Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning , 2025, and ending , 20

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

C Name of organization: FOUNDATION FOR JEWISH CAMP, INC.

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 253 W 35TH STREET

Room/suite: FL 4

City or town, state or province, country, and ZIP or foreign postal code: NEW YORK, NY 10001

D Employer identification number: 22-3551013

E Telephone number: (646) 278-4500

G Gross receipts $: 40,444,985

F Name and address of principal officer: JAMIE SIMON
SAME AS C ABOVE

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

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

H(c) Group exemption number

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

J Website: WWW.JEWISHCAMP.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ 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 ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	27
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	27
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	55
6	Total number of volunteers (estimate if necessary)	6	29
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	23,849,764	35,384,897
9	Program service revenue (Part VIII, line 2g)	982,705	191,150
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	893,065	1,214,627
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,980	39,117
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25,745,514	36,829,791

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,625,105	13,045,549
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	6,674,204	7,231,437
16a	Professional fundraising fees (Part IX, column (A), line 11e)	108,750	272,000
b	Total fundraising expenses (Part IX, column (D), line 25) 1,593,400		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	6,831,715	7,006,289
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	19,239,774	27,555,275
19	Revenue less expenses. Subtract line 18 from line 12	6,505,740	9,274,516

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	59,024,557	68,682,474
21	Total liabilities (Part X, line 26)	8,710,505	8,048,373
22	Net assets or fund balances. Subtract line 21 from line 20	50,314,052	60,634,101

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: Jamie Simon — Date: 8/4/2026

JAMIE SIMON, CEO
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
PAUL HAMMERSCHMIDT	PAUL HAMMERSCHMIDT	08/04/2026		P01384178

Firm's name: BDO USA — Firm's EIN: 13-5381590

Firm's address: 200 PARK AVE 38TH FLOOR, NEW YORK, NY 10166 — Phone no.: (212) 885-8000

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2025) Created 4/30/25

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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 $ 7,620,852 including grants of $ 6,435,000) (Revenue $ 0)

CAPITAL EXPANSION - FOUNDATION FOR JEWISH CAMP (FJC) LAUNCHED THE GOTTESMAN CAPITAL EXPANSION GRANTS INITIATIVE THROUGH A TRANSFORMATIVE $15 MILLION COMMITMENT FROM THE GOTTESMAN FUND. OVER THREE YEARS, THE INITIATIVE WILL PROVIDE CAPITAL GRANTS TO NONPROFIT JEWISH DAY AND OVERNIGHT CAMPS ACROSS THE UNITED STATES AND CANADA TO SUPPORT PROJECTS THAT EXPAND CAPACITY, IMPROVE FACILITIES, AND ENHANCE THE CAMP EXPERIENCE FOR CAMPERS AND STAFF.

THE INITIATIVE FOCUSES ON THREE KEY AREAS OF CAPITAL NEED: STAFF HOUSING AND STAFF SPACES, PROGRAM SPACES AND INFRASTRUCTURE, AND CAMPER BUNKS/HOME BASES. ELIGIBLE CAMPS MAY RECEIVE GRANTS RANGING FROM $100,000 TO $750,000, WITH FJC FUNDING UP TO 50% OF PROJECT COSTS. PRIORITY IS GIVEN TO PROJECTS THAT INCREASE A CAMP'S ABILITY TO SERVE MORE CAMPERS AND STAFF.

(CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses $ 4,674,300 including grants of $ 3,270,200) (Revenue $ 0)

ISRAEL RESPONSE - FOUNDATION FOR JEWISH CAMP'S ISRAEL RESPONSE EFFORTS CONTINUED IN 2025 TO HELP JEWISH CAMPS NAVIGATE THE EVOLVING LANDSCAPE OF ISRAEL EDUCATION, ISRAEL ENGAGEMENT, AND THE ONGOING OPERATIONAL REALITIES FOLLOWING OCTOBER 7. THROUGH THE TEACHING ISRAEL AT CAMP INITIATIVE AND RELATED SUPPORT EFFORTS, FJC PROVIDED CAMPS WITH RESOURCES, TRAINING, AND EXPERTISE TO STRENGTHEN MEANINGFUL CONNECTIONS TO ISRAEL FOR CAMPERS AND STAFF WHILE ADDRESSING EMERGING NEEDS ACROSS THE FIELD.

IN 2025, FJC'S TEACHING ISRAEL AT CAMP INITIATIVE ENGAGED 52 JEWISH OVERNIGHT CAMPS AND 18 JEWISH DAY CAMPS ACROSS NORTH AMERICA, DIRECTLY BENEFITING MORE THAN 34,300 CAMPERS AND 6,000 STAFF.

(CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses $ 1,833,182 including grants of $ 0) (Revenue $ 0)

YOUNG ADULT ENGAGEMENT - FOUNDATION FOR JEWISH CAMP'S YOUNG ADULT ENGAGEMENT INITIATIVES DEVELOP THE NEXT GENERATION OF JEWISH CAMP AND COMMUNAL LEADERS BY PROVIDING MEANINGFUL JEWISH LEARNING, LEADERSHIP DEVELOPMENT, MENTORSHIP, AND PROFESSIONAL GROWTH OPPORTUNITIES FOR YOUNG ADULTS SERVING CAMPS ACROSS NORTH AMERICA. THROUGH PROGRAMS INCLUDING CORNERSTONE FELLOWSHIP - ONE OF FJC'S SIGNATURE TALENT AND LEADERSHIP DEVELOPMENT PROGRAMS - CAMP MANAGEMENT FELLOWSHIP, THE FJC FELLOWSHIP, AND A RABBINIC-FOCUSED FELLOWSHIP TRACK, FJC EQUIPS RETURNING COUNSELORS, SPECIALISTS, EMERGING SUPERVISORS, ASPIRING RABBIS, AND EARLY-CAREER PROFESSIONALS WITH THE SKILLS, EXPERIENCE, AND JEWISH EDUCATIONAL GROUNDING NEEDED TO STRENGTHEN CAMPS AND THE BROADER JEWISH COMMUNITY.

(CONTINUED ON SCHEDULE O)

4d Other program services (Describe on Schedule O.)
(Expenses $ 10,357,514 including grants of $ 3,340,349) (Revenue $ 191,150)

4e Total program service expenses 24,485,848

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? *If "Yes," complete Schedule I, Parts I and III*	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? *If "Yes," complete Schedule J*	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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	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? *If "Yes," complete Schedule L, Part III*	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? *If "Yes," complete Schedule L, Part IV*	28a		✔
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		✔
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		✔
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	✔	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		✔
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		✔
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	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? *If "Yes," complete Schedule R, Part I*	33		✔
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	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)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	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? *If "Yes," complete Schedule R, Part VI*	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 Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	110		
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	55		
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.	1a	27		
b	Enter the number of voting members included on line 1a, above, who are independent .	1b	27		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			✔
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? .	3			✔
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			✔
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5			✔
6	Did the organization have members or stockholders?	6			✔
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?	7a			✔
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			✔
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		✔	
b	Each committee with authority to act on behalf of the governing body?	8b		✔	
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*	9			✔

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?	10a		✔
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✔	
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*	12a	✔	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✔	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	✔	
13	Did the organization have a written whistleblower policy?	13	✔	
14	Did the organization have a written document retention and destruction policy?	14	✔	
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	15a	✔	
b	Other officers or key employees of the organization	15b	✔	
	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?	16a		✔
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?	16b		

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, FL 4, NEW YORK, NY 10001, (646) 278-4549

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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	40.0									
CEO THRU 02/2025; SENIOR ADVISOR EFF. 02/2025	0.0			✔				602,081	0	117,076
(2) JAMIE SIMON	40.0									
CPO 01/2025-02/2025; INTERIM CEO 03/2025-07/2025; CEO EFF. 07/2025	0.0			✔				458,055	0	54,472
(3) MATTHEW LEVITT	40.0									
VP, FINANCE & OPERATIONS	0.0			✔				211,208	0	50,432
(4) JULIE FINKELSTEIN	40.0									
VP, TRAINING	0.0					✔		216,893	0	22,059
(5) NILA ROSEN	40.0									
VP, LEARNING & RESEARCH	0.0					✔		180,369	0	48,863
(6) REBECCA KAHN	40.0									
VP, FUNDING & GRANTMAKING	0.0					✔		204,758	0	21,689
(7) ROBERT HARRIS	40.0									
SE REGION ADVISOR & SR. CAMP CONSULTANT ROOTONE	0.0					✔		170,883	0	49,170
(8) BRIANA HOLTZMAN	40.0									
VP, NETWORK ENGAGEMENT & CONVENING	0.0					✔		194,014	0	9,986
(9) ALISON LEBOVITZ	2.0									
ASSISTANT SECRETARY	0.0	✔		✔				0	0	0
(10) DIANE C. ZACK	2.0									
SECRETARY, FRD CHAIR	0.0	✔		✔				0	0	0
(11) JAMES HEEGER	10.0									
CHAIR, BOARD OF DIRECTORS	0.0	✔		✔				0	0	0
(12) JEFF TUCKER	5.0									
ASSISTANT TREASURER	0.0	✔		✔				0	0	0
(13) JEFFREY M. SOLOMON	5.0									
CHAIR-ELECT, BOARD OF DIRECTORS	0.0	✔		✔				0	0	0
(14) JEFFREY WOLMAN	2.0									
VICE-PRESIDENT	0.0	✔		✔				0	0	0

