

PUBLIC DISCLOSURE COPY

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.**2024****Open to Public Inspection**

A For the 2024 calendar year, or tax year beginning , 2024, and ending , 20		
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FOUNDATION FOR JEWISH CAMP, INC.	D Employer identification number 22-3551013
	Doing business as	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 253 W 35TH STREET FL 4	E Telephone number (646) 278-4500
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10001	G Gross receipts \$ 33,797,672
	F Name and address of principal officer: JAMIE SIMON 253 W 35TH STREET, 4TH FLOOR, NEW YORK, NY 10001	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. See instructions.
J Website: WWW.JEWISHCAMP.ORG		H(c) Group exemption number
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1997 M State of legal domicile: NJ

Part I Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO BUILD A STRONG JEWISH FUTURE THROUGH TRANSFORMATIVE JEWISH SUMMERS.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	25
	4	Number of independent voting members of the governing body (Part VI, line 1b)	25
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	52
Revenue	6	Total number of volunteers (estimate if necessary)	29
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0
	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 15,388,774 Current Year: 23,849,764
	9	Program service revenue (Part VIII, line 2g)	Prior Year: 133,500 Current Year: 982,705
Expenses	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	Prior Year: 654,530 Current Year: 893,065
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	Prior Year: 9,524 Current Year: 19,980
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year: 16,186,328 Current Year: 25,745,514
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	Prior Year: 3,304,490 Current Year: 5,625,105
	14	Benefits paid to or for members (Part IX, column (A), line 4)	Prior Year: 0 Current Year: 0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	Prior Year: 5,913,739 Current Year: 6,674,204
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	Prior Year: 82,000 Current Year: 108,750
	b	Total fundraising expenses (Part IX, column (D), line 25) 1,438,133	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	Prior Year: 4,692,555 Current Year: 6,831,715
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	Prior Year: 13,992,784 Current Year: 19,239,774
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	Prior Year: 2,193,544 Current Year: 6,505,740
	20	Total assets (Part X, line 16)	Beginning of Current Year: 50,858,056 End of Year: 59,024,557
	21	Total liabilities (Part X, line 26)	Beginning of Current Year: 8,300,630 End of Year: 8,710,505
	22	Net assets or fund balances. Subtract line 21 from line 20	Beginning of Current Year: 42,557,426 End of Year: 50,314,052

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

Sign Here	Signature of officer <i>Jamie Simon</i>	Date <i>8-15-25</i>
	Type or print name and title <i>Jamie Simon CEO</i>	

Paid Preparer Use Only	Print/Type preparer's name PAUL HAMMERSCHMIDT	Preparer's signature <i>PAUL HAMMERSCHMIDT</i>	Date 8/15/2025	Check <input type="checkbox"/> if self-employed	PTIN P01384178
	Firm's name BDO USA	Firm's EIN 13-5381590		Phone no. (212) 885-8000	
	Firm's address 200 PARK AVE 38TH FLOOR, NEW YORK, NY 10166				

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2024)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the 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.

(CONTINUED ON 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? ☒ Yes ☐ No

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 1,856,294 including grants of \$ 1,105,813) (Revenue \$ 0)

ISRAEL RESPONSE - FJC INTEGRATED ISRAEL EDUCATION INTO NEARLY ALL PROGRAMMING IN 2024, RAISING OVER \$2M IN DIRECT FUNDING AND LEVERAGING AN ADDITIONAL \$2.5M FROM PARTNERS.

KEY INITIATIVES INCLUDED:

*SOLIDARITY MISSION TRIPS TO ISRAEL FOR CAMP LEADERS;

*SECURITY GRANTS NEARLY \$1M TO ENHANCE INFRASTRUCTURE;

*EDUCATION GRANTS TO 72 CAMPS TO INTEGRATE NEW ISRAEL EDUCATION PROGRAMMING;

*A WEBINAR SERIES TAILORED FOR CAMP PROFESSIONALS, REACHING NEARLY 600 ATTENDEES;

*A MENTAL HEALTH SUMMIT TO PREPARE OVER 100 CAMP MENTAL HEALTH PROFESSIONALS FOR THE SUMMER AND ENABLING DISPLACED ISRAELI TEENS TO HAVE A RESPITE DURING SUMMER 2024 AT JEWISH CAMPS.

(CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 1,838,466 including grants of \$ 0) (Revenue \$ 0)

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 6,750 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.

(CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ 1,734,458 including grants of \$ 870,020) (Revenue \$ 0)

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, ADDING A 9TH LOCAL DAY CAMP THE FOLLOWING YEAR. THEY PAVED THE WAY FOR JEWISH FEDERATION OF GREATER LOS ANGELES TO FOLLOW SUIT IN 2022, FUNDING THE PROGRAM AT AN ADDITIONAL 3

(CONTINUED ON SCHEDULE O)

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 16,516,492

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 ✓	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2 ✓	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	✓
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	✓
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	✓
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	✓
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	✓
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	✓
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	✓
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a ✓	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	✓
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c ✓	
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	✓
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e ✓	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f ✓	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a ✓	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	✓
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	✓
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a ✓	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b ✓	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15 ✓	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	✓
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17 ✓	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	✓
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	✓
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 ✓	

Part IV Checklist of Required Schedules (continued)

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

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	126
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	52
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	✓
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	✓
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	

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 ☒

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed CA, FL, GA, IL, MA, MD, NJ, NY, PA, VA

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

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
RACHEL MEIR, 253 WEST 35TH STREET, 4TH FLOOR, NEW YORK, NY 10001, (646) 278-4549

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**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	40.0 0.0			✓				923,146	0	124,724
(2) JAMIE SIMON CHIEF PROGRAM & STRATEGY OFFICER	40.0 0.0				✓			282,869	0	48,422
(3) ROBERT HARRIS DIRECTOR, SE REGION & ISRAEL INITIATIVES	40.0 0.0					✓		203,529	0	46,107
(4) NILA ROSEN SENIOR DIRECTOR, LEARNING & RESEARCH	40.0 0.0					✓		165,941	0	44,391
(5) MATTHEW LEVITT SENIOR DIRECTOR, FINANCE & TECHNOLOGY	40.0 0.0			✓				164,010	0	44,926
(6) REBECCA KAHN SENIOR DIRECTOR, GRANTMAKING & FIELD EXPANSION	40.0 0.0					✓		178,583	0	20,070
(7) JULIE FINKELSTEIN SENIOR DIRECTOR, PROGRAMS	40.0 0.0					✓		177,408	0	19,905
(8) BRIANA HOLTZMAN SENIOR DIRECTOR, STRATEGY	40.0 0.0					✓		168,792	0	6,330
(9) ALISON LEBOVITZ ASSISTANT SECRETARY	2.0 0.0	✓		✓				0	0	0
(10) DIANE C. ZACK SECRETARY, FRD CHAIR	2.0 0.0	✓		✓				0	0	0
(11) JAMES HEEGER CHAIR, BOARD OF DIRECTORS	5.0 0.0	✓		✓				0	0	0
(12) JEFF TUCKER ASSISTANT TREASURER	2.0 0.0	✓		✓				0	0	0
(13) JEFFREY M. SOLOMON CHAIR-ELECT, BOARD OF DIRECTORS	2.0 0.0	✓		✓				0	0	0
(14) JEFFREY WOLMAN VICE-PRESIDENT	2.0 0.0	✓		✓				0	0	0

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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/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			
(15) JULIE BEREN PLATT CHAIR, CHAIRMAN'S COUNCIL	2.0 0.0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(16) MARK SILBERMAN VICE-PRESIDENT	2.0 0.0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(17) RANDALL KAPLAN TREASURER	5.0 0.0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(18) SCOTT BRODY ASSISTANT TREASURER (THRU 12/24)	2.0 0.0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(19) ANITA H. SIEGAL BOARD MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(20) DIANE SCHILIT BOARD MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(21) JEFFREY M. SKIER BOARD MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(22) JIM SOKOLOVE BOARD MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(23) JOE TELOW BOARD MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(24) JOEL AROGETI BOARD MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE STATEMENT)										
1b Subtotal								2,264,278	0	354,875
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								2,264,278	0	354,875

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 **17**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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
SCHIFFMAN & ASSOCIATES, INC. (DBA EVOLVE GIVING GROUP), 808 WESTWOOD LANE, WILMETTE, IL 60091	FUNDRAISING STRATEGY	177,000
SUMMATION RESEARCH, 7781 BENNINGTON DRIVE, CINCINNATI, OH 45241	SURVEYING	145,500

