2015 NEW YORK FILING INSTRUCTIONS

CLIENT BHE0 **BRONX HOUSE EMANUEL CAMPS, INC.** **13-1739934**

7/19/17 01:42PM

FORM TO FILE:

FORM CHAR500 - ANNUAL FINANCIAL REPORT FOR CHARITABLE ORGANIZATIONS

SIGNATURE:

SIGN AND DATE FORM CHAR500, PAGE 1. TWO DISTINCT OFFICIALS OF THE ORGANIZATION MUST SIGN.

PAYMENT:

THERE IS A BALANCE DUE OF $275 WHICH IS PAYABLE BY SEPTEMBER 15, 2017. ATTACH A CHECK OR MONEY ORDER FOR THE FULL AMOUNT PAYABLE TO "DEPARTMENT OF LAW", AND WRITE THE NEW YORK STATE REGISTRATION NUMBER, THE TAX PERIOD TO WHICH IT APPLIES AND "FORM CHAR500" ON THE PAYMENT.

WHEN TO FILE:

ON OR BEFORE SEPTEMBER 15, 2017.

WHERE TO FILE:

NYS OFFICE OF THE ATTORNEY GENERAL
CHARITIES BUREAU REGISTRATION SECTION
120 BROADWAY
NEW YORK, NY 10271

COPY

CHAR500

NYS Annual Filing for Charitable Organizations
www.CharitiesNYS.com

Send with fee and attachments to:
NYS Office of the Attorney General
Charities Bureau Registration Section
120 Broadway
New York, NY 10271

2015

Open to Public Inspection

1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) 11/01 /2015 and Ending (mm/dd/yyyy) 10/31/2016

Check if Applicable:		
☐ Address Change ☐ Name Change	Name of Organization: BRONX HOUSE EMANUEL CAMPS, INC.	Employer Identification Number (EIN): 13-1739934
☐ Initial Filing ☐ Final Filing	Mailing Address: 49 WEST 38TH STREET	NY Registration Number: 00-75-41
☐ Amended Filing	City/State/Zip: NEW YORK, NY 10018	Telephone: (914) 693-8952
☐ Reg ID Pending	Website: WWW.BHECAMP.ORG	Email: INFO@BHECAMP.ORG

Check your organization's registration category: ☐ 7A only ☐ EPTL only ☒ DUAL (7A & EPTL) ☐ EXEMPT

Confirm your Registration Category in the Charities Registry at ***www.CharitiesNYS.com***

2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties.

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

	Signature	Printed Name	Title	Date
President or Authorized Officer:		STUART GELFOND	PRESIDENT	
Chief Financial Officer or Treasurer:		ADAM WEINSTEIN	EXECUTIVE DIRECTOR	

3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

☐ **3a. 7A filing exemption**: Total contributions from NY State including residents, foundations, government agencies, etc did not exceed $25,000 **and** the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. Or the organization qualifies for another 7A exemption (see instructions).

☐ **3b. EPTL filing exemption**: Gross receipts did not exceed $25,000 and the market value of assets did not exceed $25,000 at any time during the fiscal year.

4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.	☐ Yes ☒ No	4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.
	☐ Yes ☒ No	4b. Did the organization receive government grants? If yes, complete Schedule 4b.

5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee:	EPTL filing fee:	Total fee:	Make a single check or money order payable to: ***'Department of Law'***
	$ 25.	$ 250.	$ 275.	

CHAR500 Annual Filing for Charitable Organizations (Updated December 2015)

CHAR500 Annual Filing Checklist	Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF: - Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3. - Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3. - Your organization is registered as DUAL and you marked **both** the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- [ ] If you answered 'yes' in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- [ ] If you answered 'yes' in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- [x] IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- [x] All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors).
- [ ] Our organization was eligible for and filed an IRS 990-N e-postcard. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer,submit the applicable independent Certified Public Accountant's Review or Audit Report:

- [ ] Review Report if you received total revenue and support greater than $250,000 and up to $500,000.
- [x] Audit Report if you received total revenue and support greater than $500,000
- [ ] No Review Report or Audit Report is required because total revenue and support is less than $250,000
- [ ] We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- [ ] $0, if you checked the 7A exemption in Part 3a
- [x] $25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- [ ] $0, if you checked the EPTL exemption in Part 3b
- [ ] $25, if the NET WORTH is less than $50,000
- [ ] $50, if the NET WORTH is $50,000 or more but less than $250,000
- [ ] $100, if the NET WORTH is $250,000 or more but less than $1,000,000
- [x] $250, if the NET WORTH is $1,000,000 or more but less than $10,000,000
- [ ] $750, if the NET WORTH is $10,000,000 or more but less than $50,000,000
- [ ] $1500, if the NET WORTH is less $50,000,000 or more

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?
Organizations are assigned a Registration Category upon registration with the NY Charitites Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ('7A')

EPTL filers are registered under the Estates, Powers & Trusts Law ('EPTL') because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in ***Schedule E - Registration Exemption for Charitable Organizations.*** These organization are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at ***www.CharitiesNYS.com***

Where do I find my organization's NET WORTH?
NET WORTH for fee purposes is calculated on:
- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General
Charities Bureau Registration Section
120 Broadway
New York, NY 10271

CHAR500 Annual Filing for Charitable Organizations (Updated December 2015)

Form **990**

Return of Organization Exempt From Income Tax

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

► Do not enter social security numbers on this form as it may be made public.
► Information about Form 990 and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning 11/01 **, 2015, and ending** 10/31 **, 2016**

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

C
BRONX HOUSE EMANUEL CAMPS, INC.
49 WEST 38TH STREET
NEW YORK, NY 10018

D Employer identification number 13-1739934

E Telephone number (914) 693-8952

G Gross receipts $ 2,866,499.

F Name and address of principal officer:

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No
If 'No,' attach a list. (see instructions)

I Tax-exempt status [X] 501(c)(3) [ ] 501(c) ( ) ◄ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ► WWW.BHECAMP.ORG

H(c) Group exemption number ►

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ►

L Year of formation: 1931

M State of legal domicile: NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: OPERATING AS "BERKSHIRE HILLS EISENBERG CAMP", THE ORGANIZATION'S MISSION IS TO ENHANCE CAMPER PERSONAL DEVELOPMENT THROUGH ITS PROGRAMS CONDUCTED IN NATURE'S SETTING AND EMPHASIZING JEWISH VALUES. THE ORGANIZATION FULFILLS ITS MISSION THROUGH THE WISDOM OF JEWISH

2 Check this box ► [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	77
6	Total number of volunteers (estimate if necessary)	6	40
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	1,047,105.	802,232.
9	Program service revenue (Part VIII, line 2g)	1,805,991.	2,053,215.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		11,052.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,853,096.	2,866,499.
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,038,951.	1,098,731.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ► 28,599.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,099,513.	1,166,127.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,138,464.	2,264,858.
19	Revenue less expenses. Subtract line 18 from line 12	714,632.	601,641.
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	1,991,426.	2,689,037.
21	Total liabilities (Part X, line 26)	220,779.	316,749.
22	Net assets or fund balances. Subtract line 21 from line 20	1,770,647.	2,372,288.

