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

OMB No 1545-0047

**2015**Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

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

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

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**A** For the 2015 calendar year, or tax year beginning , 2015, and ending , 20**B** Check if applicable

<input type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Final return/terminated return
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	Application pending

**C** Name of organization

FOUNDATION FOR JEWISH CAMP, INC.

## Doing business as

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

Room/suite

253 WEST 35TH STREET, 4TH FLOOR

City or town, state or province, country, and ZIP or foreign postal code

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 \$ 9,773,881.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

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

**H(c)** Group exemption number ▶**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c)( ) (Insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.JEWISHCAMP.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation. 1997**M** State of legal domicile: NJ**Part I** Summary

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities	TO BUILD A STRONG JEWISH FUTURE THROUGH TRANSFORMATIVE JEWISH SUMMERS.	
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	3	22.
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	4	22.
	<b>5</b>	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	29.
	<b>6</b>	Total number of volunteers (estimate if necessary)	6	22.
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	7a	64,946.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	7b	-40,536.	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	6,637,326.	9,650,111.
	<b>9</b>	Program service revenue (Part VIII, line 2g)	337,442.	18,531.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	51,917.	75,566.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	36,136.	29,673.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,062,821.	9,773,881.
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,913,801.	1,846,571.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,856,398.	2,921,096.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶	615,821.	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,803,589.	4,870,276.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,573,788.	9,637,943.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	-5,510,967.	135,938.
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	13,895,810.	25,972,054.
	<b>21</b>	Total liabilities (Part X, line 26)	687,791.	12,945,328.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20.	13,208,019.	13,026,726.

**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

12-AUG-16  
DateJ. FINGERMAN, CEO  
Type or print name and titlePaid  
Preparer  
Use Only

Print/Type preparer's name

PAUL HAMMERSCHMIDT

Preparer's signature

Date

8/11/16

Check ☐ if PTIN

P01384178

Firm's name ▶ BDO USA, LLP

Firm's EIN ▶ 13-5381590

Firm's address ▶ 100 PARK AVENUE, NEW YORK, NY 10017-5001

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 (2015)

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**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line 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? ☒ **X** 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? ☒ **X** Yes ☐ No

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code \_\_\_\_\_) (Expenses \$ 2,154,269. including grants of \$ 101,250.) (Revenue \$ \_\_\_\_\_)

ATTACHMENT 2

**4b** (Code \_\_\_\_\_) (Expenses \$ 1,507,150. including grants of \$ 745,280.) (Revenue \$ \_\_\_\_\_)

ATTACHMENT 3

**4c** (Code \_\_\_\_\_) (Expenses \$ 950,189. including grants of \$ 0.) (Revenue \$ \_\_\_\_\_)

ATTACHMENT 4

**4d** Other program services (Describe in Schedule O )(Expenses \$ 3,663,627. including grants of \$ 1,000,041.) (Revenue \$ 18,531.)**4e** Total program service expenses **▶** 8,275,235.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. . . . .	<b>1</b> X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	<b>2</b> X	
<b>3</b> 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. . . . .	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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. . . . .	<b>4</b>	X
<b>5</b> 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. . . . .	<b>5</b>	X
<b>6</b> 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. . . . .	<b>6</b>	X
<b>7</b> 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. . . . .	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. . . . .	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. . . . .	<b>9</b>	X
<b>10</b> 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. . . . .	<b>10</b>	X
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. . . . .	<b>11a</b> X	
<b>b</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. . . . .	<b>11b</b> X	
<b>c</b> 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. . . . .	<b>11c</b>	X
<b>d</b> 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. . . . .	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. . . . .	<b>11e</b> X	
<b>f</b> 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. . . . .	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. . . . .	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. . . . .	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . .	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	X
<b>b</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. . . . .	<b>14b</b> X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV. . . . .	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. . . . .	<b>16</b>	X
<b>17</b> 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). . . . .	<b>17</b>	X
<b>18</b> 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. . . . .	<b>18</b>	X
<b>19</b> 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. . . . .	<b>19</b>	X

Form **990** (2015)

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. . . . .		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. . . . .	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III. . . . .		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. . . . .	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a. . . . .		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. . . . .		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. . . . .		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II. . . . .		X
<b>27</b> 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? If "Yes," complete Schedule L, Part III. . . . .		X
<b>28</b> 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)		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .		X
<b>c</b> 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? If "Yes," complete Schedule L, Part IV. . . . .		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. . . . .		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. . . . .		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. . . . .		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. . . . .		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. . . . .		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. . . . .		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. . . . .		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2. . . . .		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. . . . .		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	X	

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . . . .	<b>1a</b> 70	
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . .	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b> X	
<b>2a</b> 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. . . . .	<b>2a</b> 29	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	<b>2b</b> X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). . . . .		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b> X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. . . . .	<b>3b</b> X	
<b>4a</b> 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)? . . . . .	<b>4a</b>	X
<b>b</b> If "Yes," enter the name of the foreign country: <u>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</u>		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>	X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> 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? . . . . .	<b>7a</b>	X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year. . . . .	<b>7d</b>	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter.		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12. . . . .	<b>10a</b>	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . .	<b>10b</b>	
<b>11 Section 501(c)(12) organizations.</b> Enter.		
<b>a</b> Gross income from members or shareholders. . . . .	<b>11a</b>	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). . . . .	<b>11b</b>	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year. . . . .	<b>12b</b>	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . .	<b>13a</b>	
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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. . . . .	<b>13b</b>	
<b>c</b> Enter the amount of reserves on hand. . . . .	<b>13c</b>	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. . . . .	<b>14b</b>	

**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 or note to any line in this Part VI ☒ X

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . .	22	
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		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . .	22	
<b>2</b> 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	
<b>3</b> 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
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	X	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
<b>6</b> Did the organization have members or stockholders? . . . . .		X
<b>7a</b> 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>b</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
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . .	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b> 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
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .		X
<b>b</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? . . . . .		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	X	
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	X	
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	X	
<b>b</b> Other officers or key employees of the organization . . . . .		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> 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>b</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 ☐ Other (explain in Schedule O)

**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, address, and telephone number of the person who possesses the organization's books and records: ►  
 RACHEL MEIR, 253 WEST 35TH STREET, 4TH FLOOR, NEW YORK, NY 10001 646-278-4549