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

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	23,849,764			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 151,664			
	h	Total. Add lines 1a-1f		23,849,764			
Program Service Revenue			Business Code				
	2a	CONFERENCE REGISTRATION FEES	611710	829,305	829,305		
	b	PROGRAM PARTICIPATION FEES	611710	153,400	153,400		
	c						
	d						
	e						
	f	All other program service revenue . .		0	0	0	0
g	Total. Add lines 2a-2f		982,705				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		864,375			864,375
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real	(ii) Personal			
	b	Less: rental expenses					
	c	Rental income or (loss)	0	0			
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses	8,080,848				
	c	Gain or (loss)	8,052,158				
	d	Net gain or (loss)	28,690	0			
	e	Net gain or (loss)		28,690			28,690
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18					
	b	Less: direct expenses					
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses					
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
	11a	MISCELLANEOUS REVENUE	900099	19,980			19,980
	b						
	c						
	d	All other revenue		0	0	0	0
e	Total. Add lines 11a-11d		19,980				
12	Total revenue. See instructions			25,745,514	982,705	0	913,045

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,349,692	5,349,692		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	275,413	275,413		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	1,588,097	844,621	271,935	471,541
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,831,326	3,041,951	473,064	316,311
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	112,981	92,672	14,666	5,643
9 Other employee benefits	713,891	508,783	112,468	92,640
10 Payroll taxes	427,909	297,547	70,470	59,892
11 Fees for services (nonemployees):				
a Management				
b Legal	194,694	79,626	46,210	68,858
c Accounting	84,565		84,565	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	108,750			108,750
f Investment management fees	9,970		9,970	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	1,845,906	1,715,263	50,876	79,767
12 Advertising and promotion	46,613	46,571		42
13 Office expenses	131,421	96,522	6,852	28,047
14 Information technology	329,661	253,683	21,518	54,460
15 Royalties				
16 Occupancy	415,749	301,624	56,959	57,166
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,306,500	2,185,576	44,896	76,028
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	52,343	37,531	7,393	7,419
23 Insurance	75,509	55,858	9,807	9,844
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a CAMPER INCENTIVE STIPENDS	1,319,079	1,319,079		
b MISCELLANEOUS EXPENSES	19,705	14,480	3,500	1,725
c				
d				
e All other expenses	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e	19,239,774	16,516,492	1,285,149	1,438,133
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	460,160	1	916,765
	2 Savings and temporary cash investments	4,424,468	2	8,300,256
	3 Pledges and grants receivable, net	19,185,099	3	24,142,301
	4 Accounts receivable, net	6,144	4	243,060
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	122,850	9	72,003
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,510,006		
	b Less: accumulated depreciation	10b 1,372,511	10c	137,495
	11 Investments—publicly traded securities	19,564,667	11	18,254,279
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	4,519,298	13	5,168,333
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,436,511	15	1,790,065
	16 Total assets. Add lines 1 through 15 (must equal line 33)	50,858,056	16	59,024,557
Liabilities	17 Accounts payable and accrued expenses	733,764	17	1,306,816
	18 Grants payable	337,635	18	121,073
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	4,781,798	23	5,480,833
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	2,447,433	25	1,801,783
	26 Total liabilities. Add lines 17 through 25	8,300,630	26	8,710,505
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	14,791,108	27	16,897,944
	28 Net assets with donor restrictions	27,766,318	28	33,416,108
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	42,557,426	32	50,314,052
	33 Total liabilities and net assets/fund balances	50,858,056	33	59,024,557

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	25,745,514
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,239,774
3	Revenue less expenses. Subtract line 2 from line 1	3	6,505,740
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	42,557,426
5	Net unrealized gains (losses) on investments	5	1,250,886
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	50,314,052

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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		

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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 (Check all that apply)						(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			
(25) JUDY NEUMAN ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(26) JULIUS EISEN ----- BOARD MEMBER (THRU 8/24)	1.0 ----- 0.0	✓						0	0	0
(27) MARCIA WEINER MANKOFF ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(28) RABBI REX PERLMETER ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(29) REBECCA RAPHAEL ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(30) RICHARD BILLER ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(31) SHAWNA GOODMAN SONE ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(32) SHELLEY NICELEY GROFF ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(33) STACIE BROCKMAN ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(34) STEPHEN FLATT ----- BOARD MEMBER (AS OF 12/24)	1.0 ----- 0.0	✓						0	0	0
(35) SUSAN SACKS ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(36) ELISA SPUNGEN BILDNER ----- CO-CHAIR, BOARD OF TRUSTEES	2.0 ----- 0.0			✓				0	0	0
(37) ROBERT BILDNER ----- CO-CHAIR, BOARD OF TRUSTEES	2.0 ----- 0.0			✓				0	0	0

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

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 33¹/₃% 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 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Cat. No. 11285F

Schedule A (Form 990) 2024

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12,868,265	25,166,005	11,888,435	15,388,774	23,849,764	89,161,243
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	12,868,265	25,166,005	11,888,435	15,388,774	23,849,764	89,161,243
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						45,038,887
6 Public support. Subtract line 5 from line 4						44,122,356

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	12,868,265	25,166,005	11,888,435	15,388,774	23,849,764	89,161,243
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	245,932	174,899	299,479	693,961	864,375	2,278,646
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	11,041	31,368	9,524	19,980	71,913
11 Total support. Add lines 7 through 10						91,511,802
12 Gross receipts from related activities, etc. (see instructions)					12	2,304,095
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	48.21 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	49.86 %
16a 33¹/₃% support test—2024. If the organization did not check the box on line 13, and line 14 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33¹/₃% support test—2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%
19a 33¹/₃% support tests—2024. 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 <input type="checkbox"/>		
b 33¹/₃% support tests—2023. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Schedule A (Form 990) 2024

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	Total annual distributions. 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 2024 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-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020 . . .			
b Excess from 2021 . . .			
c Excess from 2022 . . .			
d Excess from 2023 . . .			
e Excess from 2024 . . .			

Schedule A (Form 990) 2024

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.)

Part VI

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.)

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	(1) MISCELLANEOUS	0	11,041	31,368	9,524	19,980	71,913
	Total	0	11,041	31,368	9,524	19,980	71,913

Schedule B
(Form 990)

(Rev. January 2025)
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

Name of the organization

FOUNDATION FOR JEWISH CAMP, INC.

Employer identification number

22-3551013

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % 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

FOUNDATION FOR JEWISH CAMP, INC.

Employer identification number

22-3551013

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 14,540,890	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,835,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 725,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 661,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 653,732	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

FOUNDATION FOR JEWISH CAMP, INC.

Employer identification number

22-3551013

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 500,000	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
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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
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----

Name of organization

FOUNDATION FOR JEWISH CAMP, INC.

Employer identification number

22-3551013

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

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

----- ----- -----	----- ----- -----
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SCHEDULE D
(Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

FOUNDATION FOR JEWISH CAMP, INC.

Employer identification number

22-3551013

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

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

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

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	
4 Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	\$
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.	
(i) Revenue included on Form 990, Part VIII, line 1	\$
(ii) Assets included in Form 990, Part X	\$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.	
a Revenue included on Form 990, Part VIII, line 1	\$
b Assets included in Form 990, Part X	\$

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange program

e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

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

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

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

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

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

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

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
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? ☐ Yes ☐ No **3a(i)**

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		620,857	615,444	5,413
d Equipment		485,001	454,385	30,616
e Other		404,148	302,682	101,466
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				137,495

Part VII Investments—Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, 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
(1) URJ HENRY S. JACOBS CAMP	950,000	COST
(2) B'NAI BRITH MEN'S CAMP ASSOCIATION	900,000	COST
(3) CAMP YOUNG JUDAEA TEXAS	700,000	COST
(4) RAMAH IN CANADA	475,000	COST
(5) EMMA KAUFMANN CAMP	450,000	COST
(6) CAMP TAWONGA	350,000	COST
(7) RAMAH DAROM, INC.	350,000	COST
(8) URJ CAMP NEWMAN	250,000	(SEE STATEMENT)
(9) _____		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) . . .	5,168,333	

Part IX Other Assets

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

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, 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) LEASE LIABILITY	1,522,135
(3) DEFERRED COMPENSATION PAYABLE	279,648
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,801,783

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 XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements	1	26,986,430
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,250,886
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	0
e	Add lines 2a through 2d	2e	1,250,886
3	Subtract line 2e from line 1	3	25,735,544
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	9,970
b	Other (Describe in Part XIII.)	4b	0
c	Add lines 4a and 4b	4c	9,970
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	25,745,514

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

1	Total expenses and losses per audited financial statements	1	19,229,804
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	19,229,804
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	9,970
b	Other (Describe in Part XIII.)	4b	0
c	Add lines 4a and 4b	4c	9,970
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	19,239,774

Part XIII Supplemental Information

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

[SEE STATEMENT](#)

(a) Description of security or category(including name of security)	(b) Book values	(c) Method of valuation: Cost or end-of-year market value
RAMAH NYACK (NATIONAL RAMAH COMMISSION)	192,500	COST
OLIN SANG RUBY UNION INSTITUTE	150,000	COST
JCC CAMP CHI	130,000	COST
URJ CAMP GEORGE	112,500	COST
URJ CAMP NEWMAN	83,333	COST
HERZL CAMP	75,000	COST

Part XIII

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

Return Reference - Identifier	Explanation
SCHEDULE D, 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 NORTH AMERICA 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 PART VIII FOR THE LIST OF LOANS RECEIVABLE).
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	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, 2024, 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 2021.