Part II Signature Block

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

Sign Here

► Signature of officer | Date

► STUART GELFOND PRESIDENT
Type or print name and title.

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
SCOTT HAGAMAN				P00184266

Firm's name ► LEAF MIELE MANGANELLI FORTUNATO & ENGEL
Firm's EIN ► 22-3491267
Firm's address ► 310 PASSAIC AVE
FAIRFIELD, NJ 07004-2530
Phone no. (973) 808-9500

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? .... [ ] Yes [X] 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 $ 1,318,261. including grants of $) (Revenue $)

SUMMER CAMP - A CO-ED RESIDENTIAL SUMMER CAMP THAT SERVES CHILDREN AGES 7 TO 16. THE PROGRAM TEACHES, THROUGH THE WISDOM OF JEWISH VALUES AND THE EXPERIENCE OF GROUP LIVING, RESPECT, GIVING BACK, COMMUNITY, AND CHARITY. ALTHOUGH THE PROGRAM STRIVES TO REFLECT JEWISH VALUES, CHILDREN OF ALL FAITHS ARE WELCOME AS CAMPERS. 346 CAMPERS EXPERIENCED THE ORGANIZATION'S SUMMER CAMP PROGRAM IN THE SUMMER OF 2016.

4b (Code:) (Expenses $ 467,783. including grants of $) (Revenue $)

ADULT VACATION CENTER PROGRAM OFFERS SENIOR CITIZENS AN AFFORDABLE SUMMER VACATION IN A RURAL, COUNTRYSIDE CAMP. THIS PROGRAM PROMOTES PHYSICAL AND SPIRITUAL WELLNESS AND REJUVINATION. ATTENDEES, USUALLY IN THEIR 80S OR 90S, SPEND ONE TO TWO WEEKS AT OUR CAMP FACILITY WHERE THEY RECEIVE EXERCISE, NUTRITIOUS MEALS, AND JEWISH CULTURAL ENRICHMENT. 282 ATTENDEES EXPERIENCED THIS PROGRAM IN THE SUMMER OF 2016.

4c (Code:) (Expenses $ 337,172. including grants of $) (Revenue $)

RETREATS - THE ORGANIZATION PARTNERS WITH A VARIETY OF RELIGIOUS AND EDUCATIONAL GROUPS TO ACCOMODATE EDUCATIONAL AND SPIRITUAL GROWTH RETREATS WHICH SERVED 1,458 ATTENDEES.

4d Other program services. (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ► 2,123,216.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If 'Yes,' complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If 'Yes,' complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If 'Yes,' complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If 'Yes,' complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If 'Yes,' complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If 'Yes,' complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If 'Yes,' complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If 'Yes,' complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings and equipment in Part X, line 10? *If 'Yes,' complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part IX*	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If 'Yes,' complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If 'Yes,' complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If 'Yes,' complete Schedule D, Parts XI, and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If 'Yes,' complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If 'Yes,' complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If 'Yes,' complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If 'Yes,' complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If 'Yes,' complete Schedule G, Part I* (see instructions)	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If 'Yes,' complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If 'Yes,' complete Schedule G, Part III*	19		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If 'Yes', complete Schedule H*	20a		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If 'Yes,' complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If 'Yes,' complete Schedule I, Parts I and III*	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If 'Yes,' complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If 'Yes,' complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If 'Yes,' complete Schedule L, Part I*	25b		X
26	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*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If 'Yes,' complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If 'Yes,' complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If 'Yes,' complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If 'Yes,' complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If 'Yes,' complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If 'Yes,' complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If 'Yes,' complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	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
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	23			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	77			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)					
3 a Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		X
b If 'Yes' has it filed a Form 990-T for this year? *If 'No' to line 3b, provide an explanation in Schedule O*			3b		
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		X
b If 'Yes,' enter the name of the foreign country: ►					
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)					
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?			5c		
6 a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?			7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9 Sponsoring organizations maintaining donor advised funds.					
a Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10 Section 501(c)(7) organizations. Enter:					
a Initiation fees and capital contributions included on Part VIII, line 12	10a				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11 Section 501(c)(12) organizations. Enter:					
a Gross income from members or shareholders	11a				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state?			13a		
Note. See the instructions for additional information the organization must report on Schedule O.					
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c Enter the amount of reserves on hand	13c				
14 a Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b If 'Yes,' has it filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*			14b		

Part VI **Governance, Management, and Disclosure** *For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

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

Section A. Governing Body and Management

			Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year . . . . . **1 a** 15 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 Enter the number of voting members included in line 1a, above, who are independent . . . . . **1 b** 15				
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6 Did the organization have members or stockholders?		6		X
7 a 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?		7 a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7 b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?		8 a	X	
b Each committee with authority to act on behalf of the governing body?		8 b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If 'Yes,' provide the names and addresses in Schedule O.*		9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► 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 [X] Another's website [X] 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. SEE SCHEDULE O

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►

ADAM WEINSTEIN 49 WEST 38TH STREET NEW YORK NY 10018 (914) 693-8952

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1 a 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) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) STUART GELFOND PRESIDENT	3 0	X		X				0.	0.	0.
(2) WARREN EISENBERG VICE PRESIDENT	3 0	X		X				0.	0.	0.
(3) JEFFREY WOLF DIRECTOR	3 0	X						0.	0.	0.
(4) PERRY TISCHLER SECRETARY	3 0	X		X				0.	0.	0.
(5) HOLLY HYMAN DIRECTOR	3 0	X						0.	0.	0.
(6) RON AXELRAD DIRECTOR	3 0	X						0.	0.	0.
(7) MICHAEL B HOFFMAN DIRECTOR	3 0	X						0.	0.	0.
(8) DAVID OLIWENSTEIN DIRECTOR	3 0	X						0.	0.	0.
(9) BERNARD ROBERTS DIRECTOR	3 0	X						0.	0.	0.
(10) LEE GOLDBERG DIRECTOR	3 0	X						0.	0.	0.
(11) DANIEL A THOMAS PAST PRESIDENT	3 0	X						0.	0.	0.
(12) SAUL KUHR DIRECTOR	3 0	X						0.	0.	0.
(13) MICHAEL LOEB TREASURER	3 0	X		X				0.	0.	0.
(14) DEBORAH BERAN DIRECTOR	3 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: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(15) ALEX GABAY DIRECTOR	3 0	X						0.	0.	0.
(16) ADAM N WEINSTEIN EXECUTIVE DIR.	40 0			X				177,267.	0.	20,455.
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total ▶								177,267.	0.	20,455.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								177,267.	0.	20,455.