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	2.0									
CHAIR, CHAIRMAN'S COUNCIL	0.0	✔		✔				0	0	0
(16) MARK SILBERMAN	2.0									
VICE-PRESIDENT	0.0	✔		✔				0	0	0
(17) RANDALL KAPLAN	5.0									
TREASURER	0.0	✔		✔				0	0	0
(18) ANITA H. SIEGAL	2.0									
BOARD MEMBER	0.0	✔						0	0	0
(19) DIANE SCHILIT	2.0									
BOARD MEMBER	0.0	✔						0	0	0
(20) DIANE SEDER	2.0									
BOARD MEMBER EFF. 03/25	0.0	✔						0	0	0
(21) JEFFREY M. SKIER	2.0									
BOARD MEMBER	0.0	✔						0	0	0
(22) JIM SOKOLOVE	2.0									
BOARD MEMBER	0.0	✔						0	0	0
(23) JOE TEPLOW	2.0									
BOARD MEMBER	0.0	✔						0	0	0
(24) JOEL AROGETI	2.0									
BOARD MEMBER	0.0	✔						0	0	0
(25) (SEE PART VII CONTINUATION SHEET)										
1b Subtotal								2,238,261	0	373,747
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								2,238,261	0	373,747

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 18

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SCHIFFMAN & ASSOCIATES, INC. (DBA EVOLVE GIVING GROUP), 808 WESTWOOD LANE, WILMETTE, IL 60091	FUNDRAISING STRATEGY	273,500
SOCIAL PROFIT VENTURES, LLC (DBA ABW PARTNERS), 82 HUNNEWELL STREET, NEEDHAM, MA 02494	STRATEGIC PLANNING CONSULTING	210,000
HEIDRICK & STRUGGLES, INC., 1735 MARKET STREET, PHILADELPHIA, PA 19103	RECRUITMENT SERVICES	175,284
SUMMATION RESEARCH, 7781 BENNINGTON DRIVE, CINCINNATI, OH 45241	SURVEYING	158,500
90 WEST, LLC, 131 DARTMOUTH STREET, 3RD FLOOR, BOSTON, MA 02116	STRATEGIC COMMUNICATIONS & PR CONSULTING	115,000

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 5

Part VIII Statement of Revenue

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

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	35,384,897				
	g	Noncash contributions included in lines 1a–1f	1g	$ 125,104				
	h	**Total.** Add lines 1a–1f			35,384,897			
Program Service Revenue				Business Code				
	2a	PROGRAM PARTICIPATION FEES		611710	191,150	191,150	0	0
	b							
	c							
	d							
	e							
	f	All other program service revenue			0	0	0	0
	g	**Total.** Add lines 2a–2f			191,150			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			817,160	0	0	817,160
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
				(i) Real	(ii) Personal			
	6a	Gross rents	6a					
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	0	0			
	d	Net rental income or (loss)						
				(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	7a	4,012,661				
	b	Less: cost or other basis and sales expenses	7b	3,615,194				
	c	Gain or (loss)	7c	397,467	0			
	d	Net gain or (loss)			397,467	0	0	397,467
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
	c	Net income or (loss) from fundraising events						
	9a	Gross income from gaming activities. See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	c	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less returns and allowances	10a					
	b	Less: cost of goods sold	10b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue				Business Code				
	11a	MISCELLANEOUS REVENUE		900099	39,117	0	0	39,117
	b							
	c							
	d	All other revenue			0	0	0	0
	e	**Total.** Add lines 11a–11d			39,117			
	12	**Total revenue.** See instructions			36,829,791	191,150	0	1,253,744

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	12,324,888	12,324,888		
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	720,661	720,661		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	1,493,324	606,586	332,480	554,258
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	4,337,346	3,558,594	540,628	238,124
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	118,300	94,056	17,693	6,551
9 Other employee benefits	834,494	654,446	126,406	53,642
10 Payroll taxes	447,973	329,490	69,487	48,996
11 Fees for services (nonemployees):				
a Management				
b Legal	23,998		23,998	0
c Accounting	92,975		92,975	0
d Lobbying				
e Professional fundraising services. See Part IV, line 17	272,000			272,000
f Investment management fees	62,061	0	62,061	0
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	2,078,177	1,861,035	37,641	179,501
12 Advertising and promotion	39,970	29,839	1,940	8,191
13 Office expenses	71,621	37,259	10,320	24,042
14 Information technology	410,048	309,326	33,362	67,360
15 Royalties				
16 Occupancy	429,962	314,266	63,234	52,462
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,503,991	1,409,650	35,604	58,737
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	66,544	48,248	10,000	8,296
23 Insurance	69,440	46,404	15,057	7,979
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	2,092,793	2,092,793	0	0
b BAD DEBT EXPENSE	15,001	11,199	728	3,074
c MISCELLANEOUS EXPENSES	49,708	37,108	2,413	10,187
d				
e All other expenses	0	0	0	0
25 **Total functional expenses.** Add lines 1 through 24e	27,555,275	24,485,848	1,476,027	1,593,400
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 ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		916,765	1	264,198
	2	Savings and temporary cash investments		8,300,256	2	4,358,201
	3	Pledges and grants receivable, net		24,142,301	3	30,406,499
	4	Accounts receivable, net		243,060	4	11,239
	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		72,003	9	293,454
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,602,148			
	b	Less: accumulated depreciation	10b 1,446,206	137,495	10c	155,942
	11	Investments—publicly traded securities		18,254,279	11	26,054,040
	12	Investments—other securities. See Part IV, line 11		0	12	0
	13	Investments—program-related. See Part IV, line 11		5,168,333	13	5,487,500
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		1,790,065	15	1,651,401
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		59,024,557	16	68,682,474
Liabilities	17	Accounts payable and accrued expenses		1,306,816	17	624,620
	18	Grants payable		121,073	18	130,284
	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		5,480,833	23	5,637,500
	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		1,801,783	25	1,655,969
	26	**Total liabilities.** Add lines 17 through 25		8,710,505	26	8,048,373
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		16,897,944	27	18,432,256
	28	Net assets with donor restrictions		33,416,108	28	42,201,845
		Organizations that do not follow FASB ASC 958, check here ☐ 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		50,314,052	32	60,634,101
	33	Total liabilities and net assets/fund balances		59,024,557	33	68,682,474

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	36,829,791
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,555,275
3	Revenue less expenses. Subtract line 2 from line 1	3	9,274,516
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	50,314,052
5	Net unrealized gains (losses) on investments	5	1,045,533
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	60,634,101

Part XII Financial Statements and Reporting

Check 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: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✔
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	✔	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	✔	
	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?	3a		✔
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	3b		

(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	5.0 0.0	✓						0	0	0
(26) MARCIA WEINER MANKOFF BOARD MEMBER	2.0 0.0	✓						0	0	0
(27) RABBI REX PERLMETER BOARD MEMBER	2.0 0.0	✓						0	0	0
(28) REBECCA RAPHAEL BOARD MEMBER	2.0 0.0	✓						0	0	0
(29) RICHARD BILLER BOARD MEMBER	2.0 0.0	✓						0	0	0
(30) SHAWNA GOODMAN SONE BOARD MEMBER	2.0 0.0	✓						0	0	0
(31) SHELLEY NICELEY GROFF BOARD MEMBER	2.0 0.0	✓						0	0	0
(32) STACIE BROCKMAN BOARD MEMBER	2.0 0.0	✓						0	0	0
(33) STEPHEN FLATT BOARD MEMBER	2.0 0.0	✓						0	0	0
(34) SUSAN SACKS BOARD MEMBER	2.0 0.0	✓						0	0	0
(35) TOM ROSENBERG BOARD MEMBER (AS OF 03/25)	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

2025

Open to Public Inspection

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

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.