SCHEDULE F
(Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization
FOUNDATION FOR JEWISH CAMP, INC.

Employer identification number
22-3551013

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	GRANTMAKING		275,413
(2) MIDDLE EAST AND NORTH AFRICA	0	3	PROGRAM SERVICES	TRAVEL PROGRAM AND DESIGN FEES	151,607
(3) NORTH AMERICA (CANADA & MEXICO ONLY)	0	4	PROGRAM SERVICES	PROGRAM FACILITATION	28,400
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	0	7			455,420
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	7			455,420

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 (CANADA & MEXICO ONLY)	RSJ ENGAGEMENT, MENTAL HEALTH	44,345	WIRE			
(2)			NORTH AMERICA (CANADA & MEXICO ONLY)	RSJ ENGAGEMENT, MENTAL HEALTH	43,350	WIRE			
(3)			NORTH AMERICA (CANADA & MEXICO ONLY)	RSJ ENGAGEMENT, MENTAL HEALTH	41,620	WIRE			
(4)			NORTH AMERICA (CANADA & MEXICO ONLY)	RSJ ENGAGEMENT, MENTAL HEALTH, ISRAEL RESPONSE	35,425	WIRE			
(5)			NORTH AMERICA (CANADA & MEXICO ONLY)	RSJ ENGAGEMENT, CHARACTER DEVELOPMENT	30,433	WIRE			
(6)			NORTH AMERICA (CANADA & MEXICO ONLY)	COMPETITIVE EDGE, MENTAL HEALTH	17,887	WIRE			
(7)			NORTH AMERICA (CANADA & MEXICO ONLY)	SCHOLARSHIPS, MENTAL HEALTH	14,825	WIRE			
(8)			NORTH AMERICA (CANADA & MEXICO ONLY)	MENTAL HEALTH	11,500	WIRE			
(9)			NORTH AMERICA (CANADA & MEXICO ONLY)	MENTAL HEALTH, ISRAEL RESPONSE	10,628	WIRE			
(10)			NORTH AMERICA (CANADA & MEXICO ONLY)	MENTAL HEALTH	8,900	WIRE			
(11)			NORTH AMERICA (CANADA & MEXICO ONLY)	MENTAL HEALTH	7,500	WIRE			
(12)			NORTH AMERICA (CANADA & MEXICO ONLY)	ISRAEL RESPONSE	6,000	WIRE			
(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

12

3 Enter total number of other organizations or entities

0

Part III

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

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

Part IV Foreign Forms

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

Schedule F (Form 990) (Rev. 1-2025)

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.

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	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 F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	MIDDLE EAST AND NORTH AFRICA -ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) -ACCRUAL
SCHEDULE F, PART II, LINE 1 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	NORTH AMERICA (CANADA & MEXICO ONLY) -ACCRUAL

SCHEDULE G
(Form 990)

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
Open to Public
Inspection

Name of the organization: FOUNDATION FOR JEWISH CAMP, INC.
Employer identification number: 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 [X] Mail solicitations
b [X] Internet and email solicitations
c [X] Phone solicitations
d [X] In-person solicitations
e [X] Solicitation of nongovernment grants
f [] Solicitation of government grants
g [] Special fundraising events
2a Did the organization have a written or oral agreement with any individual... [X] Yes [] No
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (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. Includes entry for EVOLVE GIVING GROUP.

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, WA

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 (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
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? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |

Name _____

Address _____

- 15a** 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	Date	Time	Location	Notes

- ☐ 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 explanations 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.

Part IV

Supplemental Information. Provide the explanations 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).

Return Reference - Identifier	Explanation
SCHEDULE G, PART I, LINE 2B(II) - LINE 2B COLUMN (II) ACTIVITY 1	SUPPORT OF INTERNAL FUNDRAISING TEAM DURING STAFF TRANSITION.

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

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

Part I General Information on Grants and Assistance
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] 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
(1) CAMP RAMAH IN CALIFORNIA 17525 VENTURA BLVD., ENCINO, CA 91316	95-1843131	501(C)(3)	469,300				(SEE STATEMENT)
(2) CAMP JCA SHALOM 34342 MULHOLLAND HWY., MALIBU, CA 90265	84-1652923	501(C)(3)	399,120				(SEE STATEMENT)
(3) CAMP ALONIM 1101 PEPPERTREE LANE, BRANDEIS, CA 93064	95-1684064	501(C)(3)	370,462				(SEE STATEMENT)
(4) CAMP MOUNTAIN CHAI 4950 MURPHY CANYON RD, SAN DIEGO, CA 92123	91-2158031	501(C)(3)	223,700				(SEE STATEMENT)
(5) JCC CHICAGO 300 REVERE DRIVE, NORTHBROOK, IL 60062	36-2167758	501(C)(3)	170,000				(SEE STATEMENT)
(6) CAMP ZEKE 322 HIGHLAND ROAD, RYE, NY 10580	46-1869615	501(C)(3)	158,120				(SEE STATEMENT)
(7) CAMP TAWONGA 131 STEUART STREET, SAN FRANCISCO, CA 94105	94-3227261	501(C)(3)	136,833				(SEE STATEMENT)
(8) WILSHIRE BOULEVARD TEMPLE CAMPS 3663 WILSHIRE BLVD., LOS ANGELES, CA 90010	95-1691339	501(C)(3)	127,036				(SEE STATEMENT)
(9) UJA-FEDERATION OF NY 130 EAST 59TH STREET, NEW YORK, NY 10022	51-0172429	501(C)(3)	120,000				DISABILITIES INITIATIVE
(10) CAMP JAYCEE CEO 4126 EXECUTIVE DRIVE, LA JOLLA, CA 92037	95-1985444	501(C)(3)	120,000				DISABILITIES INITIATIVE
(11) M Y KEREN HASHLUCHIM INC. 591 MONTGOMERY ST., BROOKLYN, NY 11225	81-0583641	501(C)(3)	110,000				(SEE STATEMENT)
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 136
3 Enter total number of other organizations listed in the line 1 table 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

