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

OMB No 1545-0047

2009Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

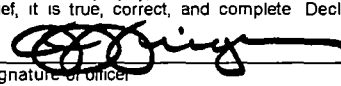
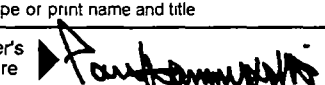
A For the 2009 calendar year, or tax year beginning**, 2009, and ending****, 20**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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) Room/suite 15 WEST 36TH STREET, 13TH FLOOR City or town, state or country, and ZIP + 4 NEW YORK, NY 10018	D Employer identification number 22-3551013	
		E Telephone number (646) 278-4500	
		G Gross receipts \$ 18,617,371.	
		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
F Name and address of principal officer JEREMY J. FINGERMAN, 15 WEST 36TH STREET, 13TH FL, NEW YORK, NY 10018		H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.JEWISHCAMP.ORG			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1997 M State of legal domicile NJ	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO BUILD A JEWISH IDENTITY AND INCREASE BOTH THE QUANTITY AND QUALITY OF JEWISH CAMPING THROUGHOUT THE UNITED STATES AND CANADA.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5 Total number of employees (Part V, line 2a)	5	31
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 21,327,473.	Current Year 18,194,742.
	9 Program service revenue (Part VIII, line 2g)	64,839.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	571,807.	388,386.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	66,633.	34,243.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22,030,752.	18,617,371.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,779,789.	3,625,027.
	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)	2,358,344.	2,778,644.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses, Part IX, column (D), line 25) ▶ 790,832.		
	17 Other expenses (Part IX, column (A), lines 11f-11d, 11f-24f)	7,176,727.	10,083,712.
	18 Total expenses - add lines 13 through 17 (must equal Part IX, column (A), line 25)	13,314,860.	16,487,383.
19 Revenue less expenses Subtract line 18 from line 12	8,715,892.	2,129,988.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year 28,162,660.	End of Year 31,938,483.
	21 Total liabilities (Part X, line 26)	1,214,602.	2,031,745.
	22 Net assets or fund balances Subtract line 21 from line 20	26,948,058.	29,906,738.

Part II Signature Block

Sign Here	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		
	Signature of officer  JEREMY J. FINGERMAN, C.E.O.	Date 12-14-10	
Paid Preparer's Use Only	Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4 BDO USA, LLP 100 PARK AVENUE, NEW YORK, NY 10017	Date 8/11/10	Check if self-employed <input type="checkbox"/>
	Preparer's identifying number (see instructions) P00037219	EIN 13-5381590	Phone no 212-885-8000

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.*

Form **990** (2009)

SCANNED SEP 16 2010

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Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

ATTACHMENT 3

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 6,143,375. including grants of \$ 271,995) (Revenue \$ _____)
ATTACHMENT 4**4b** (Code _____) (Expenses \$ 2,455,760. including grants of \$ 282,500) (Revenue \$ _____)
ATTACHMENT 5**4c** (Code _____) (Expenses \$ 1,673,726 including grants of \$ 933,149) (Revenue \$ _____)
ATTACHMENT 6**4d** Other program services (Describe in Schedule O)

(Expenses \$ 4,601,699. including grants of \$ 2,137,383.) (Revenue \$ _____)

4e Total program service expenses ► 14,874,560.

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	X
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	X
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21, 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	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		
• 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.		
• 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.		
• 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		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		
• 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? If "Yes," complete Schedule D, Part X.		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24 a 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 question 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
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		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
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		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	80	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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	31	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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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 in Schedule O. See instructions.

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body	1a 21		
b Enter the number of voting members that are independent	1b 21		
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	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6 Does the organization have members or stockholders?	6		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		X

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

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

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

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► LAURIE STONE, 15 WEST 36TH STREET, 13TH FLOOR, NEW YORK, NY 10018
 646-278-4514

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(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			
SAMUEL VICHNESS CHAIRMAN	1.00	X		X				0.	0.	0.
ELISA SPUNGEN BILDNER CO-FOUNDER/CO-CHAIR	1.00	X		X				0.	0.	0.
ROBERT BILDNER CO-FOUNDER/CO-CHAIR	1.00	X		X				0.	0.	0.
NEIL KUTTNER TREASURER	1.00	X		X				0.	0.	0.
JODI J. SCHWARTZ SECRETARY	1.00	X		X				0.	0.	0.
REUBEN BAR-YADIN (THRU 12/09) BOARD MEMBER	1.00	X						0.	0.	0.
JASON CHUDNOFSKY (THRU 7/09) BOARD MEMBER	1.00	X						0.	0.	0.
JULES EISEN BOARD MEMBER	1.00	X						0.	0.	0.
AB FLATT BOARD MEMBER	1.00	X						0.	0.	0.
LYNN HALPERN (THRU 7/09) BOARD MEMBER	1.00	X						0.	0.	0.
ARNIE HARRIS BOARD MEMBER	1.00	X						0.	0.	0.
KEITH KLEIN BOARD MEMBER	1.00	X						0.	0.	0.
GERRY MALDOFF BOARD MEMBER	1.00	X						0.	0.	0.
ALLAN MALMED (THRU 7/09) BOARD MEMBER	1.00	X						0.	0.	0.
DOUG MANKOFF (THRU 7/09) BOARD MEMBER	1.00	X						0.	0.	0.
MARCIA MANKOFF BOARD MEMBER	1.00	X						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	(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			
LISA MESSINGER BOARD MEMBER	1.00	X						0.	0.	0.
KAYLA NILES BOARD MEMBER	1.00	X						0.	0.	0.
JULIE BEREN PLATT BOARD MEMBER	1.00	X						0.	0.	0.
JILL MYERS RAIZIN BOARD MEMBER	1.00	X						0.	0.	0.
JAYNIE SCHULTZ BOARD MEMBER	1.00	X						0.	0.	0.
HENRY SKIER BOARD MEMBER	1.00	X						0.	0.	0.
DAVID SOLOMON BOARD MEMBER	1.00	X						0.	0.	0.
PETER J. WEIDHORN BOARD MEMBER	1.00	X						0.	0.	0.
LEE WEISS BOARD MEMBER	1.00	X						0.	0.	0.
ARNEE WINSHALL BOARD MEMBER	1.00	X						0.	0.	0.
GERRALD SILVERMAN (THRU 9/09) CHIEF EXECUTIVE OFFICER	40.00			X				348,718.	0.	19,621.
MAURIE BAR-TURA CHIEF OPERATING OFFICER	40.00			X				253,500.	0.	29,578.
LAURIE STONE CONTROLLER	40.00			X				100,500.	0.	11,047.
1b Total CONTINUED AT SCHEDULE J-2								1,298,164.	0.	158,984.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **8**