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII. ☒ X**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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) PETER J. WEIDHORN CHAIR, BOARD OF DIRECTORS	1.00 0.	X		X				0.	0.	0.
(2) ELISA SPUNGEN BILDNER CO-CHAIR, BOARD OF TRUSTEES	1.00 0.	X		X				0.	0.	0.
(3) ROBERT BILDNER CO-CHAIR, BOARD OF TRUSTEES	1.00 0.	X		X				0.	0.	0.
(4) SAMUEL VICHNESS CHAIR, CHAIRMAN'S COUNCIL	5.00 0.	X		X				0.	0.	0.
(5) JAMES HEEGER TREASURER	5.00 0.	X		X				0.	0.	0.
(6) JULIE EISEN SECRETARY	1.00 0.	X		X				0.	0.	0.
(7) SCOTT BRODY BOARD MEMBER	1.00 0.	X						0.	0.	0.
(8) SHELLEY RICHMAN COHEN BOARD MEMBER	1.00 0.	X						0.	0.	0.
(9) ROBERT J. DEUTSCH BOARD MEMBER	1.00 0.	X						0.	0.	0.
(10) ARCHIE GOTTESMAN BOARD MEMBER	1.00 0.	X						0.	0.	0.
(11) LOIS KOHN-CLAAR BOARD MEMBER	1.00 0.	X						0.	0.	0.
(12) JAY P. LEFKOWITZ BOARD MEMBER	1.00 0.	X						0.	0.	0.
(13) MARCIA MANKOFF BOARD MEMBER	1.00 0.	X						0.	0.	0.
(14) JULIE BEREN PLATT BOARD MEMBER	1.00 0.	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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) ILANA HOROWITZ RATNER BOARD MEMBER	1.00 0.	X						0.	0.	0.
(16) MARC E. SACKS BOARD MEMBER	1.00 0.	X						0.	0.	0.
(17) MARTIN SCHWARTZ BOARD MEMBER	1.00 0.	X						0.	0.	0.
(18) ALLAN SILBER BOARD MEMBER	1.00 0.	X						0.	0.	0.
(19) MARK SILBERMAN BOARD MEMBER	1.00 0.	X						0.	0.	0.
(20) AIMEE SKIER BOARD MEMBER	1.00 0.	X						0.	0.	0.
(21) DEBBIE SOLLINGER BOARD MEMBER	1.00 0.	X						0.	0.	0.
(22) JEFFREY WOLMAN BOARD MEMBER	1.00 0.	X						0.	0.	0.
(23) JEREMY J. FINGERMAN CHIEF EXECUTIVE OFFICER	37.00 0.			X				463,854.	0.	53,435.
(24) LAURIE STONE DIR., FINANCE & ADMINISTRATION	37.00 0.			X				139,326.	0.	12,857.
(25) DAN PERLA VP, PROGRAM AND STRATEGY	37.00 0.				X			180,862.	0.	31,449.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								1,048,753.	0.	157,893.
<b>d Total (add lines 1b and 1c)</b>								1,048,753.	0.	157,893.

**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 **5**

**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
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		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 **3**

[illegible]

	Yes	No
3		X
4	X	
5		X

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	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	9,650,111.			
	g	Noncash contributions included in lines 1a-1f \$					
	h	<b>Total.</b> Add lines 1a-1f		9,650,111			
<b>Program Service Revenue</b>	2a	BUNKCONNECT FEES	Business Code 900099	18,531.	18,531.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	<b>Total.</b> Add lines 2a-2f		18,531.			
	<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts)		75,561.		64,941.
4		Income from investment of tax-exempt bond proceeds		0			
5		Royalties		0.			
6a		Gross rents	(i) Real (ii) Personal				
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)		0			
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
b		Less cost or other basis and sales expenses					
c		Gain or (loss)		5.		5	
d		Net gain or (loss)		5.			
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.				
<b>Miscellaneous Revenue</b>							
11a	MISCELLANEOUS	Business Code 900099	29,673			29,673	
b							
c							
d	All other revenue						
e	<b>Total.</b> Add lines 11a-11d		29,673.				
12	<b>Total revenue.</b> See instructions		9,773,881	18,531	64,946	40,293.	

**Part IX Statement of Functional Expenses**

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	1,846,571.	1,846,571.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	669,471.	244,961.	191,730.	232,780.
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 . . . . .	1,740,036.	1,409,531.	167,797.	162,708.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	40,557.	31,958.	4,431.	4,168.
9 Other employee benefits . . . . .	310,462.	234,190.	40,690.	35,582.
10 Payroll taxes . . . . .	160,570.	115,560.	24,919.	20,091.
11 Fees for services (non-employees)				
a Management . . . . .	0.			
b Legal . . . . .	30,357.	30,357.		
c Accounting . . . . .	49,000.		49,000.	
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees . . . . .	0.			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	834.	834.		
12 Advertising and promotion . . . . .	0.			
13 Office expenses . . . . .	118,613.	71,998.	11,499.	35,116.
14 Information technology . . . . .	190,106.	173,101.	5,476.	11,529.
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	311,624.	216,247.	45,711.	49,666.
17 Travel . . . . .	493,564.	456,537.	2,266.	34,761.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
19 Conferences, conventions, and meetings . . . . .	0.			
20 Interest . . . . .	93,896.		93,896.	
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	102,086.		102,086.	
23 Insurance . . . . .	25,988.	18,034.	3,812.	4,142.
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 PROGRAM ACTIVITIES . . . . .	2,052,701.	2,052,701.		
b CAMPER INCENTIVE STIPENDS . . . . .	1,328,301.	1,328,301.		
c DUES AND SUBSCRIPTIONS . . . . .	19,507.	16,255.	984.	2,268.
d BOARD OF DIRECTOR EXPENSES . . . . .	15,252.			15,252.
e All other expenses . . . . .	38,447.	28,099.	2,590.	7,758.
25 Total functional expenses. Add lines 1 through 24e . . . . .	9,637,943.	8,275,235.	746,887.	615,821.
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**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing . . . . .	39,656.	1	11,964.
	2 Savings and temporary cash investments . . . . .	10,383,220.	2	7,556,997.
	3 Pledges and grants receivable, net . . . . .	2,492,695.	3	3,547,571.
	4 Accounts receivable, net . . . . .	70,547.	4	26,474.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0.	5	0.
	6 Loans and other 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) Complete Part II of Schedule L . . . . .	0.	6	0.
	7 Notes and loans receivable, net . . . . .	0.	7	1,750,000.
	8 Inventories for sale or use . . . . .	0.	8	0.
	9 Prepaid expenses and deferred charges . . . . .	75,132.	9	71,261.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D . . . . .	10a 1,578,419.		
	b Less: accumulated depreciation. . . . .	10b 926,392.		
		750,441.	10c	652,027.
	11 Investments - publicly traded securities . . . . .	0.	11	7,435,782.
	12 Investments - other securities See Part IV, line 11 . . . . .	0.	12	4,835,859.
	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 . . . . .	84,119.	15	84,119.	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	13,895,810.	16	25,972,054.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses . . . . .	356,486.	17	459,224.
	18 Grants payable . . . . .	80,753.	18	148,750.
	19 Deferred revenue . . . . .	0.	19	223,765.
	20 Tax-exempt bond liabilities . . . . .	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0.	21	0.
	22 Loans and other 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	11,750,000.
	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 . . . . .	250,552.	25	363,589.
	26 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	687,791.	26	12,945,328.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets . . . . .	844,292.	27	279,497.
	28 Temporarily restricted net assets . . . . .	12,363,727.	28	12,747,229.
	29 Permanently restricted net assets . . . . .	0.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), 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 . . . . .	13,208,019.	33	13,026,726.
	34 <b>Total liabilities and net assets/fund balances.</b> . . . . .	13,895,810.	34	25,972,054.

