line 1 minus line 2) . . . . .			
Direct Expenses	4	Cash prizes . . . . .			
	5	Noncash prizes . . . . .			
	6	Rent/facility costs . . . . .			
	7	Food and beverages . . . . .			
	8	Entertainment . . . . .			
	9	Other direct expenses . . . . .			
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . .			
11	Net income summary. Subtract line 10 from line 3, column (d) . . . . .				

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

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

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

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FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

=====

NAME:

EVOLVE GIVING GROUP

ADDRESS:

808 WESTWOOD LANE  
WILNETTE, IL 60091

ACTIVITY :

CAMPAIGN PLANNING

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY : NONE

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 82,000.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : -82,000.

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2023**

**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](http://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**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> CAMP SETTOGA 334 AMSTERDAM AVE NEW YORK, NY 10023	13-3490745	501(C)(3)	137,995.				YASHAR MENTAL HEALTH
<b>(2)</b> APACHI ROGERS PARK 300 REVERE DRIVE NORTHBROOK, IL 60063	36-2167758	501(C)(3)	120,000.				YASHAR
<b>(3)</b> TIYUL ADVENTURE CAMP 5425 MT. GILEAD ROAD REISTERSTOWN, MD 21136	43-2080719	501(C)(3)	107,380.				YASHAR FAMILY CAMP
<b>(4)</b> HENRY KAUFMANN CAMPGROUND PEARL RIVER 130 EAST 59TH STREET NEW YORK, NY 10022	51-0172429	501(C)(3)	104,000.				YASHAR
<b>(5)</b> CAMP TAWONGA 131 STEUART ST. SAN FRANCISCO, CA 94105	94-3227261	501(C)(3)	98,926.				FAMILY CAMP RSJ ENGAGEMENT
<b>(6)</b> CAMP RAMAH WISCONSIN 67 E. MADISON ST. CHICAGO, IL 60603	36-3866094	501(C)(3)	95,350.				YASHAR, MENTAL HEALTH CHARACTER DEVELOP
<b>(7)</b> TEMPLE ISRAEL OF MINNEAPOLIS 2323 FREMONT AVE S MINNEAPOLIS, MN 55405	41-0705807	501(C)(3)	92,000.				YASHAR
<b>(8)</b> CAMP ZEKE 322 HIGHLAND ROAD RYE, NY 10580	46-1869615	501(C)(3)	79,834.				FAMILY CAMP, RSJ ENG MENTAL HEALTH
<b>(9)</b> CAMP JCA SHALOM 34342 MULHOLLAND HWY. MALIBU, CA 90265	84-1652923	501(C)(3)	77,000.				RSJ ENGAGE., INNOV. MENTAL HEALTH
<b>(10)</b> M Y KEREN HASHLUCHIM INC. 591 MONTGOMERY ST BROOKLYN, NY 11225	81-0583641	501(C)(3)	75,000.				CHABAD INITIATIVE
<b>(11)</b> CAMP JCC OF GREATER WASHINGTON 6125 MONTROSE ROAD ROCKVILLE, MD 20852	53-0205921	501(C)(3)	72,000.				YASHAR
<b>(12)</b> JEWISH FEDERATION OF GREATER ATLANTA 1440 SPRING STREET NW ATLANTA, GA 30309	58-1021791	501(C)(3)	66,000.				RSJ ENGAGEMENT ONE HAPPY CAMPER