2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization must generally 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	25,166,005	11,888,435	15,388,774	23,849,764	35,384,897	111,677,875
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge					0	0
4 **Total.** Add lines 1 through 3	25,166,005	11,888,435	15,388,774	23,849,764	35,384,897	111,677,875
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)						58,030,475
6 **Public support.** Subtract line 5 from line 4						53,647,400

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	25,166,005	11,888,435	15,388,774	23,849,764	35,384,897	111,677,875
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	174,899	299,479	693,961	864,375	817,160	2,849,874
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	11,041	31,368	9,524	19,980	39,117	111,030
11 **Total support.** Add lines 7 through 10						114,638,779

12 Gross receipts from related activities, etc. (see instructions) **12** 2,387,245

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)) **14** 46.80 %

15 Public support percentage from 2024 Schedule A, Part II, line 14 **15** 48.21 %

16a **33 1/3% support test—2025.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization ☑

b **33 1/3% support test—2024.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test—2025.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2024.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2024** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2025.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests—2024.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
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)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	4b		
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)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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? *If "Yes," provide detail in* ***Part VI****.*	6		
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? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
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))? *If "Yes," provide detail in* ***Part VI****.*	9a		
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? *If "Yes," provide detail in* ***Part VI****.*	9b		
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? *If "Yes," provide detail in* ***Part VI****.*	9c		
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)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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 ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental supported organization. *Describe in* ***Part VI*** *how you supported a governmental supported organization (see instructions).*

			Yes	No
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 its supported organization(s)? *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 each of its 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, 3b, and 3c below.***			
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* ***Part VI****.*	3a		
b	Did the organization direct 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		
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* ***Part VI****.*	3c		

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 *(explain in detail in* ***Part VI****)*:			
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 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D—Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4	Amounts paid to acquire exempt-use assets	**4**	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in* ***Part VI***)	**5**	
6	**Total annual distributions.** Add lines 1 through 5.	**6**	
7	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions.	**7**	
8	Distributable amount for 2025 from Section C, line 6	**8**	
9	Line 7 amount divided by line 8 amount	**9**	

Section E—Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2025**	**(iii) Distributable Amount for 2025**
1	Distributable amount for 2025 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2025 (reasonable cause required—*explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2025			
a	From 2020			
b	From 2021			
c	From 2022			
d	From 2023			
e	From 2024			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2025 distributable amount			
i	Carryover from 2020 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2025 from Section D, line 6: $			
a	Applied to underdistributions of prior years			
b	Applied to 2025 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2025, 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 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI***. See instructions.			
7	**Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2021 . . .			
b	Excess from 2022 . . .			
c	Excess from 2023 . . .			
d	Excess from 2024 . . .			
e	Excess from 2025 . . .			

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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; 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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; 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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
(1) MISCELLANEOUS REVENUE	11,041	31,368	9,524	19,980	39,117	111,030
Total	11,041	31,368	9,524	19,980	39,117	111,030

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 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		$ 11,390,099	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2		$ 4,795,974	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3		$ 4,271,493	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4		$ 3,798,299	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5		$ 1,362,400	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6		$ 870,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

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

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

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)
(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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (for example, recreation or education)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

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

			Held at the End of the 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? ☐ Yes ☐ No

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

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

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

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

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 $

(ii) Assets included in Form 990, Part X $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1 $

b Assets included in Form 990, Part X $

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

3 Using the organization's acquisition, accession, and other records, check any of the following that 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:

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		620,857	619,053	1,804
d Equipment		485,001	475,143	9,858
e Other		496,290	352,010	144,280
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				155,942

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) CAMP RAMAH IN WISCONSIN	950,000	COST
(2) URJ CAMP HARLAM	950,000	COST
(3) URJ HENRY S. JACOBS CAMP	750,000	COST
(4) B'NAI BRITH MEN'S CAMP ASSOCIATION	650,000	COST
(5) CAMP YOUNG JUDAEA TEXAS	500,000	COST
(6) CAMP POYNTELLE	450,000	COST
(7) RAMAH DAY CAMP IN CANADA	400,000	COST
(8) EMMA KAUFMANN CAMP	375,000	(SEE STATEMENT)
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 13, col. (B))*	5,487,500	

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	1,204,601
(3) DEFERRED COMPENSATION PAYABLE	451,368
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	1,655,969

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	37,813,263
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	1,045,533		
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	1,045,533
3	Subtract line **2e** from line **1**			3	36,767,730
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	62,061		
b	Other (Describe in Part XIII.)	4b	0		
c	Add lines **4a** and **4b**			4c	62,061
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	36,829,791

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	27,493,214
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	27,493,214
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	62,061		
b	Other (Describe in Part XIII.)	4b	0		
c	Add lines **4a** and **4b**			4c	62,061
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	27,555,275

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

Schedule D Part VIII — Investments-Other Securities

(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 DAROM, INC.	250,000	COST
RAMAH NYACK	140,000	COST
URJ CAMP NEWMAN	50,000	COST
URJ CAMP GEORGE	22,500	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, 2025, 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 2022.

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		695,661
(2)	NORTH AMERICA (CANADA & MEXICO ONLY)	0	6	PROGRAM SERVICES	(SEE STATEMENT)	46,325
(3)	MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		25,000
(4)	MIDDLE EAST AND NORTH AFRICA	0	2	PROGRAM SERVICES	(SEE STATEMENT)	14,600
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal	0	8			781,586
b	Total from continuation sheets to Part I	0	0			0
c	**Totals** (add lines 3a and 3b)	0	8			781,586

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)			(SEE STATEMENT)						
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 15

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

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.

Return Reference - Identifier	Explanation
SCHEDULE F, PART I - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	NORTH AMERICA (CANADA & MEXICO ONLY) - ACCRUAL MIDDLE EAST AND NORTH AFRICA - ACCRUAL

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 3(E)(2) - IF ACTIVITY LISTED IN (D) IS A PROGRAM SERVICE, DESCRIBE SPECIFIC TYPE OF SERVICE(S) IN THE REGION	NORTH AMERICA (CANADA & MEXICO ONLY) - PROGRAM FACILITATION AND STIPENDS
SCHEDULE F, PART I, LINE 3(E)(4) - IF ACTIVITY LISTED IN (D) IS A PROGRAM SERVICE, DESCRIBE SPECIFIC TYPE OF SERVICE(S) IN THE REGION	MIDDLE EAST AND NORTH AFRICA - TRAVEL PROGRAM FEES AND CONSULTING

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

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States** (continued)

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, apraisal, other)
(1)		NORTH AMERICA (CANADA & MEXICO ONLY)	ISRAEL RESPONSE	221,000	WIRE			
(2)		NORTH AMERICA (CANADA & MEXICO ONLY)	CAPITAL EXPANSION, RSJ ENGAGEMENT, MENTAL HEALTH, ISRAEL RESPONSE	191,500	WIRE			
(3)		NORTH AMERICA (CANADA & MEXICO ONLY)	RSJ ENGAGEMENT, ISRAEL TRIP INCUBATOR, MENTAL HEALTH, ISRAEL RESPONSE, CHARACTER DEVELOPMENT	72,000	WIRE			
(4)		NORTH AMERICA (CANADA & MEXICO ONLY)	RSJ ENGAGEMENT, MENTAL HEALTH	38,661	WIRE			
(5)		NORTH AMERICA (CANADA & MEXICO ONLY)	RSJ ENGAGEMENT, CHARACTER DEVELOPMENT	38,500	WIRE			
(6)		MIDDLE EAST AND NORTH AFRICA	ISRAEL RESPONSE	25,000	WIRE			
(7)		NORTH AMERICA (CANADA & MEXICO ONLY)	RSJ ENGAGEMENT	24,000	WIRE			
(8)		NORTH AMERICA (CANADA & MEXICO ONLY)	ISRAEL RESPONSE	23,500	WIRE			
(9)		NORTH AMERICA (CANADA & MEXICO ONLY)	MENTAL HEALTH, ISRAEL RESPONSE	19,000	WIRE			
(10)		NORTH AMERICA (CANADA & MEXICO ONLY)	ISRAEL RESPONSE	14,500	WIRE			
(11)		NORTH AMERICA (CANADA & MEXICO ONLY)	ISRAEL RESPONSE	13,250	WIRE			
(12)		NORTH AMERICA (CANADA & MEXICO ONLY)	ISRAEL RESPONSE	13,250	WIRE			
(13)		NORTH AMERICA (CANADA & MEXICO ONLY)	SCHOLARSHIPS, MENTAL HEALTH	11,000	WIRE			
(14)		NORTH AMERICA (CANADA & MEXICO ONLY)	MENTAL HEALTH	9,000	WIRE			
(15)		NORTH AMERICA (CANADA & MEXICO ONLY)	MENTAL HEALTH	6,500	WIRE			

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** ☑ Mail solicitations
- **b** ☑ Internet and email solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ 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 (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(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
1	EVOLVE GIVING GROUP, 808 WESTWOOD LANE, WILNETTE, IL 60091	(SEE STATEMENT)		✔	0	240,000	(240,000)
2	DANIELLE AMES SPIVAK, 1940 S CREST DRIVE, LOS ANGELES, CA 90034	FUNDRAISING COUNSEL		✔	0	32,000	(32,000)
3							
4							
5							
6							
7							
8							
9							
10							
Total					0	272,000	(272,000)

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

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

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**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 _____

☐ 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.

