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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

2011Open to Public
Inspection**A For the 2011 calendar year, or tax year beginning , 2011, and ending , 20****B** Check if applicable

- ☒ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization

FOUNDATION FOR JEWISH CAMP, INC.

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

Room/suite

253 WEST 35TH STREET, 4TH FLOOR

City or town, state or country, and ZIP + 4

NEW YORK, NY 10001

F Name and address of principal officer

JEREMY J. FINGERMAN,

253 WEST 35TH STREET, 4TH FLR, NEW YORK, NY 10001

D Employer identification number

22-3551013

E Telephone number

(646) 278-4500

G Gross receipts \$ 14,180,197.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status☒

501(c)(3)

☐

501(c) ()

(insert no)

☐

4947(a)(1) or

☐

527

J Website ▶ WWW.JEWISHCAMP.ORG**K** Form of organization☒

Corporation

☐

Trust

☐

Association

☐

Other ▶

L Year of formation

1997

M State of legal domicile

NJ

Part I Summary**1** Briefly describe the organization's mission or most significant activities

UNIFIES & GALVANIZES THE FIELD OF JEWISH OVERNIGHT CAMP & SIGNIFICANTLY INCREASES THE NUMBER OF CHILDREN PARTICIPATING IN TRANSFORMATIVE SUMMERS, ASSURING A VIBRANT NORTH AMERICAN JEWISH COMMUNITY.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets**3** Number of voting members of the governing body (Part VI, line 1a)**3**

23.

4 Number of independent voting members of the governing body (Part VI, line 1b)**4**

23.

5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)**5**

31.

6 Total number of volunteers (estimate if necessary)**6**

0

7a Total unrelated business revenue from Part VIII, column (C), line 12**7a**

0

b Net unrelated business taxable income from Form 990-T, line 34**7b**

0

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	8,528,293.	14,014,352.
	9 Program service revenue (Part VIII, line 2g)	70,660.	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	639,377.	136,063.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,865.	29,782.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,252,195.	14,180,197.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,311,233.	2,713,801.
	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)	2,831,664.	2,906,337.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25)	790,507.	0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-11g, 11i-11j, 11k-11l, 11m-11n, 11o-11p, 11q-11r, 11s-11t, 11u-11v, 11w-11x, 11y-11z, 11aa-11ab, 11ac-11ad, 11ae-11af, 11ag-11ah, 11ai-11aj, 11ak-11al, 11am-11an, 11ao-11ap, 11aq-11ar, 11as-11at, 11au-11av, 11aw-11ax, 11ay-11az, 11ba-11bb, 11bc-11bd, 11be-11bf, 11bg-11bh, 11bi-11bj, 11bk-11bl, 11bm-11bn, 11bo-11bp, 11bq-11br, 11bs-11bt, 11bu-11bv, 11bw-11bx, 11by-11bz, 11ca-11cb, 11cc-11cd, 11ce-11cf, 11cg-11ch, 11ci-11cj, 11ck-11cl, 11cm-11cn, 11co-11cp, 11cq-11cr, 11cs-11ct, 11cu-11cv, 11cw-11cx, 11cy-11cz, 11da-11db, 11dc-11dd, 11de-11df, 11dg-11dh, 11di-11dj, 11dk-11dl, 11dm-11dn, 11do-11dp, 11dq-11dr, 11ds-11dt, 11du-11dv, 11dw-11dx, 11dy-11dz, 11ea-11eb, 11ec-11ed, 11ee-11ef, 11eg-11eh, 11ei-11ej, 11ek-11el, 11em-11en, 11eo-11ep, 11eq-11er, 11es-11et, 11eu-11ev, 11ew-11ex, 11ey-11ez, 11fa-11fb, 11fc-11fd, 11fe-11ff, 11fg-11fh, 11fi-11fj, 11fk-11fl, 11fm-11fn, 11fo-11fp, 11fq-11fr, 11fs-11ft, 11fu-11fv, 11fw-11fx, 11fy-11fz, 11ga-11gb, 11gc-11gd, 11ge-11gf, 11gg-11gh, 11gi-11gj, 11gk-11gl, 11gm-11gn, 11go-11gp, 11gq-11gr, 11gs-11gt, 11gu-11gv, 11gw-11gx, 11gy-11gz, 11ha-11hb, 11hc-11hd, 11he-11hf, 11hg-11hh, 11hi-11hj, 11hk-11hl, 11hm-11hn, 11ho-11hp, 11hq-11hr, 11hs-11ht, 11hu-11hv, 11hw-11hx, 11hy-11hz, 11ia-11ib, 11ic-11id, 11ie-11if, 11ig-11ih, 11ii-11ij, 11ik-11il, 11im-11in, 11io-11ip, 11iq-11ir, 11is-11it, 11iu-11iv, 11iw-11ix, 11iy-11iz, 11ja-11jb, 11jc-11jd, 11je-11jf, 11jg-11jh, 11ji-11jj, 11jk-11jl, 11jm-11jn, 11jo-11jp, 11jq-11jr, 11js-11jt, 11ju-11jv, 11jw-11jx, 11jy-11jz, 11ka-11kb, 11kc-11kd, 11ke-11kf, 11kg-11kh, 11ki-11kj, 11kk-11kl, 11km-11kn, 11ko-11kp, 11kq-11kr, 11ks-11kt, 11ku-11kv, 11kw-11kx, 11ky-11kz, 11la-11lb, 11lc-11ld, 11le-11lf, 11lg-11lh, 11li-11lj, 11lk-11ll, 11lm-11ln, 11lo-11lp, 11lq-11lr, 11ls-11lt, 11lu-11lv, 11lw-11lx, 11ly-11lz, 11ma-11mb, 11mc-11md, 11me-11mf, 11mg-11mh, 11mi-11mj, 11mk-11ml, 11mm-11mn, 11mo-11mp, 11mq-11mr, 11ms-11mt, 11mu-11mv, 11mw-11wx, 11wy-11wz, 11xa-11xb, 11xc-11xd, 11xe-11xf, 11xg-11xh, 11xi-11xj, 11xk-11xl, 11xm-11xn, 11xo-11xp, 11xq-11xr, 11xs-11xt, 11xu-11xv, 11xw-11xx, 11xy-11xz, 11ya-11yb, 11yc-11yd, 11ye-11yf, 11yg-11yh, 11yi-11yj, 11yk-11yl, 11ym-11yn, 11yo-11yp, 11yq-11yr, 11ys-11yt, 11yu-11yv, 11yw-11wx, 11wy-11wz, 11za-11zb, 11zc-11zd, 11ze-11zf, 11zg-11zh, 11zi-11zj, 11zk-11zl, 11zm-11zn, 11zo-11zp, 11zq-11zr, 11zs-11zt, 11zu-11zv, 11zw-11zx, 11zy-11zz	10,987,626.	10,408,065.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	18,130,523.	16,028,203.
	19 Revenue less expenses Subtract line 18 from line 12	-8,878,328.	-1,848,006.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	21,808,753.	20,379,221.
	21 Total liabilities (Part X, line 26)	780,343.	1,198,817.
	22 Net assets or fund balances Subtract line 21 from line 20	21,028,410.	19,180,404.