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 122

3 Enter total number of other organizations listed in the line 1 table NONE

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

Schedule I (Form 990) 2023

**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

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://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**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> JEWISH FEDERATION OF GREATER METROWEST NJ 901 ROUTE 10 EAST WHIPPANY, NJ 07981	22-1487222	501(C)(3)	60,000.				RSJ ENGAGEMENT ONE HAPPY CAMPER
<b>(2)</b> CAMP RAMAH IN CALIFORNIA 17525 VENTURA BLVD. #310 ENCINO, CA 91316	95-1843131	501(C)(3)	56,500.				SCHOLARSHIP PROGRAM MENTAL HEALTH
<b>(3)</b> ISLAND QUEST DAY CAMP 58-20 LITTLE NECK PKWY LITTLE NECK, NY	11-3071518	501(C)(3)	50,053.				RSJ ENG, MENTAL HEALTH, COMMON GROUND
<b>(4)</b> URJ 6 POINTS SCI-TECH ACADEMY - EAST 160 CHUBB AVE SUITE 207 LYNDHURST, NJ 07071	13-1663143	501(C)(3)	49,000.				INNOVATIONS MENTAL HEALTH
<b>(5)</b> CAMP MOSHAVA OF WILD ROSE 3740 WEST DEMPSTER SKOKIE, IL 60076	36-3874839	501(C)(3)	49,000.				COMP EDGE, SCHOLAR MENTAL HEALTH
<b>(6)</b> CAMP BEN FRANKEL 3419 W. MAIN STREET BELLVILLE, IL 62226	37-0661214	501(C)(3)	47,000.				RSJ ENGAG, SCHOLAR MENTAL HEALTH
<b>(7)</b> CAMP LIVINGSTON 8485 RIDGE RD CINCINNATI, OH 45236	31-6050765	501(C)(3)	40,500.				RSJ ENGAGEMENT MENTAL HEALTH
<b>(8)</b> CAMP NAGEELA MIDWEST 3542 W. PETERSON AVE CHICAGO, IL 60659	36-3529801	501(C)(3)	40,500.				RSJ ENGAGEMENT SCHOLARSHIP PROGRAM
<b>(9)</b> CAMP RAMAH IN NORTHERN CALIFORNIA 969-G EDGEWATER BLVD FOSTER CITY, CA 94404	91-2020313	501(C)(3)	40,475.				COMP EDGE MENTAL HEALTH
<b>(10)</b> JAMES & RACHEL LEVENSON DAY CAMP 5738 FORBES AVENUE PITTSBURGH, PA 15217	25-1094514	501(C)(3)	40,000.				INNOVATIONS
<b>(11)</b> JCC CAMP CHI 3050 WOODRIDGE LN NORTHBROOK, IL 60062	36-2167758	501(C)(3)	39,500.				COMP EDGE, RSJ ENG MENTAL HEALTH
<b>(12)</b> CAPITAL CAMPS 11300 ROCKVILLE PIKE ROCKVILLE, MD 20852	52-1515202	501(C)(3)	37,955.				YASHAR 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) 2023

**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

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990.

Go to [www.irs.gov/Form990](http://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**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> CAMP RAMAH NEW ENGLAND 1206 BOSTON PROVIDENCE HWY NORWOOD, MA	04-3035964	501(C)(3)	36,000.				YASHAR
<b>(2)</b> JEWISH FEDERATION OF NORTHERN NEW JERSEY 50 EISENHOWER DRIVE PARAMUS, NJ 07652	20-1195592	501(C)(3)	35,000.				ONE HAPPY CAMPER
<b>(3)</b> URJ CAMP COLEMAN 1580 SPALDING DR. ATLANTA, GA 30350	13-1663143	501(C)(3)	34,724.				COMP EDGE, INNO MENTAL HEALTH
<b>(4)</b> URJ OLIN SANG RUBY UNION INSTITUTE 1121 LAKE COOK ROAD DEERFIELD, IL 60015	13-1663143	501(C)(3)	33,375.				FAMILY CAMP
<b>(5)</b> CAMP YAVNEH 160 HERRICK ROAD NEWTON, MA 02459	04-6004710	501(C)(3)	29,500.				YASHAR MENTAL HEALTH
<b>(6)</b> CAMP JUDAEA (NC) 1440 SPRING ST. NW ATLANTA, GA 30309	58-6014651	501(C)(3)	27,000.				RSJ ENGAGEMENT MENTAL HEALTH
<b>(7)</b> B'NAI BRITH CAMP AKA B'NAI BRITH OREGON 9400 SW BEAVERTON HILLSDALE HWY. BEAVERTON	91-1842787	501(C)(3)	26,500.				RSJ ENGAGEMENT MENTAL HEALTH
<b>(8)</b> CAMP TEL YEHUDAH 575 8TH AVENUE 11TH FL NEW YORK, NY 10018	13-5654375	501(C)(3)	26,500.				SCHOLARSHIP PROGRAM MENTAL HEALTH
<b>(9)</b> BERKSHIRE HILLS EISENBERG CAMP 405 LEXINGTON AVENUE NEW YORK, NY 10174	13-1739934	501(C)(3)	26,210.				RSJ ENGAGEMENT MENTAL HEALTH
<b>(10)</b> CAMP LAURELWOOD 463 SUMMER HILL RD. MADISON, CT 06443	06-0693092	501(C)(3)	26,100.				MENTAL HEALTH CHARACTER DEVELOP
<b>(11)</b> EDEN VILLAGE CAMP 392 DENNYTOWN RD PUTNAM VALLEY, NY 10579	26-4373931	501(C)(3)	24,500.				RSJ ENGAGEMENT MENTAL HEALTH
<b>(12)</b> NEW JERSEY Y CAMPS 21 PLYMOUTH STREET FAIRFIELD, NJ 07004	22-1487266	501(C)(3)	24,000.				YASHAR