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 ▶ 1

		Yes	No
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*	3		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*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If 'Yes,' complete Schedule J for such person*	5		X

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts						
1a Federated campaigns	1a					
b Membership dues	1b					
c Fundraising events	1c					
d Related organizations	1d					
e Government grants (contributions)	1e					
f All other contributions, gifts, grants, and similar amounts not included above	1f	802,232.				
g Noncash contributions included in lines 1a-1f: $						
h **Total.** Add lines 1a-1f			802,232.			
Program Service Revenue		Business Code				
2a CAMP ENROLLMENT FEES			1,917,620.	1,917,620.		
b CAMPER ACTIVITY FEES			135,595.	135,595.		
c						
d						
e						
f All other program service revenue						
g **Total.** Add lines 2a-2f			2,053,215.			
Other Revenue						
3 Investment income (including dividends, interest and other similar amounts)			11,052.			11,052.
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
	(i) Real	(ii) Personal				
6a Gross rents						
b Less: rental expenses						
c Rental income or (loss)						
d Net rental income or (loss)						
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory						
b Less: cost or other basis and sales expenses						
c Gain or (loss)						
d Net gain or (loss)						
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						
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						
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						
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d All other revenue						
e **Total.** Add lines 11a-11d						
12 **Total revenue.** See instructions			2,866,499.	2,053,215.	0.	11,052.

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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	197,722.	178,689.	14,048.	4,985.
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.	0.	0.	0.
7 Other salaries and wages	746,262.	674,425.	53,022.	18,815.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	30,709.	25,796.	4,299.	614.
9 Other employee benefits	59,498.	48,732.	10,070.	696.
10 Payroll taxes	64,540.	59,838.	4,216.	486.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	28,069.	15,311.	12,750.	8.
12 Advertising and promotion	17,228.	17,069.		159.
13 Office expenses	6,007.	5,669.	105.	233.
14 Information technology	30,580.	29,048.	1,500.	32.
15 Royalties				
16 Occupancy	24,850.	17,645.	6,460.	745.
17 Travel	21,534.	19,245.	1,559.	730.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	11,215.	9,780.	1,435.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	58,668.	56,320.	1,761.	587.
23 Insurance	77,089.	75,582.	1,507.	
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 CAMP SUPPLIES	296,677.	296,677.		
b CAMP PROGRAMS AND ENTERTAINMEN	288,915.	288,786.	104.	25.
c REPAIRS AND MAINTENANCE	113,020.	113,020.		
d SEASONAL HELP EXPENSE	88,012.	88,012.		
e All other expenses	104,263.	103,572.	207.	484.
25 Total functional expenses. Add lines 1 through 24e	2,264,858.	2,123,216.	113,043.	28,599.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash – non-interest-bearing		729,888.	1	961,868.
	2	Savings and temporary cash investments		700,197.	2	301,676.
	3	Pledges and grants receivable, net		24,865.	3	222,339.
	4	Accounts receivable, net		6,827.	4	13,300.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	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			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		42,820.	9	38,927.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 791,527.			
	b	Less: accumulated depreciation	10b 150,182.	486,829.	10c	641,345.
	11	Investments – publicly traded securities			11	
	12	Investments – other securities. See Part IV, line 11			12	
	13	Investments – program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	509,582.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,991,426.	16	2,689,037.
Liabilities	17	Accounts payable and accrued expenses		57,083.	17	115,967.
	18	Grants payable			18	
	19	Deferred revenue		163,696.	19	200,782.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		220,779.	26	316,749.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ► ☒ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,358,647.	27	2,060,288.
	28	Temporarily restricted net assets		412,000.	28	312,000.
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ 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		1,770,647.	33	2,372,288.
	34	Total liabilities and net assets/fund balances		1,991,426.	34	2,689,037.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,866,499.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,264,858.
3	Revenue less expenses. Subtract line 2 from line 1	3	601,641.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,770,647.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,372,288.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	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?	3a		X
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

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.***

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization: BRONX HOUSE EMANUEL CAMPS, INC.

Employer identification number: 13-1739934

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 [X] 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? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2015

TEEA0401L 10/12/15

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
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) | 12 |

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) | 14 | %

15 Public support percentage from 2014 Schedule A, Part II, line 14 | 15 | %

16a **33-1/3% support test – 2015.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3% support test – 2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances test – 2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ► ☐

b **10%-facts-and-circumstances test – 2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ► ☐

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

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

(Complete only if you checked the box on line 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
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')	232,440.	426,343.	553,204.	1,047,105.	802,232.	3,061,324.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,333,149.	1,534,239.	1,584,154.	1,805,991.	2,053,256.	8,310,789.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 **Total.** Add lines 1 through 5	1,565,589.	1,960,582.	2,137,358.	2,853,096.	2,855,488.	11,372,113.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	141,697.	135,700.	129,222.	406,619.
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	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	141,697.	135,700.	129,222.	406,619.
8 **Public support.** (Subtract line 7c from line 6.)						10,965,494.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6	1,565,589.	1,960,582.	2,137,358.	2,853,096.	2,855,488.	11,372,113.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	288.	56.			11,052.	11,396.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	288.	56.	0.	0.	11,052.	11,396.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	1,565,877.	1,960,638.	2,137,358.	2,853,096.	2,866,540.	11,383,509.

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	96.33 %
16	Public support percentage from 2014 Schedule A, Part III, line 15	16	99.99 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	0.10 %
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18	0.01 %

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 ► [X]

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* ***(see instructions):***

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

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

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

		Yes	No
2 Activities Test. ***Answer (a) and (b) below.***			
a 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* ***Part VI 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*	**2a**		
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* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	**2b**		
3 Parent of Supported Organizations. ***Answer (a) and (b) below.***			
a 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* ***Part VI.***	**3a**		
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* ***Part VI*** *the role played by the organization in this regard.*	**3b**		

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 November 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 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

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

Section D — Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
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			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B
(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

► **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
► **Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at *www.irs.gov/form990*.**

OMB No. 1545-0047

2015

Name of the organization	Employer identification number
BRONX HOUSE EMANUEL CAMPS, INC.	13-1739934

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) $5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year...... ► $ ____________

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization: BRONX HOUSE EMANUEL CAMPS, INC.

Employer identification number: 13-1739934

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BERNARD & ELAINE ROBERTS 150 EAST 69TH STREET NEW YORK, NY 10021	$ 11,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	UJA FEDERATION 130 EAST 59TH STREET NEW YORK, NY 10022	$ 254,594.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	WARREN EISENBERG 49 WEST 38TH STREET NEW YORK, NY 10018	$ 30,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	STUART GELFOND 49 WEST 38TH STREET NEW YORK, NY 10018	$ 5,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	MICHAEL B. HOFFMAN 49 WEST 38TH STREET NEW YORK, NY 10018	$ 5,150.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6	MICHAEL LOEB 49 WEST 38TH STREET NEW YORK, NY 10018	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: BRONX HOUSE EMANUEL CAMPS, INC.