Form **990** (2015)

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	9,773,881.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	9,637,943.
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	135,938.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	13,208,019.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-317,231.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	13,026,726.

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

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

- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.

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

- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both

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

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

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

- 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.

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form **990** (2015)

**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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

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 (Form 990 or 990-EZ) )
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 9 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III )
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete **Part IV, Sections A and B**.
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete **Part IV, Sections A and C**.
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete **Part IV, Sections A, D, and E**.
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete **Part IV, Sections A and D, and Part V**.
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations \_\_\_\_\_
- g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2015

**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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .	14,014,352	14,828,471	8,930,290	6,637,326	9,650,111	54,060,550.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4</b> <b>Total.</b> Add lines 1 through 3 . . . . .	14,014,352.	14,828,471.	8,930,290	6,637,326.	9,650,111	54,060,550.
<b>5</b> 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). . . . .						20,959,981.
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4 . . . . .						33,100,569

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4 . . . . .	14,014,352	14,828,471	8,930,290	6,637,326	9,650,111.	54,060,550
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	136,063	107,201.	82,801	52,237	75,561.	453,863
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) . . . . .	29,782	31,138.	30,296	36,136	29,673	157,025
<b>11</b> <b>Total support.</b> Add lines 7 through 10 . . . . .						54,671,438.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	508,472.
<b>13</b> <b>First five years.</b> 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**

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	60.54 %
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 . . . . .	<b>15</b>	59.31 %
<b>16a</b> <b>33 1/3% support test - 2015.</b> 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>b</b> <b>33 1/3% support test - 2014.</b> 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"/>
<b>17a</b> <b>10%-facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b</b> <b>10%-facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18</b> <b>Private foundation.</b> 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6</b> Total. Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8</b> Public support. (Subtract line 7c from line 6) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) . . . . .						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12) . . . . .						
<b>14</b> 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**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2015.** 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 - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<b>1</b>	
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	<b>1</b>	

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

	Yes	No
<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	<b>2a</b>	
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	<b>2b</b>	
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .	<b>3a</b>	
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	<b>3b</b>	

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2015

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

Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions		
9	Distributable amount for 2015 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

  

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015.			
a			
b			
c			
d From 2013 . . . . .			
e From 2014 . . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7.			
a			
b			
c Excess from 2013 . . . . .			
d Excess from 2014 . . . . .			
e Excess from 2015 . . . . .			

Schedule A (Form 990 or 990-EZ) 2015

**Part VI** **Supplemental Information.** 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	2011	2012	2013	2014	2015	TOTAL
MISCELLANEOUS	29,782.	31,138.	30,296.	36,136.	29,673.	157,025.
TOTALS	<u>29,782</u>	<u>31,138</u>	<u>30,296</u>	<u>36,136</u>	<u>29,673</u>	<u>157,025</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" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

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" on Form 990, Part IV, line 6

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

**Part II Conservation Easements.**

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

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

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

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

	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, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

8 Does each conservation easement reported on line 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 XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

1a If the organization elected, as permitted under 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 XIII, 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) Revenue 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 Revenue 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) 2015

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**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  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

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

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

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

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment  %

b Permanent endowment  %

c Temporarily restricted endowment  %

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

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

(i) unrelated organizations

(ii) related organizations

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		602,815.	210,883.	391,932.
d Equipment		432,346.	172,251.	260,095.
e Other		543,258.	543,258.	

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 652,027.

Schedule D (Form 990) 2015

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other		
(A) POOLED ENDOWMENT FUNDS	4,835,859.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) ▶	4,835,859.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	212,463.
(3) DEFERRED COMPENSATION	57,230.
(4) INTEREST PAYABLE	93,896.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	363,589.

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

1	Total revenue, gains, and other support per audited financial statements . . . . .		1	9,456,650.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments . . . . .	2a	-317,231.	
b	Donated services and use of facilities . . . . .	2b		
c	Recoveries of prior year grants . . . . .	2c		
d	Other (Describe in Part XIII.) . . . . .	2d		
e	Add lines 2a through 2d . . . . .	2e	-317,231.	
3	Subtract line 2e from line 1 . . . . .	3	9,773,881.	
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 XIII) . . . . .	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	9,773,881.	

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

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

1	Total expenses and losses per audited financial statements . . . . .		1	9,637,943.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities . . . . .	2a		
b	Prior year adjustments . . . . .	2b		
c	Other losses . . . . .	2c		
d	Other (Describe in Part XIII) . . . . .	2d		
e	Add lines 2a through 2d . . . . .	2e		
3	Subtract line 2e from line 1 . . . . .	3	9,637,943.	
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 XIII) . . . . .	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	9,637,943.	