SCHEDULE I (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

Go to *www.irs.gov/Form990* for 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? . . . . . ☑ 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 MOSHAVA INDIAN ORCHARD 520 EIGHTH AVE, 15TH FL, NEW YORK, NY 10018	13-5596850	501(C)(3)	609,750				(SEE STATEMENT)
(2) CAMP WISE 26001 S WOODLAND RD, BEACHWOOD, OH 44122	34-0714439	501(C)(3)	455,750				(SEE STATEMENT)
(3) URJ CAMP KALSMAN 3805 108 AVE NE, STE 100, BELLEVUE, WA 98004	13-1663143	501(C)(3)	416,000				CAPITAL EXPANSION, TALENT
(4) URJ CAMP NEWMAN 711 GRAND AVE, STE 280, SAN RAFAEL, CA 94901	13-1663143	501(C)(3)	413,000				(SEE STATEMENT)
(5) UNION FOR REFORM JUDAISM 633 THIRD AVE, 7TH FL, NEW YORK, NY 10017	13-1663143	501(C)(3)	397,200				ISRAEL RESPONSE
(6) CAMP JUDAEA (NC) 1440 SPRING ST, NW, ATLANTA, GA 30309-2832	58-6014651	501(C)(3)	390,750				(SEE STATEMENT)
(7) URJ OLIN SANG RUBY UNION INSTITUTE 1121 LAKE COOK RD, STE D, DEERFIELD, IL 60015	36-2642286	501(C)(3)	385,670				(SEE STATEMENT)
(8) NATIONAL RAMAH COMMISSION 3080 BROADWAY, NEW YORK, NY 10027	13-6161110	501(C)(3)	385,000				ISRAEL RESPONSE
(9) CAMP YOUNG JUDAEA SPROUT LAKE 6 SPROUT LAKE CAMP, VERBANK, NY 12585	13-2830437	501(C)(3)	373,700				(SEE STATEMENT)
(10) URJ HENRY S. JACOBS CAMP 3863 MORRISON, UTICA, MS 39175	13-1663143	501(C)(3)	364,500				CAPITAL EXPANSION, REGION
(11) CAMP YOUNG JUDAEA TEXAS 5410 BELLAIRE BLVD STE 207, BELLAIRE, TX 77401	74-6063430	501(C)(3)	355,360				(SEE STATEMENT)
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 143

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.

(SEE STATEMENT)

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) CAPITAL CAMPS 11300 ROCKVILLE PIKE, SUITE 407, ROCKVILLE, MD 20852	52-1515202	501(C)(3)	348,850				CAPITAL EXPANSION, ISRAEL RESPONSE
(13) CAMP RAMAH NEW ENGLAND 1206 BOSTON PROVIDENCE HIGHWAY, SUITE 201, NORWOOD, MA 02062	04-3035964	501(C)(3)	309,500				CAPITAL EXPANSION, SCHOLARSHIPS, ISRAEL RESPONSE
(14) SURPRISE LAKE CAMP 382 LAKE SURPRISE ROAD, COLD SPRING, NY 10516	13-1623869	501(C)(3)	300,450				CAPITAL EXPANSION, RSJ ENGAGEMENT, ISRAEL TRIP, MENTAL HEALTH, ISRAEL RESPONSE
(15) CAMP RAMAH DAROM 6400 POWERS FERRY ROAD NW, SUITE 215, ATLANTA, GA 30339-2925	58-6146741	501(C)(3)	298,480				CAPITAL EXPANSION, DISABILITIES INITIATIVE, RSJ ENGAGEMENT, REGION, MENTAL HEALTH
(16) JCAMP LA 5870 W. OLYMPIC BLVD., LOS ANGELES, CA 90036	95-1691010	501(C)(3)	270,000				CAPITAL EXPANSION
(17) CAMP RAMAH WISCONSIN 67 E. MADISON STREET, SUITE 1905, CHICAGO, IL 60603	36-6009250	501(C)(3)	266,250				CAPITAL EXPANSION, ISRAEL RESPONSE
(18) CAMP MORASHA 274 HIGH LAKE ROAD, LAKEWOOD, PA 18439	13-1999091	501(C)(3)	262,500				CAPITAL EXPANSION
(19) CAMP LIVINGSTON 8485 RIDGE ROAD, CINCINNATI, OH 45236	31-6050765	501(C)(3)	252,250				CAPITAL EXPANSION, RSJ ENGAGEMENT, SCHOLARSHIPS, REGION, ISRAEL RESPONSE
(20) CAMP YOUNG JUDAEA NH 9 CAMP ROAD, AMHERST, NH 03031	02-0241080	501(C)(3)	244,000				CAPITAL EXPANSION, ISRAEL RESPONSE
(21) CAMP ZEKE 2248 BROADWAY, # 1001, NEW YORK, NY 10024	46-1869615	501(C)(3)	243,981				CAPITAL EXPANSION, FAMILY CAMP, RSJ ENGAGEMENT, MENTAL HEALTH, ISRAEL RESPONSE
(22) CAMP SABRA 2 MILLSTONE CAMPUS DRIVE, ST. LOUIS, MO 63146	43-0652643	501(C)(3)	230,250				CAPITAL EXPANSION, REGION, ISRAEL RESPONSE
(23) B'NAI B'RITH BEBER CAMP W 1802 COUNTY ROAD J, MUKWONAGO, WI 53149	27-2025066	501(C)(3)	219,250				ISRAEL RESPONSE, MENTAL HEALTH
(24) J&R DAY CAMP 5738 FORBES AVENUE, PITTSBURGH, PA 15217	25-1094514	501(C)(3)	206,250				CAPITAL EXPANSION
(25) CAMP AVODA INC 43 STANDISH ROAD, NEEDHAM, MA 02492	04-6002095	501(C)(3)	174,750				CAPITAL EXPANSION, RSJ ENGAGEMENT, SCHOLARSHIPS
(26) RAMAH IN THE ROCKIES 300 S DAHLIA STREET, SUITE 205, DENVER, CO 80246	20-4078988	501(C)(3)	145,750				CAPITAL EXPANSION, 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) LESSANS CAMP JCC 6125 MONTROSE ROAD, ROCKVILLE, MD 20852	53-0205921	501(C)(3)	135,000				CAPITAL EXPANSION
(28) J CAMPS (BALTIMORE) 3518 GWYNNBROOK AVENUE, OWINGS MILLS, MD 21117	84-3799811	501(C)(3)	134,500				DISABILITIES INITIATIVE, ISRAEL RESPONSE
(29) JEWISH COMMUNITY CENTERS OF CHICAGO 30 S WELLS STREET, CHICAGO, IL 60606	36-2167758	501(C)(3)	130,000				SECURITY, SCHOLARSHIPS
(30) CAMP BEN FRANKEL 3419 W. MAIN STREET, BELLEVILLE, IL 62958	37-0661214	501(C)(3)	119,250				SCHOLARSHIPS, TALENT, ISRAEL RESPONSE
(31) CAMP YAVNEH 160 HERRICK ROAD, NEWTON, MA 02459	04-6004710	501(C)(3)	116,250				SCHOLARSHIPS, MENTAL HEALTH, ISRAEL RESPONSE
(32) M Y KEREN HASHLUCHIM INC. 591 MONTGOMERY STREET, BROOKLYN, NY 11225	81-0583641	501(C)(3)	96,500				CHABAD INITIATIVE
(33) CAMP JCA SHALOM 34342 MULHOLLAND HWY., MALIBU, CA 90265	84-1652923	501(C)(3)	94,530				ONE HAPPY CAMPER, RSJ ENGAGEMENT, MENTAL HEALTH
(34) RAMAH DAY CAMP IN NYACK 3080 BROADWAY, NEW YORK, NY 10027	13-6168988	501(C)(3)	90,700				SECURITY, DISABITIES INITIATIVE, SCHOLARSHIPS, ISRAEL RESPONSE
(35) KINGS BAY Y SUMMER DAY CAMP 3495 NOSTRAND AVENUE, BROOKLYN, NY 11229	11-3068515	501(C)(3)	88,500				CAPITAL EXPANSION, MENTAL HEALTH, ISRAEL RESPONSE
(36) CAMP TAWONGA 131 STEUART STREET, SAN FRANCISCO, CA 94105	94-3227261	501(C)(3)	76,461				DISABILITIES INITIATIVE, FAMILY CAMP, ONE HAPPY CAMPER, RSJ ENGAGEMENT
(37) TAMARACK CAMPS 6735 TELEGRAPH ROAD, SUITE 380, BLOOMFIELD HILLS, MI 48301	38-1360545	501(C)(3)	69,600				REGION, ISRAEL RESPONSE
(38) JCC CAMP CHI 3050 WOODRIDGE ROAD, NORTHBROOK, IL 60062-7599	36-2167758	501(C)(3)	64,250				RSJ ENGAGEMENT, ISRAEL RESPONSE
(39) WILSHIRE BLVD TEMPLE CAMPS 3663 WILSHIRE BLVD., LOS ANGELES, CA 90010	95-1691339	501(C)(3)	63,875				ONE HAPPY CAMPER, MENTAL HEALTH, CHARACTER DEVELOPMENT
(40) CAMP RAMAH IN CALIFORNIA 17525 VENTURA BLVD., SUITE 310, ENCINO, CA 91316	95-1843131	501(C)(3)	63,500				ONE HAPPY CAMPER
(41) URJ GOLDMAN UNION CAMP INSTITUTE 9349 MOORE ROAD, ZIONSVILLE, IN 46077	13-1663143	501(C)(3)	59,000				SCHOLARSHIPS, REGION, ISRAEL RESPONSE
(42) URJ EISNER CAMP P.O. BOX 569, GREAT BARRINGTON, MA 01230	13-1663143	501(C)(3)	57,750				SCHOLARSHIPS, ISRAEL RESPONSE
(43) CAMP KEF 45 HAVERFORD ROAD, WYNNEWOOD, PA 19096	27-0841715	501(C)(3)	57,600				SECURITY, SCHOLARSHIPS