Employer identification number: 13-1739934

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	DAN THOMAS 49 WEST 38TH STREET NEW YORK, NY 10018	$ 13,597.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8	PERRY TISCHLER 49 WEST 38TH STREET NEW YORK, NY 10018	$ 13,175.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9	ALEX GABAY 49 WEST 38TH STREET NEW YORK, NY 10018	$ 35,800.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10	FOUNDATION FOR JEWISH CAMP INC 253 WEST 35TH STREET NEW YORK, NY 10001	$ 23,275.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11	NAOMI AND NEHEMIAH COHEN FOUNDATION PO BOX 30100 BETHESDA, MD 20824	$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12	KEITH BROWN 325 BEACH 145TH ST NEPONSIT, NY 11694	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: BRONX HOUSE EMANUEL CAMPS, INC.

Employer identification number: 13-1739934

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	BRUCE BENDER P.O. BOX 392 BRONX, NY 10467	$ 19,539.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
14	HAROLD GRINSPOON 67 HUNT STREET SUITE 100 AGAWAM, MA 01001	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
15	JOSH AND JUDY WESTON FAMILY FND. 217 CHRISTOPHER STREET MONTCLAIR, NJ 07042	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
16	THE POLLEY FAMILY FUND 49 WEST 38TH ST NEW YORK, NY 10018	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
17	H. HERBERT MYERS MEMORIAL FND. 4 GATEHALL DRIVE PARSIPPANY, NJ 07054	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
BRONX HOUSE EMANUEL CAMPS, INC.	13-1739934

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A	$	
		$	
		$	
		$	
		$	
		$	

Name of organization: BRONX HOUSE EMANUEL CAMPS, INC.

Employer identification number: 13-1739934

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

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

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization: BRONX HOUSE EMANUEL CAMPS, INC.

Employer identification number: 13-1739934

Part I **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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

Part II **Conservation Easements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

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.

1 a 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 on Form 990, Part VIII, line 1 ►$

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X ►$

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

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

1 a 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	

2 a 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
1 a Beginning of year balance	412,000.	0.	0.	0.	0.
b Contributions		412,000.			
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	100,000.			0.	
f Administrative expenses					
g End of year balance	312,000.	412,000.	0.	0.	0.

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%.

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

		Yes	No
(i) unrelated organizations	3a(i)		X
(ii) related organizations	3a(ii)		X
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI | Land, Buildings, and Equipment.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings		350,614.	11,089.	339,525.
c Leasehold improvements		73,980.	14,760.	59,220.
d Equipment		113,342.	49,705.	63,637.
e Other		253,591.	74,628.	178,963.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ►				641,345.

Part VII Investments — Other Securities. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, column (B) line 12.)* ►		

Part VIII Investments — Program Related. N/A
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)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, column (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) DUE FROM UJA INVESTMENT POOL	509,582.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, column (B) line 15.)* ►	509,582.

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, column (B) line 25.)* ►	

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	2,866,499.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a			
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	
3 Subtract line **2e** from line 1			3	2,866,499.
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	2,866,499.

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	2,264,858.
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	2,264,858.
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	2,264,858.

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.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ **Complete if the organization answered 'Yes' 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.***

OMB No. 1545-0047
2015
Open to Public Inspection

Name of the organization: BRONX HOUSE EMANUEL CAMPS, INC.
Employer identification number: 13-1739934

Part I Questions Regarding Compensation

		Yes	No
1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
☐ Travel for companions ☐ Payments for business use of personal residence			
☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
☐ Discretionary spending account ☐ Personal services (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	1 b		
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?	2		
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.			
☒ Compensation committee ☐ Written employment contract			
☐ Independent compensation consultant ☐ Compensation survey or study			
☐ Form 990 of other organizations ☒ Approval by the board or compensation committee			
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?	4 a		X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4 b		X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4 c		X
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?	5 a		X
b Any related organization?	5 b		X
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?	6 a		X
b Any related organization?	6 b		X
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.	7		X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III	8		X
9 If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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 (i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
ADAM N WEINSTEIN	(i)	177,267.	0.	0.	0.	20,455.	197,722.	0.
1 EXECUTIVE DIR.	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Part III Supplemental Information

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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization	Employer identification number
BRONX HOUSE EMANUEL CAMPS, INC.	13-1739934

LAND AND BUILDINGS

THE VALUE OF THE APPROXIMATELY 600 ACRES OF LAND OWNED BY THE CAMP IN ADDITION TO THE VALUE OF THE VARIOUS RESIDENTIAL, RECREATIONAL, ENTERTAINMENT AND DINING FACILITIES MAINTAINED ON THE CAMP'S PROPERTY HAVE NEVER BEEN CAPITALIZED IN THE ORGANIZATION'S FINANCIAL STATEMENTS, WHICH IS A DEPARTURE FROM GAAP. HOWEVER, MANAGEMENT DOES NOT BELIEVE THAT THE UNRECOGNIZED REMAINING BOOK VALUE OF THE LAND AND THE FACILITIES BUILT THEREON AT THE STATEMENT OF FINANCIAL POSITION DATES WOULD BE MATERIAL TO THE FINANCIAL STATEMENTS GIVEN THE 80 PLUS YEARS THE CAMP HAS OWNED THE LAND AND THE SIGNIFICANT LENGTH OF TIME THAT HAS ELAPSED FROM THE TIME THE FACILITIES WERE ERECTED.

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

OPERATING AS "BERKSHIRE HILLS EISENBERG CAMP", THE ORGANIZATION'S MISSION IS TO ENHANCE CAMPER PERSONAL DEVELOPMENT THROUGH ITS PROGRAMS CONDUCTED IN NATURE'S SETTING AND EMPHASIZING JEWISH VALUES. THE ORGANIZATION FULFILLS ITS MISSION THROUGH THE WISDOM OF JEWISH TEACHING AND THE EXPERIENCE OF GROUP LIVING TO BUILD A COMMUNIITY THAT REFLECTS JEWISH VALUES, BUT WELCOMES PERSONS OF ALL FAITHS AS CAMPERS.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

A DRAFT OF FORM 990 IS PROVIDED TO THE FINANCE COMMITTEE OF THE BOARD OF TRUSTEES FOR REVIEW AND COMMENT BEFORE FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

EVERY TRUSTEE SUBMITS A WRITTEN CONFIRMATION DISCLOSING CONFLICTS OR LACK THEREOF ANNUALLY.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