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

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Part II
Grants and Other Assistance to Governments and Organizations in the United States (continued)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) RAMAH DAY CAMP IN NYACK 3080 BROADWAY, NEW YORK, NY 10027	13-6161110	501(C)(3)	101,500				SECURITY, DISABILITIES INITIATIVE, SCHOLARSHIPS, MENTAL HEALTH, ISRAEL RESPONSE
(13) ISLAND QUEST DAY CAMP 58-20 LITTLE NECK PARKWAY, LITTLE NECK, NY 11362	11-3071518	501(C)(3)	89,211				RSJ, MENTAL HEALTH, COMMON GROUND
(14) MOSHAVA ALEVY 1101 S. ROBERTSON BLVD., #105, LOS ANGELES, CA 90035	26-2103488	501(C)(3)	65,900				SECURITY, ISRAEL RESPONSE, SCHOLARSHIPS, REGIONS, MENTAL HEALTH
(15) JEWISH FEDERATION OF GREATER WASHINGTON 6101 EXECUTIVE BLVD., N. BETHESDA, MD 20852	53-0212445	501(C)(3)	65,000				OHC
(16) JEWISH FEDERATION OF GREATER METROWEST NJ 901 ROUTE 10 EAST, WHIPPANY 07981	22-1487222	501(C)(3)	61,524				RSJ, OHC
(17) URJ CAMP NEWMAN 711 GRAND AVENUE, STE. 280, SAN RAFAEL, CA 94901	13-1663143	501(C)(3)	58,900				RSJ, SCHOLARSHIPS, REGIONS, ISRAEL RESPONSE
(18) URJ OLIN SANG RUBY UNION INSTITUTE 1121 LAKE COOK ROAD, SUITE D, DEERFIELD, IL 60015	13-1663143	501(C)(3)	56,525				FAMILY CAMP, ISRAEL RESPONSE
(19) CAMP J-ORLANDO 851 N. MAITLAND AVENUE, MAITLAND, FL 32751	23-7448234	501(C)(3)	56,000				DISABILITIES INITIATIVE
(20) B'NAI BRITH CAMP AKA B'NAI BRITH OREGON 9400 SW BEAVERTON HILLSDALE HWY., SUITE 200, BEAVERTON, OR 97005	91-1842787	501(C)(3)	55,915				SECURITY, RSJ, SCHOLARSHIPS, MENTAL HEALTH
(21) CAMP MOSHAVA INDIAN ORCHARD 520 EIGHTH AVENUE, 15TH FLOOR, NEW YORK, NY 10018	13-5596850	501(C)(3)	55,000				ISRAEL RESPONSE
(22) URJ GREENE FAMILY CAMP 1192 SMITH LANE, BRUCEVILLE, TX 76630	13-1663143	501(C)(3)	53,282				FAMILY CAMP
(23) CAMP AVODA INC. 23 GIBBS RD., MIDDLEBORO, MA 02346	04-6002095	501(C)(3)	51,557				RSJ
(24) CAMP BOB WALDORF 6505 WILSHIRE BLVD., SUITE 600, LOS ANGELES, CA 90048	95-1691009	501(C)(3)	50,500				ISRAEL RESPONSE, SCHOLARSHIPS, REGIONS
(25) CAMP RAMAH IN NORTHERN CALIFORNIA 969-G EDGEWATER BLVD., SUITE 804, FOSTER CITY, CA 94404	91-2020313	501(C)(3)	48,750				COMPETITIVE EDGE, RSJ, SCHOLARSHIPS, REGIONS, MENTAL HEALTH
(26) JCC CAMP CHI 3050 WOODRIDGE RD., NORTHBROOK, IL 60062	36-2167758	501(C)(3)	48,640				MENTAL HEALTH, ISRAEL RESPONSE

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(27) HABONIM DROR CAMP GILBOA 8339 WEST 3RD STREET, LOS ANGELES, CA 90048	95-1929706	501(C)(3)	46,400				ISRAEL RESPONSE, SCHOLARSHIPS, REGIONS, MENTAL HEALTH
(28) CAMP YOUNG JUDAEA SPROUT LAKE 575 8TH AVENUE, 11TH FLOOR, NEW YORK, NY 10018	13-2830437	501(C)(3)	43,920				MENTAL HEALTH, MACHANE OLAMI, ISRAEL RESPONSE
(29) JEWISH FEDERATION OF GREATER ATLANTA 1440 SPRING STREET NW., ATLANTA, GA 30309	58-1021791	501(C)(3)	41,765				RSJ
(30) JCC CAMPS AT MEDFORD 1301 SPRINGDALE ROAD, CHERRY HILL, NJ 08003	21-0634489	501(C)(3)	40,500				SECURITY, SCHOLARSHIPS, MENTAL HEALTH
(31) URJ HENRY S. JACOBS CAMP 3863 MORRISON, UTICA, MS 39175	13-1663143	501(C)(3)	39,000				DISABILITIES INITIATIVE, REGIONS, MENTAL HEALTH
(32) SHALOM INSTITUTE CAMP AND CONFERENCE CENTER 1014 S. WESTLAKE BLVD., STE. 14-175, WESTLAKE, CA 91361	84-1652923	501(C)(3)	38,550				RSJ, INNOVATIONS, REGIONS, ISRAEL RESPONSE
(33) CAMP NAGEELA EAST 110 ROCKAWAY TURNPIKE, LAWRENCE, NY 11559	11-3149111	501(C)(3)	38,124				RSJ
(34) CAMP RAMAH WISCONSIN 67 E. MADISON STREET, SUITE 1905, CHICAGO, IL 60603	36-3866094	501(C)(3)	37,000				SCHOLARSHIPS, MENTAL HEALTH, CHARACTER DEVELOPMENT, ISRAEL RESPONSE
(35) ADAMAH INC. 5425 MT. GILEAD ROAD, REISTERSTOWN, MD 21136	43-2080719	501(C)(3)	35,604				FAMILY CAMP
(36) NJY CAMPS 21 PLYMOUTH STREET, FAIRFIELD, NJ 07004	22-1487266	501(C)(3)	34,407				RSJ
(37) CAMP JUDAEA 1440 SPRING ST. NW., ATLANTA, GA 30309	58-6014651	501(C)(3)	34,176				RSJ, SCHOLARSHIPS, REGIONS, MENTAL HEALTH
(38) URJ 6 POINTS SPORTS ACADEMY 300 SE 2ND STREET, SUITE 600, FORT LAUDERDALE, FL 33301	13-1663143	501(C)(3)	33,400				RSJ, SCHOLARSHIPS, REGIONS, MENTAL HEALTH, CHARACTER DEVELOPMENT
(39) GOLDEN SLIPPER CAMP 215 N. PRESIDENTIAL BLVD., 1ST FL, BALA CYNWYD, PA 19004	23-1312911	501(C)(3)	32,977				RSJ
(40) CAMP RAMAH DAROM 6400 POWERS FERRY RD., ATLANTA, GA 30339	58-2146741	501(C)(3)	32,673				RSJ, REGIONS, MENTAL HEALTH, MACHANE OLAMI, ISRAEL RESPONSE
(41) CAMP BEN FRANKEL 3419 W. MAIN STREET, BELLVILLE, IL 62226	37-0661214	501(C)(3)	30,933				ISRAEL RESPONSE, RSJ, MENTAL HEALTH
(42) CAMP LIVINGSTON 8485 RIDGE RD., CINCINNATI, OH 45236	31-6050765	501(C)(3)	30,817				RSJ, MENTAL HEALTH, ISRAEL RESPONSE
(43) CAMP HAVAYA 1299 CHURCH ROAD, WYNCOTE, PA 19095	36-4478803	501(C)(3)	30,000				SCHOLARSHIPS, MENTAL HEALTH, CHARACTER DEVELOPMENT, ISRAEL RESPONSE

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(44) JCC MACCABI SPORTS 3198 FULTON STREET, SAN FRANCISCO, CA 94118	77-0185734	501(C)(3)	30,000				SCHOLARSHIPS, REGIONS, MENTAL HEALTH
(45) CAMP L'MAN ACHAI 4405 13TH AVENUE, BROOKLYN, NY 11219	11-2946285	501(C)(3)	29,330				RSJ
(46) URJ CRANE LAKE CAMP P.O. BOX 569, GREAT BARRINGTON, MA 01230	13-1663143	501(C)(3)	29,000				DISABILITIES, CHARACTER DEVELOPMENT, ISRAEL RESPONSE
(47) CAMP BARNEY MEDINTZ 5342 TILLY MILL RD., DUNWOODY, GA 30338	58-0566126	501(C)(3)	28,500				REGIONS, MENTAL HEALTH, CHARACTER DEVELOPMENT
(48) SURPRISE LAKE CAMP 520 8TH AVENUE, 4TH FLOOR, NEW YORK, NY 10018	13-1623869	501(C)(3)	28,465				RSJ, MENTAL HEALTH, ISRAEL RESPONSE
(49) URJ CAMP KALSMAN 3805 108 AVENUE NE, STE. 100, BELLEVUE, WA 98004	13-1663143	501(C)(3)	26,590				MENTAL HEALTH, MACHANE OLAMI, ISRAEL RESPONSE
(50) URJ 6 POINTS SCI-TECH ACADEMY EAST 160 CHUBB AVENUE, SUITE 207, LYNDHURST, NJ 07071	13-1663143	501(C)(3)	25,200				RSJ, INNOVATIONS, MENTAL HEALTH
(51) EDEN VILLAGE CAMP 392 DENNYTOWN RD., PUTNAM VALLEY, NY 10579	26-4373931	501(C)(3)	23,611				RSJ, MENTAL HEALTH
(52) CAMP TEL YEHUDAH 575 8TH AVENUE, 11TH FLOOR, NEW YORK, NY 10018	13-5654375	501(C)(3)	23,200				RSJ, MENTAL HEALTH, ISRAEL RESPONSE
(53) EXPLORER DAY CAMP 58-20 LITTLE NECK PARKWAY, LITTLE NECK, NY 11362	11-3071518	501(C)(3)	22,943				RSJ
(54) HABONIM DROR CAMP GALIL 2100 ARCH STREET, PHILADELPHIA, PA 19103	23-6005866	501(C)(3)	22,500				ISRAEL RESPONSE, MENTAL HEALTH, ISRAEL RESPONSE
(55) JEWISH FEDERATION OF NORTHERN NEW JERSEY 50 EISENHOWER DRIVE, PARAMUS, NJ 07652	20-1195592	501(C)(3)	22,000				OHC
(56) CAMP NAGEELA MIDWEST 3542 W. PETERSON AVENUE, CHICAGO, IL, 60659	36-3529801	501(C)(3)	21,525				RSJ
(57) CAMP SOLOMON SCHECHTER 117 E. LOUISA, #110, SEATTLE, WA 98102	93-0572590	501(C)(3)	21,355				DISABILITIES INITIATIVE, MENTAL HEALTH
(58) J&R DAY CAMP 5738 FORBES AVENUE, PITTSBURGH, PA 15217	25-1094514	501(C)(3)	20,000				INNOVATIONS
(59) KINGS BAY Y SUMMER DAY CAMP 3495 NOSTRAND AVENUE, BROOKLYN, NY 11229	11-3068515	501(C)(3)	19,000				MENTAL HEALTH, ISRAEL RESPONSE
(60) B'NAI B'RITH BEBER CAMP W1741 COUNTY ROAD J, MUKWONAGO, WI 53149	27-2025066	501(C)(3)	18,000				SCHOLARSHIPS, MENTAL HEALTH