Part II Signature Block

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

Sign Here

Signature of officer

Date

8/13/12

Type or print name and title

PAUL HAMMERSCHMIDT, TREASURER

Paid**Preparer****Use Only**

Print/Type preparer's name

PAUL HAMMERSCHMIDT

Preparer's signature

PAUL HAMMERSCHMIDT

Date

8/9/12

Check ☐ if self-employed

PTIN

P01384178

Firm's name ▶ BDO USA, LLP

Firm's EIN ▶ 13-5381590

Firm's address ▶ 100 PARK AVENUE, NEW YORK, NY 10017

Phone no 212-885-8000

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2011)

SCANNED SEP 13 2012

3617

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☒ **X****1** Briefly describe the organization's mission

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☒ Yes ☐ No

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 7,145,595 including grants of \$ 741,153) (Revenue \$ _____)

ATTACHMENT 2

4b (Code _____) (Expenses \$ 2,332,211 including grants of \$ -2,475) (Revenue \$ _____)

ATTACHMENT 3

4c (Code _____) (Expenses \$ 1,897,738 including grants of \$ 966,723) (Revenue \$ _____)

ATTACHMENT 4

4d Other program services (Describe in Schedule O)(Expenses \$ 2,938,870 including grants of \$ 1,008,400) (Revenue \$ _____)**4e** Total program service expenses **▶** 14,314,414.

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	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, Parts II and IV	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, Parts III and IV		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 (see instructions)		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		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		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	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? <i>If "Yes," complete Schedule I, Parts I and III.</i>		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? <i>If "Yes," complete Schedule J.</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>		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? <i>If "Yes," complete Schedule L, Part I.</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? <i>If "Yes," complete Schedule L, Part I.</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? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		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? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		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? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		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? <i>If "Yes," complete Schedule R, Part VI.</i>		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	

Form 990 (2011)

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 69		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c	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. 2a 31		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		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 authority 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 instructions for 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? 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
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year. 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds 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.		
a	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:		
a	Initiation fees and capital contributions included on Part VIII, line 12. 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders. 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note: See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b		
c	Enter the amount of reserves on hand. 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		

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.

Check if Schedule O contains a response to any question in this Part VI. ☒ X

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 1a 23		
b Enter the number of voting members included in line 1a, above, who are independent. 1b 23		
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?	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?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	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.		X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13.	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	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	X	
b Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
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?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed CA, MA, NJ, NY

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. LAURIE STONE, 253 WEST 35TH STREET, 4TH FLOOR, NEW YORK, NY 10001 646-278-4514

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☒**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LEE WEISS CHAIR	1.00	X		X				0	0	0
(2) ELISA SPUNGEN BILDNER CO-CHAIR, BOARD OF TRUSTEES	1.00	X		X				0	0	0
(3) ROBERT BILDNER CO-CHAIR, BOARD OF TRUSTEES	1.00	X		X				0	0	0
(4) SAMUEL VICHNESS CHAIR, CHAIRMAN'S COUNCIL	1.00	X		X				0	0	0
(5) NEIL KUTTNER TREASURER	1.00	X		X				0	0	0
(6) JODI J. SCHWARTZ SECRETARY	1.00	X		X				0	0	0
(7) JULIE EISEN BOARD MEMBER	1.00	X						0	0	0
(8) MICHAEL FEINMAN (FROM 12/9/2011) BOARD MEMBER	1.00	X						0	0	0
(9) AB FLATT BOARD MEMBER	1.00	X						0	0	0
(10) ARCHIE GOTTESMAN BOARD MEMBER	1.00	X						0	0	0
(11) ARNIE HARRIS BOARD MEMBER	1.00	X						0	0	0
(12) KEITH KLEIN BOARD MEMBER	1.00	X						0	0	0
(13) LOIS KOHN-CLAAR (FROM 12/9/2011) BOARD MEMBER	1.00	X						0	0	0
(14) JAY P. LEFKOWITZ (FROM 12/9/2011) 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 (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) GERRY MALDOFF BOARD MEMBER	1.00	X						0	0	0
(16) MARCIA MANKOFF BOARD MEMBER	1.00	X						0	0	0
(17) LISA MESSINGER (THRU 12/8/2011) BOARD MEMBER	1.00	X						0	0	0
(18) KAYLA NILES (THRU 12/8/2011) BOARD MEMBER	1.00	X						0	0	0
(19) JULIE BEREN PLATT BOARD MEMBER	1.00	X						0	0	0
(20) RODGER POPKIN BOARD MEMBER	1.00	X						0	0	0
(21) JILL MYERS RAIZIN (THRU 12/8/2011) BOARD MEMBER	1.00	X						0	0	0
(22) JAYNIE SCHULTZ BOARD MEMBER	1.00	X						0	0	0
(23) HENRY SKIER BOARD MEMBER	1.00	X						0	0	0
(24) DAVID SOLOMON BOARD MEMBER	1.00	X						0	0	0
(25) PETER J. WEIDHORN BOARD MEMBER	1.00	X						0	0	0
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								1,283,126.	0	191,515.
d Total (add lines 1b and 1c)								1,283,126.	0	191,515.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **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 or individual 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. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 5		

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 **7**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) ARNEE WINSHALL BOARD MEMBER	1.00	X						0	0	0
(27) JEREMY J. FINGERMAN CHIEF EXECUTIVE OFFICER	40.00			X				423,600.	0	41,498.
(28) MAURIE BAR-TURA (THRU 4/15/2011) CHIEF OPERATING OFFICER	40.00			X				168,144.	0	12,846.
(29) LAURIE STONE FINANCE & ADMINISTRATION DIR.	40.00			X				119,325.	0	13,251.
(30) ABBY KNOPP VP OF PROGRAM AND STRATEGY	40.00					X		136,402.	0	33,003.
(31) ALLISON COHEN MARKETING & COMMUNICATIONS DIR	40.00					X		110,651.	0	32,720.
(32) AVRAM ORLOW JEWISH EDUCATION SPECIALIST	40.00					X		110,552.	0	32,256.
(33) AMY KRUGLAK HUMAN RESOURCES DIRECTOR	40.00					X		110,500.	0	4,137.
(34) SETH COHEN PROGRAM DIRECTOR	40.00					X		103,952.	0	21,804.