UPON HIRE, COMPENSATION OF THE EXECUTIVE DIRECTOR WAS APPROVED BY THE FINANCE COMMITTEE FOR AN AMOUNT DEEMED COMPARABLE WITHIN THE INDUSTRY AND COMMENSURATE WITH

Name of the organization	Employer identification number
BRONX HOUSE EMANUEL CAMPS, INC.	13-1739934

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT (CONT

EXPERIENCE. SUBSEQUENT INCREASES ARE DECIDED ON AND APPROVED BY THE COMMITTEE FOR REASONABLE COST OF LIVING INCREASES IN THE GEOGRAPHIC AREA AND WITHIN THE CONFINES OF THE ORGANIZATION'S OPERATING BUDGET

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

IF APPLICABLE, PROCEDURES SIMILAR TO THOSE DESCRIBED FOR THE EXECUTIVE DIRECTOR WOULD BE FOLLOWED

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

ALL DOCUMENTS ARE AVAILABLE UPON WRITTEN REQUEST

Form **8868**
(Rev January 2014)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Information about Form 8868 and its instructions is at *www.irs.gov/form8868.*

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ► [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ► [ ]

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

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. BRONX HOUSE EMANUEL CAMPS, INC.	Employer identification number (EIN) or 13-1739934
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. 49 WEST 38TH STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10018	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► ADAM WEINSTEIN

Telephone No. ► (914) 693-8952 Fax No. ►

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 6/15, 20 17 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► [ ] calendar year 20 ____ or

► [X] tax year beginning 11/01 , 20 15 , and ending 10/31 , 20 16 .

2 If the tax year entered in line 1 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	$ 0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	$ 0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	$ 0.

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. BRONX HOUSE EMANUEL CAMPS, INC.	Employer identification number (EIN) or 13-1739934
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. LEAF MIELE MANGANELLI FORTUNATO & ENGEL 310 PASSAIC AVE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. FAIRFIELD, NJ 07004-2530	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ ADAM WEINSTEIN
  Telephone No. ▶ (914) 693-8952 Fax No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ____ . If this is for the whole group, check this box ▶ [ ] . If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 9/15, 20 17.

5 For calendar year ____ , or other tax year beginning 11/01, 20 15, and ending 10/31, 20 16.

6 If the tax year entered in line 5 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension... TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	$
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Title ▶ PRESIDENT Date ▶

FIFZ0502L 12/31/13

Financial Statements

BRONX HOUSE - EMANUEL CAMPS, INC.
(D/B/A BERKSHIRE HILLS EISENBERG CAMP)

October 31, 2016

BRONX HOUSE EMANUEL CAMPS, INC.
(D/B/A BERKSHIRE HILLS EISENBERG CAMP)
FOR THE YEAR ENDED
OCTOBER 31, 2016

CONTENTS

INDEPENDENT AUDITORS' REPORT

Bronx House - Emanuel Camps, Inc.
(D/B/A Berkshire Hills Eisenberg Camp)
To The Board of Directors

We have audited the accompanying financial statements of Bronx House – Emanuel Camps, Inc. (a nonprofit organization D/B/A Berkshire Hills Eisenberg Camp), which comprise the statements of financial position as of October 31, 2016 and 2015, and the related statements of cash flows for the years then ended, and the related statements of activities and functional expenses for the year ended October 31, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

NEW YORK, NY FAIRFIELD, NJ Leaf, Miele, Manganelli, Fortunato & Engel, PLLC Certified Public Accountants www.leafsaltzman.com
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Bronx House – Emanuel Camps, Inc.
(D/B/A Berkshire Hills Eisenberg Camp)
To The Board of Directors

Auditors' Responsibility (Continued)

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Bronx House – Emanuel Camps, Inc. as of October 31, 2016 and 2015, and the changes in its net assets for the year ended October 31, 2016 and its cash flows for the years ended October 31, 2016 and 2015 in accordance with accounting principles generally accepted in the United States of America.

Report on Summarized Comparative Information

We have previously audited the 2015 statements of activities and functional expenses of Bronx House – Emanuel Camps, Inc. for the year ended October 31, 2015, and our report dated March 9, 2016 expressed an unmodified opinion on those audited financial statements. In our opinion, the summarized comparative information presented herein for the year ended October 31, 2015, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Leaf, Miele, Manganelli, Fortunato & Engel, PLLC
Certified Public Accountants

New York, New York
March 1, 2017

BRONX HOUSE-EMANUEL CAMPS, INC.
(D/B/A BERKSHIRE HILLS EISENBERG CAMP)
STATEMENTS OF FINANCIAL POSITION
AT

	OCTOBER 31, 2016	OCTOBER 31, 2015
ASSETS		
Cash and cash equivalents	$ 1,263,544	$ 1,430,085
Grants receivable	12,339	24,865
Unconditional promises to give	210,000	-
Camp enrollment fee receivable	12,497	6,182
Camp fees and other receivable	803	645
Due from UJA pooled investment account	509,582	-
Prepaid expenses	38,927	42,820
Property and equipment, net of accumulated depreciation	641,345	486,829
TOTAL ASSETS	$ 2,689,037	$ 1,991,426
LIABILITIES		
Accounts payable	$ 100,304	$ 30,273
Accrued expenses	15,663	26,810
Deferred revenue	200,782	163,696
TOTAL LIABILITIES	316,749	220,779
NET ASSETS		
Unrestricted		
Undesignated	1,360,091	658,450
Board designated for reserve	700,197	700,197
Total unrestricted	2,060,288	1,358,647
Temporarily restricted	312,000	412,000
TOTAL NET ASSETS	2,372,288	1,770,647
TOTAL LIABILITIES AND NET ASSETS	$ 2,689,037	$ 1,991,426

The accompanying notes are an integral part of these financial statements.

BRONX HOUSE-EMANUEL CAMPS, INC.
(D/B/A BERKSHIRE HILLS EISENBERG CAMP)
STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED OCTOBER 31, 2016
(WITH SUMMARIZED COMPARATIVE TOTALS FOR THE YEAR ENDED OCTOBER 31, 2015)

	UNRESTRICTED	TEMPORARILY RESTRICTED	TOTAL 2016	TOTAL 2015
Revenue and Support				
Grants	$ 290,534	$ -	$ 290,534	$ 255,343
Contributions - public support	511,698	-	511,698	791,762
Camp enrollment fees	1,917,620	-	1,917,620	1,682,136
Camper fees and other miscellaneous revenue	146,647	-	146,647	123,855
Net assets released from restrictions	100,000	(100,000)	-	-
Total Revenue and Support	2,966,499	(100,000)	2,866,499	2,853,096
Expenses				
Program Services				
Summer Camp	1,318,261	-	1,318,261	1,220,930
Adult Vacation Center	467,783	-	467,783	461,489
Retreats	337,172	-	337,172	332,636
Total Program Services	2,123,216	-	2,123,216	2,015,055
Support Services				
Management and general	113,043	-	113,043	108,938
Fundraising	28,599	-	28,599	14,471
Total Expenses	2,264,858	-	2,264,858	2,138,464
Change in net assets	701,641	(100,000)	601,641	714,632
Net assets - beginning	1,358,647	412,000	1,770,647	1,056,015
Net assets - end	$ 2,060,288	$ 312,000	$ 2,372,288	$ 1,770,647

The accompanying notes are an integral part of these financial statements.

