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Form'

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2009

Open to Public Inspection

Α	For the 2009	calendar ye	ar, or tax year beginning $10/01/09$, and ending 0	9/30/10				
В	Check if applicable		C Name of organization		[D Emplo	yer identifi	cation number
	Address change	use IRS	CAMP KESEM NATIONAL	• • • • • • • • • • • • • • • • • • • •				
	Name change	print or	Doing Business As	- 		51-	04541	<u>57</u>
$\overline{\exists}$	Initial return	type See	Number and street (or P O box if mail is not delivered to street address)	Room/s	uite E		one number	
╡	Termination	Specific	P.O. BOX 1113				<u>-679-</u>	
		Instruc-	City or town, state or country, and ZIP + 4		<u> </u>	Gross recei	pts \$	931,622
	Amended return	tions	LAFAYETTE CA 94549		 .			
	Application pendin	9 1	and address of principal officer I GLICKMAN		ľ	• •	group return f	
			ROCKY POINT RD		ŀ	affiliate: H(b) Are all a	affiliates 🗀	Yes X No
			OS VERDES ESTATES CA 90274			included	_	see instructions)
<u> </u>	Tax-exempt sta		501(c) (3) ◄ (insert no) 4947(a)(1) or 527			11 110,	attach a list (s	iee mandebons,
J.			AMPKESEM. COM	·		H(c) Group e	exemption num	nber 🕨
ĸ	Type of organizati			L Year of for		~~	M State of le	
		Summar		1 - 100.00.00				<u> </u>
	T		e organization's mission or most significant activities					
4.	1 '	ESCHE						
ü								
Activities & Governance								
ove	2 Check	this box	If the organization discontinued its operations or disposed of m	ore than 25% of its n	et assets			
Ŏ	i		members of the governing body (Part VI, line 1a)			3	8	
es 4	4 Numbe	er of indepe	ndent voting members of the governing body (Part VI, line 1b)			4	8	
Ξ	5 Total n	number of e	nployees (Part V, line 2a) PECEIVI			5	3	
Act	6 Total n	number of v	olunteers (estimate if necessary)			6	1100	
•	7a Total g	gross unrela	ted business revenue from Part VIII, column(0), line 12	28C		7a		
	b Net un	related bus	ness taxable income from Form 990-T, line 34 FEB 2 3 20			7b		0
		L. •	(Dad VIII Land 45)	<u>\</u>	Prior Year	,013	Cun	rent Year 873,897
ne	1		grants (Part VIII, line 1h) evenue (Part VIII, line 2g) OGDEN		004	,013		613,691
Revenue	1					879		465
Re	1		e (Part VIII, column (A), lines 3, 4, and 7d)			879		57,260
			nt VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Id lines 8 through 11 (must equal Part VIII, column (A), line 12)		664	,892		931,622
	1		amounts paid (Part IX, column (A), lines 1–3)	-		,002		331,322
			for members (Part IX, column (A), line 4)					
	1	•	npensation, employee benefits (Part IX, column (A), lines 5–10)		67	,512		78,680
penses	1		aising fees (Part IX, column (A), line 11e)			/		25,000
ben	1		expenses (Part IX, column (D), line 25) > 48, 9	98			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Ж		•	Part IX, column (A), lines 11a–11d, 11f–24f)		543	,740		700,458
	18 Total e	expenses A	dd lines 13–17 (must equal Part IX, column (A), line 25)		611	,252		804,138
	19 Reven	ue less exp	enses Subtract line 18 from line 12			,640		127,484
Sor	S S			Beginn	ing of Curre		End	d of Year
Wet Assets or	20 Total a	•	•	ļ	204	,119		331,604
let A	21 Total li	•	rt X, line 26)		204	110		221 604
			balances Subtract line 21 from line 20	<u>l</u>	204	,119		331,604
		Signatu					-	
₹,	I .		es of perjury, I declare that I have examined this return, including accompanyir s true, correct, and compl <u>ete. D</u> eclaration of preparer (other than officer) is bas					ige
ہے Siç		X				1		
He	re	Signatur	e of other					
	1 1	Cignatu	JOHN BRAD BURN, TREASUR	E IZ		Date	1160	1/11
C	ا ا	Type or	orint name and title	-				
ر الالالا Pa	2		1011111	Date	Check if	•		s identifying number
		Preparer's signature	V Kolet Kelsen CPA	02/11/11	self-		(see instru	uctions) 355436
	èparer's ⊢		ARONSON GELMAN & POSNER, I	NC.	_ спроуес	EIN D		
Us		Firm's name if self-employ	OFO CHOKER DIAM COM SOF			Phone	-	
		address, and	•	•		1	847-4	433-6100
Ma	J.		urn with the preparer shown above? (see instructions)			110		Yes No
	,		work Reduction Act Notice, see the congrete instructions					000 (0000)