1b Sub-total**c Total from continuation sheets to Part VII, Section A****d Total (add lines 1b and 1c)**

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **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 or individual 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. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Part VIII Statement of Revenue

				(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	14,014,352.			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		14,014,352			
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)		136,063			136,063
	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					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		0			
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a				
b	Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue			Business Code				
11a	MISCELLANEOUS	900099	29,782			29,782	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		29,782.				
12	Total revenue. See instructions		14,180,197			165,845	

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).

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VII.	(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 United States See Part IV, line 21	2,503,801.	2,503,801.		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	210,000.	210,000.		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	778,664.	222,214.	310,720.	245,730.
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	1,575,967.	1,264,598.	191,621.	119,748.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	38,428.	30,524.	5,637.	2,267.
9 Other employee benefits	349,003.	294,235.	42,572.	12,196.
10 Payroll taxes	164,275.	115,293.	31,165.	17,817.
11 Fees for services (non-employees)				
a Management	0			
b Legal	1,000.	1,000.		
c Accounting	48,000.		48,000.	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other	81,950.		1,200.	80,750.
12 Advertising and promotion	0			
13 Office expenses	165,765.	97,088.	18,712.	49,965.
14 Information technology	264,276.	242,055.	9,957.	12,264.
15 Royalties	0			
16 Occupancy	363,712.	233,185.	75,917.	54,610.
17 Travel	367,395.	324,572.	3,668.	39,155.
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	258,602.		258,602.	
23 Insurance	17,623.	11,299.	3,678.	2,646.
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CAMPER INCENTIVE STIPENDS	6,520,870.	6,520,870.		
b PROGRAM ACTIVITIES	2,088,846.	2,088,846.		
c PUBLIC RELATIONS CONSULTANTS	109,189.	109,189.		
d BOARD OF DIRECTORS EXPENSES	29,744.			29,744.
e All other expenses	91,093.	45,645.	11,833.	33,615.
25 Total functional expenses Add lines 1 through 24e	16,028,203.	14,314,414.	1,013,282.	700,507.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	9,502.	1	6,832.
	2 Savings and temporary cash investments	12,372,985.	2	17,756,209.
	3 Pledges and grants receivable, net	3,329,016.	3	2,394,775.
	4 Accounts receivable, net	52,853.	4	50,607.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	98,793.	9	36,621.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 1,061,503.		
	b Less accumulated depreciation	10b 988,749.	10c	72,754.
	11 Investments - publicly traded securities	0	11	0
	12 Investments - other securities. See Part IV, line 11	0	12	0
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	5,619,324.	15	61,423.
16 Total assets. Add lines 1 through 15 (must equal line 34)	21,808,753.	16	20,379,221.	
Liabilities	17 Accounts payable and accrued expenses	282,136.	17	404,644.
	18 Grants payable	458,107.	18	699,967.
	19 Deferred revenue	17,600.	19	86,706.
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	22,500.	25	7,500.
	26 Total liabilities. Add lines 17 through 25	780,343.	26	1,198,817.
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	1,798,037.	27	1,080,985.
	28 Temporarily restricted net assets	19,230,373.	28	18,099,419.
	29 Permanently restricted net assets	0	29	0
	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	21,028,410.	33	19,180,404.
	34 Total liabilities and net assets/fund balances.	21,808,753.	34	20,379,221.

Form 990 (2011)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI. ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,180,197.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,028,203.
3	Revenue less expenses Subtract line 2 from line 1	3	-1,848,006.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	21,028,410.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	19,180,404.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII. ☐

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
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	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 separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?		X
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		

Form **990** (2011)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

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)(vii). (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?
- (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? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2011

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	15,853,634.	21,327,473	18,194,742	8,528,293	14,014,352	77,918,494
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.	15,853,634	21,327,473.	18,194,742	8,528,293	14,014,352.	77,918,494
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).						20,732,015
6 Public support. Subtract line 5 from line 4						57,186,479

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	15,853,634	21,327,473	18,194,742	8,528,293	14,014,352	77,918,494
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	374,181	562,422	306,711.	131,880	136,063.	1,511,257.
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) . ATCH. 1		66,633	34,243	13,865	29,782	144,523.
11 Total support. Add lines 7 through 10						79,574,274
12 Gross receipts from related activities, etc. (see instructions)					12	135,499.
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 2011 (line 6, column (f) divided by line 11, column (f))	14	71.87 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	73.12 %
16a 33 1/3% support test - 2011. 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 - 2010. 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 - 2011. 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 - 2010. 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 or if the organization failed to qualify under Part II
If the organization fails to qualify under the tests listed below, please complete Part II.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests - 2011.** 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 - 2010.** 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions)ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2007	2008	2009	2010	2011	TOTAL
INSURANCE SETTLEMENT		57,629				57,629.
MISCELLANEOUS		9,004.	34,243.	13,865.	29,782.	86,894
TOTALS		<u>66,633.</u>	<u>34,243.</u>	<u>13,865.</u>	<u>29,782.</u>	<u>144,523.</u>

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

FOUNDATION FOR JEWISH CAMP, INC.

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

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 education)	<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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 (ASC 958) relating to these items

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

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

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

Schedule D (Form 990) 2011

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 the 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 current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ _____ %

c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

(i) unrelated organizations

(ii) related organizations

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		394,459.	354,967.	39,492.
d Equipment		543,257.	543,257.	
e Other		123,787.	90,525.	33,262.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).				72,754.

Schedule D (Form 990) 2011

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total (Column (b) must equal Form 990, Part X, col (B) line 12)		

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
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) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	7,500.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total (Column (b) must equal Form 990, Part X, col (B) line 25)	

2. FIN 48 (ASC 740) 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 (ASC 740)

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	14,180,197.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	16,028,203.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,848,006.
4	Net unrealized gains (losses) on investments	4	
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	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	-1,848,006.

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	14,180,197.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	14,180,197.
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	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	14,180,197.

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

1	Total expenses and losses per audited financial statements	1	16,028,203.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	16,028,203.
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	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	16,028,203.

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.

SEE PAGE 5

Part XIV Supplemental Information (continued)

PART X, LINE 2:

UNDER ASC 740, AN ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION BY A TAXING AUTHORITY. FOUNDATION FOR JEWISH CAMP, INC. DOES NOT BELIEVE IT HAS TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT HAS NOT RECORDED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. THE ORGANIZATION HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO. ADDITIONALLY, THE ORGANIZATION HAS FILED IRS FORM 990 INFORMATION RETURNS, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHERE SO REQUIRED. FOR THE YEAR ENDED DECEMBER 31, 2011, THERE WERE NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE STATEMENT OF ACTIVITIES. MANAGEMENT BELIEVES THAT THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2008.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.