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 7		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **8**

Part VIII Statement of Revenue

22-3551013

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 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	18,194,742.			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		18,194,742.			
Program Service Revenue	Business Code						
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		0.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		306,711.			306,711
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0.			
		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory		81,675			
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)		81,675.			
	d	Net gain or (loss)		81,675.			81,675
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
	b	Less direct expenses					
	c	Net income or (loss) from fundraising events		0.			
	9a	Gross income from gaming activities See Part IV, line 19					
	b	Less direct expenses					
	c	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less returns and allowances					
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory		0.				
Miscellaneous Revenue			Business Code				
11a	MISCELLANEOUS		900099	34,243		34,243	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			34,243.			
12	Total Revenue. See instructions			18,617,371		422,629	

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) but are not required to complete columns (B), (C), and (D).**

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 governments and organizations in the U.S. See Part IV, line 21 . . .	3,624,127.	3,624,127.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	900.	900.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	762,964.	373,797.	204,997.	184,170.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0.			
7 Other salaries and wages	1,513,346.	1,157,637.	116,075.	239,634.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	45,044.	34,749.	1,411.	8,884.
9 Other employee benefits	300,307.	232,127.	25,854.	42,326.
10 Payroll taxes	156,983.	115,960.	17,897.	23,126.
11 Fees for services (non-employees)				
a Management	0.			
b Legal	2,851.		2,851.	
c Accounting	48,000.		48,000.	
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	17,073.		17,073.	
g Other	16,419.		13,048.	3,371.
12 Advertising and promotion	0.			
13 Office expenses	197,029.	129,056.	11,402.	56,571.
14 Information technology	302,160.	278,880.	7,611.	15,669.
15 Royalties	0.			
16 Occupancy	276,690.	188,422.	37,794.	50,474.
17 Travel	494,877.	416,470.	3,733.	74,674.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization . . .	299,965.		299,965.	
23 Insurance	16,989.	11,508.	2,310.	3,171.
24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a CAMPER INCENTIVE STIPENDS	5,657,476.	5,657,476.		
b PROGRAM ACTIVITIES	2,431,916.	2,431,916.		
c PUBLIC RELATIONS CONSULTANTS	144,716.	144,716.		
d STAFF RECRUITMENT	63,698.	43,429.	8,543.	11,726.
e PROMOTIONAL EVENTS AND COSTS	37,531.			37,531.
f All other expenses	76,322.	33,390.	3,427.	39,505.
25 Total functional expenses. Add lines 1 through 24f	16,487,383.	14,874,560.	821,991.	790,832.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	23,875.	1	5,780.
	2 Savings and temporary cash investments	18,274,546.	2	22,086,679.
	3 Pledges and grants receivable, net	4,955,622.	3	3,978,426.
	4 Accounts receivable, net	71,514.	4	51,560.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	93,595.	9	101,628.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,042,575.		
	b Less accumulated depreciation	10b 430,675.	10c	611,900.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities See Part IV, line 11	4,140,926.	12	5,044,107.
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	58,383.	15	58,403.
16 Total assets. Add lines 1 through 15 (must equal line 34)	28,162,660.	16	31,938,483.	
Liabilities	17 Accounts payable and accrued expenses	539,159.	17	915,625.
	18 Grants payable	412,838.	18	1,034,820.
	19 Deferred revenue	210,105.	19	43,800.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D	52,500.	25	37,500.
	26 Total liabilities. Add lines 17 through 25	1,214,602.	26	2,031,745.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,229,155.	27	1,922,734.
	28 Temporarily restricted net assets	25,718,903.	28	27,984,004.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	26,948,058.	33	29,906,738.
34 Total liabilities and net assets/fund balances	28,162,660.	34	31,938,483.	

Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

	Yes	No
2a		X

b Were the organization's financial statements audited by an independent accountant?

2b	X	
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c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

2c	X	
-----------	---	--

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

3a		X
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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 in Schedule O and describe any steps taken to undergo such audits

3b		
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Form **990** (2009)

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

FOUNDATION FOR JEWISH CAMP, INC.

Employer identification number

22-3551013

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

The organization is not a private foundation because it is: (For lines 1 through 11, 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)
 - 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 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)
 - 10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
 - 11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h
 - a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
 - e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	<input type="checkbox"/>	<input type="checkbox"/>
(ii) A family member of a person described in (i) above?	<input type="checkbox"/>	<input type="checkbox"/>
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	<input type="checkbox"/>	<input type="checkbox"/>
 - h Provide the following information about the supported organization(s)

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	4,423,857	7,995,933	15,853,634	21,327,473	18,194,742	67,795,639
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3.	4,423,857	7,995,933	15,853,634	21,327,473	18,194,742	67,795,639
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).						14,363,857
6 Public support. Subtract line 5 from line 4						53,431,782

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	4,423,857	7,995,933	15,853,634	21,327,473	18,194,742	67,795,639
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	35,242	100,744	374,181	562,422	306,711	1,379,300
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)		253,000		66,633	34,243	353,876
11 Total support. Add lines 7 through 10						69,528,815
12 Gross receipts from related activities, etc. (see instructions)					12	126,585
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	76.85%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	78.28%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2009. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. 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 **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
RECOVERY OF BAD DEBTS		253,000.				253,000.
INSURANCE SETTLEMENT				57,629.		57,629.
MISCELLANEOUS				9,004	34,243.	43,247.
TOTALS		<u>253,000.</u>		<u>66,633</u>	<u>34,243.</u>	<u>353,876.</u>

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

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" to Form 990, Part IV, line 6.