BRONX HOUSE-EMANUEL CAMPS, INC.
(D/B/A BERKSHIRE HILL EISENBERG CAMP)
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED OCTOBER 31, 2016
(WITH SUMMARIZED COMPARATIVE TOTALS FOR THE YEAR ENDED OCTOBER 31, 2015)

	Summer Camp	Adult Vacation Center	Retreats	Total Programs	Management & General	Fundraising	October 31, 2016 Total	October 31, 2015 Total
Expenses								
Compensation	$ 524,571	$ 199,727	$ 110,330	$ 834,628	$ 65,617	$ 23,284	$ 923,529	$ 858,504
Payroll taxes	36,915	14,921	8,002	59,838	4,216	486	64,540	63,145
Employee benefits	59,591	17,928	15,494	93,013	15,823	1,826	110,662	117,302
Professional fees	8,058	3,665	3,588	15,311	12,750	8	28,069	26,118
Office expense	4,111	1,313	245	5,669	105	233	6,007	6,927
Office rent	14,165	2,237	1,243	17,645	6,460	745	24,850	24,250
Telephone, computer, and internet	20,249	4,712	4,087	29,048	1,500	32	30,580	24,411
Seasonal help expense	51,533	27,423	9,056	88,012	-	-	88,012	79,394
Camp programs and entertainment	220,564	58,766	9,456	288,786	104	25	288,915	288,959
Camp utilities	26,451	13,782	14,243	54,476	-	-	54,476	52,314
Camp supplies	138,485	59,373	98,819	296,677	-	-	296,677	284,569
Camp education and seminars	9,780	-	-	9,780	1,435	-	11,215	5,740
Bank and credit card fees	30,269	6,042	1,926	38,237	207	-	38,444	36,812
Travel and meals	14,320	1,755	3,170	19,245	1,559	730	21,534	19,398
Depreciation	29,334	13,493	13,493	56,320	1,761	587	58,668	43,647
Repairs and maintenance	70,737	21,504	20,779	113,020	-	-	113,020	96,147
Camp promotion	13,589	556	2,924	17,069	-	159	17,228	21,018
Dues, licenses, and miscellaneous	7,748	1,690	1,421	10,859	-	484	11,343	13,172
Insurance	37,791	18,896	18,896	75,583	1,506	-	77,089	75,528
Interest	-	-	-	-	-	-	-	1,109
Total Expenses	$ 1,318,261	$ 467,783	$ 337,172	$ 2,123,216	$ 113,043	$ 28,599	$ 2,264,858	$ 2,138,464

The accompanying notes are an integral part of these financial statements.

BRONX HOUSE-EMANUEL CAMPS, INC.
(D/B/A BERKSHIRE HILLS EISENBERG CAMP)
STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED

	OCTOBER 31, 2016	2015
Cash Flows From Operating Activities		
Change in net assets	$ 601,641	$ 714,632
Adjustments to Reconcile Change In Net Assets To Net Cash Provided By Operating Activities		
Depreciation	58,668	43,647
Investment income - UJA pooled investment account	(9,582)	-
(Increase) Decrease in:		
Grants receivable	12,526	(6,595)
Unconditional promises to give	(210,000)	6,900
Camp enrollment fee receivable	(6,315)	(2,498)
Camp fees and other receivable	(158)	11,186
Prepaid expenses	3,893	(15,209)
Increase (Decrease) in:		
Accounts payable	70,031	(19,038)
Accrued expenses	(11,147)	5,160
Deferred revenue	37,086	45,873
Total Adjustments	(54,998)	69,426
Net Cash Provided By Operating Activities	546,643	784,058
Cash Flows From Investing Activities		
Purchase of property and equipment	(213,184)	(286,541)
Advances to UJA pooled investment account	(500,000)	-
Net Cash Used in Investing Activities	(713,184)	(286,541)
Cash Flows From Financing Activities		
Repayments of note payable	-	(20,353)
Net increase (decrease) in cash and cash equivalents	(166,541)	477,164
Cash and cash equivalents - beginning of period	1,430,085	952,921
Cash and cash equivalents - end of period	$ 1,263,544	$ 1,430,085
Supplementary Information:		
Interest paid during period	$ -	$ 1,109
Income taxes paid during period	$ -	$ -

NOTE 1 – NATURE OF ACTIVITIES

Founded in 1931, Bronx House Emanuel Camps, Inc. (the "Camp" or the "Organization" and D/B/A Berkshire Hills Eisenberg Camp) is a nonprofit charitable organization that owns and operates a camp located in the Berkshires on approximately 600 lakefront acres in Copake, New York for the purpose of enhancing camper personal development through its programs conducted in nature's setting and emphasizing Jewish values. The Camp fulfills its mission through the wisdom of Jewish teaching and the experience of group living to build a community that reflects Jewish values, but welcomes persons of all faiths as campers.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting:

The Camp maintains its accounts, as well as prepares its financial statements, on the accrual basis of accounting.

Basis of Presentation:

Financial statement presentation follows the provisions included in Financial Accounting Standards Board Accounting Standards Codification for "Not-For-Profit Entities", which constitutes generally accepted accounting principles in the United States of America ("GAAP") for non-profit entities such as the Organization. GAAP requires the Organization to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. At October 31, 2016 and 2015, the Organization had temporarily restricted net assets of $312,000 and $412,000, respectively, and no permanently restricted net assets at October 31, 2016 and 2015.

Functional Allocation of Expenses:

The costs of providing the programs and activities have been summarized on a functional basis in the statement of activities. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

Income Taxes:

The Organization is exempt from federal and state income taxes under Section 501(c)(3) of the Internal Revenue Code, and qualifies for the charitable contribution deduction.

BRONX HOUSE – EMANUEL CAMPS, INC.
(D/B/A BERKSHIRE HILLS EISENBERG CAMP)
NOTES TO FINANCIAL STATEMENTS
AT
OCTOBER 31, 2016 AND 2015

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Use of Estimates:

The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and disclosure of contingent assets and liabilities at the dates of the financial statements, and reported amounts of revenues and expenses during the reporting periods. Actual results could differ from those estimates.

Cash Equivalents:

For purposes of the statements of cash flows, the Organization considers all unrestricted highly liquid debt instruments with initial maturities of three months or less or investments in money market mutual funds to be cash equivalents.