Name of the organization

FOUNDATION FOR JEWISH CAMP, INC.

Employer identification number

22-3551013

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) NORTH AMERICA			GRANTMAKING		210,000.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					210,000.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					210,000

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

Schedule F (Form 990) 2011

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Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☐ **Part II** can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	ONE HAPPY CAMPER GRANT	130,000.	CHECK			
(2)			NORTH AMERICA	GRANT FOR NEW BUNK	80,000	CHECK			
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities ☐

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

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

Schedule F (Form 990) 2011

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926). ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A). ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471). ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621). ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U S Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865). ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713). ☐ Yes ☒ No

Schedule F (Form 990) 2011

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

PART I, LINE 2:

THE ORGANIZATION MONITORS THE USE OF THE ONE HAPPY CAMPER GRANT BY
REQUIRING A REPORT DETAILING HOW THE MONIES WERE SPENT. THIS MUST BE
SUBMITTED BEFORE THE FINAL GRANT PAYMENT IS MADE.

THE ORGANIZATION MONITORS THE PROGRESS OF THE BUNK GRANT THROUGH
CONSTRUCTION INVOICES AND PHOTOGRAPHIC DOCUMENTATION. BEFORE ANY FUNDS
ARE RELEASED, PROOF THAT MATCHING FUNDS HAVE BEEN RAISED MUST BE
PROVIDED.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

FOUNDATION FOR JEWISH CAMP, INC.

Employer identification number

22-3551013

Part I General Information on Grants and Assistance

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

Part II can be duplicated if additional space is needed ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	ADAMAH ADVENTURES 1440 SPRING ST ATLANTA, GA 30309	26-2777198	501(C)(3)	222,582				SUPPORT SPEC CAMP
(2)	BERKSHIRE HILLS EMANUEL CAMPS 547 SAW HILL RIVER RD, 3D ARDSLEY, NY 10502	13-1739934	501(C)(3)	14,666				MARKETING & SCHOLARSHIPS
(3)	B'NAI B'RITH BEBER CAMP 4930 OAKTON ST, SUITE 4019 SKOKIE, IL 60077	53-0209632	501(C)(3)	108,500				NEW BUNK & SCHOLARSHIPS
(4)	CAMP CHI 5050 CHURCH ST SKOKIE, IL 60077	36-2167758	501(C)(3)	63,000				PRGM CHANGES & SCHOLARSHIPS
(5)	CAMP DAROM 400 S YATES ROAD MEMPHIS, TN 38120	62-0477611	501(C)(3)	13,425				SCHOLARSHIPS
(6)	CAMP INTERLAKEN JCC 6255 N SANTA MONICA BVD MILWAUKEE, WI 53217	39-0806234	501(C)(3)	23,340				SCHOLARSHIPS
(7)	CAMP JCA SHALOM 34342 MULHOLLAND HWY NALIBU, CA 90265	84-1652923	501(C)(3)	7,500				ONE HAPPY CAMPER GRANT
(8)	CAMP JRE 101 GREENWOOD AVE, 430 JENKINTOWN, PA 19046	36-4478803	501(C)(3)	100,000				NEW BUNK GRANT
(9)	CAMP MOSHAVA OF WILD ROSE 3740 WEST DEMPSTER SKOKIE, IL 60076	36-3874839	501(C)(3)	17,830				SCHOLARSHIPS
(10)	CAMP NAGEELA MIDWEST 3542 W. PETERSON AVE CHICAGO, IL 60659	36-3529801	501(C)(3)	21,890				SCHOLARSHIPS
(11)	CAMP RAWAH CALIFORNIA 17525 VENTURA BLVD, 201 ENCINO, CA 91316	95-1843131	501(C)(3)	37,475				SCHOLARSHIPS
(12)	CAMP RAWAH NEW ENGLAND 2 COMMERCE WAY NORWOOD, MA 02062	04-3035964	501(C)(3)	75,000				NEW BUNK GRANT

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

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)

JSA

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**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.

Department of the Treasury
Internal Revenue Service

Name of the organization

FOUNDATION FOR JEWISH CAMP, INC.

OMB No 1545-0047

2011

Open to Public
Inspection

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.

Part II can be duplicated if additional space is needed ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	CAMP RAWAH WISCONSIN 65 E WACKER PL, 1200 CHICAGO, IL 60601	36-6009250	501(C)(3)	17,000				SCHOLARSHIPS
(2)	CAMP SABRA 12 MILLSTONE CAMPUS DR ST. LOUIS, MO 63146	43-0652643	501(C)(3)	7,000				SCHOLARSHIPS
(3)	CAMP TAVOR 2755 WINGATE LANE EAST WEST BEND, WI 53090	36-6009159	501(C)(3)	31,873				PRGM CHANGES & SCHOLARSHIPS
(4)	CAMP TEL YEHUDAH 50 WEST 58 ST NEW YORK, NY 10019	13-5654375	501(C)(3)	28,075				SCHOLARSHIPS
(5)	CAMP WISE 26001 S. WOODLAND ROAD BEACHWOOD, OH 44122	34-0714439	501(C)(3)	5,480				SUPPORT
(6)	CAMP YAVNEH 160 HERRICK ROAD NEWTON, MA 02459	04-6004710	501(C)(3)	180,000				CAP. IMPRV.
(7)	CAMP YOUNG JUDAEA MIDWEST 4711 W. GOLF ROAD, 600 SKOKIE, IL 20076	39-1672846	501(C)(3)	20,736				BEIT MIDRASH
(8)	CAMP YOUNG JUDAEA SPROUT LAKE 50 WEST 58 ST NEW YORK, NY 10019	13-2830437	501(C)(3)	24,500				SCHOLARSHIPS
(9)	CHICAGO JEWISH EXPERIENCE 5800 N KIMBALL AVE, CHICAGO, IL 60659	23-7378599	501(C)(3)	70,000				SCHOLARSHIPS
(10)	EDEN VILLAGE CAMP 392 DENNYTOWN RD, PUTNAM VALLEY, NY 10539	26-4373931	501(C)(3)	162,717				ONE HAPPY CAMPER
(11)	HEBREW UNION COLLEGE ONE WEST FOURTH STREET NEW YORK, NY 10012	31-0537067	501(C)(3)	5,750				SUPP SPEC CAMP
(12)	JEWISH COMMUNITY FOUNDATION OF METROWEST NJ 901 ROUTE 10 WHIPPANY, NJ 07981	22-1714130	501(C)(3)	50,000				ONE HAPPY CAMPER GRANT

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

3 Enter total number of other organizations listed in the line 1 table ☒

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

Schedule I (Form 990) (2011)

JSA

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

**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

2011

**Open to Public
Inspection**

Name of the organization

FOUNDATION FOR JEWISH CAMP, INC.

