Form **990** 

Department of the Treasury

# **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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2023

Open to Public Inspection

Form **990** (2023)

NOV 1. 2023 and ending A For the 2023 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change BRONX HOUSE EMANUEL CAMPS, INC. Name change 13-1739934 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ (914) 693-8952 PO BOX 16 termin-ated 5,304,589. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended COPAKE, NY 12516 H(a) Is this a group return Applica-F Name and address of principal officer: ADAM WEINSTEIN Yes X No for subordinates? pending PO BOX 16, COPAKE, NY 12516 **H(b)** Are all subordinates included? Tax-exempt status: X = 501(c)(3) = 501(c)(4947(a)(1) or (insert no.) If "No," attach a list. See instructions WWW.BHECAMP.ORG H(c) Group exemption number J Website: **K** Form of organization: **X** Corporation Association Other L Year of formation: 1935 M State of legal domicile: NY Part I Summary Briefly describe the organization's mission or most significant activities: OPERATING AS "BERKSHIRE HILLS Activities & Governance EISENBERG CAMP", THE ORGANIZATION' MISSION IS TO ENHANCE CAMPER  $oldsymbol{ol}}}}}}}}}}}}}}}}}$ 18 Number of voting members of the governing body (Part VI, line 1a) <u>18</u> Number of independent voting members of the governing body (Part VI, line 1b) 4 196 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year** Current Year 1,155,129. Contributions and grants (Part VIII, line 1h) 1,184,217. Revenue 3,439,040. 3,751,622. Program service revenue (Part VIII, line 2g) 368,750. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 10 220,808. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,814,9775,304,589 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 1,719,086. 1,863,607. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 2,120,987. 2,020,415. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,840,073. 3,884,022. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 974,904. 1,420,567. Revenue less expenses. Subtract line 18 from line 12 Assets or Balances **Beginning of Current Year End of Year** 6,790,405 8,248,315. Total assets (Part X, line 16) 493,235. 530,578. 21 Total liabilities (Part X, line 26) 6,297,170. 7,717,737. Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign ADAM WEINSTEIN, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature MICHAEL S. BECKMAN MICHAEL S. BECKMAN P01227103 Paid SJO PARTNERS LLC Firm's EIN 82-4161831 Preparer Firm's name Use Only 1070 ROUTE 18 Firm's address Phone no. 9736500327 EAST BRUNSWICK, NJ 08816 May the IRS discuss this return with the preparer shown above? See instructions X Yes

Form	990 (2023) BRONX HOUSE EMANUEL CAMPS, INC. 13-1739934 Pag	је <b>2</b>
Pai		
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:  OPERATING AS "BERKSHIRE HILLS EISENBERG CAMP", THE ORGANIZATION'  MISSION IS TO ENHANCE CAMPER PERSONAL DEVELOPMENT THROUGH ITS PROGRAMS  CONDUCTED IN NATURE'S SETTING AND EMPHASIZING JEWISH VALUES. THE	5
	ORGANIZATION FULFILLS ITS THROUGH THE WISDOM OF JEWISH TEACHING AND	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  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?	No
4	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$2 , 866 , 702 • including grants of \$) (Revenue \$	)
	SUMMER CAMP - A CO-ED RESIDENTIAL SUMMER CAMP THAT SERVES CHILDREN AGE	iS_
	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. THE SUMMER CAMP PROGRAM	г—
	WELCOMED 421 ATTENDEES FOR THE SUMMER OF 2024.	
	<u> </u>	
	EFO 020	
4b	(Code:) (Expenses \$ 559,838. including grants of \$ WITH A VARIETY OF RELIGIOUS AND	— <sup>)</sup>
	EDUCATIONAL GROUPS TO ACCOMODATE EDUCATIONAL AND SPIRITUAL GROWTH	
	RETREATS WHICH SERVED APPROXIMATELY 2.025 ATTENDEES DURING THE FISCAL	
	YEAR ENDED OCTOBER 31, 2024.	
4c	(Code: ) (Expenses \$ 200, 417 • including grants of \$ ) (Revenue \$	
	CULINARY CAMP OFFERS CULINARY SKILLS WHILE BULIDING A STRONG POSITIVE	— ′
	COMMUNITY. THIS PROGRAM BRINGS CHILDREN CONFIDENT IN THE KITCHEN, MORE	:
	INDEPENDENT AND CONNECT TO A NEW GROUP OF FRIENDS. THE CULINARY CAMP	
	PROGRAM WELCOMED 66 ATTENDEES FOR THE SUMMER OF 2024.	
		—
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ \text{including grants of \$} \text{) (Revenue \$} \text{)}	
4e	Total program service expenses 3,626,957.	

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			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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	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		х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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			37
_	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?			х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
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,	10		
• •	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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	Х	
С	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			X
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
'	the organization's separate of 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	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
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		Х
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	13		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
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		Х
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
<b>2</b> 0a	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			_ v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Form 990 (2023) BRONX HOUSE EMANUE
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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		7.7	
	Schedule J	23	Х	-
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			7.
	Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			X
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	051		X
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	000		X
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		X
28	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	21		- 25
20				
	instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а		28a		X
h	"Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//f	200		<del></del>
C	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash 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	25		
30	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	"		<del></del>
JZ	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	UZ		╁
00	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			<del></del> -
٠.	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

BRONX HOUSE EMANUEL CAMPS, INC.

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	2a 196						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	X				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other $\frac{1}{2}$	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 A	ccounts (FBAR).						
5а	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		Х			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne 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 contribut	ions or gifts						
	were not tax deductible?		6b					
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	· · · · · · · · · · · · · · · · · · ·						
	to file Form 8282?		7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		7 <del>f</del> 7g					
g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained							
_	sponsoring organization have excess business holdings at any time during the year?		8					
9	Sponsoring organizations maintaining donor advised funds.		9a					
a Did the sponsoring organization make any taxable distributions under section 4966?								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b					
10	Section 501(c)(7) organizations. Enter:	ا مه						
a	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	100						
11	Section 501(c)(12) organizations. Enter:	110						
a h	Gross income from members or shareholders  Gross income from other sources. (Do not net amounts due or paid to other sources against	11a						
b	amounts due or received from them.)	11b						
100	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	124					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12.0						
	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.		100					
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						
С	Enter the amount of reserves on hand	13c						
14a			14a		Х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune							
	excess parachute payment(s) during the year?		15		х			
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		х			
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17					
	If "Yes." complete Form 6069.							

BRONX HOUSE EMANUEL CAMPS, Form 990 (2023)

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INC. 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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI						X			
Sec	tion A. Governing Body and Management									
			<u>-</u>	_		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		18						
	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 on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent	1b		18						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other							
	officer, director, trustee, or key employee?				2		Х			
3	Did the organization delegate control over management duties customarily performed by or under the									
	of officers, directors, trustees, or key employees to a management company or other person?				3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form				4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's as			г	5		Х			
6										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a			···· [						
	more members of the governing body?				7a		Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			····						
	persons other than the governing body?		•		7b		Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye			····						
а	The governing body?	-	_		8a	Х				
b	Each committee with authority to act on behalf of the governing body?				8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real			····						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi									
			,			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?				10a		Х			
	If "Yes," did the organization have written policies and procedures governing the activities of such c									
	and branches to ensure their operations are consistent with the organization's exempt purposes?			L	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	re filing the form	?	11a	X				
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to con	flicts?	[	12b	Х				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	Yes," d	escribe							
	on Schedule O how this was done				12c	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 approve	al by ir	dependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?								
а	The organization's CEO, Executive Director, or top management official			L	15a	Х				
b	Other officers or key employees of the organization			[	15b	X				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	∕ith a							
	taxable entity during the year?			[	16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its p	participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anizatio	n's							
_	exempt status with respect to such arrangements?				16b					
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed NY									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990	)-T (section 501(	c)(3)s	only)	) avail	able			
	for public inspection. Indicate how you made these available. Check all that apply.	_								
	X Own website Another's website X Upon request Other (explain		,							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict	of interest policy	, and	finar	ncial				
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks ar	nd records							
	ADAM WEINSTEIN - 9142979217 PO BOX 16, COPAKE, NY 12516									
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# 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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