orm	990 (2009)	CAMP KESEM NA	TIONAL	51-0454157			Page 2
			Service Accomplishments				
		e the organization's mission					
2	the prior Form	zation undertake any signi i 990 or 990-EZ? ribe these new services on	ficant program services during the yes	ear which were not listed on		Yes	X No
3	services?	zation cease conducting, c	or make significant changes in how it	conducts, any program		Yes	X No
4	Describe the e	exempt purpose achievemon (3) and 501(c)(4) organiza	ents for each of the organization's thi ations and section 4947(a)(1) trusts a and revenue, if any, for each progra	are required to report the amount o			
D			726,930 including gran AR ENDED SEPTEMBER PS ORGANIZED AT 22	30, 2010, 1,206) (Revenue \$ CAMPERS A		157)
4b	(Code) (Expenses \$	ıncluding gran	ts of \$) (Revenue \$)
4c	(Code) (Expenses \$	ıncluding gran	uts of \$) (Revenue \$)
	Other ac-	n anguage (Describe in Co	shadula O \				
40	(Expenses _\$	n services (Describe in Sc :	including grants of \$) (Revenue \$		١	
4e		m service expenses ▶	726,930) livevenue a			

s line organization described in section 501c(x)] or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule B. Schedule B. Schedule Of Confributions? 2 is line organization argument to complete Schedule B. Schedule Of Confributions? 3 bell the organization argument organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public official "It's", complete Schedule C. Part I is candidates for public official "It's", complete Schedule C. Part I is candidates for public official "It's", complete Schedule C. Part I is schedule C. Part I is candidates for public official "It's", complete Schedule C. Part I is candidates for public official "It's", complete Schedule C. Part I is candidates for public official "It's", complete Schedule C. Part I is candidate of public official "It's", complete Schedule C. Part I is official "It's "It's", complete Schedule C. Part I is official "It's "It's", complete Schedule C. Part I is official "It's "It's", complete Schedule C. Part I is official "It's "It's",	Pa	rt IV Checklist of Required Schedules			
a is the organization required to complete Schedule B, Schedule Of Contributions? Did the organization reging an direct or indirect political campage activities on behalf of or in opposition to canadiates for public office? If "Yes," complete Schedule C, Part II Section 501(c)(5) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Section 501(c)(5) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part III Section 501(c)(5) organizations. Did the organization subject to the section 6033(e) in citize and reporting requirement and priory lax? If "Yes," complete Schedule C, Part III Section 501(c)(5) organization and organization and organization subject to the section 6033(e) in citize and reporting requirement and priory lax? If "Yes," complete Schedule C, Part III Did the organization maintain and your advanced funds or any sumfart funds or accounts? If "Yes," complete Schedule D, Part II Did the organization maintain and societions of works of art, historical reassures, or other similar assets? If "Yes," complete Schedule D, Part II Did the organization report an amount in Part X, line 21, serve as a custodian for amounts in stricters? If "Yes," complete Schedule D, Part II Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not stated in Part X, or provide credit counseling, debit management, credit report, or debit registration services? If "Yes," complete Schedule D, Part VI Did the organization report an amount for incest report, or debit registration services? If "Yes," complete Schedule D, Part VI It is the organization report an amount for investments—program related in Part X, line 10? If "Yes," complete Schedule D, Part VI Did the organization report an amount for other assets related in Part X, line 10? If "Yes," complete Schedule D, Part XI Did the organization report an amount for other assets related in Part X, line 10? If "Yes," complete Schedul	•			Yes	No
2 X De the organization required to complete Schedule B, Schedule of Contributions? De the organization engage in direct or indirect political campagin activities on behalf of or in opposition to candidates for public official? If Yes," complete Schedule C, Part I Section \$01(c)(4), \$01(c)(5) organizations. Did the organization engage in lobbying activities? If Yes," complete Schedule C, Part II De the organization annual and proxy tax? If Yes," complete Schedule C, Part II De the organization maintain any done advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or in westment of amounts in such funds or accounts where donors have the right to provide advice on the distribution or in westment of amounts in such funds or accounts where donors have the right to provide advice or hold a conservation essement, including easements to preserve open space, the environment, historic land areas, or historic structures? If Yes," complete Schedule D, Part II Del the organization receive or hold a conservation essement, including easements to preserve open space, the environment, historic land areas, or historic structures? If Yes," complete Schedule D, Part II Del the organization report an amount in Part X, line 21, serve as a custodian for amounts not lasted in Part X, or provide credit counseliering, debt management, credit repair, or eith negotiation services? If Yes," complete Schedule D, Part IV Del the organization, determined the part X, line 21, serve as a custodian for amounts not based in Part X. line 10? If Yes, I serve as a custodian for amounts not based in Part X, line 10? If Yes, I serve as a custodian for amounts not based in Part X, line 10? If Yes, I serve as a custodian for amounts not based in Part X, line 10? If Yes, I serve as a custodian for amounts not based in Part X, line 10? If Yes, I serve as a custodian for amounts not based serve and yes as a custodian for amounts not based serve part and yes of the following questions "Yes,	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
3 Did the organization reagage in direct or indirect political campagin activities on behalf of or in opposition to candidates for public office? If "Yes", camplete Schedule C, Part II Section 501(c)(5) organizations. Did the organization rengage in lobbying activities? If "Yes," complete Schedule C, Part II Section 501(c)(6) organization and proxy tax? If "Yes," complete Schedule C, Part II Section 501(c)(6), 501(c)(6) organization rengage in lobbying activities? If "Yes," complete Schedule C, Part II Did the organization maintain and proxy tax? If "Yes," complete Schedule C, Part II Did the organization maintain and your dorvised without on any smaller funds or accounts and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part II Did the organization maintain and your dorvised without on any smaller funds or accounts? If "Yes," complete Schedule C, Part II The organization receive or hold a conservation essement, including easements to preserve open space, the environment, hastoric land rease, or historic structures? If "Yes," complete Schedule D, Part II Did the organization report an amount in Part X, line 21, serve as a custodian for amounts assets and the organization report an amount in Part X, line 21, serve as a custodian for amounts and tisted in Part X, or provide credit conselerity, of through a related organization, hold assets in form, permanent, or quase-endowners? If "Yes," complete Schedule D, Part V II Is the organization report an amount for fine schedule organization, hold assets in form, permanent, or quase-endowners? If "Yes," complete Schedule D, Part V II Is the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part V II Is the organization report an amount for orwestments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part V II Is the organization report an amount for orwestments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part X II Is 10 If If "Yes," complete		complete Schedule A	1_	_X	
3 De the organization engage in direct or inferet political campage activities on behalf of or in opposition to candidates for public office? If If Yes, Complete Schedule C, Part II 5 Section \$01(c)(4) organizations. Did the organization engage in lobbying activities? If Yes," complete Schedule C, Part II 5 Section \$01(c)(4), 501(c)(5), and \$01(c)(6) organizations, is the organization subject to the section 8033(e) notice and reporting requirement and priory tax? If Yes, Complete Schedule C, Part III 6 Out the organization maintain any droor advised funds or any smiller funds or accounts? If Yes," complete Schedule C, Part III 7 Duble organization maintain any droor advised funds or any smiller funds or accounts? If Yes," complete Schedule C, Part III 8 Duble organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic total areas, or historic structures? If Yes," complete Schedule D, Part III 9 Duble organization maintain and expert of the schedule C, Part III 9 Duble organization maintain and part X, Ine 21, serve as a custodian for amounts not listed im Part X, or provide active 10, Part III 10 Duble organization incept of an amount in Part X, Ine 21, serve as a custodian for amounts not listed im Part X, or provide credit conselling, delth imagement, credit repair, or debt negotiations envirose? If Yes," complete Schedule D, Part IV 10 Duble organization report an amount for land, buildings, and equipment in Part X, Ine 10° If Yes," complete Schedule D, Part IV 11 Is the organization report an amount for investments—program related in Part X, Ine 10° If Yes," complete Schedule D, Part X 12 Unit the organization report an amount for investments—program related in Part X, Ine 10° If Yes," complete Schedule D, Part X 13 Duble organization report an amount for investments—program related in Part X, Ine 10° If Yes," complete Schedule D, Part X 14 Duble organization report an amount for investments—program related in Part X, Ine 10° If Ye	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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5 Section 901(c)(4), Sol1(c)(5), and S01(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 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical adreas, or historic strictures? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 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 neglotation services? If "Yes," complete Schedule D, Part V 10 Did the organization directly or through a related organization, hold assets in term, permanent, or quasi-endownents? If "Yes," complete Schedule D, Part V 11 Is the organization report an amount for lined, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11 Did the organization report an amount for lined, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 12 Did the organization report an amount for lined, buildings, and equipment 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 X 13 Did the organization report an amount for line sastes 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 X 14 Did the organization schedule an amount			4		X
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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 leability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X II, AII, and XIII 12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII so optional is the organization included in consolidated, independent audited financial statements for the tax year? 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States? 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 II 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization report on Part IX, column (A), line 3, more than \$5,000 of gargerage transit or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part II 16 Did the organization report a lotal of more than \$15,000 of aggregate reviation assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III 17 X 18 Did the organization report 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 II 19 Did the organization report more than \$15,000 of gorses income and contributions on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 Did the organization operate one or more hospitals? If	•				
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20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	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		
	20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		