Employer identification number

22-3551013

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to 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.

Part II can be duplicated if additional space is needed ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	JEWISH EDUCATION CENTER OF CLEVELAND 2030 S TAYLOR RD CLVD HTS, OH 44118	34-0714554	501(C)(3)	30,000.				ONE HAPPY CAMPER MKT.
(2)	JEWISH FEDERATION OF GREATER INDIANAPOLIS 6705 HOOVER RD INDIANAPOLIS, IN 46260	35-0888017	501(C)(3)	60,000.				ONE HAPPY CAMPER MKT
(3)	JEWISH FEDERATION OF SAN DIEGO 4950 MURPHY CANYON ROAD SAN DIEGO, CA 92123	95-1319015	501(C)(3)	29,520				ONE HAPPY CAMPER STAFF
(4)	JEWISH FEDERATION OF ST. LOUIS 12 MILLSTONE CAMPUS DR ST. LOUIS, MO 63146	43-0652643	501(C)(3)	7,000				ONE HAPPY CAMPER MKT
(5)	JEWISH UNITED FUND OF METROPOLITAN CHICAGO 30 S WELLS ST CHICAGO, IL 60606	36-2167034	501(C)(3)	25,000.				ONE HAPPY CAMPER STAFF
(6)	NATIONAL RAMAH COMMISSION 3080 BROADWAY NEW YORK, NY 10027	13-6161110	501(C)(3)	60,000				ONE HAPPY CAMPER GRANT
(7)	NEW JERSEY Y CAMPS 21 PLYMOUTH ST. FAIRFIELD, NJ 07004	22-1487266	501(C)(3)	15,000				GRANT FOR HEROES PRGM
(8)	OLIN SANG RUBY UNION INSTITUTE 555 SKOKIE BLVD, 333 NORTHBROOK, IL 60062	36-2642286	501(C)(3)	8,000				SCHOLARSHIPS
(9)	PARTNERSHIP FOR JEWISH LEARNING AND LIFE 901 RTE. 10 WHIPPANY, NJ 07981	27-0144390	501(C)(3)	24,000				ONE HAPPY CAMPER MKT
(10)	PASSPORT NEW YORK 1395 LEXINGTON AV, NEW YORK, NY 10128	13-1624229	501(C)(3)	328,226				SUPP SPEC CAMP
(11)	RAMAH OUTDOOR ADVENTURE 459 S POPLAR WAY DENVER, CO 80224	90-0582182	501(C)(3)	143,541				SUPPORT SPEC CAMP
(12)	SIX POINTS SPORTS ACADEMY 2255 GLADES RD, 324A, BOCA RATON, FL 33431	13-1663143	501(C)(3)	127,302.				SUPPORT SPEC CAMP

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

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)

**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.

Department of the Treasury
Internal Revenue Service
Name of the organization

FOUNDATION FOR JEWISH CAMP, INC.

Employer identification number

22-3551013

OMB No 1545-0047

2011

**Open to Public
Inspection**

Part I General Information on Grants and Assistance

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

Part II can be duplicated if additional space is needed ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	TEMPLE BETH SHALOM 670 HIGHLAND AVENUE NEEDHAM, MA 02494	04-6006558	501(C)(3)	63,750				ONE HAPPY CAMPER GRANT
(2)	TEMPLE SHAARAY TEFILA 250 E 79TH ST NEW YORK, NY 10021	13-1656613	501(C)(3)	50,000				ONE HAPPY CAMPER GRANT
(3)	URJ CAMP HARLAM 301 CITY AVE, #T1 BALA CYNWYD, PA 19004	13-1663143	501(C)(3)	16,165				SUPP STAFF EDUCATION
(4)	URJ CAMP KALISMAN 3805 108 AVE, NE #100 BELLEVUE, WA 98004	13-1663143	501(C)(3)	120,130				GRANT FOR NEW BUNK
(5)	URJ GREENE FAMILY CAMP 1192 SMITH LN BOX 1468 BRUCEVILLE, TX 76630	13-1663143	501(C)(3)	10,000				SCHOLARSHIPS
(6)	WESTCHESTER REFORM TEMPLE 255 MAMARONECK SCARSDALE, NY 10583	13-2533702	501(C)(3)	50,000				ONE HAPPY CAMPER GRANT
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 42
- Enter total number of other organizations listed in the line 1 table 42

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

Schedule I (Form 990) (2011)

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. Part III can be duplicated if additional space is needed.

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

Part IV Supplemental Information. 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 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

2011

**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 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 are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input 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 Regulations 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

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2011

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JEREMY J. FINGERMAN	(i) 378,600.	(ii) 45,000.	(iii) 0	12,250.	29,248.	465,098.	
	(ii) 0	0	0				
2 MAURIE BAR-TURA (THRU 4	(i) 59,204.	(ii) 0	(iii) 108,940.		12,846.	180,990.	
	(ii) 0	0	0				
3 ABBY KNOPP	(i) 136,402.	(ii) 0	(iii) 0	4,280.	28,723.	169,405.	
	(ii) 0	0	0				
4	(i) 0						
	(ii) 0						
5	(i) 0						
	(ii) 0						
6	(i) 0						
	(ii) 0						
7	(i) 0						
	(ii) 0						
8	(i) 0						
	(ii) 0						
9	(i) 0						
	(ii) 0						
10	(i) 0						
	(ii) 0						
11	(i) 0						
	(ii) 0						
12	(i) 0						
	(ii) 0						
13	(i) 0						
	(ii) 0						
14	(i) 0						
	(ii) 0						
15	(i) 0						
	(ii) 0						
16	(i) 0						
	(ii) 0						

Part III Supplemental Information

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

PART I, LINE 4A:

MAURIE BAR-TURA RESIGNED AS CHIEF OPERATING OFFICER TO RELOCATE TO ISRAEL

EFFECTIVE APRIL 15, 2011. FOR THE PERIOD OF APRIL 15, 2011 THROUGH

OCTOBER 14, 2011, SHE RECEIVED SEPARATION PAYMENTS FOR CONTINUED

CONSULTING SERVICES TOTALING \$108,940. THIS AMOUNT IS REPORTED ON

SCHEDULE J, PART III, COLUMN (B) (III).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

FOUNDATION FOR JEWISH CAMP, INC.