Revenue and Support Recognition:

Contributions and grants received are recorded as unrestricted, temporarily restricted or permanently restricted support, depending on the existence and/or nature of any donor restrictions. Contributions and grants are recognized when the donor makes a promise to give to the Organization that is, in substance, unconditional. All donor-restricted support is reported as an increase in temporarily or permanently restricted net assets, depending on the nature of the restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions. Contributions and grants that have met donor-imposed restrictions in the same reporting period, if any, are reported as unrestricted.

Unconditional promises to give which occurred before year-end are recorded as receivables and are recognized as support in the statement of activities on a net realizable value basis. At October 31, 2016, unconditional promises to give amounted to $210,000, and at October 31, 2015, there were no unconditional promises to give.

Camp enrollment fees, camper fees and other event fees are recognized as revenue for the specific summer or event for which the fees are received. Such fees received in advance are recognized as deferred revenue.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED):

Receivables:

The Organization uses the allowance method to determine uncollectible accounts. On a periodic basis, the Organization evaluates the receivables and establishes an allowance, if necessary, based on collection experience or management's analysis. At October 31, 2016 and 2015, no allowance was provided on any of the receivable balances, including promises to give. An account is considered past due based on payment history, and uncollectible receivables are charged off when all reasonable collection efforts have failed. The receivables are not generally collateralized.

Fair Value Measurements:

The provisions included in GAAP concerning "Fair Value Measurements and Disclosures", define fair value, establish a framework for measuring fair value and expand disclosures about fair value measurements. These provisions apply to the Organization's balance due from UJA pooled investment account, which is presented at fair value.

Donated Services:

The Board of Directors donates significant amounts of their time in program activities. The value of this contributed time is not reflected in the accompanying financial statements because it does not meet the criteria for recognition provided in GAAP. In addition, no objective basis is available to measure the value of such services.

Summarized Comparative Data:

The amounts shown for the year ended October 31, 2015 in the accompanying statements of activities and functional expenses are included to provide a basis for comparison with October 31, 2016 and present summarized totals only. Accordingly, the October 31, 2015 totals are not intended to present all information necessary for a fair presentation in conformity with GAAP. Such information should be read in conjunction with the Organization's financial statements for the year ended October 31, 2015 from which the summarized information was derived.

Compensated Absences:

The Organization provides for the carryover of up to 5 days of unused vacation time beyond the year. Management's policy is to recognize this cost as paid rather than accrue for it at the statement of financial position dates because the amount is not considered material.

Recently Issued Accounting Standard Updates Not Presently Effective:

On August 18, 2016, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities.* The amendments in this ASU require not-for-

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED):

Recently Issued Accounting Standard Updates Not Presently Effective (continued):

profit organizations to improve their presentation and disclosures to provide more relevant information about their resources (and the changes in those resources) to their donors, grantors, creditors, and other users as applicable. This update stipulates qualitative and quantitative requirements in a number of areas, including net asset classes, investment return, expenses, liquidity and availability of resources, and presentation of operating cash flows. The amendments will be effective for the fiscal year ending October 31, 2019. The Organization is currently in the process of evaluating the impact of the adoption of this ASU on the financial statements

On May 28 2014, the FASB issued ASU 2014-09, Revenue from Contracts with Customers. The standard's core principle is that an entity will recognize revenue when it transfers promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. This standard also includes expanded disclosure requirements that result in an entity providing users of financial statements with comprehensive information about the nature, amount, timing, and uncertainty of revenue and cash flows arising from the entity's contracts with customers. This standard will be effective for the fiscal year ending October 31, 2020. The Organization is currently in the process of evaluating the impact of adoption of this ASU on the financial statements.

In June 2016, the FASB issued ASU 2016-13, Financial Instruments-Credit Losses. The standard requires a financial asset (including accounts receivable) measured at amortized cost basis to be presented at the net amount expected to be collected. Thus, the statement of activities will reflect the measurement of credit losses for newly-recognized financial assets as well as the expected increases or decreases of expected credit losses that have taken place during the period. This standard will be effective for the fiscal year ending October 31, 2022. The Organization is currently in the process of evaluating the impact of adoption of this ASU on the financial statements.

Management does not believe that any other recently issued, but not yet effective, accounting standard if currently adopted would have a material effect on the accompanying financial statements.

***Date of Management's Review*:**

Management has evaluated all subsequent events through March 1, 2017, the date the financial statements were available to be issued.

NOTE 3 – CONCENTRATIONS OF CREDIT RISK

The Camp maintains its cash balances in accounts with various financial institutions. Such accounts are insured up to $250,000 by the Federal Deposit Insurance Corporation at each financial institution. Balances of cash and cash equivalents in excess of federally insured limits at October 31, 2016 and 2015 approximated $850,000 and $794,000, respectively. The Camp has not experienced any losses in such accounts and management believes it is not exposed to any significant credit risk on its cash accounts.

Management does not believe the balance due from the United Jewish Appeal – Federation of Jewish Philanthropies of New York, Inc. ("UJA") pooled investment account is subject to substantial credit risk because of UJA's large net asset base and history of financial stability; however, as discussed in Note 5, the balance of the receivable is subject to the performance of UJA's investment portfolio which itself is subject to interest rate, credit and market risk.

NOTE 4 – PROMISES TO GIVE

Unconditional promises to give consists of the following at October 31, 2016:

Amounts due in:	
Less than one year	$ 63,000
One to five years	147,000
Total at October 31, 2016	$ 210,000

There were no unconditional promises to give at October 31, 2015.

NOTE 5 – DUE FROM UJA POOLED INVESTMENT ACCOUNT AND FAIR VALUE MEASUREMENTS

The Organization has a balance receivable at October 31, 2016 from the UJA advanced for the purpose of obtaining an investment return. The Organization and the UJA have agreed that the amount of UJA's repayment obligation to the Organization is derived from the performance of an investment portfolio which includes funds pooled from multiple participating organizations. Since the value of the balance receivable is based on the amount of funds advanced to UJA, as adjusted by the performance of UJA's investment portfolio from the date advanced, the balance receivable is subject to fair value measurement.

The Financial Accounting Standards Board (FASB) issued guidance on fair value measurements which establishes a framework for measuring fair value and requires additional disclosures about fair value measurements. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value and

NOTE 5 – DUE FROM UJA POOLED INVESTMENT ACCOUNT AND FAIR VALUE MEASUREMENTS (CONTINUED):

requires that assets and liabilities carried at fair value be classified and disclosed in the following three levels of inputs, with Level 1 having the highest priority:

Level 1 - Inputs based on quoted prices for identical assets or liabilities in active markets at the measurement date.

Level 2 - Observable inputs other than quoted prices included in Level 1, such as quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar instruments in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3 - Valuations derived from valuation techniques in which one or more significant inputs or significant value drivers are unobservable.