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

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

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

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

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	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, and enforcing conservation easements during the year ► _____

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

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

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

Schedule D (Form 990) 2009

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 are a significant use of its collection items (check all that apply)

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

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

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" to 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 XIV 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to 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 year end balance held as

- a Board designated or quasi-endowment ► _____ %
 b Permanent endowment ► _____ %
 c Term endowment ► _____ %

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

- (i) unrelated organizations
 (ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(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		389,383	185,568	203,815.
d Equipment		543,257	186,034	357,223.
e Other		109,935	59,073	50,862.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)				611,900.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other INVESTMENT PARTNERSHIPS	5,044,107.	FMV
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	5,044,107.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
DEFERRED RENT	37,500.
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	37,500.

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	18,617,371.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	16,487,383.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,129,988.
4	Net unrealized gains (losses) on investments	4	828,692.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	828,692.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	2,958,680.

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

1	Total revenue, gains, and other support per audited financial statements	1	19,434,990.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	828,692.
b	Donated services and use of facilities	2b	6,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	834,692.
3	Subtract line 2e from line 1	3	18,600,298.
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	17,073.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	17,073.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	18,617,371.

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

1	Total expenses and losses per audited financial statements	1	16,476,310.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	6,000.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	6,000.
3	Subtract line 2e from line 1	3	16,470,310.
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	17,073.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	17,073.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	16,487,383.

Part XIV Supplemental Information

Complete this part to 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, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIV Supplemental Information *(continued)*

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service
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 ☒ Yes ☐ No

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	THE YOUNG MEN'S & YOUNG WOMEN'S HEBREW ASSO 1395 LEXINGTON AVENUE, NEW YORK, NY 10128	13-1624229	501(C)(3)	56,348				SUPPORT
	ADMAH ADVENTURES PO BOX 3612, DECATUR, GA 30031	26-2777198	501(C)(3)	213,441.				JEWISH CAMP
	AGUDATH ISRAEL 1440 DUTCH VALLEY PLACE, ATLANTA, GA 30324	36-3529801	501(C)(3)	45,000				SUPPORT
	B'NAI B'RITH YOUTH ORGANIZATION, INC. 2020 K STREET N.W., WASHINGTON, DC 20006	31-1794932	501(C)(3)	211,750.				JEWISH CAMP
	BERKSHIRE HILLS EMANUEL CAMPS 547 SAW MILL RIVER ROAD, ARDSLEY, NY 10502	13-1739934	501(C)(3)	7,500.				KITCHEN
	BIMA 415 SOUTH STREET, WALTHAM, MA 02454	75-3121013	501(C)(3)	65,000				RENOVATIONS
	B'NAI B'RITH BEBER CAMP 666 DUNDEE ROAD, NORTHBROOK, IL 60062	53-0209632	501(C)(3)	225,000				JWEST AFTER CAMP PROGRAM
	B'NAI B'RITH BEBER CAMP 666 DUNDEE ROAD, NORTHBROOK, IL 60062	53-0209632	501(C)(3)	8,500.				SCHOLARSHIPS
	B'NAI B'RITH CAMP OREGON 6651 SW CAPITOL HIGHWAY, PORTLAND, OR 97219	91-1842787	501(C)(3)	18,750				GENERAL SUPPORT
	B'NAI B'RITH MEN'S CAMP ASSOCIATION 6312 SW CAPITOL HIGHWAY, PORTLAND, OR 97239	91-1842787	501(C)(3)	40,000.				GRANT FOR PRGM CHANGES
	BRANDEIS UNIVERSITY PO BOX 549110, WALTHAM, MA 02454	04-2103552	501(C)(3)	65,771				SCHOLARSHIPS
	CAMP CHI 5050 CHURCH STREET, SKOKIE, IL 60077	36-2167758	501(C)(3)	22,000.				JWEST AFTER CAMP PROGRAM
								EXPANSION PLAN GRANT FELLOWSHIP PROGRAM
								SCHOLARSHIPS

2 Enter total number of section 501(c)(3) and government organizations **40**

3 Enter total number of other organizations **40**

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) 2009**

JSA

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I, LINE 2

THE ORGANIZATION MONITORS THE USE OF GRANT FUNDS THROUGH WRITTEN REPORTS EXPLAINING THE RESULTS OF THE FUNDED PROGRAMS. FOR CHALLENGE GRANTS, DEMONSTRATION OF MATCHING FUNDING WAS REQUIRED. FOR PROJECTS THAT INVOLVED CONSTRUCTIONS, RECEIPTS WERE REQUIRED.

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

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

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)							
(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
CAMP INTERLAKEN JCC 6255 N ST MONICA BLVD, MILWAUKEE, WI 53217	39-0806234	501 (C) (3)	18,000				SCHOLARSHIPS
CAMP LAURELWOOD 463 SUMMER HILL ROAD, MADISON, CT 06443	06-0693092	501 (C) (3)	22,250				SCHOLARSHIPS
CAMP MOSHAVA OF WILD ROSE 3740 WEST DEMPESTER, SKOKIE, IL 60076	36-3874839	501 (C) (3)	6,000				SCHOLARSHIPS
CAMP MOSHAVA OF WILD ROSE 3740 WEST DEMPESTER, SKOKIE, IL 60076	36-3874839	501 (C) (3)	12,500				GRANT FOR PRGM CHANGES
CAMP MOSHAVA PA 245 NAVAJO ROAD, HONESDALE, PA 18431	13-5596850	501 (C) (3)	10,000				SCHOLARSHIPS
CAMP POYNTELLE-LEWIS VILLAGE 212-00 23RD AVENUE, DAYSIDE, NY 11360	11-3071518	501 (C) (3)	32,240				SCHOLARSHIPS
CAMP RAMAH WISCONSIN 65 E WACKER PLACE, CHICAGO, IL 60601	36-6009250	501 (C) (3)	225,000				GRANT FOR PRGM CHANGES
CAMP RAMAH WISCONSIN 65 E WACKER PLACE, CHICAGO, IL 60601	36-6009250	501 (C) (3)	17,000				SCHOLARSHIPS
CAMP SABRA 2 MILLSTONE CAMPUS DR., ST. LOUIS, MO 63146	43-0652643	501 (C) (3)	7,191				SCHOLARSHIPS
CAMP SENECA LAKE 1200 EDGEWOOD AVE, ROCHESTER, NY 14618	16-0743060	501 (C) (3)	75,000				RENOVATION & EXPANSION
CAMP SIMCHA 151 WEST 30TH STREET, NEW YORK, NY 10001	11-2940331	501 (C) (3)	18,000				JEWISH CAMP PROGRAM
CAMP STONE 2463 S. GREEN ROAD, BEACHWOOD, OH 44122	34-0897622	501 (C) (3)	45,000				KITCHEN RENOVATIONS
CAMP TEL YEHUDAH 50 WEST 58TH STREET, NEW YORK, NY 10019	13-5654375	501 (C) (3)	134,768				SPECIALTY PROGRAM
CAMP TEL YEHUDAH 50 WEST 58TH STREET, NEW YORK, NY 10019	13-5654375	501 (C) (3)	25,000				SCHOLARSHIPS
CAMP YOUNG JUDAEA MIDWEST 4711 GOLF ROAD, SUITE 600, SKOKIE, IL 60076	39-1672846	501 (C) (3)	1,513				GRANT FOR PRGM CHANGES