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

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Schedule I (Form 990) 2023

**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

**2023**

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Inspection**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://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
<b>(1)</b> EMMA KAUFMANN CAMP 5738 FORBES AVENUE PITTSBURGH, PA 15217	25-1094514	501(C)(3)	23,000.				CHARACTER DEVELOP MENTAL HEALTH
<b>(2)</b> URJ CAMP KALSMAN 3805 108 AVE., NE, #100 BELLEVUE, WA 98004	13-1663143	501(C)(3)	23,000.				INNOVATION MENTAL HEALTH
<b>(3)</b> JEWISHCOLORADO 300 SOUTH DAHLIA STREET DENVER, CO 80246	01-0831698	501(C)(3)	22,750.				ONE HAPPY CAMPER
<b>(4)</b> JEWISH EDUCATION CENTER OF CLEVELAND 2030 S TAYLOR RD CLEVELAND HTS, OH 44118	34-0714554	501(C)(3)	22,382.				RSJ ENGAGEMENT
<b>(5)</b> CAMP AVODA INC 23 GIBBS RD MIDDLEBORO, MA 02346	04-6002095	501(C)(3)	20,500.				RSJ ENGAGEMENT
<b>(6)</b> JCC DALLAS CAMPS 7900 NORTHHAVEN ROAD DALLAS, TX 75230	75-1461847	501(C)(3)	20,324.				INNOVATIONS MENTAL HEALTH
<b>(7)</b> JEWISH NEVADA 9510 W. SAHARA AVE LAS VEGAS, NV 89117	88-0098500	501(C)(3)	20,000.				ONE HAPPY CAMPER
<b>(8)</b> TAMARACK CAMPS 6735 TELEGRAPH RD BLOOMFIELD HILLS, MI	38-1360545	501(C)(3)	20,000.				INNOVATIONS
<b>(9)</b> JCAMP LA 5870 W. OLYMPIC BLVD. LOS ANGELES, CA 90036	95-1691010	501(C)(3)	20,000.				RSJ ENGAGEMENT, INNO MENTAL HEALTH
<b>(10)</b> 92ND STREET Y 1395 LEXINGTON AVENUE NEW YORK, NY 10128	13-1624229	501(C)(3)	19,500.				INNOVATIONS MENTAL HEALTH
<b>(11)</b> CAMP YOUNG JUDAEA SPROUT LAKE 575 8TH AVENUE 11TH FL NEW YORK, NY 10018	13-2830437	501(C)(3)	19,500.				SCHOLARSHIP PROGRAM METAL HEALTH
<b>(12)</b> NEW COUNTRY DAY CAMP 197 EAST BROADWAY NEW YORK, NY 10002	13-5562210	501(C)(3)	19,125.				MENTAL HEALTH