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(61) CAMP WISE 26001 S. WOODLAND ROAD, BEACHWOOD, OH 44122	34-0714439	501(C)(3)	17,934				SCHOLARSHIPS, MENTAL HEALTH
(62) JEWISH EDUCATION CENTER OF CLEVELAND 2030 SOUTH TAYLOR ROAD, CLEVELAND HEIGHTS, OH 44118	34-0714554	501(C)(3)	17,861				RSJ
(63) ASSOCIATION OF INDEPENDENT JEWISH CAMPS 1106 WAUKEGAN RD., DEERFIELD, IL 60015	47-2545752	501(C)(3)	17,500				ISRAEL RESPONSE
(64) URJ CAMP COLEMAN 1580 SPALDING DR., ATLANTA, GA 30350	13-1663143	501(C)(3)	17,500				REGIONS, MENTAL HEALTH
(65) CAMP GAN ISRAEL POCONOS 10 HIDDEN GLEN LANE, AIRMONT, PA 10952	27-5457003	501(C)(3)	16,989				RSJ, SCHOLARSHIPS
(66) CAMP RAMAH IN THE BERKSHIRES 25 ROCKWOOD PLACE, SUITE 345, ENGELWOOD, NJ 07631	13-1997276	501(C)(3)	16,500				RSJ, MENTAL HEALTH, ISRAEL RESPONSE
(67) ANISFIELD DAY CAMP 13164 TAYLOR WELLS RD., CHARDON, OH 44024	34-0714439	501(C)(3)	16,000				SECURITY
(68) URJ EISNER CAMP P.O. BOX 569, GREAT BARRINGTON, MA 01230	13-1663143	501(C)(3)	15,500				RSJ, MENTAL HEALTH, ISRAEL RESPONSE
(69) CAMP PEMBROKE 27 LOWELL ST., SUITE 305, MANCHESTER, NH 03101	04-6003680	501(C)(3)	15,500				MENTAL HEALTH, ISRAEL RESPONSE
(70) JEWISHCOLORADO 300 SOUTH DAHLIA STREET, SUITE 300, DENVER, CO 80246	01-0831698	501(C)(3)	15,000				OHC, SCHOLARSHIPS
(71) CAMP KEHILLAH 300 FOREST DR., GREENVALE, NY 11548	11-1976051	501(C)(3)	14,900				DEI, MENTAL HEALTH
(72) JCC OF STATEN ISLAND INC 1466 MANOR ROAD, STATEN ISLAND, NY 10314	13-5562256	501(C)(3)	14,500				DEI, MENTAL HEALTH, COMMON GROUND
(73) YOUNG JUDAEA GLOBAL, INC. 575 8TH AVENUE, 11TH FLOOR, NEW YORK, NY 10018	45-2640858	501(C)(3)	14,500				ISRAEL RESPONSE
(74) YOUNG JUDAEA SPROUT BROOKLYN 575 8TH AVENUE, 11TH FLOOR, NEW YORK, NY 10018	13-2830427	501(C)(3)	14,500				MENTAL HEALTH, ISRAEL RESPONSE
(75) CAMP INTERLAKEN JCC 6255 NORTH SANTA MONICA BLVD., WHITEFISH BAY, WI 53217	39-0806234	501(C)(3)	14,500				MENTAL HEALTH, ISRAEL RESPONSE
(76) JCC RANCH CAMP 350 SOUTH DAHLIA ST., DENVER, CO 80246	84-0404245	501(C)(3)	14,155				MENTAL HEALTH, MACHANE OLAMI
(77) CAMP SETTOGA 334 AMSTERDAM AVENUE, NEW YORK, NY 10023	13-3490745	501(C)(3)	14,000				MENTAL HEALTH, ISRAEL RESPONSE
(78) MID-ISLAND Y CAMP 45 MANETTO HILL ROAD, PLAINVIEW, NY 11803	11-1841899	501(C)(3)	13,500				DEI, MENTAL HEALTH, COMMON GROUND

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(79) B'NAI B'RITH PERLMAN CAMP 11820 PARKLAWN DR., STE. 380, ROCKVILLE, MD 20852	27-2025066	501(C)(3)	13,500				RSJ, MENTAL HEALTH, ISRAEL RESPONSE
(80) CAMP RAMAH IN THE POCONOS 7 BALA AVENUE, SUITE 103, BALA CYNWYD, PA 19004	23-1607236	501(C)(3)	13,500				RSJ, ISRAEL RESPONSE
(81) SABABA BEACHAWAY 1001 PLANDOME ROAD, PLANDOME, NY 11030	81-4561235	501(C)(3)	13,200				RSJ, MENTAL HEALTH
(82) CAMP MOSHAVA OF WILD ROSE 3740 WEST DEMPSTER, SKOKIE, IL 60076	36-3874839	501(C)(3)	13,142				SCHOLARSHIPS, MENTAL HEALTH
(83) CAMP LAURELWOOD 463 SUMMER HILL RD., MADISON, CT 06443	06-0693092	501(C)(3)	13,000				MENTAL HEALTH, CHARACTER DEVELOPMENT
(84) 92ND STREET Y 1395 LEXINGTON AVENUE, NEW YORK, NY 10128	13-1624229	501(C)(3)	13,000				MENTAL HEALTH, COMMON GROUND
(85) JCAMP-WESTSIDE 5870 W. OLYMPIC BLVD., LOS ANGELES, CA 90036	95-1691010	501(C)(3)	12,855				RSJ, MENTAL HEALTH, ISRAEL RESPONSE
(86) CKIDS GAN ISRAEL FLORIDA INC 22151 BELLA LAGO DRIVE, #1106, BOCA RATON, FL 33433	86-1268351	501(C)(3)	12,770				RSJ
(87) URJ 6 POINTS CREATIVE ARTS ACADEMY 3863 MORRISON, UTICA, MS 39175	13-1663143	501(C)(3)	12,700				RSJ, MENTAL HEALTH
(88) JEWISH NEVADA 9510 W. SAHARA AVENUE, SUITE 225, LAS VEGAS, NV 89117	88-0098500	501(C)(3)	12,500				OHC
(89) CAMP DEENY RIBACK 760 NORTHFIELD AVENUE, WEST ORANGE, NJ 07052	22-2680030	501(C)(3)	12,000				DISABILITIES INITIATIVE
(90) URJ CAMP HARLAM 301 CITY AVENUE, STE. 110, BALA CYNWYD, PA 19004	13-1663143	501(C)(3)	12,000				RSJ, SCHOLARSHIPS, MENTAL HEALTH
(91) HABONIM DROR CAMP MOSHAVA 6101 EXECUTIVE BLVD., STE. 319, NORTH BETHESDA, MD 20852	52-6054091	501(C)(3)	12,000				MENTAL HEALTH, ISRAEL RESPONSE
(92) JCC CAMP RUACH 775 TALAMINI ROAD, BRIDGEWATER, NJ 08807	84-0404245	501(C)(3)	11,500				MENTAL HEALTH
(93) EMMA KAUFMANN CAMP 5738 FORBES AVENUE, PITTSBURGH, PA 15217	25-1094514	501(C)(3)	11,500				MENTAL HEALTH, CHARACTER DEVELOPMENT
(94) CAMP CHAI 7900 NORTHHAVEN ROAD, DALLAS, TX 75230	75-1461847	501(C)(3)	11,500				MENTAL HEALTH
(95) SJCC SUMMER CAMP 3801 E MERCER WAY, MERCER ISLAND, WA 98040	90-0953408	501(C)(3)	11,500				MENTAL HEALTH
(96) CAMP YAVNEH 160 HERRICK ROAD, NEWTON, MA 02459	04-6004710	501(C)(3)	11,500				MENTAL HEALTH