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Employer identification number

22-3551013

FOUNDATION FOR JEWISH CAMP, INC.

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)

(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
CAMP YOUNG JUDAEA MIDWEST 4711 GOLF ROAD, SUITE 600, SKOKIE, IL 60076	39-1672846	501 (C) (3)	10,000.				SCHOLARSHIPS
CAMP YOUNG JUDAEA SPROUT LAKE 50 WEST 58TH STREET, NEW YORK, NY 10019	13-2830437	501 (C) (3)	25,000.				SCHOLARSHIPS
CHICAGO JEWISH EXPERIENCE 5900 KIMBALL AVENUE, CHICAGO, IL 60659	23-7378599	501 (C) (3)	125,000.				ADMINISTER CIP PROGRAM
EDEN VILLAGE CAMP 538 2ND STREET, APT. 3, BROOKLYN, NY 11215	26-4373931	501 (C) (3)	253,919.				SPECIALTY CAMP
HABONIM-DROR CAMP TAVOR 2755 WINGATE LANE EAST, WEST BEND, WI 53090	36-6009159	501 (C) (3)	225,000.				GRANT FOR PRGM CHANGES
HABONIM-DROR CAMP TAVOR 2755 WINGATE LANE EAST, WEST BEND, WI 53090	36-6009159	501 (C) (3)	10,500				SCHOLARSHIPS
HABONIM-DROR CAMPING ASSOCIATION PO BOX 6025, EAST BRUNSWICK, NJ 08816	13-5596779	501 (C) (3)	60,000				SYSTEM-WIDE UPGRADES
JEWISH COMMUNITY CENTERS ASSOCIATION OF NA 520 EIGHTH AVE, 4TH FL., NEW YORK, NY 10018	13-5599486	501 (C) (3)	29,997.				JEWISH SUMMER CAMPS
JEWISH COMMUNITY FOUNDATION OF METROWEST NJ 901 ROUTE 10, WHIPPANY, NJ 07981	22-1714130	501 (C) (3)	25,000				JEWISH SUMMER CAMPS
JEWISH FEDERATION OF GREATER LOS ANGELES 6505 WILSHIRE BLVD, LOS ANGELES, CA 90048	95-1643388	501 (C) (3)	20,000				ADMINISTER CIP PROGRAM
JEWISH OUTREACH INSTITUTE 1270 BROADWAY, STE 609, NEW YORK, NY 10001	42-1317696	501 (C) (3)	62,100.				CONSULTATION & TRAINING
JFL MEDIA 90 OAK ST, PO BOX 9129, NEWTON, MA 02464	04-3368612	501 (C) (3)	22,350.				JWEST AFTER CAMP PROGRAM
NATIONAL RAMAH COMMISSION 3080 BROADWAY, NEW YORK, NY 10027	13-6161110	501 (C) (3)	164,628.				SUPPORT JEWISH CAMP
NOJ CAMPS 21 PLYMOUTH STREET, FAIRFIELD, NJ 07004	22-1487266	501 (C) (3)	27,500				PROGRAMMATIC GRANT
OLIN SANG RUBY UNION INSTITUTE 555 SKOKIE BOULEVARD, NORTHBROOK, IL 60062	36-2642286	501 (C) (3)	145,800.				CAPITAL IMPROVEMENT

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

Schedule I-1 (Form 990) 2008

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer Identification number
22-3551013

FOUNDATION FOR JEWISH CAMP, INC.

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

[illegible]

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

Schedule I-1 (Form 990) 2009

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

FOUNDATION FOR JEWISH CAMP, INC.

Employer identification number

22-3551013

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

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

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

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

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

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

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

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

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

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

	Yes	No
1a		
1b		X
2	X	
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2009

Part III Supplemental Information

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

PART I

LINE 1A: FOUNDATION FOR JEWISH CAMP, INC. PROVIDED AN APARTMENT FOR THE

CONVENIENCE OF THE ORGANIZATION AS A CONDITION OF EMPLOYMENT FOR GERRALD

SILVERMAN, CHIEF EXECUTIVE OFFICER, THE FAIR MARKET VALUE FOR RENT WAS

\$3,600.

LINE 1B: THE ORGANIZATION AND GERRALD SILVERMAN HAD A VERBAL AGREEMENT.

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

► See the Instructions for Form 990.

2009

**Open to Public
Inspection**

Name of the Organization

Employer identification number

FOUNDATION FOR JEWISH CAMP, INC.

22-3551013

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

[illegible]

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

FOUNDATION FOR JEWISH CAMP, INC.

Employer identification number

22-3551013

ATTACHMENT 2

FORM 990, PART III, LINE 2

RSJ INITIATIVE - LAUNCHING WITH THE SUMMER 2009 CAMP SEASON, THE GENESIS CAMP INITIATIVE IS THE FIRST MAJOR PROGRAM IN NORTH AMERICA DESIGNED TO ATTRACT RUSSIAN-SPEAKING JEWS LIVING IN NORTH AMERICA TO JEWISH OVERNIGHT CAMP. THE GENESIS CAMP INITIATIVE USES A MULTI-PRONGED APPROACH TO ADDRESS THE DIVERSE CULTURAL, ETHNIC, AND RELIGIOUS PREFERENCES OF THIS UNIQUE POPULATION. A FIVE-YEAR GRANT FROM THE GENESIS PHILANTHROPY GROUP (FOR MORE INFORMATION, PLEASE GO TO WWW.GPG.ORG) HAS MADE THIS PROGRAM POSSIBLE.