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<b>(1)</b> CAMP MOSHAVA INDIAN ORCHARD 520 EIGHTH AVE 15TH FL NEW YORK, NY 10018	13-5596850	501(C)(3)	18,000.				PASS-THROUGH
<b>(2)</b> CAMP SABRA 2 MILLSTONE CAMPUS DR ST. LOUIS, MO 63146	43-0681477	501(C)(3)	17,800.				INNOVATIONS MENTAL HEALTH
<b>(3)</b> NJY CAMPS 21 PLYMOUTH STREET FAIRFIELD, NJ 07004	22-1487266	501(C)(3)	17,500.				RSJ ENGAGEMENT
<b>(4)</b> CAMP INTERLAKEN JCC 6255 N SANTA MONICA BLVD WHITEFISH BAY, WI	39-0806234	501(C)(3)	17,500.				MENTAL HEALTH
<b>(5)</b> GOLDEN SLIPPER CAMP 215 N. PRESIDENTIAL BLVD BALA CYNWYD, PA	23-1312911	501(C)(3)	17,500.				RSJ ENGAGEMENT
<b>(6)</b> RAMAH IN THE ROCKIES 300 S DAHLIA ST, #205 DENVER, CO 80246	20-4078988	501(C)(3)	17,500.				MENTAL HEALTH INNOVATIONS
<b>(7)</b> STATEN ISLAND JCC CAMPS 1466 MANOR ROAD STATEN ISLAND, NY 10314	13-5562256	501(C)(3)	17,500.				MENTAL HEALTH DEI
<b>(8)</b> CAMP KEHILLAH 300 FOREST DR. GREENVALE, NY 11548	11-1976051	501(C)(3)	17,258.				MENTAL HEALTH DEI
<b>(9)</b> JCC CAMP RUACH 775 TALAMINI ROAD BRIDGEWATER, NJ 08807	22-3681640	501(C)(3)	16,500.				INNOVATIONS MENTAL HEALTH
<b>(10)</b> MID-ISLAND Y CAMP 45 MANETTO HILL ROAD PLAINVIEW, NY 11803	11-1841899	501(C)(3)	16,500.				MENTAL HEALTH DEI
<b>(11)</b> CAMP KLURMAN 4221 PINE TREE DR MIAMI BEACH, FL 33140	59-2788834	501(C)(3)	16,000.				RSJ ENGAGEMENT
<b>(12)</b> B'NAI B'RITH BEBER CAMP W1741 COUNTY ROAD J MUKWONAGO, WI 53149	27-2025066	501(C)(3)	15,750.				MENTAL HEALTH

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OMB No. 1545-0047

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<b>(1)</b> CAMP AIRY & CAMP LOUISE 5750 PARK HEIGHTS AVE BALTIMORE, MD 21215	52-0563083	501(C)(3)	15,500.				MENTAL HEALTH
<b>(2)</b> CAMP SHAI 351 S DAHLIA ST DENVER, CO 80247	84-0404245	501(C)(3)	15,000.				MENTAL HEALTH DEI
<b>(3)</b> CAMP SENECA LAKE 1200 EDGEWOOD AVENUE ROCHESTER, NY 14618	16-0743060	501(C)(3)	13,030.				MENTAL HEALTH
<b>(4)</b> CAMP YOUNG JUDAEA MIDWEST 60 REVERE DR STE 800 NORTHBROOK, IL 60062	39-1672846	501(C)(3)	13,000.				MENTAL HEALTH
<b>(5)</b> JCC RANCH CAMP 350 S DAHLIA ST DENVER, CO 80246	84-0404245	501(C)(3)	12,566.				MENTAL HEALTH
<b>(6)</b> CAMP HAVAYA 1299 CHURCH ROAD WYNCOTE, PA 19095	36-4478803	501(C)(3)	12,500.				MENTAL HEALTH
<b>(7)</b> HABONIM DROR CAMP TAVOR 4444 SECOND AVE. DETROIT, MI 48201	36-6009159	501(C)(3)	12,497.				MENTAL HEALTH
<b>(8)</b> SURPRISE LAKE CAMP 520 8TH AVENUE, 4TH FL NEW YORK, NY 10018	13-1623869	501(C)(3)	12,296.				MENTAL HEALTH
<b>(9)</b> CAMP WISE LA 15500 STEPHEN S WISE DR LOS ANGELES, CA	95-1691010	501(C)(3)	12,000.				MENTAL HEALTH
<b>(10)</b> WILSHIRE BLVD TEMPLE CAMPS 3663 WILSHIRE BLVD. LOS ANGELES, CA 90010	95-1691339	501(C)(3)	11,714.				MENTAL HEALTH
<b>(11)</b> URJ 6 POINTS CREATIVE ARTS ACADEMY 3863 MORRISON UTICA, MS 39175	13-1663143	501(C)(3)	11,500.				MENTAL HEALTH
<b>(12)</b> EDEN VILLAGE WEST 6176 MCBRYDE AVENUE RICHMOND, CA 94805	26-4373931	501(C)(3)	11,500.				MENTAL HEALTH