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(97) CAMP GAAVAH 15 NEIL CT, OCEANSIDE, NY 11572	11-2002556	501(C)(3)	11,473				MENTAL HEALTH
(98) CAMP JORI 1065 WORDENS POND RD., WAKEFIELD, RI 02879	05-0268612	501(C)(3)	11,326				MENTAL HEALTH
(99) CHARLESTON JEWISH FEDERATION 176 CROGHAN SPUR ROAD, SUITE 100, CHARLESTON, SC 29407	57-6000188	501(C)(3)	11,250				SCHOLARSHIPS
(100) EDEN VILLAGE WEST 6176 MCBRYDE AVENUE, RICHMOND, CA 94805	26-4373931	501(C)(3)	11,250				REGIONS, MENTAL HEALTH
(101) CAPITAL CAMPS 11300 ROCKVILLE PIKE, SUITE 407, ROCKVILLE, MD 20852	52-1515202	501(C)(3)	11,000				RSJ, MENTAL HEALTH
(102) CAMP TIZMORET SHOSHANA 2430 MILITARY RD., NIAGARA FALLS, NY 14304	20-0916545	501(C)(3)	10,922				MENTAL HEALTH
(103) CAMP WISE LA 15500 STEPHEN S. WISE DRIVE, LOS ANGELES, CA 90077	95-1691010	501(C)(3)	10,900				REGIONS, MENTAL HEALTH
(104) JCC SUMMER CAMPS COLUMBUS 1125 COLLEGE AVENUE, COLUMBUS, OH 43209	31-4379496	501(C)(3)	10,860				MENTAL HEALTH
(105) RAMAH IN THE ROCKIES 300 S DAHLIA STREET, STE. 205, DENVER, CO 80246	20-4078988	501(C)(3)	10,575				MENTAL HEALTH, ISRAEL RESPONSE
(106) SHORESH INC. 3723 OLD COURT ROAD, SUITE 206, BALTIMORE, MD 21208	52-1664097	501(C)(3)	10,500				MENTAL HEALTH, ISRAEL RESPONSE
(107) CAMP SABRA 2 MILLSTONE CAMPUS DRIVE, ST. LOUIS, MO 63146	43-0681477	501(C)(3)	10,500				MENTAL HEALTH, ISRAEL RESPONSE
(108) CAMP KLURMAN 4221 PINE TREE DR., MIAMI BEACH, FL 33140	59-2788834	501(C)(3)	10,438				RSJ
(109) CAMP YOUNG JUDAEA TEXAS 5410 BELLAIRE BLVD., SUITE # 207, BELLAIRE, TX 77401	74-6063430	501(C)(3)	10,417				MENTAL HEALTH
(110) JEWISH COMMUNITY CENTER OF METROPOLITAN DETROIT 6600 WEST MAPLE ROAD, WEST BLOOMFIELD, MI 48322	38-1358397	501(C)(3)	10,148				MENTAL HEALTH
(111) RAMAH DAY CAMP GREATER DC 1206 BOSTON PROVIDENCE TURNPIKE, SUITE 201, NORWOOD, MA 02062	04-3035964	501(C)(3)	10,000				ISRAEL RESPONSE
(112) TAMARACK CAMPS 6735 TELEGRAPH ROAD, SUITE 380, BLOOMFIELD HILLS, MI 48301	38-1360545	501(C)(3)	10,000				INNOVATIONS
(113) JCC GROSSMAN CAMP 333 NAHANTON STREET, NEWTON, MA 02459	04-2317972	501(C)(3)	10,000				MENTAL HEALTH

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(114) CAMP KEF 45 HAVERFORD ROAD, PENN WYNNE, PA 19096	27-0841715	501(C)(3)	10,000				INNOVATIONS
(115) SHIMON & SARA BIRNBAUM JCC 775 TALAMINI ROAD, BRIDGEWATER, NJ 08807	22-3681640	501(C)(3)	10,000				DISABILITIES INITIATIVE
(116) SEPHARDIC ADVENTURE CAMP P.O. BOX 28511, SEATTLE, WA 98118	91-0730630	501(C)(3)	10,000				MENTAL HEALTH
(117) JEWISH COMMUNITY OF LOUISVILLE 3600 DUTCHMANS LANE, LOUISVILLE, KY 40205	61-0444765	501(C)(3)	9,643				SCHOLARSHIPS
(118) CAMP SENECA LAKE 1200 EDGEWOOD AVENUE, ROCHESTER, NY 14618	31-0838745	501(C)(3)	9,000				MENTAL HEALTH
(119) CAMP YOUNG JUDAEA MIDWEST 60 REVERE DR., STE. 800, NORTHBROOK, IL 60062	39-1672846	501(C)(3)	9,000				MENTAL HEALTH, ISRAEL RESPONSE
(120) YOUNG JUDAEA SPROUT WESTCHESTER DAY CAMP 575 8TH AVENUE, 11TH FLOOR, NEW YORK, NY 10018	13-2830437	501(C)(3)	8,975				MENTAL HEALTH
(121) CAMP YOUNG JUDAEA 9 CAMP ROAD, AMHERST, NH 03031	02-0241080	501(C)(3)	8,660				RSJ, MENTAL HEALTH
(122) GAN ISRAEL OF PHILADELPHIA 1360 INDIAN CREEK DRIVE, WYNNEWOOD, PA 19096	83-2712139	501(C)(3)	8,552				MENTAL HEALTH
(123) NEW COUNTRY DAY CAMP 197 EAST BROADWAY, NEW YORK, NY 10002	13-5562210	501(C)(3)	8,500				MENTAL HEALTH, COMMON GROUND
(124) CAMP RAMAH NEW ENGLAND 1206 BOSTON PROVIDENCE HIGHWAY, SUITE 201, NORWOOD, MA 02062	04-3035964	501(C)(3)	8,000				ISRAEL RESPONSE
(125) NCSY/CAMP KESHER 6682 SW. CAPITOL HWY., PORTLAND, OR 97219	13-5623717	501(C)(3)	7,883				RSJ, ISRAEL RESPONSE
(126) CAMP AT THE J 8485 RIDGE RD., CINCINNATI, OH 45236	31-0536986	501(C)(3)	7,500				MENTAL HEALTH
(127) BERKSHIRE HILLS EISENBERG CAMP 405 LEXINGTON AVENUE, 7TH FLOOR, NEW YORK, NY 10174	13-1739934	501(C)(3)	7,500				MENTAL HEALTH
(128) JCC LOUISVILLE DAY CAMP 3600 DUTCHMANS LANE, LOUISVILLE, KY 40291	61-0444765	501(C)(3)	7,500				MENTAL HEALTH
(129) NJY TEEN CAMP 21 PLYMOUTH STREET, FAIRFIELD, NJ 07004	22-1487266	501(C)(3)	7,500				MENTAL HEALTH
(130) MARLEEN FORKAS CAMPS 21300 RUTH & BARON COLEMAN BLVD., BOCA RATON, FL 33428	65-1115689	501(C)(3)	7,500				MENTAL HEALTH
(131) RAMAH DAY CAMP IN CHICAGO 67 E. MADISON STREET, SUITE 1905, CHICAGO, IL 60603	01-0564426	501(C)(3)	7,500				ISRAEL RESPONSE

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(132) MJCCA DAY CAMPS 5343 TILLY MILL RD., DUNWOODY, GA 30339	58-0566126	501(C)(3)	7,500				MENTAL HEALTH
(133) URJ 6 POINTS SPORTS ACADEMY CA 300 SE 2ND STREET, SUITE 600, FORT LAUDERDALE, FL 33301	13-1663143	501(C)(3)	7,000				CHARACTER DEVELOPMENT
(134) CAMP SHAI 351 S. DAHLIA ST., DENVER, CO 80247	84-0404245	501(C)(3)	6,500				DEI, MENTAL HEALTH
(135) HERZL CAMP 4330 CEDAR LAKE ROAD, ST. LOUIS PARK, MN 55416	41-6009136	501(C)(3)	6,000				ISRAEL RESPONSE
(136) CAMP TEVYA 888 WORCESTER STREET, STE. 350, WELLESLEY, MA 02482	04-6152862	501(C)(3)	6,000				ISRAEL RESPONSE