Employer identification number

22-3551013

FORM 990, PART III, LINE 2:

FOUNDATION FOR JEWISH CAMP, INC. LAUNCHED THE FOLLOWING NEW PROGRAMS IN
2011:

- 1) TECHNOLOGY PLANNING GRANT
- 2) GOODMAN CAMP INITIATIVES
- 3) NADIV
- 4) INSTITUTIONAL STENGTHENING WORKSHOPS
- 5) PROJECT SABABA

FORM 990, PART III, LINE 3:

1) CMART - IN 2008, FJC RECEIVED A GRANT FROM THE JACK & GOLDIE WOLFE
MILLER FOUNDATION TO ASSIST CAMPS IN THE CHICAGO AREA TO INCREASE THE
NUMBER OF CHILDREN ATTENDING JEWISH OVERNIGHT CAMP. SPECIFIC GOALS
INCLUDED INCREASING THE NUMBER OF CHILDREN FROM INTERFAITH FAMILIES
ATTENDING THESE CAMPS. FJC WORKED WITH THESE CAMPS DURING 2009, 2010 &
2011. FOLLOWING AN EVALUATION PERFORMED BY AN INDEPENDENT FIRM TO ASSESS
THE RESULTS, THE GRANT CONCLUDED ON DECEMBER 1, 2011.

FORM 990, PART III, LINE 4D:

1) CORNERSTONE -
EXPENSES: \$774,197.

2) MARCUS BUNK INITIATIVE -
EXPENSES: \$505,570. GRANTS: \$455,000.

Name of the organization

Employer identification number

FOUNDATION FOR JEWISH CAMP, INC.

22-3551013

3) EXECUTIVE LEADERSHIP INSTITUTE -

EXPENSES: \$322,795.

4) STRATEGIC GRANTS -

EXPENSES: \$295,206. GRANTS: \$415,326.

5) PROJECT SABABA -

EXPENSES: \$288,820.

6) ENGAGEMENT INITIATIVES -

EXPENSES: \$126,392. GRANTS: \$17,606.

7) TECHNOLOGY PLANNING GRANT -

EXPENSES: \$100,103.

8) NADIV -

EXPENSES: \$98,201.

9) GOODMAN CAMP INITIATIVES -

EXPENSES: \$82,825.

10) CHALLENGE GRANTS -

EXPENSES: \$79,323. GRANTS: \$78,449.

Name of the organization

Employer identification number

FOUNDATION FOR JEWISH CAMP, INC.

22-3551013

11) CMART -

EXPENSES: \$73,306.

12) GRADUATE DEVELOPMENT PROGRAMS -

EXPENSES: \$45,191. GRANTS: \$41,775

13) INSTITUTIONAL STRENGTHENING WORKSHOPS -

EXPENSES: \$40,446.

14) YITRO -

EXPENSES: \$39,917.

15) LEADERS ASSEMBLY -

EXPENSES: \$34,683.

16) MARKETING WORKSHOPS -

EXPENSES: \$29,525.

17) TZE U'LMAD -

EXPENSES: \$2,123.

18) EXCELLENCE GRANTS -

EXPENSES: \$247. GRANTS: \$244.

FORM 990, PART VI, SECTION A, LINE 2:

CO-FOUNDERS AND CO-CHAIRS, BOARD OF TRUSTEES, ROB BILDNER AND ELISA

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

SPUNGEN BILDNER ARE HUSBAND AND WIFE.

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION'S BYLAWS WERE AMENDED TO INCLUDE THE FOLLOWING TWO
SECTIONS ON THE DUTIES AND AUTHORITY OF THE CHAIRMAN OF THE CHAIRMAN'S
COUNCIL:

1) DUTIES AND AUTHORITY OF CHAIRMAN OF THE CHAIRMAN'S COUNCIL - THE
CHAIRMAN OF THE CHAIRMAN'S COUNCIL SHALL PRESIDE AT ALL MEETINGS OF THE
CHAIRMAN'S COUNCIL. SUBJECT ONLY TO THE AUTHORITY OF THE BOARD, THE
CHAIRMAN OF THE CHAIRMAN'S COUNCIL SHALL HAVE GENERAL CHARGE AND
SUPERVISION OVER, AND RESPONSIBILITY FOR, THE BUSINESS AND AFFAIRS OF THE
CHAIRMAN'S COUNCIL. THE CHAIRMAN OF THE CHAIRMAN'S COUNCIL SHALL PERFORM
SUCH OTHER DUTIES AND POSSESS SUCH OTHER POWERS AS ARE INCIDENT TO THE
OFFICE OF CHAIRMAN OF THE CHAIRMAN'S COUNCIL OR AS SHALL BE ASSIGNED TO
HIM OR HER BY THE PRESIDENT OR THE BOARD. THE CHAIRMAN OF THE CHAIRMAN'S
COUNCIL SHALL BE AN EX-OFFICIO DIRECTOR.

2) CHAIRMAN'S COUNCIL - THE CHAIRMAN OF THE CHAIRMAN'S COUNCIL MAY ELECT
ONE OR MORE FORMER DIRECTORS AS MEMBERS OF A CHAIRMAN'S COUNCIL WHICH
SHALL SERVE AS AN ADVISORY COMMITTEE TO THE BOARD AND SUPPORT THE BOARD'S
EFFORTS TO RAISE FUNDS IN SUPPORT OF THE CORPORATION. THE CHAIRMAN'S
COUNCIL SHALL PERFORM THE DUTIES AND HAVE THE AUTHORITY AS FROM TIME TO
TIME MAY BE DELEGATED TO IT BY THE CHAIRMAN OF THE CHAIRMAN'S COUNCIL OR
BY THE BOARD, BUT NO DECISION OF THE CHAIRMAN'S COUNCIL SHALL BE BINDING
ON THE CORPORATION.

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

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

THE DIRECTOR OF FINANCE & ADMINISTRATION FOR THE ORGANIZATION SUBMITS THE NECESSARY SCHEDULES TO BDO (THE ORGANIZATION'S INDEPENDENT ACCOUNTANTS AND TAX PREPARERS) TO PREPARE FORM 990. AFTER BDO FURNISHES DRAFT FORM 990 TO THE ORGANIZATION, THE DIRECTOR OF FINANCE & ADMINISTRATION REVIEWS IT FOR ACCURACY AND SUBMITS ANY ADJUSTMENTS. THE UPDATED DRAFT IS THEN DISTRIBUTED TO EACH VOTING MEMBER ON THE BOARD OF DIRECTORS FOR THE OPPORTUNITY TO REVIEW WITH AN ASSOCIATED DEADLINE. ANY COMMENTS/CHANGES ARE DISCUSSED WITH THE BOARD TREASURER AND THE CHAIR OF THE AUDIT COMMITTEE. ANY APPROPRIATE CHANGES ARE INCORPORATED BEFORE FORM 990 IS FINALIZED AND SUBMITTED TO THE IRS.