(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) HERZL CAMP 4330 CEDAR LAKE ROAD, ST. LOUIS PARK, MN 55416	41-6009136	501(C)(3)	56,000				SCHOLARSHIPS, REGION
(45) CAMP RAMAH IN THE POCONOS 7 BALA AVENUE, SUITE 103, BALA CYNWYD, PA 19004	23-1607236	501(C)(3)	54,500				MENTAL HEALTH, CHARACTER DEVELOPMENT, ISRAEL RESPONSE
(46) URJ CRANE LAKE CAMP P.O. BOX 569, GREAT BARRINGTON, MA 01230	13-1663143	501(C)(3)	54,500				DISABILITIES INITIATIVE, SCHOLARSHIPS, ISRAEL RESPONSE
(47) NJY CAMPS 21 PLYMOUTH STREET, FAIRFIELD, NJ 07004	22-1487266	501(C)(3)	51,000				ISRAEL RESPONSE
(48) RAMAH DAY CAMP PHILADELPHIA 7 BALA AVENUE #103, BALA CYNWYD, PA 19004	23-1607236	501(C)(3)	50,650				SECURITY, SCHOLARSHIPS, ISRAEL RESPONSE
(49) CAMP HAVAYA 1299 CHURCH ROAD, WYNCOTE, PA 19095	36-4478803	501(C)(3)	50,000				SCHOLARSHIPS, TALENT, ISRAEL RESPONSE
(50) CAMP SOL TAPLIN 18900 NE 25TH AVENUE, NORTH MIAMI BEACH, FL 33180	59-2791269	501(C)(3)	49,500				ISRAEL RESPONSE
(51) HABONIM DROR CAMP TAVOR 4444 SECOND AVENUE, DETROIT, MI 48201	36-6009159	501(C)(3)	49,500				SCHOLARSHIPS, ISRAEL RESPONSE
(52) ISLAND QUEST DAY CAMP 58-20 LITTLE NECK PARKWAY, LITTLE NECK, NY 11362	11-3071518	501(C)(3)	48,000				RSJ ENGAGEMENT, MENTAL HEALTH, ISRAEL RESPONSE
(53) CAMP TEL YEHUDAH 575 8TH AVENUE, 11TH FLOOR, NEW YORK, NY 10018	13-5654375	501(C)(3)	46,000				PASS-THROUGHS, MENTAL HEALTH, ISRAEL RESPONSE
(54) CAMP SHOMRIA USA - HASHOMER HATZAIR USA 500 7TH AVENUE, FLOOR 8, NEW YORK, NY 10018	13-5653335	501(C)(3)	45,500				ISRAEL RESPONSE
(55) CAMP DEENY RIBACK 760 NORTHFIELD, WEST ORANGE, NJ 07052	22-2680030	501(C)(3)	45,000				SECURITY, SCHOLARSHIPS
(56) JEWISHCOLORADO 300 SOUTH DAHLIA STREET, SUITE 300, DENVER, CO 80246	01-0831698	501(C)(3)	44,750				ONE HAPPY CAMPER
(57) B'NAI BRITH CAMP AKA B'NAI BRITH OREGON 9400 SW BEAVERTON HILLSDALE HWY, SUITE 200, BEAVERTON, OR 97005	91-1842787	501(C)(3)	44,500				SECURITY, SCHOLARSHIPS, MENTAL HEALTH, ISRAEL RESPONSE
(58) CAMP MOSHAVA OF WILD ROSE 3740 WEST DEMPSTER, SKOKIE, IL 60076	36-3874839	501(C)(3)	42,250				SCHOLARSHIPS, REGION, MENTAL HEALTH, ISRAEL RESPONSE
(59) CAMP TWELVE TRAILS 54 NAGLE AVENUE, NEW YORK, NY 10040	13-1635308	501(C)(3)	41,000				SECURITY, SCHOLARSHIPS, CHARACTER DEVELOPMENT
(60) BERKSHIRE HILLS EISENBERG CAMP 405 LEXINGTON AVE., 7TH FLOOR, NEW YORK, NY 10174	13-1739934	501(C)(3)	40,700				RSJ ENGAGEMENT, 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
(61) CAMP L'MAN ACHAI 4405 13TH AVENUE, BROOKLYN, NY 11219	11-2946285	501(C)(3)	39,500				RSJ ENGAGEMENT
(62) URJ 6 POINTS SPORTS ACADEMY NC 300 SE 2ND STREET, SUITE 600, FORT LAUDERDALE, FL 33301	13-1663143	501(C)(3)	39,000				SCHOLARSHIPS, REGION, MENTAL HEALTH, ISRAEL, CHARACTER DEVELOPMENT
(63) JEWISH FEDERATION OF GREATER METROWEST NJ 901 ROUTE 10 EAST, WHIPPANY, NJ 07981	22-1714130	501(C)(3)	38,326				ONE HAPPY CAMPER, RSJ ENGAGEMENT
(64) CAMP YOUNG JUDAEA MIDWEST 4411 N RAVENSWOOD AVE., SUITE 300, CHICAGO, IL 60640	39-1672846	501(C)(3)	37,750				REGION, ISRAEL RESPONSE
(65) CAMP STONE 2463 S GREEN ROAD, CLEVELAND, OH 44122	34-0897622	501(C)(3)	37,500				CAPITAL EXPANSION
(66) COMMONPOINT QUEENS 67-09 108TH STREET, FOREST HILLS, NY 11375	11-3071518	501(C)(3)	36,500				ISRAEL RESPONSE
(67) CAMP CHAI (DALLAS,TX) 7900 NORTHHAVEN ROAD, DALLAS, TX 75230	75-1461847	501(C)(3)	36,400				SECURITY, SCHOLARSHIPS, MENTAL HEALTH
(68) CAMP DAISY AND HARRY STEIN 10460 NORTH 56 STREET, SCOTTSDALE, AZ 85253	86-0113949	501(C)(3)	35,000				ISRAEL RESPONSE
(69) CAMP MOUNTAIN CHAI 4950 MURPHY CANYON ROAD, SAN DIEGO, CA 92123	91-2150831	501(C)(3)	34,000				OHC, SCHOLARSHIPS, ISRAEL RESPONSE
(70) CAMP SOLOMON SCHECHTER 117 E. LOUISA, #110, SEATTLE, WA 98102	93-0572590	501(C)(3)	33,500				DISABILITIES INITIATIVE, MENTAL HEALTH, ISRAEL RESPONSE
(71) CAMP SENECA LAKE 1200 EDGEWOOD AVENUE, ROCHESTER, NY 14618	31-0838745	501(C)(3)	32,250				MENTAL HEALTH, ISRAEL RESPONSE
(72) CAMP NAGEELA MIDWEST 5454 W. FARGO AVENUE, SKOKIE, IL 60077	83-3933288	501(C)(3)	32,000				RSJ ENGAGEMENT
(73) MOSHAVA ALEVY 1101 S. ROBERTSON BLVD #105, LOS ANGELES, CA 90035	26-2103488	501(C)(3)	31,500				ONE HAPPY CAMPER, MENTAL HEALTH, ISRAEL RESPONSE
(74) JCC CAMPS AT MEDFORD 1301 SPRINGDALE ROAD, CHERRY HILL, NJ 08003	21-0634489	501(C)(3)	31,000				SECURITY, SCHOLARSHIPS
(75) JEWISH FEDERATION OF GREATER ATLANTA 6120 POWERS FERRY ROAD, NW, SANDY SPRINGS, GA 30339	58-1021791	501(C)(3)	30,500				ONE HAPPY CAMPER, RSJ ENGAGEMENT, REGION
(76) YOUNG JUDAEA GLOBAL, INC. 575 8TH AVENUE, 11TH FLOOR, NEW YORK, NY 10018	45-2640858	501(C)(3)	29,000				ISRAEL RESPONSE
(77) CAMP GAN ISRAEL IN THE POCONOS 10 HIDDEN GLEN LANE, AIRMONT, PA 10952	27-5457003	501(C)(3)	28,500				RSJ ENGAGEMENT, SCHOLARSHIPS, 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
(78) GOLDEN SLIPPER CAMP 215 N. PRESIDENTIAL BLVD., 1ST FLOO, BALA CYNWYD, PA 19004	23-1312911	501(C)(3)	28,500				RSJ ENGAGEMENT
(79) HABONIM DROR CAMP MOSHAVA 6101 EXECUTIVE BLVD., SUITE 319, NORTH BETHESDA, MD 20852	52-6054091	501(C)(3)	28,500				MENTAL HEALTH, ISRAEL RESPONSE
(80) NEIL KLATSKIN SUMMER CAMPS JCC 411 EAST CLINTON AVENUE, TENAFLY, NJ 07670	22-1487220	501(C)(3)	27,750				ISRAEL RESPONSE
(81) CAMP ALONIM (AJU) 1101 PEPPERTREE LANE, BRANDEIS, CA 93064	95-2030208	501(C)(3)	27,000				ONE HAPPY CAMPER, CHARACTER DEVELOPMENT
(82) HABONIM DROR CAMP GALIL 146 RED HILL ROAD, OTTSVILLE, PA 18942	23-6005866	501(C)(3)	26,500				MENTAL HEALTH, CHARACTER DEVELOPMENT, ISRAEL RESPONSE
(83) CAMP GESHER-WEST COAST 34342 MULHOLLAND HWY, MALIBU, CA 90265	84-1652923	501(C)(3)	25,000				ONE HAPPY CAMPER, ISRAEL RESPONSE
(84) JEWISH FEDERATION OF GREATER WASHINGTON 6101 EXECUTIVE BLVD., N. BETHESDA, MD 20852	53-0212445	501(C)(3)	25,000				ONE HAPPY CAMPER
(85) URJ CAMP COLEMAN 1580 SPALDING DRIVE, ATLANTA, GA 30350	13-1663143	501(C)(3)	24,500				REGION, ISRAEL RESPONSE
(86) CAMP BARNEY MEDINTZ 5342 TILLY MILL ROAD, DUNWOODY, GA 30338-4499	58-0566126	501(C)(3)	23,250				REGION, ISRAEL RESPONSE
(87) CAMP AIRY & CAMP LOUISE 5750 PARK HEIGHTS AVE., SUITE 306, BALTIMORE, MD 21215	52-0563083	501(C)(3)	22,750				RSJ ENGAGEMENT, ISRAEL TRIP, ISRAEL RESPONSE
(88) SILVER GAN ISRAEL DAY CAMP DBA JCRAFTS OC 14401 WILLOW LANE, HUNTINGTON BEACH, CA 92647	84-2319589	501(C)(3)	21,520				SECURITY, SCHOLARSHIPS
(89) CAMP KLURMAN 4221 PINE TREE DRIVE, MIAMI BEACH, FL 33140	59-2788834	501(C)(3)	21,500				RSJ ENGAGEMENT
(90) CAMP PEMBROKE 27 LOWELL STREET, SUITE 305, MANCHESTER, NH 03101	04-6003680	501(C)(3)	21,000				MENTAL HEALTH, ISRAEL RESPONSE
(91) JCC MACCABI SPORTS 3921 FABIAN WAY, PALO ALTO, CA 94303	77-0185734	501(C)(3)	20,250				ONE HAPPY CAMPER, ISRAEL RESPONSE