**Part XIII Supplemental Information.**

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

SEE PAGE 5

**Part XIII Supplemental Information (continued)**

## PART X, LINE 2:

UNDER ASC 740, AN ORGANIZATION MUST RECOGNIZE THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION BY A TAXING AUTHORITY. FOUNDATION FOR JEWISH CAMP, INC. DOES NOT BELIEVE IT HAS TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT HAS NOT RECORDED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. THE ORGANIZATION HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO. ADDITIONALLY, THE ORGANIZATION HAS FILED IRS FORM 990 INFORMATION RETURNS, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHERE SO REQUIRED. FOR THE YEAR ENDED DECEMBER 31, 2015, 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 2012.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.  
► Attach to Form 990.  
► Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

FOUNDATION FOR JEWISH CAMP, INC.

22-3551013

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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			PROGRAM SERVICES	SEE PART V	57,864.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a Sub-total, . . . . .</b>					57,864.
<b>b Total from continuation sheets to Part I . . . . .</b>					
<b>c Totals (add lines 3a and 3b)</b>					57,864

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

Schedule F (Form 990) 2015

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

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" on Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of 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)							

**Part IV Foreign Forms**

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

Schedule F (Form 990) 2015

**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 3(1), COLUMN (E):

A GRANT FROM MONTREAL FEDERATION'S CJA GENERATIONS FUND (CJA) TO IMPLEMENT AN INSTITUTIONAL STRENGTHENING PROGRAM. THIS PROGRAM FOCUSED ON CONTINUING TO INCREASE THE NUMBER OF CAMPERS IN SELECT MONTREAL JEWISH SUMMER CAMPS THROUGH AN INTENTIONAL STRATEGIC APPROACH, DESIGNED SPECIFICALLY FOR THE MONTREAL COMMUNITY AND TAILORED TO MEET THE NEEDS OF THE CAMPS, WHICH HAVE BEEN SELECTED ON THEIR READINESS AND WILLINGNESS TO EMBRACE CHANGE. THIS GRANT OF \$75,000 SUPPORTS CJA'S DESIRE TO BUILD UPON THE PLATFORM OF SUCCESS AND GROW ENROLLMENT NUMBERS AND DEEPEN THE JEWISH PROGRAMMING AT CAMP B'NAI B'RITH MONTREAL (CBB), AND TO PROVIDE Y COUNTRY CAMP WITH CONSULTING SERVICES TO IMPROVE THEIR STAFF TRAINING PROTOCOLS.

**SCHEDULE I  
(Form 990)**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

FOUNDATION FOR JEWISH CAMP, INC.

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Employer identification number

22-3551013

**Part I General Information on Grants and Assistance**

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.**

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> CAMP INC 3800 KALMIA AVENUE, BOULDER, CO 80301	84-1513140	501(C)(3)	393,000.				SPECIALTY CAMP & RSJ ENGAGEMENT
<b>(2)</b> CZ WELLNESS GROUP DBA CAMP ZEKE 49 W. 38TH ST. 5TH FL., NEW YORK, NY 10018	46-1869615	501(C)(3)	176,097.				SPECIALTY CAMP & RSJ ENGAGEMENT
<b>(3)</b> JCC MACCABI SPORTS CAMP 3724 ANZA STREET, SAN FRANCISCO, CA 94121	46-1811753	501(C)(3)	135,693.				SPECIALTY CAMP & RSJ ENGAGEMENT
<b>(4)</b> CAMP SABRA 2 MILLSTONE CAMPUS DR SAINT LOUIS, MO 63146	43-0652643	501(C)(3)	108,700.				SPORTS FACILITY GRANT & SCHOLARSHIPS
<b>(5)</b> UNION FOR REFORM JUDAISM 633 THIRD AVENUE, FL 7, NEW YORK, NY 10017	13-1663143	501(C)(3)	84,459				SR. JEWISH EDUCATOR GRANT
<b>(6)</b> CAMP CHI 5050 CHURCH ST., SKOKIE, IL 60077	36-2167758	501(C)(3)	61,455.				SCHOLARSHIPS, RSJ ENGAGE. & INCLUSION
<b>(7)</b> URJ CAMP HARLAM 301 CITY AVE, STE T1, BALA CYNWYD, PA 19004	13-1663143	501(C)(3)	55,000.				WATERFRONT IMPROV. & INCLUSION GRANT
<b>(8)</b> URJ SIX POINTS SCI-TECH ACADEMY 160 CHUBB AVE STE 207, LYNDHURST, NJ 07071	13-1663143	501(C)(3)	53,754.				SUPPORT SPECIALTY CAMP
<b>(9)</b> NEW JERSEY Y CAMPS 21 PLYMOUTH ST., FAIRFIELD, NJ 07004	22-1487266	501(C)(3)	48,000.				WATERFRONT IMPROV. & JEWISH HEROES
<b>(10)</b> CAMP RAMAH CALIFORNIA 17525 VENTURA BLVD, #201, ENCINO, CA 91316	95-1843131	501(C)(3)	45,000				SCHOLARSHIPS
<b>(11)</b> B'NAI BRITH CAMP 9400 SW BEAVERTON HILLSDALE HWY #147	91-1842787	501(C)(3)	41,550.				TECH, RSJ, ISRAEL EDUC. & INCLUSION
<b>(12)</b> CAMP YOUNG JUDAEA MIDWEST 60 REVERE DR, STE 800, NORTHBROOK, IL 60062	39-1672846	501(C)(3)	39,500.				SCHOLARSHIPS & RSJ ENGAGEMENT

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) (2015)

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

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

► Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2015

**Open to Public Inspection**

**Department of the Treasury  
Internal Revenue Service**

Name of the organization

Name of the organization
FOUNDATION FOR JEWISH CAMP, INC.

<b>Part I</b>	<b>General Information on Grants and Assistance</b>
---------------	---

- 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? . . . . .
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. . . . .