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	EACH GRANTEE ORGANIZATION SIGNS A GRANT AGREEMENT WHERE THE GRANT STIPULATIONS AND REPORTING REQUIREMENTS ARE DELINEATED. FJC MONITORS THE USE OF CERTAIN GRANT FUNDS THROUGH WRITTEN AND/OR FINANCIAL REPORTS THAT EXPLAIN THE RESULTS OF THE FUNDED PROGRAMS. FOR ANY GRANTS INVOLVING A CHALLENGE COMPONENT, DEMONSTRATION OF MATCHING FUNDING IS REQUIRED.
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	CAMP RAMAH IN CALIFORNIA: ISRAEL RESPONSE, RSJ, SCHOLARSHIPS, REGIONS, MENTAL HEALTH
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	CAMP JCA SHALOM: ISRAEL RESPONSE, RSJ, MENTAL HEALTH, CHARACTER DEVELOPMENT, SCHOLARSHIPS
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	CAMP ALONIM: ISRAEL RESPONSE, SCHOLARSHIPS, REGIONS, MENTAL HEALTH
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	CAMP MOUNTAIN CHAI: ISRAEL RESPONSE, RSJ, SCHOLARSHIPS, MENTAL HEALTH, CHARACTER DEVELOPMENT
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	JCC CHICAGO: SECURITY, ISRAEL RESPONSE, SCHOLARSHIPS
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	CAMP ZEKE: FAMILY CAMP, RSJ, MENTAL HEALTH, ISRAEL RESPONSE
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	CAMP TAWONGA: SCHOLARSHIPS, REGIONS, FAMILY CAMP, RSJ, DISABILITIES
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	WILSHIRE BOULEVARD TEMPLE CAMPS: ISRAEL RESPONSE, SCHOLARSHIPS, REGIONS, MENTAL HEALTH
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	M Y KEREN HASHLUCHIM INC.: CHABAD INITIATIVE, ISRAEL RESPONSE

**SCHEDULE J
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Name of the organization

FOUNDATION FOR JEWISH CAMP, INC.

Compensation Information

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

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

Employer identification number

22-3551013

Part I Questions Regarding Compensation

	Yes	No								
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. <table><tbody><tr><td><input type="checkbox"/> First-class or charter travel</td><td><input type="checkbox"/> Housing allowance or residence for personal use</td></tr><tr><td><input type="checkbox"/> Travel for companions</td><td><input type="checkbox"/> Payments for business use of personal residence</td></tr><tr><td><input type="checkbox"/> Tax indemnification and gross-up payments</td><td><input type="checkbox"/> Health or social club dues or initiation fees</td></tr><tr><td><input type="checkbox"/> Discretionary spending account</td><td><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td></tr></tbody></table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax 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)		
<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. <table><tbody><tr><td><input checked="" type="checkbox"/> Compensation committee</td><td><input type="checkbox"/> Written employment contract</td></tr><tr><td><input checked="" type="checkbox"/> Independent compensation consultant</td><td><input checked="" type="checkbox"/> Compensation survey or study</td></tr><tr><td><input type="checkbox"/> Form 990 of other organizations</td><td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td></tr></tbody></table>	<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				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?		✓								
b Participate in or receive payment from a supplemental nonqualified retirement plan?	✓									
c Participate in or receive payment from an equity-based compensation arrangement?		✓								
If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.										
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.										
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?		✓								
b Any related organization?		✓								
If "Yes" on line 5a or 5b, describe in Part III.										
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?		✓								
b Any related organization?		✓								
If "Yes" on line 6a or 6b, describe in Part III.										
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	✓									
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		✓								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?										

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) 327,867	(ii) 75,000	(iii) 520,279	85,350	39,374	1,047,870	500,000
		0	0	0	0	0	0	0
2	JAMIE SIMON CHIEF PROGRAM & STRATEGY OFFICER	(i) 257,869	(ii) 25,000	(iii) 0	8,611	39,811	331,291	0
		0	0	0	0	0	0	0
3	ROBERT HARRIS DIRECTOR, SE REGION & ISRAEL INITIATIVES	(i) 203,529	(ii) 0	(iii) 0	6,266	39,841	249,636	0
		0	0	0	0	0	0	0
4	NILA ROSEN SENIOR DIRECTOR, LEARNING & RESEARCH	(i) 165,941	(ii) 0	(iii) 0	5,090	39,301	210,332	0
		0	0	0	0	0	0	0
5	MATTHEW LEVITT SENIOR DIRECTOR, FINANCE & TECHNOLOGY	(i) 164,010	(ii) 0	(iii) 0	5,100	39,826	208,936	0
		0	0	0	0	0	0	0
6	REBECCA KAHN SENIOR DIRECTOR, GRANTMAKING & FIELD EXPANSION	(i) 178,583	(ii) 0	(iii) 0	5,455	14,615	198,653	0
		0	0	0	0	0	0	0
7	JULIE FINKELSTEIN SENIOR DIRECTOR, PROGRAMS	(i) 177,408	(ii) 0	(iii) 0	5,314	14,591	197,313	0
		0	0	0	0	0	0	0
8	BRIANA HOLTZMAN SENIOR DIRECTOR, STRATEGY	(i) 168,792	(ii) 0	(iii) 0	5,099	1,231	175,122	0
		0	0	0	0	0	0	0
9		(i)	(ii)	(iii)				
10		(i)	(ii)	(iii)				
11		(i)	(ii)	(iii)				
12		(i)	(ii)	(iii)				
13		(i)	(ii)	(iii)				
14		(i)	(ii)	(iii)				
15		(i)	(ii)	(iii)				
16		(i)	(ii)	(iii)				

Schedule J (Form 990) (Rev. 1-2025)

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.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	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).
SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS	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 2024 FOR THE PRIOR YEAR (2023) ACCRUAL.
SCHEDULE J, PART II, COLUMN (B)(III) -	IN 2024, FJC'S CEO, JEREMY FINGERMAN, RECEIVED A SCHEDULED PAYOUT OF \$520,279 FROM A DEFERRED COMPENSATION PLAN ESTABLISHED IN 2014 AS A LONG-TERM RETENTION INCENTIVE. THIS PLANNED DISTRIBUTION ACCOUNTS FOR THE HIGHER COMPENSATION REPORTED FOR 2024. THE DEFERRED COMPENSATION WAS APPROVED BY THE BOARD AND PAID IN ACCORDANCE WITH IRS REGULATIONS.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

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

OMB No. 1545-0047

2024

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	✓	4	151,664	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	0
30a During the year, did the organization receive by contribution any property reported on 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?				Yes No 30a ✓
b If "Yes," describe the arrangement in Part II.				
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?				31 ✓
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?				32a ✓
b If "Yes," describe in Part II.				
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				

Part II

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

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	SECURITIES - PUBLICLY TRADED - NUMERICAL DATA REPORTED REPRESENTS THE NUMBER OF CONTRIBUTIONS.

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.****Attach to Form 990 or Form 990-EZ.****Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

FOUNDATION FOR JEWISH CAMP, INC.