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

UPON APPOINTMENT AND ANNUALLY THEREAFTER EACH BOARD MEMBER AND CORPORATE OFFICER IS PROVIDED WITH THE CONFLICT OF INTEREST POLICY WITH THE REQUIREMENT TO REVIEW AND REPORT ANY POTENTIAL CONFLICTS OF INTEREST. IF A POTENTIAL CONFLICT EXISTS, THE CHAIR OF THE AUDIT COMMITTEE AND THE CHAIR OF THE BOARD ARE INFORMED. THEY WILL THEN DECIDE IF THIS IS A TRUE CONFLICT AND, IF SO, TAKE APPROPRIATE ACTION AS DETAILED IN THE CONFLICT OF INTEREST POLICY.

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

A COMPENSATION REVIEW WAS DONE BY AN OUTSIDE FIRM TO ASSESS AN APPROPRIATE SALARY FOR THE CEO. THIS INFORMATION WAS USED AS THE BASIS FOR THE CONTRACT FOR THE CEO AND WAS REVIEWED AND APPROVED BY BOTH THE PERSONNEL COMMITTEE AND THE EXECUTIVE COMMITTEE OF THE BOARD OF

Name of the organization	Employer identification number
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DIRECTORS.

THE PERSONNEL COMMITTEE REVIEWED THE CEO'S PERFORMANCE FOR 2010 TO DETERMINE HIS COMPENSATION FOR 2011 BASED ON THE PARAMETERS OF THE CONTRACT. THIS INCREASE WAS THEN APPROVED BY THE EXECUTIVE COMMITTEE.

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 1

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

OUR MISSION:

THE FOUNDATION FOR JEWISH CAMP UNIFIES AND GALVANIZES THE FIELD OF JEWISH OVERNIGHT CAMP AND SIGNIFICANTLY INCREASES THE NUMBER OF CHILDREN PARTICIPATING IN TRANSFORMATIVE SUMMERS AT JEWISH CAMP, ASSURING A VIBRANT NORTH AMERICAN JEWISH COMMUNITY.

OUR VISION:

SUMMERS AT JEWISH OVERNIGHT CAMP TURN JEWISH YOUTH INTO SPIRITED AND ENGAGED JEWISH ADULTS, LAYING THE GROUNDWORK FOR STRONG JEWISH COMMUNITIES. THE FOUNDATION FOR JEWISH CAMP ASPIRES TO ELEVATE THE FIELD OF JEWISH CAMP, CONFERRING PROPER RECOGNITION AND GRANTING

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ATTACHMENT 1 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

APPROPRIATE SUPPORT TO EXPAND ITS IMPACT ACROSS OUR COMMUNITY, SO THAT CAMP CAN BE A CRITICAL ELEMENT OF EVERY JEWISH YOUNG PERSON'S EDUCATION.

OUR STRATEGY:

WE ISSUED A NEW STRATEGIC PLAN TO GUIDE OUR WORK FOR THE NEXT FIVE YEARS. AS WE LOOK TOWARD THE FUTURE, WE SUPPORT OUR MISSION AND VISION WITH FOUR AREAS OF FOCUS:

1. CAMPER ACQUISITION TO GROW ENROLLMENT
2. PROGRAM EXCELLENCE TO FOSTER RETENTION
3. LEADERSHIP DEVELOPMENT TO ENSURE A STRONG FUTURE
4. COMMUNITY ENGAGEMENT TO ACHIEVE SUSTAINABILITY

WE HAVE OUTLINED NEW PRIORITIES IN THE STRATEGIC PLAN TO SUPPORT THESE AREAS OF FOCUS:

1. ADDRESSING AFFORDABILITY: FJC IS ENGAGED IN PROJECT SABABA, A FEASIBILITY STUDY MEASURING THE INTEREST IN AND VIABILITY OF A MORE ACCESSIBLE CAMP MODEL.
2. FOSTERING CONNECTIONS: CREATING AVENUES FOR CAMPS TO LINK WITH SCHOOLS, COMMUNITIES, AND SYNAGOGUES TO SHARE EDUCATIONAL BEST PRACTICES AND DRIVE ENROLLMENT GROWTH.
3. INCREASING AWARENESS: PROMOTING JEWISH CAMP THROUGH A NATIONAL AD CAMPAIGN AND INCREASE/IMPROVE THE USE OF TECHNOLOGY ACROSS THE FIELD.

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ATTACHMENT 1 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

4. CREATING INNOVATIVE PROGRAMMING: CUTTING-EDGE EDUCATIONAL
DEVELOPMENT TO ENHANCE JEWISH, ISRAEL, AND GENERAL PROGRAM CONTENT.

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4A

ONE HAPPY CAMPER INCENTIVE PROGRAM -

GENERAL DESCRIPTION:

- A) THE ONE HAPPY CAMPER PROGRAM, FORMERLY KNOWN AS 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) ONE HAPPY CAMPER 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) FJC'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) TYPICALLY, FJC WILL MATCH ANY COMMUNITY THAT AGREES TO COMMIT TO THE PROGRAM FOR A MINIMUM OF FIVE YEARS. FJC MATCHES COMMUNITY

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ATTACHMENT 2 (CONT'D)

DOLLARS 1:1 IN THE FIRST TWO YEARS; 1:.75 IN YEAR THREE; AND 1:.50
IN YEAR FOUR. IN THE FIFTH YEAR (AND BEYOND), THE COMMUNITY IS
EXPECTED TO OPERATE THE PROGRAM INDEPENDENTLY ALTHOUGH THERE IS
SOME FLEXIBILITY FROM THE FJC SIDE DEPENDING UPON PARTICULAR
CIRCUMSTANCES.

OPERATIONAL PROCESSES:

- A) CAMPERS COMPLETE AN ONLINE APPLICATION AT THE FOUNDATION FOR
JEWISH CAMP'S REGISTRATION SITE, ONEHAPPYCAMPER.ORG.
- B) COMMUNITY AND CAMP ADMINISTRATORS CONFIRM THAT APPLICANTS HAVE
REGISTERED AT CAMP AND POST-CAMP, CONFIRM THAT THEY ATTENDED CAMP,
USING THE ADMINISTRATIVE FUNCTIONALITY ON THE REGISTRATION SITE.
- C) IN MOST CASES, FJC DISTRIBUTES CAMPER INCENTIVE STIPENDS 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 FJC OR THE RIGHTFUL PARTNER IN CASES WHERE THE LISTED CAMPER
DOES NOT ULTIMATELY ATTEND CAMP.
- D) FJC 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 THE
IMPACT OF THE INCENTIVE ON THEIR DECISION TO ATTEND OVERNIGHT
JEWISH CAMP.