[X] 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	box	not c , unle	ss pe	ition more rson i	than is bot	h an	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) ADAM N WEINSTEIN	40.00							262 700		0
EXECUTIVE DIRECTOR	2 00				Х			263,708.	0.	0.
(2) ARTHUR BERG	3.00	<b>.</b> ,							_	^
DIRECTOR	3.00	Х						0.	0.	0.
(3) WARREN EISENBERG VICE PRESIDENT	3.00	X		х				0.	0.	0.
(4) JEFFERY WOLF	3.00								0.	
DIRECTOR	- 3100	x						0.	0.	0.
(5) PERRY TISCHLER	3.00									
PRESIDENT		х		x				0.	0.	0.
(6) HOLLY HYMAN	3.00							-		
SECRETARY		Х		х				0.	0.	0.
(7) MITCH KAHN	3.00									
DIRECTOR		Х						0.	0.	0.
(8) MICHAEL B HOFFMAN	3.00									
DIRECTOR		Х						0.	0.	0.
(9) ALEX GABAY	3.00								_	_
DIRECTOR		Х						0.	0.	0.
(10) BERNARD ROBERTS	3.00								_	_
DIRECTOR		Х						0.	0.	0.
(11) LEE JASON GOLDBERG	3.00	١								•
DIRECTOR	2 00	Х						0.	0.	0.
(12) LEONARD MALTER	3.00	٠,,								0
DIRECTOR	2 00	Х						0.	0.	0.
(13) LAURA SACHAR	3.00	X						0.	0.	0.
DIRECTOR (14) ERIC SELLINGER	3.00	^						0.	0.	<u> </u>
TREASURER	3.00	X		х				0.	0.	0.
(15) ALLYSON GORDON	3.00	Δ		Δ				0.	0.	<u></u>
DIRECTOR	3.00	X						0.	0.	0.
(16) LEE PERETZ	3.00								· ·	
DIRECTOR		x						0.	0.	0.
(17) LEAH PIZER	3.00									
DIRECTOR		х						0.	0.	0.
220007 10 01 02	•		•	_						Form <b>990</b> (2023)

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Par	t VII Section A. Officers, Direc	tors, Trustees, Key Em	ploy	ees,	and	j Hi	ghe	st C	Compensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(do	not ci , unles cer an	Positheck nass period a direction	tion more rson i recto	than o	one n an	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	con f org ar	(F) stimate mount other npensa from the ganizate and relat ganization	of ation e tion
	ANDREW WINAKOR	3.00	,,							0			
	CTOR LEN BROOKS	3.00	Х						0.	0	<u> </u>		0.
	CTOR	3.00	x						0.	0			0.
1b	Subtotal	I		ш					263,708.	0	,		0.
	Total from continuation sheets Total (add lines 1b and 1c)	to Part VII, Section A							0. 263,708.	0			0.
2	Total number of individuals (inclu	ding but not limited to th							eceived more than \$100	,000 of reportable			1
	compensation from the organizat	lion										Yes	No
3	Did the organization list any <b>form</b> line 1a? If "Yes," complete Sched								ghest compensated emp		3		х
4	For any individual listed on line 1a and related organizations greater		le co	ompe	ensa	tion	anc	otl	her compensation from	the organization	4	Х	
5	Did any person listed on line 1a re	eceive or accrue compe	nsat	ion f	rom	any	unr				_		х
Sec	rendered to the organization? If " tion B. Independent Contractors		e J T	or st	icn p	oers	ion .				5		Λ
1	Complete this table for your five the organization. Report compen	highest compensated inc	-							· · · · · · · · · · · · · · · · · · ·	sation	from	
	-	(A) d business address		ONE					(B) Description of s			<b>C)</b> ensatio	n
2	Total number of independent cor	•	ot lii	mite	d to	thos	_	stec	d above) who received m	nore than			

Form 990 (2023) BRONX HOUSE EMANUEL CAMPS, INC.
Part VIII | Statement of Revenue

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Га	v	Check if Schedule O		ase or note to any li	ne in this Part VIII			
		Gricol in Correcting Co.	contains a respon	ise of flote to arry in	(A)  Total revenue	(B) Related or exempt function revenue	(C) Unrelated	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues Fundraising events	ributions) 1e grants, and labove 1f	1,184,217.	1,184,217.			
				Business Code				
Program Service Revenue		a CAMP ENROLLME CAMPER FEES A		900099	3,479,366.	3,479,366.		
ogr.		e						
₫		f All other program service	revenue					
_					3,751,622.			
	3	Income from investment of	of tax-exempt bor	nd proceeds	368,750.			368,750.
	5	Royalties	(i) Real	(ii) Personal				
		a Gross rentsb Less: rental expenses	6a (I) Neal	(II) Personal	-			
		Rental income or (loss)	6c					
		d Net rental income or (loss a Gross amount from sales of	(i) Securitie	es (ii) Other				
er Revenue		assets other than inventory  b Less: cost or other basis and sales expenses  c Gain or (loss)						
Re		d Net gain or (loss)						
Other		<ul> <li>Gross income from fundraising including \$</li> <li>contributions reported on</li> </ul>	ng events (not of line 1c). See					
		Part IV, line 18		8a   8b	_			
		<ul><li>Less: direct expenses</li><li>Net income or (loss) from</li></ul>						
		a Gross income from gamin Part IV, line 19	ng activities. See	9a				
		<b>b</b> Less: direct expenses		9b				
		Net income or (loss) from Gross sales of inventory,						
	ı	and allowancesb Less: cost of goods sold	10a 10b					
=		Net income or (loss) from	sales of inventor					
snc	44	•		Business Code				
Miscellaneous Revenue	11	a b		_				
ella				_	1			
Alisc Re		d All other revenue						
_		e Total. Add lines 11a-11d						
	12	Total revenue. See instruction			5,304,589.	3,751,622.	0.	368,750.

Form 990 (2023)

BRONX HOUSE EMANUEL CAMPS, INC. 13-1739934 Page 10

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).

Sect	ion 501(c)(3) and 501(c)(4) organizations must com			omplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX(B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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,	266 025	242 227	22 001	0.07
	trustees, and key employees	266,835.	243,227.	22,801.	807.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1,383,914.	1,227,199.	151,856.	4,859.
7	Other salaries and wages	1,303,914.	1,441,199.	131,030.	4,009
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	131,565.	102,199.	29,366.	
9	Other employee benefits	81,293.	61,295.	19,998.	
10	Payroll taxes	01,293.	01,293.	19,990.	
11	Fees for services (nonemployees):				
a	Management				
b		30,903.	28,782.	2,121.	
	<u> </u>	30,303.	20,702.	2,121.	
	Lobbying Professional fundraising services. See Part IV, line 17				
e f	Investment management fees				
g					
9	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	25,063.	25,063.		
13	Office expenses	5,214.	2,970.	2,002.	242.
14	Information technology	32,118.	27,648.	,	4,470.
15	Royalties		,		·
16	Occupancy				
17	Travel	202,839.	199,983.	2,655.	201.
18	Payments of travel or entertainment expenses			•	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	261,125.	246,388.	11,127.	3,610.
23	Insurance	119,015.	119,015.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.)  CAMP SUPPLIES	543,349.	543,349.		
a b	CAMPER PROGRAMS AND ENT	442,938.	442,938.		
b	REPAIRS AND MAINTENANCE	176,764.	176,764.		
d	CAMP UTILITIES	81,410.	81,410.		
-	All other expenses	99,677.	98,727.	950.	
25	Total functional expenses. Add lines 1 through 24e	3,884,022.	3,626,957.	242,876.	14,189
26	Joint costs. Complete this line only if the organization	-,,	-,,		
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