Employer identification number

22-3551013

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	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.
FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES	FOUNDATION FOR JEWISH CAMP, INC. LAUNCHED THE FOLLOWING NEW INITIATIVES IN 2024: 1) ISRAEL RESPONSE 2) DAY CAMP SECURITY
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	LOOKING AHEAD TO SUMMER 2025, FJC IS COMMITTED TO ENSURING ISRAEL REMAINS CENTRAL TO THE JEWISH CAMP EXPERIENCE. AS WE PREPARE FOR SUMMER 2025, WE WILL CONTINUE TO: *EXPAND ISRAEL EDUCATION INITIATIVES AT 70 JEWISH CAMPS THROUGH THE TEACHING ISRAEL AT CAMP INITIATIVE. *SUPPORT CAMPS IN HIRING ISRAELI STAFF AND IN HOSTING MORE ISRAELI TEEN CAMPER. *RAISE FUNDS FOR ISRAEL-RELATED NEEDS, INCLUDING SECURITY, MENTAL HEALTH, AND COMMUNITY-BUILDING EFFORTS. THROUGH CONTINUED INVESTMENT, JEWISH CAMPS WILL REMAIN A SPACE OF CONNECTION, EDUCATION, AND RESILIENCE, STRENGTHENING JEWISH IDENTITY AND THE NORTH AMERICAN-ISRAEL RELATIONSHIP FOR GENERATIONS TO COME.
FORM 990, PART III, LINE 4A-4C - DESCRIPTION OF PROGRAM SERVICES	(EXPENSES \$1,587,846 INCLUDING GRANTS OF \$853,335)(REVENUE \$0) RSJ ENGAGEMENT
FORM 990, PART III, LINE 4A-4C - DESCRIPTION OF PROGRAM SERVICES	(EXPENSES \$1,518,852 INCLUDING GRANTS OF \$1,224,125)(REVENUE \$0) SCHOLARSHIPS & PASS-THROUGHS
FORM 990, PART III, LINE 4A-4C - DESCRIPTION OF PROGRAM SERVICES	(EXPENSES \$1,140,346 INCLUDING GRANTS OF \$172,800)(REVENUE \$0) ONE HAPPY CAMPER
FORM 990, PART III, LINE 4A-4C - DESCRIPTION OF PROGRAM SERVICES	(EXPENSES \$1,088,099 INCLUDING GRANTS OF \$0)(REVENUE \$829,305) LEADERS ASSEMBLY - BIENNIAL FIELD-WIDE
FORM 990, PART III, LINE 4A-4C - DESCRIPTION OF PROGRAM SERVICES	(EXPENSES \$1,048,375 INCLUDING GRANTS OF \$107,893)(REVENUE \$0) SMALL COMMUNITIES INCENTIVE PROGRAM
FORM 990, PART III, LINE 4A-4C - DESCRIPTION OF PROGRAM SERVICES	(EXPENSES \$698,508 INCLUDING GRANTS OF \$378,000)(REVENUE \$0) YASHAR (INCLUSION AND ACCESSIBILITY)
FORM 990, PART III, LINE 4A-4C - DESCRIPTION OF PROGRAM SERVICES	(EXPENSES \$601,397 INCLUDING GRANTS OF \$75,900)(REVENUE \$0) REGIONAL OFFICES
FORM 990, PART III, LINE 4A-4C - DESCRIPTION OF PROGRAM SERVICES	(EXPENSES \$511,926 INCLUDING GRANTS OF \$126,000)(REVENUE \$0) STUDY OF CHARACTER DEVELOPMENT AT JEWISH CAMPS
FORM 990, PART III, LINE 4A-4C - DESCRIPTION OF PROGRAM SERVICES	(EXPENSES \$490,390 INCLUDING GRANTS OF \$229,652)(REVENUE \$0) FAMILY CAMP
FORM 990, PART III, LINE 4A-4C - DESCRIPTION OF PROGRAM SERVICES	(EXPENSES \$346,615 INCLUDING GRANTS OF \$0)(REVENUE \$23,000) YITRO

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.****Attach to Form 990 or Form 990-EZ.****Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

FOUNDATION FOR JEWISH CAMP, INC.

Employer identification number

22-3551013

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A-4C - DESCRIPTION OF PROGRAM SERVICES	(EXPENSES \$274,208 INCLUDING GRANTS OF \$225,000)(REVENUE \$0) DAY CAMP SECURITY
FORM 990, PART III, LINE 4A-4C - DESCRIPTION OF PROGRAM SERVICES	(EXPENSES \$269,854 INCLUDING GRANTS OF \$0)(REVENUE \$0) ISRAEL-AMERICAN CAMPERS RESEARCH
FORM 990, PART III, LINE 4A-4C - DESCRIPTION OF PROGRAM SERVICES	(EXPENSES \$205,256 INCLUDING GRANTS OF \$28,500)(REVENUE \$0) NY COMMON GROUND
FORM 990, PART III, LINE 4A-4C - DESCRIPTION OF PROGRAM SERVICES	(EXPENSES \$189,132 INCLUDING GRANTS OF \$92,000)(REVENUE \$0) CHABAD INITIATIVE
FORM 990, PART III, LINE 4A-4C - DESCRIPTION OF PROGRAM SERVICES	(EXPENSES \$161,030 INCLUDING GRANTS OF \$0)(REVENUE \$130,400) CAMPER & STAFF SATISFACTION INSIGHT SURVEY
FORM 990, PART III, LINE 4A-4C - DESCRIPTION OF PROGRAM SERVICES	(EXPENSES \$145,436 INCLUDING GRANTS OF \$11,000)(REVENUE \$0) DIVERSITY, EQUITY & INCLUSION
FORM 990, PART III, LINE 4A-4C - DESCRIPTION OF PROGRAM SERVICES	(EXPENSES \$123,614 INCLUDING GRANTS OF \$0)(REVENUE \$0) OTHER PROGRAMMING
FORM 990, PART III, LINE 4A-4C - DESCRIPTION OF PROGRAM SERVICES	(EXPENSES \$122,294 INCLUDING GRANTS OF \$0)(REVENUE \$0) CAMP MANAGEMENT
FORM 990, PART III, LINE 4A-4C - DESCRIPTION OF PROGRAM SERVICES	(EXPENSES \$118,915 INCLUDING GRANTS OF \$0)(REVENUE \$0) LONG ISLAND PROFESSIONAL DEVELOPMENT
FORM 990, PART III, LINE 4A-4C - DESCRIPTION OF PROGRAM SERVICES	(EXPENSES \$97,496 INCLUDING GRANTS OF \$80,000)(REVENUE \$0) INNOVATION PROGRAMS
FORM 990, PART III, LINE 4A-4C - DESCRIPTION OF PROGRAM SERVICES	(EXPENSES \$91,403 INCLUDING GRANTS OF \$0)(REVENUE \$0) TALENT CENTER CONSULTING
FORM 990, PART III, LINE 4A-4C - DESCRIPTION OF PROGRAM SERVICES	(EXPENSES \$66,389 INCLUDING GRANTS OF \$23,387)(REVENUE \$0) COMPETITIVE EDGE
FORM 990, PART III, LINE 4A-4C - DESCRIPTION OF PROGRAM SERVICES	(EXPENSES \$59,663 INCLUDING GRANTS OF \$21,680)(REVENUE \$0) MACHANE OLAMI
FORM 990, PART III, LINE 4A-4C - DESCRIPTION OF PROGRAM SERVICES	(EXPENSES \$50,393 INCLUDING GRANTS OF \$0)(REVENUE \$0) TALENT COMPASS
FORM 990, PART III, LINE 4A-4C - DESCRIPTION OF PROGRAM SERVICES	(EXPENSES \$48,882 INCLUDING GRANTS OF \$0)(REVENUE \$0) NY FELLOWSHIP
FORM 990, PART III, LINE 4A-4C - DESCRIPTION OF PROGRAM SERVICES	(EXPENSES \$30,955 INCLUDING GRANTS OF \$0)(REVENUE \$0) ISRAEL EDUCATION (JUF)

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
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OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

FOUNDATION FOR JEWISH CAMP, INC.

Employer identification number

22-3551013

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION	<p>THE 2024 CORNERSTONE FELLOWSHIP WAS HELD IN MAY 2024 AND INCLUDED NEARLY 500 PARTICIPANTS, REPRESENTING 75 CAMPS ACROSS THE GEOGRAPHIC AND JEWISH DENOMINATIONAL SPECTRUMS.</p> <p>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.</p>
FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION	<p>CAMPS IN THE SOUTHERN CALIFORNIA REGION.</p> <p>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.</p> <p>CAMP LEADERSHIP AND MENTAL HEALTH PROFESSIONALS PARTICIPATE IN LEARNING THROUGHOUT THE YEAR, INCLUDING A MONTHLY ONLINE COMMUNITY OF PRACTICE AND YEARLY IN-PERSON CONFERENCE. AN ADVISORY GROUP OF MENTAL HEALTH EXPERTS, RESEARCHERS, AND EDUCATORS MEET REGULARLY 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.</p> <p>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.</p>
FORM 990, PART VI, LINE 2 - FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS	CO-FOUNDERS AND CO-CHAIRS, BOARD OF TRUSTEES, ROB BILDNER AND ELISA SPUNGEN BILDNER - FAMILY RELATIONSHIP
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	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 FINANCE TEAM 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, LINE 12C - CONFLICT OF INTEREST POLICY	UPON APPOINTMENT AND ANNUALLY THEREAFTER, EACH BOARD MEMBER AND CORPORATE OFFICER IS PROVIDED WITH THE CONFLICT OF INTEREST POLICY WITH THE REQUIREMENT TO REVIEW AND REPORT ANY POTENTIAL CONFLICTS OF INTEREST. IF A POTENTIAL CONFLICT EXISTS, THE CHAIR OF THE AUDIT COMMITTEE AND THE CHAIR OF THE BOARD ARE INFORMED. THEY WILL THEN DECIDE IF THIS IS A TRUE CONFLICT AND, IF SO, TAKE APPROPRIATE ACTION AS DETAILED IN THE CONFLICT OF INTEREST POLICY.
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	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, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	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.