THE GENESIS CAMP INITIATIVE WILL UTILIZE A VARIETY OF STRATEGIES TO CREATE A HOLISTIC APPROACH IN REACHING THE RUSSIAN-SPEAKING POPULATION. HIGHLIGHTS INCLUDE:

- A) SPECIALIZED RECRUITMENT STRATEGIES AND PROGRAMS, COUPLED WITH FINANCIAL INCENTIVES TO INCREASE CONSUMER DEMAND IN THIS GROWING MARKET.
- B) IN-DEPTH MARKET RESEARCH AND TARGETED CURRICULUM COMPONENTS INCORPORATED INTO ALL THE ORGANIZATIONS PROGRAMS, SUCH AS THE SIGNATURE EXECUTIVE LEADERSHIP INSTITUTE FOR CAMP DIRECTORS AND THE CORNERSTONE FELLOWSHIP FOR BUNK COUNSELORS, TO ENSURE THAT CAMP ENVIRONMENTS ARE WELCOMING TO YOUTH FROM RUSSIAN-SPEAKING FAMILIES.
- C) TARGETED EXPERIENCES SUCH AS HAVURAH, (FOR MORE INFORMATION, PLEASE GO TO WWW.HAVURAHCAMP.ORG) A CAMP PROGRAM RUN IN PARTNERSHIP WITH THE JEWISH AGENCY FOR ISRAEL AND YOUNG JUDAEA'S CAMP TEL YEHUDAH THAT IS EXCLUSIVELY FOR RUSSIAN-SPEAKING JEWISH TEENS AND OFFERS PROGRAMMING THAT RELATES TO

Name of the organization

FOUNDATION FOR JEWISH CAMP, INC.

Employer identification number

22-3551013

ATTACHMENT 2 (CONT'D)

THEIR UNIQUELY RUSSIAN-JEWISH EXPERIENCES.

ON JANUARY 5, 2010, THE ORGANIZATION WAS INFORMED BY THE GENESIS
PHILANTHROPY GROUP THAT THEY WERE DISCONTINUING THE RSJ INITIATIVE AS
DISCUSSED ABOVE.

FORM 990, PART III, LINE 3

EXECUTIVE LEADERSHIP INSTITUTE - A PROFESSIONAL DEVELOPMENT PROGRAM FOR
FULL TIME CAMP DIRECTORS IN THE FIELD OF NON-PROFIT JEWISH SUMMER
CAMPING. 18 CAMP DIRECTORS GATHERED FOR SIX SESSIONS OVER THE COURSE OF
14 MONTHS (OCTOBER 2008 - DECEMBER 2009) FOR TRAINING IN MANAGEMENT,
FINANCE AND FUNDRAISING.

FORM 990, PART III, LINE 4D

1) CHALLENGE GRANTS -

EXPENSES: 840,813. GRANTS: 840,813.

2) STRATEGIC GRANTS -

EXPENSES: 745,681. GRANTS: 745,681.

3) CORNERSTONE -

EXPENSES: 629,988.

4) EXECUTIVE LEADERSHIP INSTITUTE -

EXPENSES: 510,743. GRANTS: 4,450.

5) CMART -

EXPENSES: 436,121. GRANTS: 64,450.

6) RSJ INITIATIVE -

EXPENSES: 338,833. GRANTS: 134,768.

7) LAUNCH PAD -

Name of the organization	Employer identification number
FOUNDATION FOR JEWISH CAMP, INC.	22-3551013
ATTACHMENT 2 (CONT'D)	

EXPENSES: 319,199.

8) EXCELLENCE GRANTS -

EXPENSES: 286,073. GRANTS: 265,300.

9) YITRO -

EXPENSES: 274,282.

10) GRADUATE DEVELOPMENT PROGRAMS -

EXPENSES: 85,851. GRANTS: 80,771.

11) CUSTOMER CENTRIC -

EXPENSES: 60,699. GRANTS: 1,150.

12) NEW CAMPS INITIATIVES -

EXPENSES: 39,629.

13) VISION, PLANNING, EVALUATION PROGRAM -

EXPENSES: 33,787.

FORM 990, PART VI, SECTION A, LINE 2

CO-FOUNDERS AND CO/CHAIRS ROB BILDNER AND ELISA SPUNGEN BILDNER ARE
HUSBAND AND WIFE.

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

FORM 990 WILL BE DISTRIBUTED TO EACH VOTING MEMBER ON THE BOARD OF
DIRECTORS. ANY COMMENTS/CHANGES WILL BE INCORPORATED BEFORE FINALIZED AND
SUBMITTED TO THE IRS.

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

EACH BOARD MEMBER FILLS IN A FORM THAT STATES ANY POTENTIAL CONFLICTS ON
A YEARLY BASIS. IF A POTENTIAL CONFLICT EXISTS, THE CHAIR OF THE AUDIT
COMMITTEE AND THE CHAIR OF THE BOARD ARE INFORMED. THEY WILL THEN DECIDE

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ATTACHMENT 2 (CONT'D)

IF THIS IS A TRUE CONFLICT AND, IF SO, TAKE APPROPRIATE ACTION AS
DETAILED IN THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15A

FOLLOWING A COMPENSATION ANALYSIS BY AN OUTSIDE FIRM, A CONTRACT FOR THE
CEO WAS WRITTEN BY AN INDEPENDENT LAW FIRM. THIS WAS REVIEWED AND
APPROVED BY THE PERSONNEL COMMITTEE AND SUBSEQUENTLY, BY THE EXECUTIVE
COMMITTEE OF THE BOARD OF DIRECTORS.