BRONX HOUSE EMANUEL CAMPS, INC. 13-1739934 Page 11

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			3,110,610.	1	3,308,569.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of	r former	officer, director,			
		trustee, key employee, creator or founder, subs	stantial co	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ns		5	
	6	Loans and other receivables from other disqua	ified pers	sons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sect	ion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			8		
⋖	9	Prepaid expenses and deferred charges			3,737.	9	0.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	4,600,346.			
	b	Less: accumulated depreciation	10b	1,359,324.	2,166,913.	10c	3,241,022.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line	1,509,145.	12	1,698,724.		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ			6,790,405.	16	8,248,315.
	17	Accounts payable and accrued expenses			91,612.	17	41,017.
	18	Grants payable	404 602	18	100 561		
	19	Deferred revenue		401,623.	19	489,561.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, subs					
<u>ia</u>		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unrel		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	s 17-24).	Complete Part X			
		of Schedule D			493,235.	25	530,578.
	26	Total liabilities. Add lines 17 through 25			493,433.	26	530,576.
Se		Organizations that follow FASB ASC 958, ch	eck here				
ŭ		and complete lines 27, 28, 32, and 33.			6,150,170.		7,470,737.
ala	27	Net assets without donor restrictions			147,000.	27	247,000.
Ā	28	Net assets with donor restrictions			147,000.	28	247,000.
Fu		Organizations that do not follow FASB ASC 9	958, cne	ck nere			
<u>p</u>		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
\ss	30	Paid-in or capital surplus, or land, building, or e				30	
et ⊿	31	Retained earnings, endowment, accumulated in			6,297,170.	31	7,717,737.
Ž	32	Total net assets or fund balances			6,790,405.	32	8,248,315.
	33	Total liabilities and net assets/fund balances			0,130,403.	33	0,440,313.

Form **990** (2023)

orm	1 990 (2023) BRONX HOUSE EMANUEL CAMPS, INC.	13-	1739934	Pa	ge <b>12</b>
Paı	rt 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	5,304		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,884		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,420		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,29	7,1	70.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	7,71	7,7	37.
Paı	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
<b>2</b> a	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C	).		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red auc	lit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3h		

Form **990** (2023)

#### **SCHEDULE A** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

BRONX HOUSE EMANUEL CAMPS, INC. 13-1739934 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 12, 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).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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.

f g	Enter the number of supported Provide the following information		ed organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))			(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Tota	al						

Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III

functionally integrated, or Type III non-functionally integrated supporting organization.

Schedule A (Form 990) 2023 BRONX HOUSE EMANUEL CAMPS, INC. 13-1739934 Page 2

## 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.)

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Tax revenues levied for the organ-								
	ization'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.								
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(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	<b>Total support.</b> Add lines 7 through 10								
12	Gross receipts from related activities,	etc. (see instructi	ons)			12			
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)			
_	organization, check this box and stop						<u></u>		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage						
	Public support percentage for 2023 (					14	%		
	Public support percentage from 2022					15	<u>%</u>		
16a	33 1/3% support test - 2023. If the	-							
_	stop here. The organization qualifies								
b	33 1/3% support test - 2022. If the o								
	and <b>stop here.</b> The organization qual								
17a	10% -facts-and-circumstances tes								
	and if the organization meets the fact								
	meets the facts-and-circumstances to	-			-				
b	10% -facts-and-circumstances tes	-					10% or		
	more, and if the organization meets the								
	organization meets the facts-and-circ						H		
18	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								

Schedule A (Form 990) 2023

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Schedule A (Form 990) 2023 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

804	qualify under the tests listed better A. Public Support	elow, please comp	olete Part II.)					
	• • • • • • • • • • • • • • • • • • • •	( ) 00/0	# > 0000	( ) 0004	( D 0000	( ) 0000	(n T	
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not	4 000 054	4 005 405	ECE ECO	4 455 400	4 404 045		
	include any "unusual grants.")	1,232,954.	1,935,197.	565,569.	1,155,133.	1,184,217.	6,073,07	/0.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	329,077.	2,411,362.	3,067,653.	3,439,040.	3,751,622.	12,998,75	54.
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5	1,562,031.	4,346,559.	3,633,222.	4,594,173.	4,935,839.	19,071,82	24.
7a	Amounts included on lines 1, 2, and							_
	3 received from disqualified persons						(	0.
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.
c	Add lines 7a and 7b						(	0.
	Public support. (Subtract line 7c from line 6.)						19,071,82	
	etion B. Total Support						, ,	_
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
	Amounts from line 6	1,562,031.	4,346,559.	3,633,222.	4,594,173.	4,935,839.	19,071,82	24.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			-117,529.		368,750.		
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
c	Add lines 10a and 10b		199,843.	-117,529.	220,808.	368,750.	671,872	2.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital							
	assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)	1,562,031.	4,546,402.	3,515,693.	4,814,981.	5,304,589.	19,743,69	96.
14	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizati	on,	
	check this box and stop here						L	
Sec	ction C. Computation of Publ	ic Support Pe	rcentage					
15	Public support percentage for 2023 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	96.60	%
16	Public support percentage from 2022	Schedule A, Part	III, line 15			16	97.98	%
Sec	ction D. Computation of Inves	stment Income	e Percentage					
17	Investment income percentage for 20	23 (line 10c, colum	nn (f), divided by li	ne 13, column (f))		17	3.40	%
18	Investment income percentage from 2	<b>2022</b> Schedule A, I	Part III, line 17			18	2.02	%
19a	33 1/3% support tests - 2023. If the	organization did n				3 1/3%, and line 1		
								v l
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization qualit	fies as a publicly s	upported organiza	tion		Δ
	more than 33 1/3%, check this box at 33 1/3% support tests - 2022. If the							<u>~</u>

BRONX HOUSE EMANUEL CAMPS, INC.

# Part IV | Supporting Organizations

Schedule A (Form 990) 2023

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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.
- 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **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.
- 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on 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.
- 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 line 10b below.
  - **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.)

		V	Nia
1		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	_		
	4a		
	4b		
	_		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	,		
	9a		
	_		
	9b		
	9c		
	30		
	10a		
	10b	000	2025
aute	A (Forr	n 990)	2023

**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.* 

13-1739934 Page 6 BRONX HOUSE EMANUEL CAMPS, INC. Schedule A (Form 990) 2023 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 4 Add lines 1 through 3. Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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): 1a a Average monthly value of securities **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): Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3

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

4

5

6

Schedule A (Form 990) 2023

5

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

7 Excess distributions carryover to 2024. Add lines 3j

13-1739934 Page 7 BRONX HOUSE EMANUEL CAMPS, INC. Schedule A (Form 990) 2023 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2023 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 a From 2018 **b** From 2019 **c** From 2020 **d** From 2021 e From 2022 f Total of lines 3a through 3e **g** Applied to underdistributions of prior years h Applied to 2023 distributable amount i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2023 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2023 distributable amount c Remainder, Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.

Schedule A (Form 990) 2023

and 4c.

8 Breakdown of line 7:
 a Excess from 2019
 b Excess from 2020
 c Excess from 2021
 d Excess from 2022
 e Excess from 2023

Schedule A	(Form 990) 2023	BRONX	HOUSE	EMANUEL	CAMPS,	INC.	13-1739934 Page 8
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sec	Information. Prolines 1, 2, 3b, 3c, 4 tion D, lines 2 and 3	rovide the ex b, 4c, 5a, 6, ; Part IV, Se	xplanations requ 9a, 9b, 9c, 11a, ection E, lines 1c	ired by Part II 11b, and 11c , 2a, 2b, 3a, a	, line 10; Part I ; Part IV, Secti nd 3b; Part V, I	I, line 17a or 17b; Part III, line 12; on B, lines 1 and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V, any additional information.
	(See instructions.)				•	•	,

**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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

BRONX HOUSE EMANUEL CAMPS, INC.