76	art ty 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 19 If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			v
	United States on Part IX, column (A), line 2º If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
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	_		v
	employees? If "Yes," complete Schedule J	23		<u> </u>
24a	•			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	.		v
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) 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	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	1		
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		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	26		<u> </u>
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	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		ĺ	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	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,		İ	
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		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	32		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	33		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	34		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	35		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	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		х
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	38	x	
	The state of the s			(2000)

га	rt v Statements Regarding Other IRS Filings and Tax Compliance					
•				F	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	1a	0			
· b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	abie		.	1	
0-	gaming (gambling) winnings to prize winners?	1		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	2a	3			
_	Statements, filed for the calendar year ending with or within the year covered by this return			2b	х	
b	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			20		
	Instructions)]	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	,			1	
Ja	this return?	,		3a	Ī	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	ority				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial					
	account)?			4a		X
b	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 Ban	k				
	and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	?		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding					
	Prohibited Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deductible?			6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	is				
	and services provided to the payor?			7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			_		v
	required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d _				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal state of the state of t	onai		7.	1	x
	benefit contract?			7e 7f		X
†	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
g h	For contributions of qualified intellectual property, did the organization file Form 6699 as required. For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			'4		
h	required?			7h		
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?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			ŧ	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			1	
11	Section 501(c)(12) organizations. Enter	1 1				
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u></u>	لــــا	000	(2009)
				rorn	・ココリ	(ZUU9)

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.