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<b>(1)</b> B'NAI B'RITH PERLMAN CAMP 11820 PARKLAWN DR. ROCKVILLE, MD 20852	27-2025066	501(C)(3)	11,500.				MENTAL HEALTH
<b>(2)</b> MJCCA DAY CAMPS 5343 TILLY MILL RD. DUNWOODY, GA 30339	58-0566126	501(C)(3)	11,500.				MENTAL HEALTH
<b>(3)</b> JCC LOUISVILLE DAY CAMP 3600 DUTCHMANS LANE LOUISVILLE, KY 40291	61-0444765	501(C)(3)	11,500.				MENTAL HEALTH
<b>(4)</b> CAMP PEMBROKE 27 LOWELL ST. #305 MANCHESTER, NH 03101	04-6003680	501(C)(3)	11,500.				MENTAL HEALTH
<b>(5)</b> CAMP RAMAH DAROM 6400 POWERS FERRY RD ATLANTA, GA 30339	58-2146741	501(C)(3)	11,500.				MENTAL HEALTH
<b>(6)</b> CAMP SOLOMON SCHECHTER 117 E. LOUISA, #110 SEATTLE, WA 98102	93-0572590	501(C)(3)	11,500.				MENTAL HEALTH
<b>(7)</b> CAMP YOUNG JUDAEA NH 9 CAMP ROAD AMHERST, NH 03031	02-0241080	501(C)(3)	11,500.				MENTAL HEALTH
<b>(8)</b> HABONIM DROR CAMP GALIL 2100 ARCH STREET PHILADELPHIA, PA 19103	23-6005866	501(C)(3)	11,500.				MENTAL HEALTH
<b>(9)</b> HABONIM DROR CAMP MOSHAVA 6101 EXECUTIVE BLVD. N BETHESDA, MD 20852	52-6054091	501(C)(3)	11,500.				MENTAL HEALTH
<b>(10)</b> KINGS BAY Y SUMMER DAY CAMP 3495 NOSTRAND AVENUE BROOKLYN, NY 11229	11-3068515	501(C)(3)	11,500.				MENTAL HEALTH
<b>(11)</b> SJCC SUMMER CAMP 3801 E MERCER WAY MERCER ISLAND, WA 98040	90-0953408	501(C)(3)	11,500.				MENTAL HEALTH
<b>(12)</b> CAMP RAMAH IN THE BERKSHIRES 25 ROCKWOOD PLACE, #345 ENGELWOOD, NJ 07631	13-1997276	501(C)(3)	11,450.				MENTAL HEALTH

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<b>(1)</b> URJ 6 POINTS SPORTS ACADEMY NC 300 SE 2ND ST FORT LAUDERDALE, FL 33301	13-1663143	501(C)(3)	11,350.				CHARACTER DEVELOPMENT
<b>(2)</b> URJ HENRY S. JACOBS CAMP 3863 MORRISON UTICA, MS 39175	13-1663143	501(C)(3)	11,345.				MENTAL HEALTH
<b>(3)</b> CAMP GAAVAH 15 NEIL CT OCEANSIDE, NY 11572	11-2002556	501(C)(3)	11,235.				MENTAL HEALTH
<b>(4)</b> CAMP GAN ISRAEL OF PHILADELPHIA 1360 INDIAN CREEK DRIVE WYNNEWOOD, PA 19096	83-2712139	501(C)(3)	11,185.				MENTAL HEALTH
<b>(5)</b> JCC OF GREATER BOSTON 333 NAHANTON STREET NEWTON, MA 02459	04-2317972	501(C)(3)	11,086.				MENTAL HEALTH
<b>(6)</b> CAMP JORI 1065 WORDENS POND RD WAKEFIELD, RI 02879	05-0268612	501(C)(3)	11,000.				MENTAL HEALTH
<b>(7)</b> CAMP STONE 2463 S GREEN RD CLEVELAND, OH 44122	34-0897622	501(C)(3)	11,000.				SCHOLARSHIP PROGRAM
<b>(8)</b> CAMP WISE 26001 S. WOODLAND ROAD BEACHWOOD, OH 44122	34-0714439	501(C)(3)	10,814.				MENTAL HEALTH
<b>(9)</b> JEWISH COMMUNITY CENTER OF GREATER COLUMBUS 1125 COLLEGE AVENUE COLUMBUS, OH 43209	31-4379496	501(C)(3)	10,574.				MENTAL HEALTH
<b>(10)</b> BNEI AKIVA OF LOS ANGELES (MOSHAVA ALEVY) 1101 S ROBERTSON BLVD LOS ANGELES, CA 90035	26-2103488	501(C)(3)	10,500.				MENTAL HEALTH
<b>(11)</b> HABONIM DROR CAMP GILBOA 8339 WEST 3RD STREET LOS ANGELES, CA 90048	95-1929706	501(C)(3)	10,500.				MENTAL HEALTH
<b>(12)</b> SEPHARDIC ADVENTURE CAMP PO BOX 28511 SEATTLE, WA 98118	26-3877195	501(C)(3)	10,500.				MENTAL HEALTH