Employer identification number 13-1739934

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 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 v	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
Pa			
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied 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
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru	ucture included on line 2a	2c
d	Number of conservation easements included on line 2c acqu	ired after July 25, 2006, and not	
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 1700	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial staten	nents that describes the
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for public	olic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these ite	ms.
b	If the organization elected, as permitted under FASB ASC 95	8, 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 furt	therance 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 treatment		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		\$
h	Assets included in Form 990. Part X		<u> </u>

Part III   Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets_continued.    3			OUSE EMANU.				13-1/			ige <b>2</b>
a Partitis exhibition   d   Losn or exchange program   a   Partitis exhibition   d   Losn or exchange program   b   Scholarly research   e   Other	Pai	rt III   Organizations Maintaining C	collections of A	rt, Historical Tr	easures, or O	ther S	imilar Asse	ts(contin	ued)	
a Public exhibition d	3	Using the organization's acquisition, accession	on, and other record	ls, check any of the	following that ma	ke signif	ficant use of its	i		
b Scholarly research e Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization solicit or receive donations of air, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization collection?   Yes   No   Part IV   Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?   Yes   No		collection items (check all that apply).								
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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?  Part IV Excrew and Custodial Arrangements Complete if the organization answered "ves" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1b If "Yes," explain the arrangement in Part XIII and complete the following table:  1c	а	Public exhibition	d	Loan or exc	hange program					
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 asserts to be sold to raise funds arther than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or receive donation or form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1b If Yes, "explain the arrangement in Part XIII and complete the following table:  Contributions during the year  1	b	Scholarly research	е	Other						
to be sold to raise funds rather than to be maintained as part of the organization sollection?	С	Preservation for future generations								
To be sold to raise funds rather than to be maintained as part of the organization's collection?    Part IV   Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X line 21.   1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X line 21.   1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X line 21. In the organization in the part III and complete the following table:    C	4	Provide a description of the organization's co	ollections and explain	n how they further t	he organization's	exempt	purpose in Par	t XIII.		
Secrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?	5	During the year, did the organization solicit or	r receive donations of	of art, historical trea	sures, or other sir	nilar ass	ets	_		
Teleported an amount on Form 990, Part X, line 21.   Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.   Is the organization and agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.   Is the organization and surface with the contributions or other assets not included an amount on Form 990, Part X, line 21.   Is the contributions of uring the year   Is the contributions   Is the contribution   Is										No
1	Pai			te if the organizatior	n answered "Yes"	on Forn	n 990, Part IV,	ine 9, or		
on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  d Additions during the year  e Distributions during the year  f Ending balance  2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability  2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability  3 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability  4 Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part X, line 10.  5 Described in Part XIII. Check here if the explanation has been provided in Part XIII.  6 Described in Part XIII. Check here if the explanation has been provided in Part XIII.  7 Described in Part XIII. Check here if the explanation has been provided in Part XIII.  8 Described in Part XIII. Check here if the explanation has been provided in Part XIII.  9 Described in Part XIII. Check here if the explanation has been provided in Part XIII.  9 Described in Part XIII. Check here if the explanation has been provided in Part XIII.  9 Described in Part XIII. Check here if the explanation has been provided in Part XIII.  1 Described in Part XIII. Check here if the explanation has been provided in Part XIII.  1 Described in Part XIII. Check here if the explanation has been provided in Part XIII.  1 Described in Part XIII. Check here if the explanation has been provided in Part XIII. Check here if the Organization has the explanation has been provided in Part XIII.  1 Described in Part XIII. Check here if the explanation has been provided in Part XIII. Check here if the Organization has the explanation has the explanation has been provided in Part XIII. Check here if the Organization has the explanation has the explanation has been provided in Part XIII. Check here if the Organization has the explanation has the part XIII. Check here if the Organization has the organization has the										
Book   If *Yes,* explain the arrangement in Part XIII and complete the following table:    Complete   Incomplete   Inco	1a							_	_	1
C   Beginning balance							L	Yes		No
C   Beginning balance     1c	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:		_				
Additions during the year   Ending balance   Endowment Funds Complete if the organization answered "Yes" on Form 990, Part X, line 21, for escrow or custodial account liability?								Amount		
Example   Distributions during the year   Example   Ex	С	Beginning balance					1c			
Tending balance	d	Additions during the year					1d			
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?   Yes   No   Mo   Mo   Mo   Mo   Mo   Mo   Mo	е	Distributions during the year					1e			
b   If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.								_		
Part V   Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.   Call Current year   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years years   (e							L	Yes	느	No
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (a) Three years back   (a) Four years back   (a) Three years back   (a) Four years years										
1a Beginning of year balance         147,000.         247,000.         287,000.         187,000.         198,213.           b Contributions         100,000.         100,000.         100,000.         100,000.         100,000.         100,000.         100,000.         100,000.         100,000.         100,000.         11,213.         100,000.         100,000.         11,213.         100,000.         100,000.         100,000.         11,213.         100,000.         100,000.         100,000.         100,000.         11,213.         100,000.         100,0	Pai	rt V Endowment Funds Complete if						1		
b Contributions		_	` ' '			<del>- ` ` `</del>		(e) Four		
C Net investment earnings, gains, and losses		The state of the s	,	247,000.	287,00	0.	<u>·</u>		198,	213.
d Grants or scholarships	b	Contributions	100,000.				100,000.			
Possible of property   Possible of Po		g . g . ,								
100,000.   40,000.   11,213.     Administrative expenses   247,000.   147,000.   247,000.   287,000.   187,000.     Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:   a Board designated or quasi-endowment	d	Grants or scholarships								
f   Administrative expenses   247,000   147,000   247,000   287,000   187,000     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   %     Trem endowment   %     Trem endowment   %     The percentages on lines 2a, 2b, and 2c should equal 100%.    3a   Are there endowment funds not in the possession of the organization that are held and administered for the organization by:   (i)   Unrelated organizations?   3a(i)   X     (ii)   Related organizations?   3a(i)   X     (ii)   Pescribe in Part XIII the intended uses of the organization's endowment funds.    Are the related organizations     (ii)   Related organizations     (iii)   Related organizations	е	Other expenditures for facilities								
g End of year balance         247,000.         147,000.         247,000.         287,000.         187,000.           2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:           a Board designated or quasi-endowment				100,000.	40,00	0.			11,	213.
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.  Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Land  Buildings  Land  B	f	F								
Board designated or quasi-endowment	g	End of year balance	247,000.	147,000.	247,00	0.	287,000.		187,	000.
b Permanent endowment		•	•	e (line 1g, column (a	a)) held as:					
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations?  (ii) Related organizations?  (iii) Related organizations listed as required on Schedule R?  (iv) 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  (d) Book value  1a Land  (b) Buildings  1,054,349, 421,767, 632,582, 63	а	Board designated or quasi-endowment		_%						
The percentages on lines 2a, 2b, and 2c should equal 100%.   3a	b	Permanent endowment	%							
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	С	Term endowment	%							
Ves   No   Ves			•							
(i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iv) Related organizations. (iv) Related organizations. (iv) Related organizations.  Iv) Related organizations. (iv) Related organizations.	3a	Are there endowment funds not in the posses	ssion of the organiza	ation that are held a	nd administered t	or the		-		
(iii) Related organizations?       3a(ii) X         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b   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         1a Land       11 A Land       12 A Land       13 A Land       14 A Land       15 A J A J A J A J A J A J A J A J A J A		,							Yes	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements  d Equipment  e Other  Other  Standard  Ab  Standard  According 10 Book value  Col Accumulated depreciation  According 10 Book value  According								·	$\rightarrow$	
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)  Buildings  Land  Buildings  Land  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  (b) Cost or other basis (other)  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  (c) Accumulated depreciation  (d) Book value  1		• • • • • • • • • • • • • • • • • • • •						`		Х.
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	b							. 3b		
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 Buildings  c Leasehold improvements  d Equipment  e Other  Other  Some of Form 990, Part X, line 10.  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  2, 208, 200.  296, 270.  1, 911, 930.  362, 452.  808, 222.  474, 164.  334, 058.				wment funds.						
Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a Land         5 Buildings         1,054,349.         421,767.         632,582.           c Leasehold improvements         2,208,200.         296,270.         1,911,930.           d Equipment         529,575.         167,123.         362,452.           e Other         808,222.         474,164.         334,058.	Pai				. F 000 B		40			
ta Land         basis (investment)         basis (other)         depreciation           b Buildings         1,054,349.         421,767.         632,582.           c Leasehold improvements         2,208,200.         296,270.         1,911,930.           d Equipment         529,575.         167,123.         362,452.           e Other         808,222.         474,164.         334,058.										
1a Land       1,054,349.       421,767.       632,582.         b Buildings       2,208,200.       296,270.       1,911,930.         c Leasehold improvements       2529,575.       167,123.       362,452.         e Other       808,222.       474,164.       334,058.		Description of property			,	•		(d) Bool	( value	9
b Buildings       1,054,349.       421,767.       632,582.         c Leasehold improvements       2,208,200.       296,270.       1,911,930.         d Equipment       529,575.       167,123.       362,452.         e Other       808,222.       474,164.       334,058.		<del></del>	<u> </u>	nent) basis	(otner)	depreci	iation			
c Leasehold improvements       2,208,200.       296,270.       1,911,930.         d Equipment       529,575.       167,123.       362,452.         e Other       808,222.       474,164.       334,058.				1 05	1 310	// 0.1	767	62	) [(	<u>ი ი</u>
d Equipment       529,575.       167,123.       362,452.         e Other       808,222.       474,164.       334,058.										
e Other 808,222. 474,164. 334,058.										
					-	4/4	±,104•			