IN 2009, THE CEO RESIGNED. AS PART OF THE SEARCH PROCESS, A COMPENSATION
REVIEW WAS DONE BY AN OUTSIDE FIRM TO ASSESS AN APPROPRIATE SALARY FOR
THIS POSITION. THIS INFORMATION WAS USED AS THE BASIS FOR THE CONTRACT
FOR THE NEW CEO, WHO STARTED IN 2010, AND WAS REVIEWED AND APPROVED BY
BOTH THE PERSONNEL COMMITTEE AND THE EXECUTIVE COMMITTEE OF THE BOARD OF
DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15B

OTHER OFFICER AND KEY EMPLOYEE COMPENSATION IS RECOMMENDED BY THE CEO,
REVIEWED BY THE BOARD TREASURER AND APPROVED AS PART OF THE BUDGET
PROCESS BY THE FULL BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION MAKES ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

ATTACHMENT 3

Name of the organization	Employer identification number
FOUNDATION FOR JEWISH CAMP, INC.	22-3551013
ATTACHMENT 3 (CONT'D)	

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

THE BROAD PURPOSE OF THE FOUNDATION FOR JEWISH CAMP, INC. IS TO BUILD A JEWISH IDENTITY AND INCREASE BOTH THE QUANTITY AND QUALITY OF JEWISH CAMPING THROUGHOUT THE UNITED STATES AND CANADA. SPECIFICALLY, THE ORGANIZATION'S OBJECTIVES ARE AS FOLLOWS:

- A) TO INCREASE THE AWARENESS OF AND DEMAND FOR JEWISH CAMP EXPERIENCES AMONG JEWISH FAMILIES AND JEWISH ORGANIZATIONS THROUGHOUT THE UNITED STATES AND CANADA.
- B) TO SUPPORT THE IMPROVEMENT OF THE PHYSICAL FACILITIES OF EXISTING JEWISH CAMPS WHICH DEMONSTRATE EXCELLENCE IN JEWISH CAMP PROGRAMMING.
- C) TO ENCOURAGE AND SUPPORT THE DEVELOPMENT OF NEW JEWISH CAMPS.
- D) TO WORK TO IMPROVE RELIGIOUS AND EDUCATIONAL PROGRAMS OF JEWISH CAMPS AND TO ENHANCE THE ARTISTIC, RELIGIOUS, EDUCATIONAL, ATHLETIC, RECREATIONAL AND SOCIAL PROGRAMMING OFFERED BY EXISTING JEWISH CAMPS FOR DISCUSSION ON ISSUES OF COMMON CONCERN.
- E) TO FOSTER THE CREATION OF SHARED JUDAIC RESOURCES AVAILABLE TO AND FOR THE BENEFIT OF ALL JEWISH CAMPS.
- F) TO SERVE AS AN INFORMATION CLEARINGHOUSE ON VARIOUS ASPECTS OF JEWISH CAMPING.
- G) TO FOSTER THE CREATION OF AN UMBRELLA ORGANIZATION FOR ALL JEWISH CAMPS WHICH WOULD FACILITATE THE CONVENING OF JEWISH CAMP DIRECTORS AS WELL AS THE CHAIRPERSONS OF THE BOARDS OF JEWISH CAMPS FOR DISCUSSION ON ISSUES OF COMMON CONCERN.

ATTACHMENT 4

Name of the organization

FOUNDATION FOR JEWISH CAMP, INC.

Employer identification number

22-3551013

FORM 990, PART III - PROGRAM SERVICESATTACHMENT 4 (CONT'D)4A PROGRAM SERVICE

CAMPERSHIP INCENTIVE PROGRAM -

- A) THE CAMPERSHIP INCENTIVE PROGRAM IS A MATCHING GRANT PROGRAM DESIGNED TO STIMULATE JEWISH COMMUNITIES (USUALLY JEWISH FEDERATIONS BUT SOMETIMES OTHER COMMUNAL INSTITUTIONS SUCH AS A CAMP OR A NATIONAL MOVEMENT) ACROSS NORTH AMERICA TO PROMOTE JEWISH CAMP AND INCREASE THE NUMBER OF CHILDREN BENEFITING FROM THE TRANSFORMATIONAL EXPERIENCE OF JEWISH CAMP.
- B) THE CAMPERSHIP INCENTIVE PROGRAM PROVIDES FINANCIAL INCENTIVES TO FAMILIES OF FIRST-TIME, AND IN SOME CASES SECOND-TIME CAMPERS, TO ENCOURAGE AND MOTIVATE PARENTS TO CHOOSE JEWISH SUMMER CAMP OVER OTHER COMPELLING SUMMER ENTERTAINMENT OPTIONS.
- C) THE PROGRAM SPECIFICALLY TARGETS NEW CAMPERS WHO DO NOT HAVE DAILY, INTENSIVE EXPOSURE TO JUDAISM.
- D) THE ORGANIZATION'S GOAL IS TO SEED INCENTIVE PROGRAMS IN JEWISH COMMUNITIES ACROSS NORTH AMERICA THROUGH PARTNERSHIPS WITH A VARIETY OF JEWISH ORGANIZATIONS, INCLUDING FEDERATIONS, MOVEMENTS AND FOUNDATIONS.
- E) THE ORGANIZATION WILL MATCH ANY COMMUNITY THAT AGREES TO COMMIT TO THE PROGRAM FOR A MINIMUM OF THREE YEARS. THE ORGANIZATION MATCHES COMMUNITY DOLLARS 1:1 IN THE FIRST YEAR; 1:.75 IN YEAR TWO; 1:.50 IN YEAR THREE. IN THE FOURTH YEAR, THE COMMUNITY IS EXPECTED TO OPERATE THE PROGRAM INDEPENDENTLY ALTHOUGH THERE IS SOME FLEXIBILITY FROM THE ORGANIZATION'S SIDE DEPENDING UPON PARTICULAR CIRCUMSTANCES.

Name of the organization

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FORM 990, PART III - PROGRAM SERVICESATTACHMENT 4 (CONT'D)

OPERATIONAL PROCESSES

A) CAMPERS COMPLETE AN ONLINE APPLICATION AT THE FOUNDATION FOR JEWISH CAMP'S REGISTRATION SITE, ONEHAPPYCAMPER.ORG.

B) COMMUNITY ADMINISTRATORS CONFIRM THAT APPLICANTS HAVE REGISTERED AT CAMP USING THE ADMINISTRATIVE FUNCTIONALITY ON THE REGISTRATION SITE.