**Part II.** Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> HERZL CAMP 7204 W 27TH ST., ST. LOUIS PARK, MN 55426	41-6009136	501 (C) (3)	39,400				SR. JEWISH EDUCATOR GRANT & RSJ ENGAGE.
<b>(2)</b> B'NAI B'RITH PERLMAN CAMP 11820 PARKLAWN DR., ROCKVILLE, MD 20852	27-2025066	501 (C) (3)	32,500.				WATERFRONT IMPROV. & ISRAEL EDUCATION
<b>(3)</b> CAMP JUDAEA 1440 SPRING ST. NW, ATLANTA, GA 30309	58-6014651	501 (C) (3)	32,000.				INCLUSION INITIATIVE & RSJ ENGAGE. GRANT
<b>(4)</b> CAMP KAYLIE 4510. 16TH AVENUE, BROOKLYN, NY 11204	27-3352587	501 (C) (3)	30,000				WATERFRONT IMPROVEMENT
<b>(5)</b> CAMP LAURELWOOD 463 SUMMER HILL RD., MADISON, CT 06443	06-0693092	501 (C) (3)	30,000.				WATERFRONT IMPROVEMENT
<b>(6)</b> CAMP TEL NOAR 888 WORCESTER ST, 350, WELLESLEY, MA 02482	04-6152862	501 (C) (3)	30,000.				WATERFRONT IMPROVEMENT
<b>(7)</b> CAMP TEL YEHUDAH 575 EIGHTH AVE, NEW YORK, NY 10018	13-5654375	501 (C) (3)	30,000.				OHC PASS THRU SCHOLARSHIP
<b>(8)</b> CAMP TAWONGA 131 STEUART ST., SAN FRANCISCO, CA 94105	94-3227261	501 (C) (3)	24,000				OUTDOOR LEADERSHIP & RSJ ENGAGEMENT
<b>(9)</b> CAMP YOUNG JUDAEA TEXAS 5410 BELLAIRE BLVD., BELLAIRE, TX 77401	74-6063430	501 (C) (3)	21,290				ISRAEL EDUCATION & INCLUSION INITIATIVE
<b>(10)</b> SAN DIEGO JEWISH ACADEMY 11860 CARMEL CREEK RD, SAN DIEGO, CA 92130	95-3287745	501 (C) (3)	20,380				SR. JEWISH EDUCATOR GRANT
<b>(11)</b> CAMP DAROM 400 S. YATES ROAD, MEMPHIS, TN 38120	62-0477611	501 (C) (3)	20,000				SCHOLARSHIPS
<b>(12)</b> CAMP INTERLAKEN JCC 6255 N SANTA MONICA BVD MILWAUKEE, WI 53217	39-0806234	501 (C) (3)	20,000				SCHOLARSHIPS

- |   |   |        |
|---|---|--------|
| 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) (2015)

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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" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No 1545-0047

**2015**

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Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

FOUNDATION FOR JEWISH CAMP, INC.

Employer identification number

22-3551013

**Part I General Information on Grants and Assistance**

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> CAMP JCA SHALOM 34342 MULHOLLAND HWY, MALIBU, CA 90265	84-1652923	501(C)(3)	20,000.				INCLUSION INITIATIVE GRANT
<b>(2)</b> CAMP RAMAH WISCONSIN 65 E. WACKER PL, 1200, CHICAGO, IL 60601	36-6009250	501(C)(3)	20,000.				SCHOLARSHIPS
<b>(3)</b> CAMP YOUNG JUDAEA SPROUT LAKE 575 EIGHTH AVE, FL 11, NEW YORK, NY 10018	13-2830437	501(C)(3)	20,000				OHC PASS THRU SCHOLARSHIPS
<b>(4)</b> NATIONAL RAMAH COMMISSION 3080 BROADWAY, NEW YORK, NY 10027	13-6161110	501(C)(3)	20,000.				DISABILITIES RESOURCE GUIDE
<b>(5)</b> CAMP NAGEELA MIDWEST 3542 W PETERSON AVE, CHICAGO, IL 60659	36-3529401	501(C)(3)	17,500.				SCHOLARSHIPS & TECH GRANT
<b>(6)</b> CAMP RAMAH DAROM 6400 POWERS FERRY RD NW, ATLANTA, GA 30339	58-2146741	501(C)(3)	14,310.				SCHOLARSHIPS
<b>(7)</b> BERKSHIRE HILLS EISENBERG CAMP 547 SAW MILL RIVER RD, ARDSLEY, NY 10502	13-1739934	501(C)(3)	14,225.				RSJ ENGAGEMENT
<b>(8)</b> JEWISH FEDERATION OF GREATER ATLANTA 1440 SPRING ST, ATLANTA, GA 30309	58-1021791	501(C)(3)	11,250				SYNAGOGUE MARKETING
<b>(9)</b> JEWISH FEDERATION OF GREATER PHILADELPHIA 2100 ARCH ST, PHILADELPHIA, PA 19103	23-1500085	501(C)(3)	11,250.				SYNAGOGUE MARKETING & INCLUSION GRANT
<b>(10)</b> CAMP ALONIM 15600 MULHOLLAND DR, LOS ANGELES, CA 90077	95-2030208	501(C)(3)	10,000.				NATIONAL DANCE EDUCATION TRAINING
<b>(11)</b> CAMP MOSHAVA OF WILD ROSE 3740 WEST DEMPSTER, SKOKIE, IL 60077	36-3674839	501(C)(3)	10,000.				SCHOLARSHIPS
<b>(12)</b> JEWISH FEDERATION OF GREATER HOUSTON 5603 S BRAESWOOD BLVD, HOUSTON, TX 77096	74-1109654	501(C)(3)	10,000				OHC STAFFING 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) (2015)

**SCHEDULE I**  
**(Form 990)**

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

OMB No 1545-0047

**2015**

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Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

FOUNDATION FOR JEWISH CAMP, INC.

Employer identification number

22-3551013

**Part I General Information on Grants and Assistance**

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) PARTNERSHIP FOR JEWISH LEARNING AND LIFE 901 RTE. 10, WHIPPANY, NJ 07981	27-0144390	501 (C) (3)	10,000.				AFFORDABILITY MARKETING CAMPAIGN
(2) B'NAI B'RITH BEBER CAMP 4930 OAKTON ST, STE 4019, SKOKIE, IL 60077	53-0209632	501 (C) (3)	7,362.				SCHOLARSHIPS
(3) JEWISH EDUCATION CENTER OF CLEVELAND 2030 S TAYLOR, CLEVELAND HEIGHTS, OH 44118	34-0714554	501 (C) (3)	6,250.				SYNAGOGUE MARKETING
(4) EDEN VILLAGE CAMP 392 DENNYTOWN RD, PUTNAM VALLEY, NY 10539	26-4373931	501 (C) (3)	6,000				BSJ ENGAGEMENT
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							40.
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) (2015)

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**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, Part III, column (b), and any other additional information.