Schedule D (Form 990) 2023

Schedule D	(Form 990) 2023	BRONX	HOUSE	EMANUEL	CAMP	S, INC.		13	-1739934	Page 3
Part VII	Investments -									
	Complete if the org	anization answ	ered "Yes"	on Form 990, Pa	rt IV, line	11b. See Form 9	990, Part X	line 12.		
(a) Descrip	tion of security or categ	JOTY (including name	e of security)	(b) Book va	alue	(c) Method	of valuatio	n: Cost or end	l-of-year market v	value
(1) Financia	al derivatives									
	held equity interests			1,698	,724.	END-OF	-YEAR	MARKET	VALUE	
(3) Other										
(A)										
(B)										
(C)										
(D)										
(E)										
(F)										
(G)										
(H)	\	2 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	L (D))	1 600	724					
	) must equal Form 990			1,698	, / 44 •					
Part VIII	Investments - Complete if the org			on Form 000 Do	urt IV linns :	110 Coo Form (	000 Dod V	line 10		
	(a) Description of		ered res	(b) Book va					I-of-year market v	valuo
	(a) Description of	IIIvestillelit		(b) DOOK V	alue	(C) Method	OI VAIUALIO	II. COST OF EFF	i-or-year market	value
(1)										
(2)										
(3)										
<u>(4)</u> (5)										
(6)										
(7)										
(8)										
(9)										
	o) must equal Form 990 Other Assets	), Part X, line 13,	col. (B))							
	Complete if the org	anization answ	ered "Yes"	on Form 990, Pa	rt IV, line	11d. See Form 9	990, Part X	line 15.		
			(a)	Description					(b) Book va	alue
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
	mn (b) must equal Fo		, line 15, co	l. (B))						
Part X	Other Liabilitie		1.115.4					D		
	Complete if the org	anization answ escription of lial		on Form 990, Pa	irt IV, line	11e or 11f. See	Form 990,	Part X, line 25		-1
1.	• • • • • • • • • • • • • • • • • • • •	escription of liai	OIIITY						(b) Book va	alue
	eral income taxes									
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
Total (Colu	mn (b) must equal Fo	orm 900 Post V	line 25 00	I (R))						
	for uncertain tax pos								that reports the	
-	ation's liability for und					~				ш Х
	action o hability for unit	oortain tax posi			311331111	JO II GIO LOAL OI	10011101		edule D (Form 9	···

13-1739934 Page **3** 

Schedule D (Form 990) 2023 BRONX HOUSE EMANUEL CAM	PS, INC.	13-1739934 Page <b>4</b>
Part XI Reconciliation of Revenue per Audited Financial Sta	tements With Reve	
Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.	
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		0.0
e Add lines 2a through 2d		
<ul><li>3 Subtract line 2e from line 1</li><li>4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:</li></ul>		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	·	4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Part XII   Reconciliation of Expenses per Audited Financial St		
Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie 12a.	•
Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
<b>b</b> Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d		
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Part XIII Supplemental Information	5./	5
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	1: Part IV lines 1h and 2h	· 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 an		, r are v, into 4, r are x, into 2, r are xi,
into 24 and 15, and 1 are 7th, into 24 and 15.7 hos complete till part to provide an	iy additional information.	
PART V, LINE 4:		
THE EISENBERG FUND - TO BE USED FOR SPECI	FIED CAPITAL	IMPROVEMENTS AND
PROJECTS		
PART X, LINE 2:		
THE ODGINITATION TO EVENDE EDON EEDEDAL A	ND (MAME THE	WE EXTEC TRIDED
THE ORGANIZATION IS EXEMPT FROM FEDERAL A	ND STATE INCO	OME TAXES UNDER
CHARTON FOI/A\/2\ OF MUE INTERNAL DEVENUE	CODE AND OU	ALTELEG BOD MUE
SECTION 501(C)(3) OF THE INTERNAL REVENUE	CODE AND QUA	ALIFIES FOR THE
CHARITABLE CONTRIBUTION DEDUCTION. THE OR	CANTTAMTON AC	COLINEC FOR
CHARITABLE CONTRIBUTION DEDUCTION. THE OR	GANIZATION AC	CCOUNTS FOR
UNCERTAINTY IN INCOME TAXES BY USING A RE	COCNITATON THE	RESHOLD OF MORE
ONCERTAINTI IN INCOME TAXED DI ODING A RE	COGNITION III	KEDHOLD OF MOKE
LIKELY THAN NOT TO BE SUSTAINED UPON EXAM	INATION BY TH	HE APPROPRIATE TAXING
AUTHORITY. MEASUREMENT OF THE TAX UNCERTA	INTY OCCURS	IF THE RECOGNITION
THRESHOLD IS MET. MANAGEMENT HAS DETERMIN	ED THAT THERE	E WERE NO TAX

Schedule D (Form 990) 2023 BRONX HOUSE EMANUEL CAMPS, INC. 13-1739934 Page 5
Part XIII Supplemental Information (continued)
UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD AT THE STATEMENT OF
FINANCIAL POSITION DATES AND NO INTEREST AND PENALTIES RELATED TO
UNRECOGNIZED TAX BENEFITS HAVE BEEN RECOGNIZED IN THE ORGANIZATION'S
FINANCIAL STATEMENTS. THE ORGANIZATION TIMELY FILES FEDERAL FORM 990
ANNUALLY AND NEW YORK CHAR STATE ANNUAL REGISTRATION AS REQUIRED. THE
ORGANIZATION HAS NO OPEN FILING YEARS PRIOR TO OCTOBER 31, 2021. NO
RETURNS OR REGISTRATIONS ARE PRESENTLY UNDER EXAMINATION BY THE RELEVANT
AUTHORITIES.

### SCHEDULE J (Form 990)

**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.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

BRONX HOUSE EMANUEL CAMPS, INC.

 $Employer\ identification\ number\\13-1739934$ 

Pa	art I Questions Regarding Compensation			
	·		Yes	No
<b>1</b> 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 (such as 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	1b		
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 on line 1a?	2	Х	
3	Indicate which, if any, of the following the 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.			
	X Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X 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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on 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:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	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 nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
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		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Pagulations section 52 4059 6(a)2	۱ ۵	l	l

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

Schedule J (Form 990) 2023

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 aren't 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.