	Schedule O. See instructions.			
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body		1	
b	Enter the number of voting members that are independent		1	
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	Х	
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		<u>X</u>
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		<u>x</u> _
6	Does the organization have members or stockholders?	6		<u> </u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		<u>X</u>
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		1	:
	the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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	9		<u> </u>
	tion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	renue 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	X	
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	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	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?		- 1	•
а	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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ CA			
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			
	X Own website Another's website X 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 ► FANNY WILSON 9 WANDEL DRIVE			
M	ORAGA CA 94556			

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

(A) Name and Title	(B) Average	Pos	ition ((chec	k all t	that ap	ply)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
DAVE BALDWIN DIRECTOR	2.00	x						0	0	(
JOHN BRADBURN	2.00	^			\vdash	1				
TREASURER	2.00	x		X		1 1		0	0	C
DAVID CRONIN	2.00	<u> </u>		^		╁╌┼		<u> </u>		
SECRETARY	2.00	x		x				0	o	C
RON GLICKMAN	2.00	1		- 22		+				
CHAIRMAN	2.00	x		x				o	o	C
JERRY KATZ						\vdash		<u> </u>		
DIRECTOR	2.00	x				li		0	o	C
MARK OLSON										
DIRECTOR	2.00	X						0	o	(
IRIS RAVE										
DIRECTOR	2.00	X						0	0	
JESSICA YU										
DIRECTOR	2.00	X						0	0	
		+				├				
			ļ			1				
				_						
		<u> </u>	ļ			\sqcup				
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		T		 	\vdash	\dagger			-	
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		L								
	i e	1	ı	i .	ı	1				

Pa	rt VII Section A. Officers	, Directors, Trus	tees	, Ke	y En	plo	yees	, and	Highest Compensated E	mployees (continued)				
	(A) Name and Title	(B) Average	Pos	ition	(chec	C) k all t	hat a	pply)	(D) Reportable	(E) Reportable		(F) stima		
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	com fr org and	noun othe pens om ti aniza d rela	r ation he ition ited	
														_
							_							
	····													_
				ļ			_							
														_
						-								
							_							_
				_	-	_								
					_			_						
	Total	l	<u> </u>					 						
2	Total number of individuals (increportable compensation from				ose	liste	d abo	ove)	who received more than \$1	00,000 in				
3	Did the organization list any fo	rmer officer, dire	ctor o	or tru	ıstee	, key	emp	oloye	e, or highest compensated		<u> </u>		Yes	No
4	employee on line 1a? If "Yes," For any individual listed on line the organization and related or	1a, is the sum o	f rep	ortat	ole co	ompe	ensat	tion a	and other compensation fro	m uch		3		Х
5	individual Did any person listed on line 1	a receive or accri	ne co	ompe	ensat	ion f	rom	any ι	unrelated organization for			4		X
Sec	services rendered to the organication B. Independent Contract	ors									!!	5		X
1	Complete this table for your fiv compensation from the organization	zation	nsate	ed in	depe	nder	nt co	ntrac					(C)	
	Name and	(A) d business address							Descrip	(B) stion of services		Coi	(C) npensat	tion
								-				•		
														_
2	Total number of independent of more than \$100,000 in compe	-	_				to th	nose	listed above) who received			0		
	# 100,000 iii 00iiipo		54					_					200	

Pa	<u>rt V</u>	III Statement of Reve	nue					
•	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
SS	12	Federated campaigns	1a			TOTOTIAC		012,010,01014
Program Service Revenue Contributions, gifts, grants and other similar amounts		Membership dues	1b		1			
P. B.		•	-		1			
fts,		Fundraising events	1c					
igi		Related organizations	1d					
Siris	е	Government grants (contributions)	1e		1			
ξā	f	All other contributions, gifts, grants,			1			
흔힘		and similar amounts not included above		873,897	1			
E	g	Noncash contributions included in lines 1a-	1f \$		1			
O B	h	Total. Add lines 1a-1f		•	873,897			
e e				Busn Code				
Ve	2a							
&	b							<u>. </u>
<u>Ş</u>	С						_	
မွ်	d							
Ē	е							
ğ	f	All other program service rever	ue					
퓝								
		Investment income (including d	ıvıdends	, interest, and				
	_	other similar amounts)		▶	465	465		
	4	Income from investment of tax-	exempt	bond proceeds				
	5	Royalties		•				
	•	(ı) Real		(II) Personal			_	
	6a	Gross Rents	İ					
	b	Less rental exps						
	c	Rental inc or (loss)			-			
		Net rental income or (loss)		•	f			
		Gross amount from (i) Securities	. [(ii) Other				
		sales of assets	1	(11) 0 11101	,			
	_	other than inventory			<u> </u>			-
	b	Less cost or other			1			
	_	basis & sales exps	-		1			
		Gain or (loss)		•	1			
		Net gain or (loss)	Г					
ne	ва	Gross income from fundraising ever	ils					
en		(not including \$						
Ş		of contributions reported on line 1c)		F7 060	1			
Other Reven		See Part IV, line 18	a -	57,260	1			
듛		Less direct expenses	ьГ		57 260	E7 060		
		Net income or (loss) from fundr		vents •	57,260	57,260		Y
	9a	Gross income from gaming activities	1					
		See Part IV, line 19	a _		1			
		Less direct expenses	ьГ		-			
		Net income or (loss) from gami	ng activ	ities				······································
	10a	Gross sales of inventory, less						
		returns and allowances	a -		1			
		Less cost of goods sold	ьL		-			
	С	Net income or (loss) from sales						
		Miscellaneous Revenue) 	Busn Code	Ī			
	11a							
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		> _				
	12	Total Revenue. See instruction	าร	▶	931,622	57,725	0	0

Part IX Statement of Functional Expenses

Form 990 (2009)

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).