C) IN MOST CASES, THE ORGANIZATION DISTRIBUTES INCENTIVE GRANT MONEY TO COMMUNITY PARTNERS WHO THEN DISTRIBUTE THE MONEY TO CAMPS IN SEPARATE INSTALLMENTS. IN SOME CASE, FJC WILL PAY THE CAMPS DIRECTLY. IN ALL CASES, WE STIPULATE THAT FUNDS WILL BE RETURNED TO THE ORGANIZATION IN CASES WHERE THE LISTED CAMPER DOES NOT ULTIMATELY ATTEND CAMP.

D) THE ORGANIZATION CONDUCTS RECONCILIATIONS WITH THE CAMPS AT THE END OF THE SUMMER TO ENSURE PROPER USE OF DISTRIBUTED FUNDS.

E) AT THE CONCLUSION OF THE SUMMER, CAMPERS WHO RECEIVED INCENTIVES ARE ENCOURAGED TO COMPLETE AN ONLINE SURVEY ABOUT THEIR CAMP EXPERIENCE.

IN 2009, 6,200 CHILDREN RECEIVED INCENTIVES FOR CAMP THROUGH CAMPSHIP INCENTIVE PROGRAMS ACROSS NORTH AMERICA. TOTAL INCENTIVE ALLOCATION FOR 2009 WAS APPROXIMATELY \$4,200,000.

Name of the organization

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FOUNDATION FOR JEWISH CAMP, INC.

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FORM 990, PART III - PROGRAM SERVICESATTACHMENT 54B PROGRAM SERVICE

JWEST CAMPSHIP INCENTIVE PROGRAM - AN INCENTIVE PROGRAM WHICH SEEKS TO INCREASE THE NUMBER OF PRE-TEEN JEWISH YOUTH IN THE WESTERN U.S. ENROLLED IN OVERNIGHT JEWISH SUMMER CAMPS. FUNDED BY THE JIM JOSEPH FOUNDATION, THE PROGRAM HAS BEEN OPERATING SINCE 2007 IN 13 WESTERN STATES: ALASKA, ARIZONA, CALIFORNIA, COLORADO, HAWAII, IDAHO, MONTANA, NEW MEXICO, NEVADA, OREGON, UTAH, WASHINGTON, AND WYOMING. TWENTY-FOUR WESTERN CAMPS PARTICIPATE IN THE PROGRAM. COMMUNITIES OF ALL SIZES HAVE THE POTENTIAL TO BE IMPACTED BY AN INFLUX OF YOUNGSTERS EAGER TO SUSTAIN THE POSITIVE JEWISH EXPERIENCES THEY WILL GET AT SUMMER CAMP.

JWEST CAMPSHIP AWARDS FINANCIAL INCENTIVES OF \$1,000 AND \$1,500 FOR FIRST-TIME CAMPERS ENTERING GRADE 6, 7, OR 8 WHO ATTEND NONPROFIT JEWISH OVERNIGHT CAMP FOR TWO OR THREE WEEKS TO THESE CAMPS ONCE THE CAMPER HAS COMPLETED AN APPLICATION AS DESCRIBED IN THE "OPERATIONAL PROCESSES."

OPERATIONAL PROCESSES

- A) CAMPERS COMPLETE AN ONLINE APPLICATION AT THE FOUNDATION FOR JEWISH CAMP'S REGISTRATION SIDE, ONEHAPPYCAMPER.ORG.
- B) CAMP DIRECTORS CONFIRM THAT APPLICANTS HAVE REGISTERED AT CAMP USING THE ADMINISTRATIVE FUNCTIONALITY ON THE REGISTRATION SITE.

Name of the organization

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FORM 990, PART III - PROGRAM SERVICESATTACHMENT 5 (CONT'D)

C) THE ORGANIZATION DISTRIBUTES INCENTIVE GRANTS DIRECTLY TO THE CAMPS IN SEPARATE INSTALLMENTS, WITH THE STIPULATION THAT FUNDS WILL BE RETURNED TO THE ORGANIZATION IN CASES WHERE THE LISTED CAMPER DOES NOT ULTIMATELY ATTEND CAMP.

D) THE ORGANIZATION CONDUCTS RECONCILIATIONS WITH THE CAMPS AT THE END OF THE SUMMER TO ENSURE PROPER USE OF DISTRIBUTED FUNDS.

E) AT THE CONCLUSION OF THE SUMMER, ALL JWEST CAMPERS ARE EXPECTED TO COMPLETE AN ONLINE SURVEY ABOUT THEIR CAMP EXPERIENCE.

IN 2009, APPROXIMATELY 1,059 CHILDREN RECEIVED INCENTIVES FOR CAMP. TOTAL INCENTIVE ALLOCATION FOR 2009 WAS \$1,398,500 .

ATTACHMENT 64C PROGRAM SERVICE

SPECIALTY CAMPS INCUBATOR PROJECT - IN JANUARY 2008, THE ORGANIZATION OFFICIALLY ANNOUNCED THE SPECIALTY CAMPS INCUBATOR PROJECT, FOR THE DEVELOPMENT OF FOUR NEW SPECIALTY CAMP MODELS. THIS GRANT FROM THE JIM JOSEPH FOUNDATION (JJF), ORIGINALLY FOR \$8.4 MILLION OVER FIVE YEARS, WAS TO PROVIDE UP TO \$1.2 MILLION IN FUNDING FOR START UP AND THE FIRST THREE YEARS OF CAMP OPERATION FOR EACH OF THE PARTICIPANTS, AND FOR THE OPERATION OF THE INCUBATOR. IN ADDITION, THE PROGRAM WAS DESIGNED TO DELIVER INDIVIDUAL MENTORING, COACHING, FREQUENT WORKSHOPS AND THE SERVICES OF APPROPRIATE CONSULTANTS. INCLUDED IN THE GRANT WAS

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FORM 990, PART III - PROGRAM SERVICESATTACHMENT 6 (CONT'D)

\$250,000 OVER FIVE YEARS FOR AN EXISTING SPECIALTY CAMP, BIMA, TO SUPPORT THEIR QUEST TO DOUBLE THEIR CAMPER ENROLLMENT. BIMA'S DIRECTOR ALSO WAS INVITED TO ATTEND ALL WORKSHOPS AND RECEIVE MENTORING AND CONSULTING SERVICES THROUGH THE INCUBATOR.