PART I, LINE 2:

THE ORGANIZATION MONITORS THE USE OF CERTAIN GRANT FUNDS THROUGH WRITTEN REPORTS SUBMITTED BY THE GRANTEE EXPLAINING THE RESULTS OF THE FUNDED PROGRAMS. FOR ANY GRANTS INVOLVING A CHALLENGE COMPONENT, DEMONSTRATION OF MATCHING FUNDING WAS REQUIRED. FOR SCHOLARSHIP GRANTS, THE ORGANIZATION WORKED WITH THE GRANTEE TO ENSURE ELIGIBILITY REQUIREMENTS WERE MET AND THE SELECTED CHILDREN ATTENDED CAMP.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

FOUNDATION FOR JEWISH CAMP, INC.

**Compensation Information**

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

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

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

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 on 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 directors, trustees, and officers, including 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, but explain in Part III.

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

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

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

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

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

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

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

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

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

**9** If "Yes" 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		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

Page 2

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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 and Title	(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 in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JEREMY J. FINGERMAN CHIEF EXECUTIVE OFFICER	(i)	413,854.	50,000.	0.	26,625.	26,810.	0.
	(ii)	0.	0.	0.	0.	0.	0.
2 LAURIE STONE DIR., FINANCE & ADMINISTRATION	(i)	139,326.	0.	0.	3,556.	9,301.	0.
	(ii)	0.	0.	0.	0.	0.	0.
3 DAN PERLA VP, PROGRAM AND STRATEGY	(i)	180,862.	0.	0.	4,617.	26,832.	0.
	(ii)	0.	0.	0.	0.	0.	0.
4 ALLISON COHEN DIR,MARKETING & COMMUNICATIONS	(i)	140,288.	0.	0.	3,626.	26,681.	0.
	(ii)	0.	0.	0.	0.	0.	0.
5 ZIVA DAVIDOVICH DIR., FINANCIAL RESOURCE DEV.	(i)	124,423.	0.	0.	3,237.	26,608.	0.
	(ii)	0.	0.	0.	0.	0.	0.
6	(i)						
(ii)							
7	(i)						
(ii)							
8	(i)						
(ii)							
9	(i)						
(ii)							
10	(i)						
(ii)							
11	(i)						
(ii)							
12	(i)						
(ii)							
13	(i)						
(ii)							
14	(i)						
(ii)							
15	(i)						
(ii)							
16	(i)						
(ii)							

Schedule J (Form 990) 2015

**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 4B:

THE REPORTING ORGANIZATION MAINTAINS A 457(F) PLAN WITH THE INTENT THAT  
AT HIS RETIREMENT, THE PROCEEDS WILL GO TO JEREMY J. FINGERMAN, CHIEF  
EXECUTIVE OFFICER. THEREFORE THE \$20,000 CONTRIBUTED IS SHOWN AS PART OF  
HIS RETIREMENT AND DEFERRED COMPENSATION, INCLUDED IN PART II, COLUMN  
(C).

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization

FOUNDATION FOR JEWISH CAMP, INC.

**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

**2015**

**Open to Public  
Inspection**

Employer identification number

22-3551013

FORM 990, PART III, LINE 2:

FOUNDATION FOR JEWISH CAMP, INC. LAUNCHED THE FOLLOWING NEW PROGRAMS IN  
2015:

- 1) MARKETING ACADEMY
- 2) FUNDERS SUMMIT - WEST COAST
- 3) YITRO III
- 4) DAY CAMP MENTORING
- 5) FJC INTEREST-FREE BUILDING LOAN PROGRAM
- 6) ACCELERATOR PROJECT

FORM 990, PART III, LINE 3:

FOUNDATION FOR JEWISH CAMP, INC. CEASED CONDUCTING THE FOLLOWING PROGRAM  
SERVICES DURING 2015:

- 1) YITRO 2
- 2) JWEST
- 3) INCUBATOR I

FORM 990, PART III, LINE 4D:

- 1) STRATEGIC GRANTS -

EXPENSES: \$566,619. GRANTS: \$515,627. REVENUE: \$0.

- 2) BUNKCONNECT -

EXPENSES: \$439,429. GRANTS: \$0. REVENUE: \$18,531.

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

## 3) DISABILITIES INITIATIVES -

EXPENSES: \$429,488. GRANTS: \$154,040. REVENUE: \$0.

## 4) NADIV -

EXPENSES: \$306,680. GRANTS: \$126,738. REVENUE: \$0.

## 5) HIDDUR -

EXPENSES: \$269,191. GRANTS: \$0. REVENUE: \$0.

## 6) ENGAGEMENT INITIATIVES -

EXPENSES: \$263,100. GRANTS: \$0. REVENUE: \$0.

## 7) YITRO 3 -

EXPENSES: \$257,118. GRANTS: \$124,088. REVENUE: \$0.

## 8) DAY CAMP INCUBATOR -

EXPENSES: \$160,370. GRANTS: \$0. REVENUE: \$0.

## 9) GOODMAN CAMP INITIATIVES -

EXPENSES: \$160,133. GRANTS: \$12,720. REVENUE: \$0.

## 10) DAY CAMP MENTORING -

EXPENSES: \$123,904. GRANTS: \$0. REVENUE: \$0.

## 11) FUNDERS SUMMIT - WEST COAST -

Name of the organization

Employer identification number

FOUNDATION FOR JEWISH CAMP, INC.

22-3551013

EXPENSES: \$102,318. GRANTS: \$0. REVENUE: \$0.

12) ACCELERATOR I -

EXPENSES: \$96,680. GRANTS: \$0. REVENUE: \$0.

13) AREIVIM HEBREW AT CAMP -

EXPENSES: \$92,087. GRANTS: \$0. REVENUE: \$0.

14) LEKHU LAKHEM -

EXPENSES: \$65,357. GRANTS: \$0. REVENUE: \$0.

15) MARKETING AND TECHNOLOGY -

EXPENSES: \$62,876. GRANTS: \$41,828. REVENUE: \$0.

16) ACCELERATOR II -

EXPENSES: \$62,414. GRANTS: \$0. REVENUE: \$0.

17) YITRO 2 -

EXPENSES: \$60,160. GRANTS: \$25,000. REVENUE: \$0.