	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and			‡	
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in			1	
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,			‡	
	organizations, and individuals outside the			1	
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	65,406	58,866	6,540	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	5,245	4,720	525	
10	Payroll taxes	8,029	7,226	803	
11	Fees for services (non-employees)		, ,		-
a	Management				
b	Legal				
	•				<u></u>
c d			-		
	Lobbying Professional fundraising services See Part IV, line 17	25,000	· · · · · · · · · · · · · · · · · · ·		25,000
e		23,000			20,000
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	25 050	21,208	4,742	
17	Travel	25,950	21,208	4,142	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	22 274	22 274		
19	Conferences, conventions, and meetings	22,374	22,374		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
				1	
24	Other expenses Itemize expenses not			1	
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed			1	
	5% of total expenses shown on line 25 below)	466 700	466 700		
а	PROGRAM MATERIALS	466,709	466,709		
b	PROFESSIONAL CONSULTANTS	121,301	115,027	6,274	
С	OFFICE SUPPLIES & EXPENSE	24,601	16,067	8,534	22 222
d	FUNDRAISING EXPENSES	23,998			23,998
е	INSURANCE	10,089	10,089		
f	All other expenses	5,436	4,644	792	
25	Total functional expenses. Add lines 1 through 24f	804,138	726,930	28,210	48,998
26	Joint costs. Check here ▶ 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				

art :	X Balance Sheet		(A)		(B)
			Beginning of year		End of year
1	Cash—non-interest bearing		203,449	1	330,934
2	Savings and temporary cash investments			2	
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net			4	
5	Receivables from current and former officers, directors,	trustees, kev			······································
	employees, and highest compensated employees. Comp				
	Schedule L			5	
6	Receivables from other disqualified persons (as defined	under section			
	4958(f)(1)) and persons described in section 4958(c)(3)(I	
	Part II of Schedule L	,-,		6	
7	Notes and loans receivable, net			7	
7 8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges			9	
	Land, buildings, and equipment cost or				
100	other basis Complete Part VI of Schedule D	10a	!	1	
h	Less accumulated depreciation	10b		10c	
11	Investments—publicly traded securities	100		11	
12	Investments—other securities See Part IV, line 11			12	
13	Investments—program-related See Part IV, line 11			13	
14	Intangible assets		670	14	670
15	Other assets See Part IV, line 11	3,0	15	<u> </u>	
16	,	IN.	204,119	16	331,60
17	Total assets. Add lines 1 through 15 (must equal line 34 Accounts payable and accrued expenses	')	201,113	17	331,00
18	Grants payable			18	
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
	Escrow or custodial account liability Complete Part IV of	FSchadula D		21	
21 22	Payables to current and former officers, directors, truster				
**	employees, highest compensated employees, and disqu				
	persons Complete Part II of Schedule L	aimeu		22	
23	Secured mortgages and notes payable to unrelated third	narties		23	
24	Unsecured notes and loans payable to unrelated third pa	•	-	24	
25	Other liabilities Complete Part X of Schedule D	arues		25	
26	Total liabilities. Add lines 17 through 25			26	
	Organizations that follow SFAS 117, check here ▶	X and			
	complete lines 27 through 29, and lines 33 and 34.	<u></u>		1	
27	Unrestricted net assets		204,119	27	331,604
28	Temporarily restricted net assets			28	
29	•			29	
	Organizations that do not follow SFAS 117, check he	ore ▶			······································
:	and complete lines 30 through 34.			1	
27 28 29 30 31 32 33 34	Capital stock or trust principal, or current funds		1	30	
31	Paid-in or capital surplus, or land, building, or equipment	fund		31	
32	Retained earnings, endowment, accumulated income, or			32	
33	Total net assets or fund balances	Salor lands	204,119	33	331,604
34	Total liabilities and net assets/fund balances		204,119	34	331,604

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d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were

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

X 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

issued on a consolidated basis, separate basis, or both

the Single Audit Act and OMB Circular A-133?

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За

3ь

X

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ.