THE SPECIALTY CAMPS INCUBATOR INCLUDES AND PROVIDES:

A) EXPERT CONSULTING ON ALL ASPECTS OF PROGRAM DEVELOPMENT:

DEVELOPMENT AND IMPLEMENTATION OF THE EDUCATIONAL AND JEWISH CONCEPT AND DESIGN; BUSINESS MODEL; FUNDRAISING; STAFFING AND HUMAN RESOURCES; STAFF TRAINING AND DEVELOPMENT; BOARD RECRUITMENT AND DEVELOPMENT; SITE IDENTIFICATION AND CONTRACTS; MARKETING AND CAMPER RECRUITMENT.

B) ONE-ON-ONE AND GROUP MENTORING AND CONSULTATIVE SERVICES OF OUTSIDE EXPERTS.

C) START-UP AND OPERATIONAL FUNDING OVER A PERIOD OF UP TO FIVE YEARS, PEGGED TO PRE-DETERMINED PERFORMANCE GOALS, WITH FINANCIAL INCENTIVES FOR EXCEEDING EXPECTATIONS.

D) SEMINARS AND WORKSHOPS ON RELEVANT TOPICS, INDIVIDUAL COACHING, AND DEVELOPMENT OF A NETWORK FOR MUTUAL SUPPORT, TRAINING,

Name of the organization

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FORM 990, PART III - PROGRAM SERVICESATTACHMENT 6 (CONT'D)

EXCHANGE OF BEST PRACTICES, AND OTHER JOINT INITIATIVES
(PURCHASING, STAFFING, ADVERTISING, ETC.).

IT WAS DETERMINED THAT BIMA, AN EXISTING SPECIALTY PROGRAM, DID
NOT MEET THE GOALS OR STRUCTURE OF THE INCUBATOR MODEL, AND THEY
WERE NOT RENEWED IN THE FALL OF 2009.

THE FINAL COHORT AND LEAD DIRECTORS ARE:

- A) 6 POINTS SPORTS ACADEMY - RANDY COLMAN AND SHANE CARR,
DIRECTORS.
- B) ADAMAH ADVENTURES - ADAM GRIFF AND BOBBEE SELDIN GRIFF,
DIRECTORS.
- C) EDEN VILLAGE CAMP - YONI STADLIN AND VIVIAN LEHRER, DIRECTORS.
- D) RAMAH OUTDOOR ADVENTURES - ELIAV BOCK, DIRECTOR.
- E) PASSPORT NYC (92ND ST. Y/NJY CAMPS) - MOLLY HOTT, DIRECTOR.

THERE WERE SIX WORKSHOPS IN 2009, WITH TOPICS INCLUDING:
MARKETING, SALES PRESENTATIONS, STAFF RECRUITMENT, STAFF TRAINING,
SAFETY STANDARDS, CUSTOMER SERVICE. THE MENTORS PROVIDED QUARTERLY

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FOUNDATION FOR JEWISH CAMP, INC.

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FORM 990, PART III - PROGRAM SERVICESATTACHMENT 6 (CONT'D)

PROGRESS REPORTS.

EACH CAMP AGREED TO A SET OF ENROLLMENT BENCHMARKS AS A METHOD OF
 SETTING A STANDARD FOR MEASURING SUCCESS FOR YEAR ONE OF
 OPERATION. THE BENCHMARKS WERE TAKEN AS AN AGGREGATE AMONG THE
 FIVE CAMPS, BUT EACH CAMP WAS PROVIDED WITH A MINIMUM NUMBER THAT
 THEY WERE TO ENROLL.

AFTER THE YEAR ONE EVALUATION REPORT, JJF REPLACED THE EVALUATION
 TEAM, WITH BTW INFORMING CHANGE AS THE NEW COMPANY.

ATTACHMENT 7990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
NESS USA, INC. 3 UNIVERSITY PLAZA, SUITE 600 HACKENSACK, NJ 07601	CONSULTING	488,089.
SUMMATION RESEARCH, INC. 7781 BENNINGTON DRIVE CINCINNATI, OH 45241	MARKETING	336,150.
EGG STRATEGY, INC. 1360 WALNUT STREET, SUITE 102 BOULDER, CO 80302	MARKETING	156,160.
ALEXANDER INTERACTIVE, INC. 149 FIFTH AVENUE, 2ND FLOOR NEW YORK, NY 10010	CONSULTING	135,000.
MICHELE FRIEDMAN 372 CENTRAL PARK WEST, #19J NEW YORK, NY 10025	CONSULTING	132,500.

Name of the organization

Employer identification number

FOUNDATION FOR JEWISH CAMP, INC.

22-3551013

ATTACHMENT 7 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORSNAME AND ADDRESSDESCRIPTION OF SERVICESCOMPENSATION

TOTAL COMPENSATION

1,247,899.

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2009

Attachment
Sequence No **67**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

Identifying number

FOUNDATION FOR JEWISH CAMP, INC.

22-3551013

Business or activity to which this form relates

GENERAL DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	299,965.

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year		12 yrs		S/L	
c 40-year		40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions	22	299,965.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed?				Yes	No	24b If "Yes," is the evidence written?				Yes	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)								25			
26 Property used more than 50% in a qualified business use											
		%									
		%									
		%									
27 Property used 50% or less in a qualified business use											
		%				S/L -					
		%				S/L -					
		%				S/L -					
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28			
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29			

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (do not include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year (see instructions)					
43 Amortization of costs that began before your 2009 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒ **X**
 - If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization	Employer identification number
	FOUNDATION FOR JEWISH CAMP, INC.	22-3551013
	Number, street, and room or suite no. If a P.O. box, see instructions.	
File by the due date for filing your return. See instructions.	15 WEST 36TH STREET, 13TH FLOOR	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	NEW YORK, NY 10018	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► LAURIE STONE,

Telephone No. ► 646 278-4514

FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/16, 2010 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☒ calendar year 2009 or
- ☐ tax year beginning _____, _____, and ending _____.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)