18) INSTITUTIONAL STRENGTHENING -

EXPENSES: \$59,206. GRANTS: \$0. REVENUE: \$0.

19) LOAN PROGRAM -

EXPENSES: \$31,061. GRANTS: \$0. REVENUE: \$0.

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

20) BRINGING ISRAEL TO CAMP -

EXPENSES: \$25,186. GRANTS: \$0. REVENUE: \$0.

21) JWEST -

EXPENSES: \$15,953. GRANTS: \$0. REVENUE: \$0.

22) SPECIALTY CAMPS INCUBATOR -

EXPENSES: \$9,454. GRANTS: \$0. REVENUE: \$0.

23) LEADERS ASSEMBLY -

EXPENSES: \$4,843. GRANTS: \$0. REVENUE: \$0.

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

CO-FOUNDERS AND CO-CHAIRS, BOARD OF TRUSTEES, ROB BILDNER AND ELISA  
SPUNGEN BILDNER ARE HUSBAND AND WIFE.

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

THE ORGANIZATION MADE CHANGES TO ITS BY-LAWS DURING THE TAX YEAR. THE  
CHANGES INCLUDED BOARD OF DIRECTORS CLASS TERMS FROM THREE TO FOUR YEARS  
AND ESTABLISHED A FOURTH CLASS OF DIRECTORS TO CONFORM TO THE NEW FOUR  
YEAR TERMS.

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

THE ACCOUNTING MANAGER FOR THE ORGANIZATION SUBMITS THE NECESSARY  
SCHEDULES TO BDO USA, LLP (THE ORGANIZATION'S INDEPENDENT ACCOUNTANTS AND

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

TAX PREPARERS) TO PREPARE FORM 990. AFTER BDO USA, LLP FURNISHES DRAFT FORM 990 TO THE ORGANIZATION, THE ACCOUNTING MANAGER 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 3 YEAR EMPLOYMENT CONTRACT FOR THE CEO BEGAN IN 2013. A COMPENSATION REVIEW DATED DECEMBER 2009 WAS PREPARED BY AN OUTSIDE FIRM AND UTILIZED BY THE COMPENSATION COMMITTEE AS A BENCHMARK ADJUSTED FOR INFLATION AS THE BASIS FOR THE CEO'S SALARY AND THE TERMS OF THE CONTRACT. COMPENSATION FOR 2015 WAS APPROVED BY THE COMPENSATION COMMITTEE, BASED ON THE TERMS OF THIS CONTRACT.

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

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 THE FINANCE COMMITTEE AND THEN  
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.

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ATTACHMENT 1

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

FOUNDATION FOR JEWISH CAMP, INC'S STRATEGIC IMPERATIVES ARE:

1. TO BUILD LEADERS: WE HELP CAMP PROFESSIONALS AND OTHER CAMP TALENT  
DEVELOP THE SKILLS TO LEAD THEIR CAMPS TO EXCEPTIONAL OUTCOMES  
OPERATIONALLY AND EDUCATIONALLY. AND IDENTIFY THE NEXT GENERATION OF  
LEADERSHIP.

2. TO AMPLIFY JEWISHNESS: WE DEVELOP AND SUPPORT PROGRAMS THAT DEEPEN  
CAMPER'S AND COUNSELORS' CONNECTION TO THEIR JEWISH ROOTS AND  
CULTURE.

3. TO EXPAND THE FIELD: WE CONTINUOUSLY EXPAND THE NUMBER AND VARIETY  
OF SUMMER EXPERIENCES TO ATTRACT MORE-AND MORE DIVERSE-PARTICIPANTS.

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ATTACHMENT 2

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

## ATTACHMENT 2 (CONT'D)

## FORM 990, PART III - PROGRAM SERVICE, LINE 4A

ONE HAPPY CAMPER INCENTIVE PROGRAM -

## GENERAL DESCRIPTION:

- A) THE ONE HAPPY CAMPER 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 NEW COMMUNITY THAT AGREES TO COMMIT TO THE PROGRAM FOR A MINIMUM OF FOUR YEARS. FJC MATCHES COMMUNITY DOLLARS 1:1 IN YEAR ONE; 1:.75 IN YEAR TWO; AND 1:.50 IN YEAR THREE. IN THE FOURTH 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.

Name of the organization

Employer identification number

FOUNDATION FOR JEWISH CAMP, INC.

22-3551013

ATTACHMENT 2 (CONT'D)

## OPERATIONAL PROCESSES:

- A) CAMPER'S 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 INCENTIVE GRANT MONEY TO COMMUNITY PARTNERS WHO THEN DISTRIBUTE THE MONEY TO CAMPS IN SEPARATE INSTALLMENTS. IN SOME CASES, 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) PRIOR TO AND DURING THE SPRING PAYMENT PROCESS, FJC ADMINISTRATORS PERFORM AN INTEGRITY CHECK OF THE DATA ENSURING THAT NO CHILD HAS MULTIPLE APPLICATIONS.
- F) CAMPER'S WHO RECEIVED INCENTIVES ARE ENCOURAGED TO COMPLETE AN ONLINE SURVEY ABOUT THE IMPACT OF THE INCENTIVE ON THEIR DECISION TO ATTEND OVERNIGHT JEWISH CAMP. THE SURVEY IS CONDUCTED ANNUALLY.

## TOTAL NUMBERS:

IN 2015, 7,300 CHILDREN RECEIVED INCENTIVE GRANTS FOR CAMP THROUGH

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ATTACHMENT 2 (CONT'D)

OHC PROGRAMS ACROSS NORTH AMERICA. TOTAL INCENTIVE ALLOCATION FOR 2015 WAS APPROXIMATELY \$1,328,000.

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

SPECIALTY CAMPS INCUBATOR II - IN MARCH 2012, FJC OFFICIALLY ANNOUNCED THE INCUBATOR II PROJECT, CO-FUNDED BY THE JIM JOSEPH FOUNDATION AND THE AVI CHAI FOUNDATION. THE GRANT TOTALING \$7.6 MILLION FUNDS 4 NEW SPECIALTY CAMPS AND THE SERVICES OF THE INCUBATOR AND EVALUATION TEAM. THE SELECTION PROCESS YIELDED 39 LETTERS OF INTENT; THE SELECTION COMMITTEE IDENTIFIED 9 TO SUBMIT FULL PROPOSALS, AND 6 OF THEM WERE INVITED FOR INTERVIEWS.