(92) CAMP RAMAH IN NORTHERN CALIFORNIA 969-G EDGEWATER BLVD, SUITE 804, FOSTER CITY, CA 94404	91-2020313	501(C)(3)	20,000				ONE HAPPY CAMPER, MENTAL HEALTH
(93) CAMP TEL NOAR 888 WORCESTER STREET, SUITE 350, WELLESLEY, MA 02482	04-6152862	501(C)(3)	20,000				SCHOLARSHIPS
(94) SHWAYDER CAMP 51 GRAPE STREET, DENVER, CO 80220	84-0402688	501(C)(3)	19,500				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
(95) WESTCHESTER SUMMER DAY CAMP 856 ORIENTA AVENUE, MAMARONECK, NY 10543	13-2646183	501(C)(3)	19,500				ISRAEL RESPONSE
(96) CAMP RAMAH IN THE BERKSHIRES 25 ROCKWOOD PLACE, SUITE 345, ENGLEWOOD, NJ 07631	13-1997276	501(C)(3)	19,000				MENTAL HEALTH, ISRAEL RESPONSE
(97) MID-ISLAND Y CAMP 45 MANETTO HILL ROAD, PLAINVIEW, NY 11803	11-1841899	501(C)(3)	19,000				MENTAL HEALTH, ISRAEL RESPONSE
(98) CAMP NAGEELA EAST 110 ROCKAWAY TURNPIKE, LAWRENCE, NY 11559	11-3149111	501(C)(3)	18,500				RSJ ENGAGEMENT
(99) EDEN VILLAGE CAMP 392 DENNYTOWN ROAD, PUTNAM VALLEY, NY 10579	26-4373931	501(C)(3)	18,200				RSJ ENGAGEMENT, ISRAEL RESPONSE
(100) JEWISH FEDERATION OF NORTHERN NEW JERSEY 50 EISENHOWER DRIVE, SUITE 1A, PARAMUS, NJ 07652	20-1195592	501(C)(3)	18,000				ONE HAPPY CAMPER
(101) SABABA BEACHAWAY CAMP 1001 PLANDOME ROAD, PLANDOME, NY 11030	81-4561235	501(C)(3)	18,000				RSJ ENGAGEMENT, MENTAL HEALTH
(102) URJ GREENE FAMILY CAMP 1192 SMITH LANE, BRUCEVILLE, TX 76630	13-1663143	501(C)(3)	17,500				ISRAEL RESPONSE
(103) CAMP INTERLAKEN JCC 6255 NORTH SANTA MONICA, MILWAUKEE, WI 53217	39-0806234	501(C)(3)	16,750				CHARACTER DEVELOPMENT, ISRAEL RESPONSE
(104) NJY CAMP NESHER 21 PLYMOUTH STREET, FAIRFIELD, NJ 07004	22-1487266	501(C)(3)	16,000				MENTAL HEALTH, ISRAEL RESPONSE
(105) JEWISH EDUCATION CENTER OF CLEVELAND 2030 S. TAYLOR ROAD, CLEVELAND HEIGHTS, OH 44118	34-0714554	501(C)(3)	15,000				RSJ ENGAGEMENT
(106) BBYO SUMMER PROGRAMS 800 EIGHTH STREET, NW WASHINGTON, DC 20001	31-1794932	501(C)(3)	14,500				ISRAEL RESPONSE
(107) CAMP APACHI NORTHSIDE 5501 N KEDZIE AVENUE, CHICAGO, IL 60625	36-2167758	501(C)(3)	14,500				ISRAEL RESPONSE
(108) CAMP JAYCEE 4126 EXECUTIVE DRIVE, LA JOLLA, CA 92037	95-1985444	501(C)(3)	14,500				ISRAEL RESPONSE
(109) ELAINE FRANK APACHI DAY CAMP 23280 NORTH OLD MCHENRY ROAD, LAKE ZURICH, IL 60047	36-2167758	501(C)(3)	14,500				ISRAEL RESPONSE
(110) J CAMPS (HOUSTON) 5601 S BRAESWOOD BLVD., HOUSTON, TX 77096	74-1198298	501(C)(3)	14,500				ISRAEL RESPONSE
(111) RAMAH DAY CAMP GREATER DC 1206 BOSTON PROVIDENCE TURNPIKE, SUITE 201, NORWOOD, MA 02062	04-3035964	501(C)(3)	14,500				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
(112) RAMAH DAY CAMP IN CHICAGO 67 E MADISON STREET, SUITE 1905, CHICAGO, IL 60603	01-0564426	501(C)(3)	14,500				ISRAEL RESPONSE
(113) SHEMESH CAMP 12701 N SCOTTSDALE ROAD, SUITE 201, SCOTTSDALE, AZ 85254	86-0622258	501(C)(3)	14,500				ISRAEL RESPONSE
(114) SUMMER STREETERS CAMP 300 FOREST DRIVE, GREENVALE, NY 11548	11-1976051	501(C)(3)	14,500				ISRAEL RESPONSE
(115) CKIDS GAN ISRAEL FLORIDA INC 22151 BELLA LAGO DRIVE 1106, BOCA RATON, FL 33433	86-1268351	501(C)(3)	14,000				RSJ ENGAGEMENT
(116) CAMP KADIMA 5850 S. PINE ISLAND ROAD, DAVIE, FL 33328	59-2075982	501(C)(3)	13,250				ISRAEL RESPONSE
(117) EMMA KAUFMANN CAMP 5738 FORBES AVENUE, PITTSBURGH, PA 15217	25-1094514	501(C)(3)	13,250				ISRAEL RESPONSE
(118) J-CAMP - OSHMAN FAMILY JCC 3921 FABIAN WAY, PALO ALTO, CA 94303	77-0185734	501(C)(3)	13,250				ISRAEL RESPONSE
(119) HABONIM DROR CAMP GILBOA 5870 W. OLYMPIC BLVD., LOS ANGELES, CA 90036	85-1929706	501(C)(3)	13,000				ONE HAPPY CAMPER, MENTAL HEALTH, ISRAEL RESPONSE
(120) JCAMP-WESTSIDE 5870 W. OLYMPIC BLVD., LOS ANGELES, CA 90036	95-1691010	501(C)(3)	13,000				RSJ ENGAGEMENT, MENTAL HEALTH
(121) J CAMP AT STROUM JCC 3801 E MERCER WAY, MERCER ISLAND, WA 98040	90-0953408	501(C)(3)	12,500				MENTAL HEALTH, CHARACTER DEVELOPMENT
(122) JCC CAMP RUACH 775 TALAMINI ROAD, BRIDGEWATER, NJ 08807-5237	22-3681640	501(C)(3)	12,500				MENTAL HEALTH, CHARACTER DEVELOPMENT
(123) CAMP LOUISE 5750 PARK HEIGHTS AVE, SUITE 306, BALTIMORE, MD 21215	52-0563083	501(C)(3)	11,250				RSJ ENGAGEMENT
(124) CAMP WISE LA 15500 STEPHEN S WISE DRIVE, LOS ANGELES, CA 90077	95-6087552	501(C)(3)	11,000				MENTAL HEALTH, CHARACTER DEVELOPMENT
(125) EDEN VILLAGE WEST 6176 MCBRYDE AVENUE, RICHMOND, CA 94805	26-4373931	501(C)(3)	11,000				ONE HAPPY CAMPER, MENTAL HEALTH
(126) JCC RANCH CAMP 350 SOUTH DAHLIA STREET, DENVER, CO 80246	84-0404245	501(C)(3)	11,000				MENTAL HEALTH, CHARACTER DEVELOPMENT
(127) ADAMAH ADVENTURE CAMP 5425 MT. GILEAD ROAD, REISTERSTOWN, MD 21136	43-2080719	501(C)(3)	10,000				FAMILY CAMP
(128) SHIMON & SARA BIRNBAUM JCC 775 TALAMINI ROAD, BRIDGEWATER, NJ 08807	22-3681640	501(C)(3)	10,000				DISABILITIES INITIATIVE
(129) STAMFORD JCC 1035 NEWFIELD AVENUE, STAMFORD, CT 05905	06-0646918	501(C)(3)	10,000				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
(130) CAMP TIZMORET SHOSHANA 2430 MILITARY ROAD, NIAGARA FALLS, NY 14304	20-0916545	501(C)(3)	9,000				MENTAL HEALTH
(131) JCC SUMMER CAMPS COLUMBUS 1125 COLLEGE AVENUE, COLUMBUS, OH 43209	31-4379496	501(C)(3)	9,000				MENTAL HEALTH
(132) JCC GROSSMAN CAMP 333 NAHANTON STREET, NEWTON, MA 02459	04-2317972	501(C)(3)	8,930				MENTAL HEALTH
(133) CAMP FRIEDBERG GA'AVAH DIVISION 15 NEIL COURT, OCEANSIDE, NY 11572	11-2002556	501(C)(3)	8,674				MENTAL HEALTH
(134) HABONIM DROR NORTH AMERICA 2001 MARKET ST., SUITE 2500, PHILADELPHIA, PA 19103	13-5596779	501(C)(3)	8,600				ISRAEL RESPONSE
(135) 92ND STREET Y CAMPS 1395 LEXINGTON AVENUE, NEW YORK, NY 10128	13-1624229	501(C)(3)	8,500				MENTAL HEALTH, ISRAEL RESPONSE
(136) B'NAI B'RITH PERLMAN CAMP 11820 PARKLAWN DRIVE, SUITE 380, ROCKVILLE, MD 20852	27-2025066	501(C)(3)	7,675				MENTAL HEALTH
(137) CAMP JORI 401 ELMGROVE AVENUE, PROVIDENCE, RI 02906	05-0268612	501(C)(3)	7,500				MENTAL HEALTH
(138) JCC DAY CAMP OF METROPOLITAN DETROIT 6600 WEST MAPLE ROAD, WEST BLOOMFIELD, MI 48322	38-1358397	501(C)(3)	7,500				MENTAL HEALTH
(139) JEWISH NEVADA 9510 W. SAHARA AVE, SUITE 225, LAS VEGAS, NV 89117	88-0098500	501(C)(3)	7,500				ONE HAPPY CAMPER
(140) SEPHARDIC ADVENTURE CAMP P.O. BOX 28511, SEATTLE, WA 98118	91-0730630	501(C)(3)	7,500				MENTAL HEALTH
(141) URJ CAMP HARLAM 301 CITY AVENUE, SUITE 110, BALA CYNWYD, PA 19004	13-1663143	501(C)(3)	7,000				SCHOLARSHIPS, CHARACTER DEVELOPMENT
(142) CAMP KEHILLAH 300 FOREST DRIVE, GREENVALE, NY 11548	11-1976051	501(C)(3)	6,500				MENTAL HEALTH
(143) URJ 6 POINTS SCI-TECH ACADEMY EAST 160 CHUBB AVENUE, SUITE 207, LYNDHURST, NJ 07071	13-1663143	501(C)(3)	5,500				MENTAL HEALTH, CHARACTER DEVELOPMENT