CAMP KESEM NATIONAL

Employer identification number 51-0454157

P	art 1	Reas	on for Public Charity	Status (All organizations	must co	omplete	this p	art.) S	ee ins	tructio	ns.		
The	orgai	nization is not a	a private foundation because	it is (For lines 1 through 11, che	ck only or	ne box)							
1		A church, con	vention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(<i>i</i>	A)(i).						
2	П	A school desc	cribed in section 170(b)(1)(A	(ii). (Attach Schedule E)									
3		A hospital or a	a cooperative hospital service	e organization described in section	on 170(b)	(1)(A)(iii)							
4	H	•		in conjunction with a hospital des				(A)(iii).	Enter th	e hospi	tal's name,		
·		city, and state		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				, , ,		•			
5	\Box	•		a college or university owned or	onerated	hy a gove	rnmenta	al unit de	scribed	ın			
J	Ш				operated	by a gove	, i i i i i i i i i i i i i i i i i i i	ii aiiii ac	Jones				
	\Box	•	b)(1)(A)(iv). (Complete Part I		4: 470/I	h)/4\/A\/	۸.						
6				vernmental unit described in sec				_ 41		ماما.			
7	X	_		ubstantial part of its support from	a governi	mentai un	iit or fron	n the ge	nerai pu	IDIIC			
	$\overline{}$	described in s	section 170(b)(1)(A)(vi). (Co	mplete Part II)									
8													
9	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	d unrelated business taxable inco	me (less :	section 5°	11 tax) fr	om busi	nesses				
		acquired by th	ne organization after June 30	, 1975 See section 509(a)(2). (0	Complete	Part III)							
10		An organization	on organized and operated e	xclusively to test for public safety	See sec	tion 509(a	a)(4).						
11		An organization	on organized and operated ex	xclusively for the benefit of, to pe	rform the	functions	of, or to	carry ou	t the				
		purposes of o	ne or more publicly supporte	d organizations described in sect	tion 509(a)(1) or se	ction 509	9(a)(2) S	See sec	tion			
		509(a)(3). Ch	eck the box that describes th	e type of supporting organization	and comp	plete lines	11e thre	ough 11	h				
		a Type	. []	c Type III–Functiona			d		e III–Otl	her			
е			□	inization is not controlled directly			or more	dısqualı	fied				
٠				and other than one or more public						ction			
			ection 509(a)(2)		,	J							
e				mination from the IRS that it is a	Type I Ty	nell or T	voe III s	upportin	a				
f			check this box		.,,,,,	po, o. .	, po o	орро	9				
		-		on accounted any gift or contribute	on from ar	ov of the							Ш
g		•	· · ·	on accepted any gift or contributi	on nom a	iy Oi tile							
		following pers			·L		(Yes	No
				ntrols, either alone or together wi	ın persons	aescribe	ia in (ii)				44.0	ies	No
			below, the governing body of								11g(ı)	┼	
		• •	member of a person describe								11g(II)	1	1
		(iii) A 35% c	ontrolled entity of a person de	escribed in (i) or (ii) above?							11g(:::	<u>}</u>	
h		Provide the f	ollowing information about the	e supported organization(s)			T		T				
(1)		e of supported	(II) EIN	(III) Type of organization	1	organization		ou notify		ls the	(vii) Am		
	org	janization		(described on lines 1–9 above or IRC section	1 ''	sted in your document?		nization in of your	organizat	zed in the	sup	ιοπ	
				(see instructions))	governing	document.		port?		S?			
					Yes	No	Yes	No	Yes	No			
		-											
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Tati	. 1			‡	1	1			1	1 1			

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

Schedule A (Form 990 or 990-EZ) 2009 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Sec	tion A. Public Support										
Ca	lendar 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")	231,731	323,110	487,309	664,013	873,897	2,580,060				
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	231,731	323,110	487,309	664,013	873,897	2,580,060				
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)										
6	Public support. Subtract line 5 from line 4						2,580,060				
	tion B. Total Support										
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total				
7	Amounts from line 4	231,731	323,110	487,309	664,013	873,897	2,580,060				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	37	21	1,418	879	465	2,820				
9	Net income from unrelated business activities, whether or not the business is regularly carried on		_			0					
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						2 502 000				
11	Total support. Add lines 7 through 10	and instructions)	<u>.</u>		L	12	2,582,880 57,725				
12 13	Gross receipts from related activities, etc. (First five years. If the Form 990 is for the control of the cont	•	ocond third fourth	or fifth tay year as	a section 501/cV3		37,123				
13	organization, check this box and stop here		econa, unita, iourui	, or murtax year as	a section 50 f(c)(5))	▶ [
Sec	tion C. Computation of Public Su		iae								
14	Public support percentage for 2009 (line 6,	· ·		<u> </u>		14	99 89%				
15	Public support percentage from 2008 Sche			,,		15	99 87%				
16a	33 1/3 % support test—2009. If the organi			and line 14 is 33 1/	3 % or more, chec	k this box					
	and stop here. The organization qualifies a						► X				
b	33 1/3 % support test-2008. If the organi			16a, and line 15 is	33 1/3 % or more,	check this					
	box and stop here. The organization qualif	ies as a publicly sup	ported organization	1			▶ _				
17a	10%-facts-and-circumstances test—200	9. If the organization	did not check a bo	x on line 13, 16a, oi	r 16b, and line 14 is	s 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.										
b	10%-facts-and-circumstances test—200	8. If the organization	did not check a bo	x on line 13, 16a, 16	6b, 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-circumst	=					<u> </u>				
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b, 1	7a, or 17b, check th	ns box and see ins	tructions	▶ 1				

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.)