The UJA's investment portfolio, in addition to investments valued at quoted prices, includes significant investments in asset classes such as hedge funds, private equity and real estate, which may be subject to unobservable valuation techniques. As a result, the Organization categorizes the balance receivable from the UJA, the value of which is based on the performance of the UJA's investment portfolio, as Level 3, as follows:

2016	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Due from UJA pooled investment account	$ 509,582	$ - 0 -	$ - 0 -	$ 509,582

The Organization recognizes transfers of assets in and out of levels as of the date an event or change in circumstances causes the transfer. There were no transfers between levels during the years ended October 31, 2016 and 2015.

NOTE 5 – DUE FROM UJA POOLED INVESTMENT ACCOUNT AND FAIR VALUE MEASUREMENTS (CONTINUED):

The reconciliation of the beginning balance of this Level 3 asset valued at fair value on a recurring basis to the ending balance is as follows for the year ended October 31, 2016:

Balance receivable, beginning of year	$ -
Advances to UJA	500,000
Allocated net investment return (included in camper fees and other miscellaneous income on statement of activities)	9,582
Balance receivable, end of year	$ 509,582

The value of the receivable due from the UJA pooled investment account is exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with this balance, it is at least reasonably possible that changes in its value will occur in the near term, and that such changes could materially affect the balance of unrestricted net assets.

In addition, the UJA has agreed to repay any portion of the balance owed to the Organization by the end of the month following the Organization's stipulated request, subject to liquidity restrictions pertaining proportionately to the underlying investment portfolio and interim investment results.

NOTE 6 – PROPERTY AND EQUIPMENT

Property and equipment acquired is stated at cost. Donated property and equipment is recognized at fair value as of the date donated. Additions, renewals and improvements of property and equipment over $1,000 are capitalized. Expenditures for maintenance and repairs are expensed as incurred. The cost of property and equipment retired or sold, together with the related accumulated depreciation is removed from the appropriate accounts, and the resulting gain or loss is included in the statement of activities. Depreciation of property and equipment is computed using the straight-line method over the estimated useful lives of the related assets, and is not recorded until the related asset has been placed into service.

The value of the approximately 600 acres of land owned by the Camp in addition to the value of various residential, recreational, entertainment and dining facilities maintained on the Camp's property have never been capitalized in the Organization's financial statements, which is a departure from GAAP. However, management does not believe that the unrecognized remaining book value of the land and the facilities built thereon at the statement of financial position dates would be material to the financial statements given the 80 plus years the Camp has owned the land and the significant length of time that has elapsed from the time the facilities were erected. Moreover, the Organization's capitalization policy is presently properly implemented.

BRONX HOUSE – EMANUEL CAMPS, INC.
(D/B/A BERKSHIRE HILLS EISENBERG CAMP)
NOTES TO FINANCIAL STATEMENTS
AT
OCTOBER 31, 2016 AND 2015

NOTE 6 – PROPERTY AND EQUIPMENT (CONTINUED):

A summary of the Camp's property and equipment recognized in the financial statements in accordance with GAAP is as follows at October 31, 2016 and 2015:

	2016	2015	Estimated Useful Lives
Vehicles	31,263	31,263	5 Years
Building	350,614	173,400	27 Years
Camp fixtures	220,091	195,914	7 - 10 Years
Building and property improvements	73,980	54,280	10 - 15 Years
Machinery and equipment	82,079	33,196	5 Years
Website	33,500	33,500	5 Years
Construction in progress	-	56,790	n/a
	791,527	578,343	
Less: Accumulated Depreciation	150,182	91,514	
Total Property and Equipment	$ 641,345	$ 486,829	

Construction in progress at October 31, 2015 consisted largely of amounts relating to the construction of a shower house which was completed and in use during the current fiscal year.

NOTE 7 – NET ASSETS – TEMPORARILY RESTRICTED

Temporarily restricted net assets are restricted for the following purposes at October 31:

	2016	2015
Capital improvements to camp and/or special projects	$ 312,000	$ 412,000

NOTE 8 – RELATED PARTY TRANSACTIONS

During the years ended October 31, 2016 and 2015, the Organization received contributions approximating $350,000 and $630,000, respectively, from members of the Organization's board of directors and their affiliates.

NOTE 9 – RENT AND LEASE EXPENSE

The Organization leases office space on a month-to-month basis at approximately $2,000 per month. Rent expense for the office space for the years ended October 31, 2016 and 2015 amounted to $24,850 and $24,250, respectively. In addition, the Organization also leases a vehicle. Vehicle lease expense for each of the years ended October 31, 2016 and 2015 approximated $2,800.

NOTE 10 – ADVERTISING EXPENSE

Advertising is expensed as incurred and amounted to $17,228 and $21,018 for the years ended October 31, 2016 and 2015, respectively.

NOTE 11 – MULTIEMPLOYER PENSION PLAN

The Organization participates in the "Retirement Plan for Employees of United Jewish Appeal-Federation of Jewish Philanthropies of New York, Inc. and Affiliated Agencies and Institutions (Part A)" (the "Plan"), which is a multiemployer pension plan. Contributions to the Plan are included in employee benefits on the statement of functional expenses, and amounted to $30,708 and $39,380 for the years ended October 31, 2016 and 2015, respectively.

The Employer Identification Number of the Plan is 51-0172429 and the three-digit plan number is 333. The Organization is not required to file an annual zone certification under the Pension Protection Act of 2006 (PPA) and disclosures concerning a financial improvement plan or a rehabilitation plan are not applicable. The Plan is at least 80% funded using the most recent financial information as of October 1, 2015, the beginning of the Plan year.

The risks of participating in multiemployer pension plans are different from single-employer plans. Assets contributed to a multiemployer plan by one employer may be used to provide benefits to employees of other participating employers. If a participating employer stops contributing to the Plan, the unfunded obligations of the Plan may be borne by the remaining participating employers.

In addition to regular contributions, the Organization could be obligated to pay additional amounts known as a withdrawal liability, if the multiemployer pension plan has unfunded vested benefits and the Organization decreases or ceases participation in that plan. The Organization has not recognized any estimated withdrawal liability expense at October 31, 2016 and 2015.

NOTE 12 – MAJOR DONORS

Of the grants reported in the Organization's statements of activities for the years ended October 31, 2016 and 2015, approximately 97% and 88%, respectively, are attributable to grants made by the United Jewish Appeal – Federation of Jewish Philanthropies of New York, Inc.

In addition, approximately 24% and 64% of the Organization's public support was attributable to one donor for the years ended October 31, 2016 and 2015, respectively.

NOTE 13 – CAMP ENROLLMENT FEES

The components of camp enrollment fees are as follows for the years ended October 31:

	2016	2015
Summer camp	$ 1,190,512	$ 981,248
Adult vacations	336,307	412,210
Retreats	390,801	288,678
	$ 1,917,620	$ 1,682,136