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<b>(1)</b> MARLEEN FORKAS CAMPS 21300 RUTH & BARON COLEMAN BLVD, BOCA RATON	65-1115689	501(C)(3)	10,461.				MENTAL HEALTH
<b>(2)</b> YOUNG JUDAEA SPROUT WESTCHESTER DAY CAMP 575 8TH AVENUE 11TH FL NEW YORL, NY 10018	13-2830437	501(C)(3)	10,424.				MENTAL HEALTH
<b>(3)</b> TIZMORET, INC. 2430 MILITARY RD. NIAGARA FALLS, NY 14304	20-0916545	501(C)(3)	10,415.				MENTAL HEALTH
<b>(4)</b> JEWISH COMM. CTR. OF METRO DETROIT 6600 W MAPLE RD WEST BLOOMFIELD, MI 48322	38-1358397	501(C)(3)	10,305.				MENTAL HEALTH
<b>(5)</b> CAMP ALONIM 1101 PEPPERTREE LANE BRANDEIS, CA 93064	95-1684064	501(C)(3)	10,300.				MENTAL HEALTH
<b>(6)</b> NJY TEEN CAMP 21 PLYMOUTH STREET FAIRFIELD, NJ 07004	22-1487266	501(C)(3)	10,000.				MENTAL HEALTH
<b>(7)</b> CAMP KEF 45 HAVERFORD ROAD WYNNEWOOD, PA 19096	27-0841715	501(C)(3)	10,000.				INNOVATIONS
<b>(8)</b> WESTSIDE JCC 5871 W. OLYMPIC BLVD. LOS ANGELES, CA 90037	95-1691010	501(C)(3)	9,633.				RSJ ENGAGEMENT
<b>(9)</b> CAMP MOUNTAIN CHAI 4950 MURPHY CANYON ROAD SAN DIEGO, CA 92123	91-2158031	501(C)(3)	9,504.				MENTAL HEALTH
<b>(10)</b> CAMP LOUISE 5751 PARK HEIGHTS AVE BALTIMORE, MD 21216	52-0563083	501(C)(3)	9,500.				MENTAL HEALTH
<b>(11)</b> URJ EISNER CAMP PO BOX 569 GREAT BARRINGTON, MA 01230	13-1663143	501(C)(3)	9,000.				MENTAL HEALTH
<b>(12)</b> CAMP BARNEY MEDINTZ 5342 TILLY MILL RD. DUNWOODY, GA 30338	58-0566126	501(C)(3)	9,000.				MENTAL HEALTH

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- 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
<b>(1)</b> MOSHAVA BA'IR NJ 520 8TH AVE, 15TH FLOOR NEW YORK, NY 10018	13-3713762	501(C)(3)	9,000.				MENTAL HEALTH
<b>(2)</b> RAMAH DAY CAMP IN NYACK 3080 BROADWAY NEW YORK, NY 10027	13-6161110	501(C)(3)	9,000.				MENTAL HEALTH
<b>(3)</b> SHORESH INC. 3723 OLD COURT ROAD BALTIMORE, MD 21208	52-1664097	501(C)(3)	9,000.				MENTAL HEALTH
<b>(4)</b> PINEMERE CAMP 4100 MAIN ST #301 PHILADELPHIA, PA 19127	23-1429830	501(C)(3)	8,750.				MENTAL HEALTH
<b>(5)</b> CAMP YOUNG JUDAEA SPROUT BROOKLYN 556 COLUMBIA ST BROOKLYN, NY 11231	13-2830437	501(C)(3)	8,532.				MENTAL HEALTH
<b>(6)</b> JCC CAMPS AT MEDFORD 1301 SPRINGDALE ROAD CHERRY HILL, NJ 08003	21-0634489	501(C)(3)	8,500.				MENTAL HEALTH
<b>(7)</b> CAMP KAYLIE 1268 EAST 14TH STREET BROOKLYN, NY 11230	11-6078704	501(C)(3)	8,000.				MENTAL HEALTH
<b>(8)</b> URJ 6 POINTS SPORTS ACADEMY CA 18401 BURBANK BLVD TARZANA, CA 91356	13-1663143	501(C)(3)	7,750.				MENTAL HEALTH
<b>(9)</b> JEWISH FAMILY SERVICE OF THE CINCINNATIAREA 9395 KENWOOD RD, #100 CINCINNATI, OH 45242	31-0744786	501(C)(3)	7,750.				MENTAL HEALTH
<b>(10)</b> URJ CAMP HARLAM 301 CITY AVENUE, #110 BALA CYNWYD, PA 19004	13-1663143	501(C)(3)	7,680.				MENTAL HEALTH
<b>(11)</b> URJ CRANE LAKE CAMP PO BOX 569 GREAT BARRINGTON, MA 01230	13-1663143	501(C)(3)	7,600.				CHARACTER DEVELOPMENT
<b>(12)</b> CHARLESTON JEWISH FEDERATION 176 CROGHAN SPUR RD CHARLESTON, SC 29407	57-6000188	501(C)(3)	7,500.				ONE HAPPY CAMPER