THE FOUR CAMPS SELECTED WERE:

MACCABI SPORTS CAMP, CAMP ZEKE, CAMP INC. AND URJ SCI-TECH ACADEMY

THE SPECIALTY CAMPS INCUBATOR II INCLUDES AND PROVIDES:

1. EXPERT CONSULTING ON ALL ASPECTS OF PROGRAM DEVELOPMENT:

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

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

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ATTACHMENT 3 (CONT'D)

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.).

INCUBATOR II - 2015 UPDATE:

DURING 2015, THE COHORT PARTICIPATED IN 5 WORKSHOPS AND ATTENDED TWO CAMP CONFERENCES. WE CENTERED THE LEARNING AROUND EXPANSION OF RECRUITMENT, MARKETING & PR INITIATIVES, OPERATING CAMP SAFELY, BOARD DEVELOPMENT AND FUNDRAISING, AND RESPONSIBLE FISCAL MANAGEMENT. WE REQUIRED EACH CAMP TO FIND A BOARD CHAIR AND BUILD OUT THEIR BOARD, AND PROVIDED TRAINING AND CONSULTING ON FUNDRAISING. OUR PRIORITIES FOR SUMMER TWO FOCUED ON MAXIMIZING ENROLLMENT FOR CRITICAL PROGAMMING MASS. THE WORKSHOPS POST-LAUNCH SUMMER FOCUSED ON REVIEW AND LESSONS LEARNED, AND DEVELOPMENT OF A STRONG LAY LEADERSHIP TEAM.

EACH DIRECTOR WAS MATCHED WITH AN EXPERIENCED MENTOR FOR SUPPORT AND GUIDANCE. IN ADDITION, THE FIELD OPERATIONS DIRECTOR AND CONSULTANTS FOLLOWED EACH CAMP'S PROGRESS AND TRAJECTORY TOWARD ITS SECOND SUMMER IN 2015.

THE AGGREGATE ENROLLMENT BENCHMARK FOR 2015 WAS 740 INDIVIDUAL

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ATTACHMENT 3 (CONT'D)

CAMPERS. THE ACTUAL AGGREGATE ENROLLMENT WAS 835 INDIVIDUAL  
CAMPERS.

THE EVALUATION BY INFORMING CHANGE FOCUSED ON THE CAMP  
SUSTAINABILITY AND CAMPER OUTCOMES.

ATTACHMENT 4

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

CORNERSTONE - THROUGH THE GENEROUS SUPPORT OF THE AVI CHAI  
FOUNDATION, THE CORNERSTONE FELLOWSHIP WAS INITIATED IN 2003 AS A  
STRATEGY TO HELP CAMPS RETAIN EXPERIENCED BUNK COUNSELORS AND TO  
CAPITALIZE ON THEIR INFLUENCE TO RAISE THE BAR OF THE JEWISH  
EXPERIENCE AT CAMP.

SINCE 2003, THE CORE COMPONENTS OF CORNERSTONE HAVE TRANSITIONED  
FROM SIMPLY PROVIDING A FINANCIAL INCENTIVE TO ENTICE THIRD YEAR  
BUNK STAFF TO RETURN TO CAMP, TO A MEANINGFUL PROFESSIONAL  
DEVELOPMENT PROGRAM WORTHY OF PUTTING ON THEIR RESUMES, TO AN  
HONOR AND PRIVILEGE FOR WHICH STAFF VIE TO PARTICIPATE. FOR THOSE  
CAMPS INVOLVED FOR MULTIPLE YEARS, CORNERSTONE PARTICIPATION HAS  
BECOME A DESIRED RITE OF PASSAGE FOR CAMP STAFF.

EACH YEAR, PARTICIPATING CAMPS NOMINATE EXEMPLARY THIRD-YEAR BUNK  
COUNSELORS AND SPECIALISTS AS FELLOWS, AND SEND THEM TO A 5-DAY  
SEMINAR IN THE SPRING. ACCOMPANYING THE FELLOWS IS ONE MEMBER OF

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ATTACHMENT 4 (CONT'D)

THE CAMP LEADERSHIP TEAM, THE LIAISON, WHO MENTORS THE FELLOWS AND CONTINUES THEIR TRAINING AT CAMP. THE VAST MAJORITY OF THESE LIAISONS ARE IN THEIR 20'S AND 30'S. RECOGNIZING THE OPPORTUNITY TO PROVIDE A RICH JEWISH AND PROFESSIONAL LEARNING EXPERIENCE FOR THE LIAISONS, THE PROGRAM HAS BEEN EXPANDED TO MAKE THAT A PRIMARY GOAL, WITH THE RESULT THAT THE LIAISONS GAIN AN IMMEASURABLE SENSE OF THEMSELVES AS JEWISH LEADERS AND COMMUNITY PARTICIPANTS. THEY HAVE COME TO REGARD CORNERSTONE AS A PREMIER PROFESSIONAL DEVELOPMENT AND JEWISH EDUCATIONAL OPPORTUNITY THAT HAS A PROFOUND AND LASTING IMPACT.

THE SEMINAR IS LED BY A TEAM OF TALENTED JEWISH EDUCATORS AND SUMMER ADVISORS WHO DELIVER AN EXCEPTIONAL PROGRAM THAT ACCOMMODATES A VARIETY OF RELIGIOUS BACKGROUNDS AND ORIENTATIONS.

SINCE THE PROGRAM'S INCEPTION, NEARLY 3,000 FELLOWS FROM 78 CAMPS HAVE ATTENDED CORNERSTONE. IN 2015 CORNERSTONE WAS FUNDED BY A CONSORTIUM INCLUDING THE MARCUS FOUNDATION, THE AVI CHAI FOUNDATION, THE CROWN FAMILY PHILANTHROPIES, AND THE MORNINGSTAR FOUNDATION.

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>
TRUE TO LIFE TRAINING, LLC 13 GLENWOOD CIRCLE	PRGM. MGMT./TRAINING	286,722.

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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>
EAST WINDSOR, NJ 08520		
MICHELE FRIEDMAN 372 CENTRAL PARK WEST, SUITE 19J NEW YORK, NY 10025	CONSULTING	190,000.
SUMMATION RESEARCH 7781 BENNINGTON DRIVE CINCINNATI, OH 45241	CONSULTING	186,918.