Sec	tion A. Public Support						
	lendar year (or fiscal year beginning ın) ▶	(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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support	 	,	.			
Ca	lendar 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						
С	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 o	organization's first,	second, third, four	th, or fifth tax year a	as a section 501(c)(3)	
	organization, check this box and stop here		,	•	, ,,	•	▶ [
Sec	tion C. Computation of Public Su	pport Percent	age	· · · · ·			
15	Public support percentage for 2009 (line 8,	column (f) divided	by line 13, column	(f))		15	%
16	Public support percentage from 2008 Sche	dule A, Part III, line	15			16	%
Sec	tion D. Computation of Investme	nt Income Per	centage				
17	Investment income percentage for 2009 (lin	ne 10c, column (f) c	livided by line 13, o	column (f))		_17	%
18	Investment income percentage from 2008 S	Schedule A, Part III	, line 17			18	%
19a	33 1/3 % support tests—2009. If the organ	nization did not che	ck the box on line	14, and line 15 is m	ore than 33 1/3 %,	and line	
	17 is not more than 33 1/3 %, check this bo	x and stop here. T	The organization qu	ualifies as a publicly	supported organization	ation	▶ [
b	33 1/3 % support tests—2008. If the organ						
	line 18 is not more than 33 1/3 %, check the	s box and stop he	re. The organization	on qualifies as a put	blicly supported orga	anızatıon	▶ _
20_	Private foundation. If the organization did	not check a box or	line 14, 19a, or 19	9b, check this box a	and see instructions		
DAA					Sch	edule A (Form 990	or 990-EZ) 2009

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.

2009

Open to Public Inspection

Employer identification number Name of the organization 51-0454157 CAMP KESEM NATIONAL 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 Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) 4 Aggregate value at end of year 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? 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? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a Total number of conservation easements 2b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? 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 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 Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Pa	ert III Organizations Maintaining	Collections of Art	, Historical Treas	ures, or Other	Similar As	sets (continu	ed)			
	Using the organization's acquisition, accession, collection items (check all that apply)										
а	Public exhibition	d 🗌 Loa	n or exchange program	IS							
b											
С											
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV										
5	assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No										
Pa	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part										
	IV, line 9, or reported an amo										
1a	Is the organization an agent, trustee, custodian	or other intermediary fo	or contributions or other	assets not			П.,		١		
	included on Form 990, Part X?						∐ Ye	s [No		
b	If "Yes," explain the arrangement in Part XIV and	d complete the following	g table				A		—		
							Amount				
С	Beginning balance				1c		-		—		
d	Additions during the year				1d						
е	Distributions during the year				1e		-				
f	Ending balance				1f						
	Did the organization include an amount on Form	n 990, Part X, line 217					∐ Ye	s	No		
	If "Yes," explain the arrangement in Part XIV	to if annulination	anauranad "Vaa" ta	Form 000 Dor	LIV line 1	ñ					
Pa	ert V Endowment Funds. Comple	7	T-	(c) Two years back	(d) Three year		(e) Four	voore	back		
		(a) Current year	(b) Prior year	(C) Two years back	(u) Tillee yea	als Dack	(e) Four	years			
1a	· · ·				<u> </u>						
b	Contributions										
С	Net investment earnings, gains,										
	and losses	-									
d	Grants or scholarships				 						
е	Other expenditures for facilities										
	and programs				 						
f	Administrative expenses		 								
g	End of year balance			<u></u>	<u> </u>		l		••••••		
2	Provide the estimated percentage of the year er										
a	Board designated or quasi-endowment	[%]									
b	Permanent endowment > %										
	<u> </u>	64		_1 d factba							
За	Are there endowment funds not in the possession	on of the organization to	nat are neid and admini	stered for the			ſ	Yes	No		
	organization by						3a(i)	162	NO		
	(i) unrelated organizations						3a(ii)				
	(ii) related organizations	stad as required as Cab	adula P2				3b				
D	If "Yes" to 3a(II), are the related organizations lis	•									
4	Describe in Part XIV the intended uses of the orart VI Investments—Land, Building) Part X line 10	_						
Pa	Description of investment	(a) Cost or other bas			· cumulated		(d) Book	value			
	Description of investment	(investment)	basis (other	1 ''	eciation	i	(2) 500				
	Land	(**************************************		<u></u>							
	Buildings					_					
	Leasehold improvements										
	Equipment		 								
	Other							_			
	I. Add lines 1a through 1e (Column (d) must equ	al Form 990. Part X. co	olumn (B), line 10(c))			>					
		-,	<u> </u>		<u>`</u>						

Part VII Investments—Other Securities. See Form 990	, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of va	luation
(including name of security)		Cost or end-of-year n	narket value
Financial derivatives			
Closely-held equity interests			
			
Other			
			
	-	<u> </u>	
_ 			
 			
 			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	1		
Part VIII Investments—Program Related. See Form 990	Part Y line 13		<u> </u>
	(b) Book value	(c) Method of va	duation
(a) Description of investment type	(b) Book value	Cost or end-of-year n	
		Cost of end-of-year in	
			
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
	-		_
			
	<u> </u>		
			<u> </u>
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			
Part X Other Liabilities. See Form 990, Part X, line 25	The state of the s		
1 (a) Description of liability	(b) Amount		
Federal income taxes			
	<u> </u>		
	į		
	 		
	ļ		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)			
2 FIN 49 Feetnets In Part VIV provide the text of the feetnets to the ergoniz	ation's financial statements t	hat rangets the	

organization's liability for uncertain tax positions under FIN 48

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ

See separate instructions.