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) 2023

**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

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://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) CHERRYVALE DAY CAMP 6007 OREG AVENUE BOULDER, CO 80303	84-1322996	501(C)(3)	6,000.				DEI
(2) EDITH & CARL MARKS JCH OF BENSONHURST 7802 BAY PARKWAY BROOKLYN, NY 11214	11-1633484	501(C)(3)	6,000.				DEI
(3)							
(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) 2023

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

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 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? **4a**  **4c**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- 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? **5a**  **5b**
- b** Any related organization? **5b**
- 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? **6a**  **6b**
- b** Any related organization? **6b**
- 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 **7**

**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 **8**  **9**

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

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>	<input checked="" type="checkbox"/>	
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>	<input checked="" type="checkbox"/>	
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		

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

Schedule J (Form 990) 2023

**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)	414,007.	105,000.	NONE	84,900.	38,785.	642,692.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 JAMIE SIMON CHIEF PROGRAM OFF. (EFF. 1/23)	(i)	228,572.	NONE	NONE	6,880.	34,133.	269,585.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 JULIE WOLPOV VP, ADVANCEMENT (EFF. 3/23)	(i)	178,651.	NONE	NONE	5,481.	27,636.	211,768.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 ROBERT HARRIS DIR, SE REGION & ISRAEL INIT.	(i)	197,859.	7,000.	NONE	6,297.	36,891.	248,047.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 COREY CUTLER SR DIR, DEVELOPMENT	(i)	174,847.	3,000.	NONE	5,364.	13,657.	196,868.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
6 REBECCA KAHN SR DIR, FIELD EXPANSION	(i)	169,634.	2,000.	NONE	5,238.	13,657.	190,529.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7 JULIE FINKELSTEIN SR DIR, PROG STRATGY & INNOV	(i)	166,207.	2,000.	NONE	5,108.	13,633.	186,948.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
8 NILA ROSEN DIR, LEARNING & EVALUATION	(i)	155,546.	4,000.	NONE	4,889.	36,945.	201,380.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
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, 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 DETERMINED BY THE PERSONNEL COMMITTEE (COMPRISED OF INDEPENDENT BOARD MEMBERS), FOLLOWING THE CONCLUSION OF EACH CALENDAR YEAR. SCHEDULE J, PART II, LINE 1, COLUMN (B)(II), REFERS TO A CASH BONUS PAYOUT PAID IN 2023 FOR THE PRIOR YEAR (2022) ACCRUAL.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

FOUNDATION FOR JEWISH CAMP, INC.

Employer identification number

22-3551013

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	5	38,969.	MARKET QUOTATION
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ( _____ )				
26 Other ( _____ )				
27 Other ( _____ )				
28 Other ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . . **29** NONE

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2023

JSA

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

---

PART I, COLUMN (B):

NUMERICAL DATA REPORTED REPRESENTS THE NUMBER OF CONTRIBUTIONS.

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

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**FORM 990, PART III, LINE 2:**

FOUNDATION FOR JEWISH CAMP, INC. LAUNCHED THE FOLLOWING NEW INITIATIVE IN  
2023:

1) CHABAD INITIATIVE

**FORM 990, PART III, LINE 3:**

FOUNDATION FOR JEWISH CAMP, INC. CEASED CONDUCTING THE FOLLOWING PROGRAM  
SERVICE DURING 2023:

1) COVID EMERGENCY GRANTS

**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 (THE ORGANIZATION'S INDEPENDENT ACCOUNTANTS AND TAX PREPARERS) TO  
PREPARE FORM 990. AFTER BDO USA 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.

**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

**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.

**2023**

▶ Attach to Form 990 or 990-EZ.

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Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

FOUNDATION FOR JEWISH CAMP, INC.