<b>(A)</b> Name and Title		(B) Breakdown of V	J-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ADAM N WEINSTEIN	(i)	263,708.	0.	0.	0.	0.		0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii) (i)							
	(י) (ii)							
	(i)							
	(י) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023 BRONX HOUSE EM	IANUEL CAMPS,	INC.	13-1739934	Page 3
Part III Supplemental Information				
Provide the information, explanation, or descriptions required for F	Part I, lines 1a, 1b, 3, 4a,	4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also co	emplete this part for any additional information.	

**SCHEDULE 0** (Form 990)

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 Form 990-EZ

Go to www.irs.gov/Form990 for the latest information.

Open to Public

OMB No. 1545-0047

Inspection

**Employer identification number** 13-1739934

Name of the organization

BRONX HOUSE EMANUEL CAMPS, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PERSONAL DEVELOPMENT THROUGH ITS PROGRAMS CONDUCTED IN NATURE'S SETTING AND EMPHASIZING JEWISH VALUES. THE ORGANIZATION FULFILLS THIS 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.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE EXPERIENCE OF GROUP LIVING TO BUILD A COMMUNITY THAT REFLECTS JEWISH VALUES, BUT WELCOMES PERSONS OF ALL FAITHS AS CAMPERS.

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

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

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

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

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

UPON HIRE, COMPENSATION OF THE EXECUTIVE DIRECTOR WAS APPROVED BY THE FINANCE COMMITTEE FOR AN AMOUNT DEEMED COMPARABLE WITHIN THE INDUSTRY AND COMMENSURATE WITH EXPERIENCE. SUBSEQUENT INCREASES ARE DECIDED ON AND APPROVED BY THE COMMITTEE FOR REASONABLE COST OF LIVING INCREASES IN THE GOGRAPHIC AREA AND WITHIN THE CONFINES OF THE ORGANIZATION'S OPERATING BUDGET.

	lule O (Form 990) 20	23	Page 2
Name	of the organization	BRONX HOUSE EMANUEL CAMPS, INC.	Employer identification number 13-1739934
FOR	M 990, PAR	T VI, SECTION C, LINE 19:	
ALL	DOCUMENTS	ARE AVAILABLE UPON WRITTEN REQUEST	

FORM 990 PAGE 10 990

										*				1	
Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
1	CONCRETE	03/16/21	SL	10.00		16	1,746.				1,746.	452.		175.	627.
2	DIRECTOR'S HOUSE ROOF	02/16/18	SL	20.00		16	7,100.				7,100.	1,953.		355.	2,308.
3	REC HALL GLASS	04/16/18	SL	15.00		16	23,260.				23,260.	8,530.		1,551.	10,081.
6	TEL AVIV ROOF	02/12/18	SL	20.00		16	17,700.				17,700.	4,868.		885.	5,753.
7	A&C FENCE	11/14/17	SL	15.00		16	13,025.				13,025.	4,775.		868.	5,643.
20	BAY HORSE SHEDS	06/30/18	SL	10.00		16	3,029.				3,029.	1,666.		303.	1,969.
47	LUMBER- ARTS & CRAFTS BUILDING	10/12/12	SL	7.00		16	1,459.				1,459.	1,980.		0.	1,980.
48	WHITE HOUSE AND SHOWER HOUSE AREAS- BUILDING DEMO	10/19/12	SL	10.00		16	14,015.				14,015.	14,015.		0.	14,015.
54	RESHINGLED ROOF	04/16/13	SL	10.00		16	5,550.				5,550.	5,550.		0.	5,550.
75	SHOWER HOUSSE DEMO, DRAINAGE AND ROAD WORK	09/25/14	SL	7.00		16	7,500.				7,500.	8,036.		0.	8,036.
138	GREENHOUSE- LOS ANDES	09/29/21	SL	15.00	į	16	7,300.				7,300.	1,015.		487.	1,502.
155	BIKE SHED	07/15/24	SL	15.00		16	43,671.				43,671.			970.	970.
160	PAVILLION	07/15/24	SL	15.00	ŀ	16	1,352,527.				1,352,527.			30,056.	30,056.
	* 990 PAGE 10 TOTAL BUILDINGS						1,497,882.				1,497,882.	52,840.		35,650.	88,490.
	FURNITURE & FIXTURES														
5	GYM DOORS	09/03/18	SL	10.00		16	5,109.				5,109.	2,810.		511.	3,321.
8	ROPES COURSE DEPOSIT	03/13/18	SL	15.00		16	7,100.				7,100.	2,602.		473.	3,075.

<sup>(</sup>D) - Asset disposed \* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	₋ine No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
9	INFLATABLES	03/15/18	SL	5.00	1	.6	6,421.				6,421.	6,207.		0.	6,207.
10	PADDLE BOARDS	04/15/18	SL	5.00	1	.6	5,220.				5,220.	5,133.		0.	5,133.
11	POOL LIGHTING	04/26/18	SL	10.00	1	.6	2,000.				2,000.	1,100.		200.	1,300.
12	POOL CONCRETE	04/30/18	SL	20.00	1	.6	18,200.				18,200.	5,005.		910.	5,915.
13	BASKETBALL HOOPS	05/07/18	SL	10.00	1	.6	1,980.				1,980.	1,089.		198.	1,287.
14	SOFTBALL FIELD	06/12/18	SL	5.00	1	.6	3,000.				3,000.	3,000.		0.	3,000.
15	BASEBALL SHED	06/21/18	SL	5.00	1	.6	1,137.				1,137.	1,137.		0.	1,137.
16	BASKETBALL COURT	06/26/18	SL	10.00	1	.6	4,800.				4,800.	2,640.		480.	3,120.
17	POOL AREA	06/26/18	SL	5.00	1	.6	650.				650.	650.		0.	650.
18	POOL FENCE	06/26/18	SL	15.00	1	.6	13,350.				13,350.	4,895.		890.	5,785.
19	BATTING CAGES	06/26/18	SL	5.00	1	.6	65.				65.	65.		0.	65.
21	BASEBALL FIELD	07/02/18	SL	5.00	1	.6	1,238.				1,238.	1,238.		0.	1,238.
22	FOLDING PARTITIONS	07/05/18	SL	10.00	1	.6	3,850.				3,850.	2,118.		385.	2,503.
23	WALMART WOOD CHIPS	08/02/18	SL	3.00	1	.6	293.				293.	293.		0.	293.
24	PARTAC PEAT CORP- SOFTBALL FIELD	08/02/18	SL	3.00	1	.6	533.				533.	533.		0.	533.
25	LOW ROPES COURSE	08/12/18	SL	15.00	1	.6	5,498.				5,498.	2,017.		367.	2,384.
26	POOL CANOPIES	08/25/18	SL	5.00	1	.6	8,847.				8,847.	8,847.		0.	8,847.
27	EDELMAN EXCAVATING	09/27/18	SL	5.00	1	.6	3,400.				3,400.	3,400.		0.	3,400.