OMB No 1545-0047

Open To Public

Internal Revenue Service Inspection Employer identification number Name of the organization CAMP KESEM NATIONAL 51-0454157 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Solicitation of non-government grants Mail solicitations Solicitation of government grants Internet and email solicitations Special fundraising events Phone solicitations In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (III) Did fund-(i) Name of individual (II) Activity (iv) Gross receipts (v) Amount paid to (vi) Amount paid to raiser have (or retained by) or entity (fundraiser) from activity (or retained by) custody or fundraiser listed in organization control of contributions? col (I) Yes No

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

Total

Page 2

۲	art I		i vents. Complete if the orgi i,000 on Form 990-EZ, line							
		more than \$10	(a) Event #1 GOLF OUTING (event type)	(b) Event #2	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))				
Revenue	1 2	Gross receipts Less Charitable contributions	57,260			57,260				
	3	Gross revenue (line 1 minus line 2)	57,260			57,260				
	4	Cash prizes								
	5	Noncash prizes								
Direct Expenses	6	Rent/facility costs								
	7	Food and beverages								
	8	Entertainment								
	9	Other direct expenses								
	10 11	Net income summary Co	Add lines 4 through 9 in column (ombine line 3, column (d), and line	10	<u> </u>	► 57,260				
Ρ	art l		plete if the organization and on Form 990-EZ, line 6a.	swered "Yes" to Form 9	90, Part IV, line 19, or re	eported more				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))				
-Re	1	Gross revenue								
es	2	Cash prizes								
Expenses	3	Noncash prizes								
Direct	4	Rent/facility costs								
	5	Other direct expenses		l Vac	9/ Van	0/				
	6	Volunteer labor	Yes %	Yes No	% Yes No	%				
	7	Direct expense summary	y Add lines 2 through 5 in column (d)							
	8_	Net gaming income sumr	mary Combine line 1, column d, an	d line 7		<u> </u>				
9 a			e organization operates gaming act			Yes No 9a				
b	If "	No," Explain								
10a b		ere any of the organization' Yes," Explain	's gaming licenses revoked, susper	nded or terminated during the t	ax year?	10a				
11			e gaming activities with nonmembe		ther entity	11				
12		med to administer charitab	beneficiary or trustee of a trust or a ble gaming?	a member of a partitership of o	School la	12				

Sch <u>e</u>	dule G (Form 990 or 990-EZ) 2009 CAMP KESEM NATIONAL	51-045	4157	Р	age 3
				Yes	No
13 •	Indicate the percentage of gaming activity operated in				
а	The organization's facility	13a	%		
b	An outside facility	13b	%		
14	Provide the name and address of the person who prepares the organization's gaming/special events books				
	and records				
	Name ▶				
	Address ►				
15a	Does the organization have a contract with a third party from whom the organization receives gaming				
	revenue?		15a		
b	If "Yes," enter the amount of gaming revenue received by the organization > \$	and the			
	amount of gaming revenue retained by the third party ▶ \$				
С	If "Yes," enter name and address of the third party				
	Name ▶				
	Address ►				
16	Gaming manager information			:	
	Name ►			-	
	Gaming manager compensation ▶ \$		į		
	Description of services provided ▶		- - -	:	
	Director/officer Employee Independent contractor			<u>.</u>	
17	Mandatory distributions		- [
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to				1
	retain the state gaming license?		17a		ļ
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		ŀ		
	in the organization's own exempt activities during the tax year ▶ \$		ŧ	1	1

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

2009 Open to Public Inspection

OMB No 1545-0047

CAMP KESEM NATIONAL

Employer identification number 51-0454157

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

ENCOURAGE AND ASSIST UNIVERSITY STUDENTS TO ORGANIZE AND OPERATE SUMMER

CAMPS FOR CHILDREN WHOSE FAMILIES ARE COPING WITH CANCER. IN 2009-2010,

1,206 CAMPERS ATTENDED SUMMER CAMPS ORGANIZED BY STUDENTS AT 22

UNIVERSITIES.

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

SIGALL RAVE

IRIS RAVE

PROG DIRECT

BD OF DIRECT

SISTERS

FORM 990, PART VI, LINE 10B - POLICIES AND PROCEDURES GOVERNING CHAPTERS
WRITEN POLICIES AND PROCEDURES ARE IN PLACE FOR ALL ACTIVITIES AT ALL
CHAPTERS

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE TREASURER REVIEWS THE COMPLETED FORM 990 WITH THE KEY MEMEBERS OF THE
BOARD OF DIRECTORS BEFORE MAILING TO THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

ALL BOARD MEMBERS AND KEY EMPLOYEES ARE REMINDED ANNUALLY OF OUR CONFLICT

OF INTEREST POLICIES.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL MAJORITY VOTING AMONG THE BOARD OF DIRECTORS

CAMP KESEM NATIONAL

Employer identification number 51-0454157

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS MAJORITY VOTING AMONG THE BOARD OF DIRECTORS

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION ALL DOCUMENTS ARE AVAILABLE UPON REQUEST

51-0454157

Federal Statements

Form 990, Part IX, Line 24f - All Other Expenses

Description

B 000p	_							
		Total Expenses	 Program Service		Management & General		Fund Raising	
INSURANCE - WORKMANS COMP					F.1.C			
SERVICE CHARGES	Ş	5,160	\$ 4,644	Ş	516	Ş		
		276	 	_	276	_		
TOTAL	\$	5,436	\$ 4,644	\$_	792	\$		0