Part IV

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

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 MOSHAVA INDIAN ORCHARD: CAPITAL EXPANSION, TALENT, ISRAEL RESPONSE
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	CAMP WISE: CAPITAL EXPANSION, REGION, MENTAL HEALTH, ISRAEL RESPONSE
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	URJ CAMP NEWMAN: CAPITAL EXPANSION, ONE HAPPY CAMPER, ISRAEL RESPONSE
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	CAMP JUDAEA (NC): CAPITAL EXPANSION, RSJ ENGAGEMENT, REGION, ISRAEL RESPONSE
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	URJ OLIN SANG RUBY UNION INSTITUTE: CAPITAL EXPANSION, FAMILY CAMP, SCHOLARSHIPS, ISRAEL RESPONSE
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	CAMP YOUNG JUDAEA SPROUT LAKE: CAPITAL EXPANSION, PASS-THROUGHS, ISRAEL RESPONSE
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	CAMP YOUNG JUDAEA TEXAS: CAPITAL EXPANSION, ISRAEL RESPONSE

SCHEDULE J (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
FOUNDATION FOR JEWISH CAMP, INC.

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. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ 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	1b		
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?	2		
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. ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		✔
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	✔	
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		✔
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		✔
b	Any related organization?	5b		✔
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		✔
b	Any related organization?	6b		✔
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	✔	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		✔
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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 CEO THRU 02/2025; SENIOR ADVISOR EFF. 02/2025	(i)	502,081	100,000	0	85,500	31,576	719,157	0
		(ii)	0	0	0	0	0	0	0
2	JAMIE SIMON CPO 01/2025-02/2025; INTERIM CEO 03/2025-07/2025; CEO EFF. 07/2025	(i)	408,055	50,000	0	10,500	43,972	512,527	0
		(ii)	0	0	0	0	0	0	0
3	MATTHEW LEVITT VP, FINANCE & OPERATIONS	(i)	186,208	25,000	0	6,565	43,867	261,640	0
		(ii)	0	0	0	0	0	0	0
4	JULIE FINKELSTEIN VP, TRAINING	(i)	206,893	10,000	0	6,135	15,924	238,952	0
		(ii)	0	0	0	0	0	0	0
5	NILA ROSEN VP, LEARNING & RESEARCH	(i)	175,369	5,000	0	5,536	43,327	229,232	0
		(ii)	0	0	0	0	0	0	0
6	REBECCA KAHN VP, FUNDING & GRANTMAKING	(i)	189,758	15,000	0	6,282	15,407	226,447	0
		(ii)	0	0	0	0	0	0	0
7	ROBERT HARRIS SE REGION ADVISOR & SR. CAMP CONSULTANT ROOTONE	(i)	170,883	0	0	5,303	43,867	220,053	0
		(ii)	0	0	0	0	0	0	0
8	BRIANA HOLTZMAN VP, NETWORK ENGAGEMENT & CONVENING	(i)	179,014	15,000	0	5,849	4,137	204,000	0
		(ii)	0	0	0	0	0	0	0
9		(i)							
		(ii)							
10		(i)							
		(ii)							
11		(i)							
		(ii)							
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Part III