22-3551013

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.....\$(450.)

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 OVER 150,000 YOUTH, 1,700 JEWISH PROFESSIONALS AND 25,000 SEASONAL STAFF 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

Employer identification number

FOUNDATION FOR JEWISH CAMP, INC.

22-3551013

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

LINE 4A, 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 THE PROGRAM AT 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.

Name of the organization

Employer identification number

FOUNDATION FOR JEWISH CAMP, INC.

22-3551013

FORM 990, PART III - PROGRAM SERVICE  
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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 4B, PROGRAM SERVICE  
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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 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 6,500 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 500 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. MOST 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.

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22-3551013

FORM 990, PART III - PROGRAM SERVICE  
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LINE 4C, PROGRAM SERVICE  
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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. IN 2023, FJC CONTINUED TO EVALUATE THE IMPACT OF YASHAR GRANTEES, AND PROVIDED ONGOING TRAINING AND SUPPORT. FJC CONTINUES TO ADMINISTER THE GRANT AS CAMPS FINISH THEIR CAPITAL PROJECTS.

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**FOUNDATION FOR JEWISH CAMP, INC.**

**22-3551013**

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

DESCRIPTION	GRANTS	EXPENSES	REVENUE
RSJ ENGAGEMENT	424,415.	1,069,879.	NONE
SMALL COMMUNITIES INCENTIVE PROGRAM	NONE	862,227.	NONE
ONE HAPPY CAMPER	166,600.	811,921.	NONE
FAMILY CAMP	194,905.	613,113.	NONE
REGIONAL OFFICES	67,800.	500,381.	NONE
INNOVATION PROGRAMS	206,050.	402,747.	NONE
STUDY OF CHARACTER DEV AT JEWISH CAMPS	52,200.	351,907.	NONE
COMPETITIVE EDGE	73,519.	302,164.	NONE
DIVERSITY, EQUITY & INCLUSION	47,000.	293,544.	NONE
CHABAD INITIATIVE	75,000.	220,194.	NONE
SCHOLARSHIPS & PASS-THROUGHS	145,180.	216,694.	NONE
NY COMMON GROUND	18,178.	205,032.	NONE
LONG ISLAND PROFESSIONAL DEVELOPMENT	NONE	195,287.	NONE
ISRAEL-AMERICAN CAMPERS RESEARCH	NONE	188,327.	NONE
CAMPER & STAFF SATISFACTION INSIGHT SURV	NONE	159,171.	129,500.
MACHANE OLAMI	10,352.	69,549.	NONE
SAFETY, RESPECT & EQUITY	NONE	54,798.	4,000.
TECHNOLOGY GRANTS	NONE	28,674.	NONE
YITRO	NONE	28,099.	NONE
BUILDING LOAN PROGRAM	NONE	26,266.	NONE
COUNSELOR INNOVATION	NONE	25,403.	NONE
EXEC. LEADERSHIP INSTIT. IV	NONE	21,727.	NONE
LEADERS ASSEMBLY-BIENNIAL FIELD-WIDE CON	NONE	16,026.	NONE
CAMP MANAGEMENT	NONE	15,440.	NONE
TALENT COMPASS	NONE	14,143.	NONE
DAY CAMP SCHOLARSHIP	NONE	13,133.	NONE
OTHER PROGRAMMING	NONE	20,611.	NONE
<b>TOTALS</b>	<b>1,481,199.</b>	<b>6,726,457.</b>	<b>133,500.</b>

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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

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**FOUNDATION FOR JEWISH CAMP, INC.**

**22-3551013**

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
TRUE TO LIFE TRAINING, LLC PO BOX 277 HIGHSTOWN, NJ 08520	PRGM. MGMT./TRAINING	154,708.
SUMMATION RESEARCH 7781 BENNINGTON DRIVE CINCINNATI, OH 45241	SURVEYING	145,000.
MICHELE FRIEDMAN 372 CENTRAL PARK WEST, #3X NEW YORK, NY 10025	NEW CAMPS & INITIAT.	137,500.

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**FOUNDATION FOR JEWISH CAMP, INC.**

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FORM 990, PART IX - OTHER FEES

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DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
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CONSULTING FEES	1,202,029.	1,160,742.	16,341.	24,946.
OTHER PROFESSIONAL FEES	468,765.	425,184.	20,794.	22,787.
 TOTALS	 ----- 1,670,794.	 ----- 1,585,926.	 ----- 37,135.	 ----- 47,733.
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