<sup>(</sup>D) - Asset disposed \* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	C o n	Line No.	Unadjusted Cost Or Basis	Bus %	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated	Current Sec 179	Current Year Deduction	Ending Accumulated
		·			٧			Excl	·		·	Depreciation	Expense		Depreciation
29	JERUSALEM LIBRARY FURNITURE	10/26/18	SL	5.00	1	16	5,409.				5,409.	5,409.		0.	5,409.
30	COSTCO SHADE CANOPIES	10/30/18	SL	5.00	1	16	3,809.				3,809.	3,809.		0.	3,809.
37	NEW UTILITY POLE	03/29/12	SL	10.00	1	16	1,900.				1,900.	1,900.		0.	1,900.
38	A/C FOR STAFF HOUSE BATHROOM	04/22/12	SL	7.00	1	16	3,600.				3,600.	4,886.		0.	4,886.
39	AVC CHAISE LOUNGES	05/23/12	SL	7.00	1	16	6,064.				6,064.	8,230.		0.	8,230.
40	MADSEN OVERHEAD DOORS	05/30/12	SL	7.00	1	16	1,189.				1,189.	1,614.		0.	1,614.
43	GAGA BALL PITS	06/08/12	SL	10.00	1	16	1,100.				1,100.	1,100.		0.	1,100.
44	CAMP OFFICE FURNITURE	07/05/12	SL	7.00	1	16	1,346.				1,346.	1,827.		0.	1,827.
45	A/C UNITS	09/02/12	SL	7.00	1	16	2,585.				2,585.	3,508.		0.	3,508.
46	ROPES COURSE INSPECTION	09/13/12	SL	10.00	1	16	1,937.				1,937.	1,937.		0.	1,937.
49	ELECTRICAL POLE TO SENIOR UNIT	11/22/12	SL	7.00	1	16	9,266.				9,266.	11,252.		0.	11,252.
52	ROPES COURSE PAYMENTS	01/29/13	SL	10.00	1	16	18,500.				18,500.	18,500.		0.	18,500.
56	ROPES COURSE SUPPLIES	06/05/13	SL	10.00	1	16	11,475.				11,475.	11,475.		0.	11,475.
57	ZIPLINE	06/15/13	SL	10.00	1	16	10,000.				10,000.	10,000.		0.	10,000.
58	GROUND WORK-ZIPLINE	07/11/13	SL	5.00	1	16	1,050.				1,050.	1,785.		0.	1,785.
60	ROPES COURSE AND ZIPLINE BALANCES	10/24/13	SL	10.00	1	16	10,332.				10,332.	10,332.		0.	10,332.
	ACTION TOWER BRIDGE RAMP- NEW WATERFRONT	03/17/14	SL	10.00	1	16	11,905.				11,905.	11,905.		0.	11,905.
62	SWING- NEW WATERFRONT	03/18/14	SL	7.00	1	16	2,621.				2,621.	2,808.		0.	2,808.

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Asset No.	Description	Date Acquired	Method	Life	C o n v	_ine No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
63	DOCKS BALANCE AND INSTALLATION- NEW WATERFRONT	03/28/14	SL	15.00	1	. 6	60,507.				60,507.	42,356.		4,034.	46,390.
66	BEACH INSTALLATION	06/05/14	SL	10.00	1	.6	7,500.				7,500.	7,500.		0.	7,500.
67	A/C UNIT- ALUMNI HALL	06/08/14	SL	7.00	1	.6	3,850.				3,850.	4,125.		0.	4,125.
68	SOCCER GOAL	06/16/14	SL	10.00	1	.6	1,149.				1,149.	1,149.		0.	1,149.
69	REPLACE TWO POLES, NEW TRIPLEX, LIGHTS	06/17/14	SL	7.00	1	.6	2,000.				2,000.	2,143.		0.	2,143.
71	GARDEN FENCE	06/27/14	SL	15.00	1	.6	4,450.				4,450.	3,116.		297.	3,413.
77	BEACH UPGRADE WORK	10/31/14	SL	10.00	1	.6	4,655.				4,655.	4,655.		0.	4,655.
112	CULINARY EQUIPMENT	07/20/20	SL	5.00	1	.6	2,153.				2,153.	1,508.		431.	1,939.
114	FURNITURE	03/24/21	SL	7.00	1	.6	20,191.				20,191.	7,451.		2,884.	10,335.
115	PICNIC TABLES- LYDON	04/02/21	SL	7.00	1	.6	31,500.				31,500.	11,625.		4,500.	16,125.
116	TENT	04/07/21	SL	7.00	1	.6	23,342.				23,342.	8,615.		3,335.	11,950.
117	TENT	04/28/21	SL	7.00	1	.6	25,300.				25,300.	9,035.		3,614.	12,649.
119	FURNITURE	06/22/21	SL	7.00	1	.6	2,697.				2,697.	898.		385.	1,283.
120	PORTAPOTTY	06/27/21	SL	7.00	1	.6	774.				774.	259.		111.	370.
123	INFLATABLES- HIGH ROLLER AND SPRINGBOARD	10/15/21	SL	7.00	1	.6	22,505.				22,505.	6,698.		3,215.	9,913.
131	NEW FURNITURE	09/23/21	SL	7.00	1	.6	21,669.				21,669.	6,450.		3,096.	9,546.
141	FURNITURE	10/31/21	SL	7.00	1	.6	48,445.				48,445.	13,842.		6,921.	20,763.
145	AIR CONDITIONER	05/17/21	SL	7.00	1	.6	8,256.				8,256.	2,849.		1,179.	4,028.

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Asset No.	Description	Date Acquired	Method	Life	Conv	ine No. (	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
147	SHELVING	06/18/21	SL	7.00	1	.6	1,242.				1,242.	413.		177.	590.
149	FURNITURE	07/20/21	SL	7.00	1	.6	2,899.				2,899.	932.		414.	1,346.
153	BENCHES	06/15/24	SL	7.00	1	.6	37,168.				37,168.			2,212.	2,212.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						529,031.				529,031.	302,675.		41,219.	343,894.
	MACHINERY & EQUIPMENT														
4	OVENS	04/19/18	SL	10.00	1	.6	1,454.				1,454.	798.		145.	943.
28	COOKING CENTER	10/22/18	SL	5.00	1	.6	2,257.				2,257.	2,257.		0.	2,257.
31	ROGER AND SONS TOASTERS	05/15/18	SL	5.00	1	.6	2,774.				2,774.	2,774.		0.	2,774.
32	WALMART COMPUTERS	05/15/18	SL	5.00	1	.6	1,590.				1,590.	1,590.		0.	1,590.
33	BOSE SPEAKERS	06/30/18	SL	5.00	1	.6	1,449.				1,449.	1,449.		0.	1,449.
34	REACH IN FRIDGE	08/20/18	SL	5.00	1	.6	4,866.				4,866.	4,866.		0.	4,866.
35	COMBI OVENS	10/25/18	SL	10.00	1	.6	72,886.				72,886.	40,089.		7,289.	47,378.
36	FLOOR MIXER	10/30/18	SL	10.00	1	.6	9,167.				9,167.	5,043.		917.	5,960.
55	AVC DISHWASHER	05/21/13	SL	5.00	1	.6	14,972.				14,972.	25,452.		0.	25,452.
65	WATER HEATER- TEL AVIV CABIN	05/11/14	SL	7.00	1	.6	1,650.				1,650.	1,768.		0.	1,768.
76	OVEN	10/15/14	SL	10.00	1	.6	5,289.				5,289.	5,289.		0.	5,289.
79	OVENS	11/11/19	SL	10.00	1	.6	4,039.				4,039.	1,414.		404.	1,818.
90	A/C- DANZ	08/04/20	SL	10.00	1	.6	170.				170.	60.		17.	77.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Unadjust Cost Or Ba	d Bus sis % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
105	DISHWASHER REPAIR	09/07/20	SL	5.00	1	1,2	3.			1,263.	885.		253.	1,138.
110	WATER HEATER	04/08/20	SL	10.00	1	1,8	6.			1,816.	637.		182.	819.
118	HAND WASHING STATION	06/18/21	SL	7.00	1	1,2	5.			1,265.	422.		181.	603.
121	PORTABLE SINKS	07/04/21	SL	7.00	1	8	7.			877.	292.		125.	417.
122	SINKS	08/30/21	SL	7.00	1	9	9.			989.	306.		141.	447.
139	COMBI OVEN	10/01/21	SL	5.00	1	5 5	0.			570.	238.		114.	352.
142	AIR CONDITIONER	03/16/21	SL	7.00	1	7,9	2.			7,972.	2,942.		1,139.	4,081.
144	WATER HEATER	04/28/21	SL	7.00	1	1,3	8.			1,308.	467.		187.	654.
146	ICE MACHINE	06/15/21	SL	7.00	1	4,7	0.			4,780.	1,651.		683.	2,334.
148	KIDS KITCHEN SINK	06/18/21	SL	7.00	1	2,4	9.			2,499.	833.		357.	1,190.
150	HVAC	08/13/21	SL	7.00	1	9,4	4.			9,414.	3,026.		1,345.	4,371.
158	RED SIDE FREEZER	05/15/24	SL	7.00	1	9,8	0.			9,840.			703.	703.
159	KITCHEN EQUIPMENT	05/05/24	SL	7.00	1	41,7	1.			41,701.			2,979.	2,979.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT					206,8	7.			206,857.	104,548.		17,161.	121,709.
	TRANSPORTATION EQUIPMENT													
143	VAN	04/12/21	SL	5.00	1	6,5	0.			6,500.	3,358.		1,300.	4,658.
156	FORD	08/20/24	SL	5.00	1	60,8	8.			60,898.			2,030.	2,030.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT					67,3	8.			67,398.	3,358.		3,330.	6,688.