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

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	JEREMY J. FINGERMAN, 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 2025 FOR THE PRIOR YEAR (2024) ACCRUAL.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2025

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	125,104	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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	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. THE FOUNDATION SUCCESSFULLY COMPLETED THE FINAL YEAR OF ITS RESTATED 2021-2025 STRATEGIC PLAN DURING FISCAL YEAR 2025. DURING THE YEAR, THE FOUNDATION ALSO DEVELOPED ITS NEW FIVE-YEAR STRATEGIC DIRECTION FOR 2026-2030, WHICH IS BEING IMPLEMENTED IN 2026 AND WILL GUIDE ORGANIZATIONAL PRIORITIES AND INITIATIVES OVER THE NEXT PLANNING CYCLE.
FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES	FOUNDATION FOR JEWISH CAMP, INC. LAUNCHED THE FOLLOWING NEW INITIATIVES IN 2025: 1) CAPITAL EXPANSION 2) ISRAEL TRIP INCUBATOR
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	SUPPORTED PROJECTS INCLUDE NEW CAMPER HOUSING, DINING AND GATHERING SPACES, CLIMATE-RELATED FACILITY IMPROVEMENTS, INFRASTRUCTURE UPGRADES, AND OTHER INVESTMENTS THAT STRENGTHEN CAMP OPERATIONS AND LONG-TERM SUSTAINABILITY. THROUGH THE GOTTESMAN CAPITAL EXPANSION GRANTS INITIATIVE, FJC IS HELPING CAMPS ADDRESS CRITICAL INFRASTRUCTURE NEEDS, INCREASE CAPACITY, AND CREATE WELCOMING, HIGH-QUALITY ENVIRONMENTS THAT WILL SERVE JEWISH CHILDREN, FAMILIES, AND STAFF FOR GENERATIONS TO COME.
FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION	PARTICIPATING CAMPS DESIGNATED A HEAD OF ISRAEL EDUCATION AND RECEIVED INDIVIDUALIZED COACHING, EXPERT-LED PROFESSIONAL DEVELOPMENT, AND ACCESS TO A ROBUST COLLECTION OF EDUCATIONAL RESOURCES DESIGNED TO ENHANCE ISRAEL LEARNING AND ENGAGEMENT THROUGHOUT THE CAMP EXPERIENCE. EVALUATION FINDINGS DEMONSTRATED STRONGER ISRAEL EDUCATION PROGRAMMING, MORE MEANINGFUL ISRAEL EXPERIENCES, AND INCREASED ISRAEL ENGAGEMENT AMONG CAMPERS, STAFF, AND FAMILIES. BY INVESTING IN BOTH LONG-TERM EDUCATIONAL CAPACITY AND SHORT-TERM OPERATIONAL RESILIENCE, FJC IS HELPING JEWISH CAMPS REMAIN VIBRANT CENTERS OF LEARNING, CONNECTION, AND COMMUNITY, STRENGTHENING THE RELATIONSHIP BETWEEN NORTH AMERICAN JEWISH YOUTH AND ISRAEL FOR GENERATIONS TO COME.
FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION	IN 2025, CORNERSTONE BROUGHT TOGETHER 420 PARTICIPANTS - INCLUDING 255 FELLOWS AND 69 SUPERVISORS - FROM 69 CAMPS ACROSS NORTH AMERICA. CAMP MANAGEMENT FELLOWSHIP PREPARED 115 SEASONAL SUPERVISORS FROM 43 CAMPS WITH PRACTICAL LEADERSHIP, COMMUNICATION, AND MANAGEMENT SKILLS TO SUPPORT THEIR STAFF AND STRENGTHEN CAMP COMMUNITIES. THE FJC FELLOWSHIP PROVIDES A HIGHLY SELECTIVE, TWO-YEAR PAID EXPERIENCE COMBINING LEADERSHIP ROLES AT JEWISH CAMPS WITH FULL-TIME WORK AT FJC, MENTORSHIP, AND PROFESSIONAL DEVELOPMENT, WHILE THE RABBINIC-FOCUSED FELLOWSHIP TRACK CONNECTS ASPIRING RABBINICAL STUDENTS WITH CLERGY, JEWISH EDUCATORS, AND MENTORS TO EXPAND PATHWAYS INTO JEWISH COMMUNAL LEADERSHIP. TOGETHER, THESE INITIATIVES CULTIVATE A STRONG PIPELINE OF SKILLED JEWISH LEADERS WHOSE IMPACT EXTENDS FAR BEYOND THE SUMMER, STRENGTHENING JEWISH CAMPS, COMMUNITIES, AND JEWISH LIFE FOR GENERATIONS TO COME.
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES $1,716,371 INCLUDING GRANTS OF $365,514)(REVENUE $0) ONE HAPPY CAMPER & AFFORDABILITY
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES $1,490,230 INCLUDING GRANTS OF $39,000)(REVENUE $0) SMALL COMMUNITIES INCENTIVE PROGRAM
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES $1,149,303 INCLUDING GRANTS OF $733,826)(REVENUE $0) RSJ ENGAGEMENT

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 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES $968,489 INCLUDING GRANTS OF $718,225)(REVENUE $0) SCHOLARSHIPS & PASS-THROUGHS
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES $921,532 INCLUDING GRANTS OF $0)(REVENUE $36,000) YITRO
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES $834,283 INCLUDING GRANTS OF $123,500)(REVENUE $0) REGIONAL OFFICES
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES $621,174 INCLUDING GRANTS OF $456,543)(REVENUE) YEDID NEFESH - MENTAL, SOCIAL AND EMOTIONAL HEALTH
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES $431,676 INCLUDING GRANTS OF $206,000)(REVENUE $0) YASHAR (INCLUSION AND ACCESSIBILITY)
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES $379,033 INCLUDING GRANTS OF $0)(REVENUE $0) ISRAEL-AMERICAN CAMPERS RESEARCH
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES $321,224 INCLUDING GRANTS OF $279,670)(REVENUE $0) DAY CAMP SECURITY
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES $302,069 INCLUDING GRANTS OF $70,000)(REVENUE $0) STUDY OF CHARACTER DEVELOPMENT AT JEWISH CAMPS
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES $248,449 INCLUDING GRANTS OF $160,000)(REVENUE $0) TALENT CENTER CONSULTING
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES $185,363 INCLUDING GRANTS OF $23,250)(REVENUE $0) ISRAEL TRIP INCUBATOR
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES $177,445 INCLUDING GRANTS OF $0)(REVENUE $155,150) CAMPER & STAFF SATISFACTION INSIGHT SURVEY
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES $156,006 INCLUDING GRANTS OF $66,321)(REVENUE $0) FAMILY CAMP
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES $147,560 INCLUDING GRANTS OF $0)(REVENUE $0) TALENT COMPASS
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES $132,970 INCLUDING GRANTS OF $96,500)(REVENUE $0) CHABAD INITIATIVE
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES $88,443 INCLUDING GRANTS OF $2,000)(REVENUE $0) DIVERSITY, EQUITY & INCLUSION
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES $85,894 INCLUDING GRANTS OF $0)(REVENUE $0) OTHER PROGRAMMING

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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 CONNECTION WITH THE RECRUITMENT AND HIRING OF A NEW CHIEF EXECUTIVE OFFICER IN 2025, THE ORGANIZATION ENGAGED AN INDEPENDENT EXECUTIVE SEARCH FIRM TO CONDUCT A NATIONAL SEARCH AND PERFORM A MARKET-BASED COMPENSATION REVIEW. THE REVIEW INCLUDED NATIONAL BENCHMARKING AND COMPARABILITY DATA FOR SIMILARLY SITUATED ORGANIZATIONS AND EXECUTIVE POSITIONS. THE PERSONNEL COMMITTEE, COMPRISED ENTIRELY OF INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS, REVIEWED THE CONSULTANT'S RECOMMENDATIONS, APPROVED THE CEO'S COMPENSATION, AND CONTEMPORANEOUSLY DOCUMENTED ITS DELIBERATIONS AND DECISIONS.
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	THE ORGANIZATION ESTABLISHES COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES USING MARKET-BASED SALARY STRUCTURES AND COMPARABILITY DATA. COMPENSATION BANDS DEVELOPED BY AN INDEPENDENT COMPENSATION CONSULTANT IN 2024 USING MARKET BENCHMARKING CONTINUE TO GUIDE COMPENSATION DECISIONS. INDIVIDUAL COMPENSATION DECISIONS ARE REVIEWED AND APPROVED BY MANAGEMENT AND, WHERE APPROPRIATE, THE PERSONNEL COMMITTEE, AND THE DELIBERATIONS AND DECISIONS ARE CONTEMPORANEOUSLY DOCUMENTED.
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.