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ATTACHMENT 2 (CONT'D)

TOTAL NUMBERS:

IN 2011, 8,600 CHILDREN RECEIVED INCENTIVE GRANTS FOR CAMP THROUGH
OHC PROGRAMS ACROSS NORTH AMERICA. TOTAL INCENTIVE ALLOCATION FOR
2011 WAS APPROXIMATELY \$4,700,000.

ATTACHMENT 3FORM 990, PART III - PROGRAM SERVICE, LINE 4B

JWEST CAMPSHIP INCENTIVE PROGRAM -

GENERAL DESCRIPTION:

JWEST CAMPSHIP IS 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." IN ADDITION, FINANCIAL INCENTIVES

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ATTACHMENT 3 (CONT'D)

OF \$1,000 AND \$1,500 FOR SECOND-TIME CAMPERS RETURNING TO
NONPROFIT JEWISH OVERNIGHT CAMP FOR TWO OR THREE WEEKS TO THESE
CAMPS (WHO RECEIVED A FIRST TIME GRANT IN 2010), 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.
- C) FJC DISTRIBUTES INCENTIVE GRANTS DIRECTLY TO THE CAMPS IN
SEPARATE INSTALLMENTS, WITH THE STIPULATION THAT FUNDS WILL BE
RETURNED TO FJC IN CASES WHERE THE LISTED CAMPER DOES NOT
ULTIMATELY ATTEND CAMP.
- D) FJC 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.

TOTAL NUMBERS:

IN 2011, APPROXIMATELY 1,570 CHILDREN RECEIVED INCENTIVE GRANTS

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ATTACHMENT 3 (CONT'D)

FOR CAMP. TOTAL INCENTIVE ALLOCATION FOR 2011 WAS \$1,815,500.

ATTACHMENT 4FORM 990, PART III - PROGRAM SERVICE, LINE 4C

SPECIALTY CAMPS INCUBATOR PROJECT - IN JANUARY 2008, FJC 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 \$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. UPON REVIEW OF ALL PROPOSALS, JJF DECIDED TO INCREASE FUNDING TO INCLUDE A FIFTH NEW CAMP.

THE SPECIALTY CAMPS INCUBATOR INCLUDES AND PROVIDES:

1. EXPERT CONSULTING ON ALL ASPECTS OF PROGRAM DEVELOPMENT:

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ATTACHMENT 4 (CONT'D)

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.

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

3. 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.

4. SEMINARS AND WORKSHOPS ON RELEVANT TOPICS, INDIVIDUAL COACHING,
AND DEVELOPMENT OF A NETWORK FOR MUTUAL SUPPORT, TRAINING,
EXCHANGE OF BEST PRACTICES, AND OTHER JOINT INITIATIVES
(PURCHASING, STAFFING, ADVERTISING, ETC.).

2011 UPDATE:

THERE WERE SIX WORKSHOPS IN 2011, WITH TOPICS INCLUDING:
MARKETING, SALES PRESENTATIONS, STAFF RECRUITMENT, STAFF TRAINING,
SAFETY STANDARDS, CUSTOMER SERVICE, BOARD GOVERNANCE AND

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ATTACHMENT 4 (CONT'D)

FUND-RAISING. THE MENTORS PROVIDED QUARTERLY PROGRESS REPORTS.

FOR SUMMER 2011, EACH CAMP AGREED TO A SET OF ENROLLMENT BENCHMARKS, AS A METHOD OF SETTING A STANDARD FOR MEASURING SUCCESS. THE ENROLLMENT BENCHMARKS WERE TAKEN AS AN AGGREGATE AMONG THE FIVE CAMPS EQUALING 875, BUT EACH CAMP WAS PROVIDED WITH A MINIMUM NUMBER THAT THEY WERE TO ENROLL. THE ACTUAL ENROLLMENT TOTAL WAS 1,010 FOR THE FIVE CAMPS.

IN ADDITION, THE CAMPS BEGAN TO DEVELOP THEIR GOVERNING BOARDS AND TO LAUNCH FUNDRAISING OPPORTUNITIES.

THE PROGRAM EVALUATORS, BTW INFORMING CHANGE, INC., PROVIDED A YEAR-END REPORT TO JJF IN OCTOBER 2011.

ATTACHMENT 5990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
BTW INFORMING CHANGE 2550 NINTH STREET, SUITE 113 BERKLEY, CA 94710	CONSULTING	220,526.
MICHELE FRIEDMAN 372 CENTRAL PARK WEST, SUITE 19J NEW YORK, NY 10025	CONSULTING	159,000.
TRUE TO LIFE TRAINING LLC 13 GLENWOOD CIRCLE EAST WINDSOR, NJ 08520	PROGRAM MANAGEMENT	137,300.
THE GEPPETTO GROUP, LLC 114 FIFTH AVENUE, 4TH FLOOR	RESEARCH	132,800.

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ATTACHMENT 5 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
NEW YORK, NY 10011		
NESS USA INC. 3 UNIVERSITY PLAZA, SUITE 600 HACKENSACK, NJ 07601	CONSULTING	120,000.
	TOTAL COMPENSATION	<u>769,626.</u>

Depreciation and Amortization
(Including Information on Listed Property)**2011**Attachment
Sequence No **179**

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 instructions)	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 2010 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 2012 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	258,602.

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 2011	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 2011 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 2011 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	258,602.
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, 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	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).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
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 2011 tax year (see instructions)					
43 Amortization of costs that began before your 2011 tax year 43					
44 Total. Add amounts in column (f). See the instructions for where to report 44					

GENERAL DEPRECIATION

Asset description	Date placed in service	Cost or basis						
			Accumulated amortization	Ending accumulated amortization	Code	Life	Current-year amortization	
TOTALS								

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Form **8868**

(Rev. January 2012)

Department of the Treasury
Internal Revenue Service**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.

Electronic filing (e-file) You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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

Enter filer's identifying number, see instructions

**Type or
print**File by the
due date for
filing your
return. See
instructions

Name of exempt organization or other filer, see instructions

Employer identification number (EIN) or

FOUNDATION FOR JEWISH CAMP, INC.

☒ 22-3551013

Number, street, and room or suite no. If a P.O. box, see instructions

Social security number (SSN)

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

Enter the Return code for the return that this application is for (file a separate application for each return) ☐ 0 ☒ 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- 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 is for

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 20 12, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ☒ calendar year 20 11 or
- ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

- 2 If the tax year entered in line 1 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, 990-T, 4720, or 6069, 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, 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. 1-2012)