<sup>(</sup>D) - Asset disposed \* ITC, Salvage,

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Asset No.	Description	Date Acquired	Method	Life	Conv	_ine No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	OTHER														
41	IMPROVEMENT- PAINTING	06/05/12	SL	10.00	1	.6	8,602.				8,602.	8,602.		0.	8,602.
42	IMPROVEMENT- PAINTING	06/05/12	SL	10.00	1	.6	20,240.				20,240.	20,240.		0.	20,240.
50	ELECTRIC SERVICE	11/28/12	SL	7.00	1	.6	1,110.				1,110.	1,348.		0.	1,348.
51	ELECTRIC WORK TO SENIOR UNIT	12/18/12	SL	7.00	1	.6	2,102.				2,102.	2,553.		0.	2,553.
53	ELECTRIC WORK- ARTS & CRAFTS BUILDING	03/03/13	SL	7.00	1	.6	5,135.				5,135.	6,235.		0.	6,235.
59	AVC DISHWASHER INSTALLATION	07/25/13	SL	5.00	1	.6	1,250.				1,250.	2,125.		0.	2,125.
64	MOWER DECK INSTALLATION	04/01/14	SL	7.00	1	.6	449.				449.	481.		0.	481.
70	KICKOFF DEPOSIT FOR NEW BHEC WEBSITE	06/17/14	SL	5.00	1	.6	13,000.				13,000.	19,500.		0.	19,500.
72	NEW KITCHEN- ALUMNI HALL	07/23/14	SL	10.00	1	.6	3,000.				3,000.	3,000.		0.	3,000.
73	INITIAL SURVERY- ALUMNI HALL AND SHOWER BUILDING	07/31/14	SL	5.00	1	.6	1,075.				1,075.	1,612.		0.	1,612.
74	SURVERY- ALUMNI HALL AND SHOWER BUILDING	08/29/14	SL	5.00	1	.6	9,652.				9,652.	14,478.		0.	14,478.
80	BUILDING SUPPLIES- ED HERRINGTON	11/27/19	SL	10.00	1	.6	2,213.				2,213.	774.		221.	995.
	BUILDING SUPPLIES- ED HERRINGTON	12/27/19	SL	10.00	1	.6	738.				738.	259.		74.	333.
	BUILDING SUPPLIES- ED HERRINGTON	01/27/20	SL	10.00	1	.6	1,239.				1,239.	434.		124.	558.
	BUILDING SUPPLIES- LOWES	02/17/20	SL	10.00	1	.6	723.				723.	252.		72.	324.
84	BUILDING SUPPLIES- ED HERRINGTON	03/27/20	SL	10.00	1	.6	428.				428.	150.		43.	193.
	CULINARY STUDIO PLUMBING- RJ SCHWARZE	04/01/20	SL	10.00	1	.6	3,100.				3,100.	1,085.		310.	1,395.

<sup>(</sup>D) - Asset disposed \* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basi	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
86	GAS PLUMBING- SUBURBAN PROPANE	04/21/20	SL	10.00	16	1,859				1,859.	651.		186.	837.
87	BUILDING SUPPLIES- ED HERRINGTON	04/27/20	SL	10.00	16	224				224.	77.		22.	99.
88	CULINARY STUDIO PLUMBING- RJ SCHWARZE	04/30/20	SL	10.00	16	3,100				3,100.	1,085.		310.	1,395.
	PLUMBING- RJ SCHWARZE	06/01/20	SL	10.00	16	2,900				2,900.	1,015.		290.	1,305.
91	BUNK RENOVATIONS- LYDON	11/03/19	SL	10.00	16	35,000				35,000.	12,250.		3,500.	15,750.
92	BUNK RENOVATIONS- ED HERRINGTON	11/27/19	SL	10.00	16	821				821.	287.		82.	369.
93	BUNK RENOVATIONS- LYDON	02/26/20	SL	10.00	16	20,000				20,000.	7,000.		2,000.	9,000.
94	BUNK RENOVATIONS- LOWES	06/08/20	SL	10.00	16	2,371				2,371.	830.		237.	1,067.
95	BUNK RENOVATIONS- LUMBER	06/12/20	SL	10.00	16	19				19.	7.		2.	9.
96	BUNK RENOVATIONS- LYDON	06/16/20	SL	10.00	16	34,000				34,000.	11,900.		3,400.	15,300.
97	BUNK RENOVATIONS- ED HERRINGTON	06/27/20	SL	10.00	16	308				308.	108.		31.	139.
98	BUNK RENOVATIONS- LYDON	07/02/20	SL	10.00	16	30,656				30,656.	10,731.		3,066.	13,797.
99	BUNK RENOVATIONS- CAPITAL ONE	07/20/20	SL	10.00	16	31				31.	11.		3.	14.
	BUNK RENOVATIONS- ED HERRINGTON	07/27/20	SL	10.00	16	743				743.	259.		74.	333.
101	BUNK RENOVATIONS- AMAZON	08/05/20	SL	10.00	16	294				294.	102.		29.	131.
102	BUNK RENOVATIONS- ED HERRINGTON	08/27/20	SL	10.00	16	1,679				1,679.	588.		168.	756.
103	BUNK RENOVATIONS- LOWES	08/31/20	SL	10.00	16	454				454.	158.		45.	203.
104	BUNK RENOVATIONS- AMAZON	09/03/20	SL	10.00	16	25				25.	10.		3.	13.

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Asset No.	Description	Date Acquired	Method	Life	Conv	ine No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
106	BUNK RENOVATIONS- ED HERRINGTON	09/27/20	SL	10.00	1	.6	1,165.				1,165.	409.		117.	526.
107	BUNK RENOVATIONS- CAPITAL ONE	10/15/20	SL	10.00	1	.6	310.				310.	109.		31.	140.
108	LAKESIDE PAVILLION REPAIR- LYDON	10/26/20	SL	10.00	1	.6	1,200.				1,200.	420.		120.	540.
109	BUNK RENOVATIONS - ED HERRINGTON	10/27/20	SL	10.00	1	.6	4,145.				4,145.	1,452.		415.	1,867.
	MAN LIFT RENTAL FOR MAINTENANCE	05/16/20	SL	5.00	1	.6	1,944.				1,944.	1,361.		389.	1,750.
124	WEIGHT ROOM	10/29/21	SL	5.00	1	.6	2,294.				2,294.	918.		459.	1,377.
125	SHACK 7- ED HERRINGTON	11/27/20	SL	15.00	1	.6	19,237.				19,237.	3,740.		1,282.	5,022.
126	ROOFING	01/26/21	SL	20.00	1	.6	9,800.				9,800.	1,348.		490.	1,838.
127	SHACK 3- ED HERRINGTON	02/27/21	SL	15.00	1	.6	7,517.				7,517.	1,336.		501.	1,837.
128	ROOFING	06/04/21	SL	20.00	1	.6	23,571.				23,571.	2,849.		1,179.	4,028.
129	SHACK 1- LOS ANDES	09/06/21	SL	15.00	1	.6	13,000.				13,000.	1,878.		867.	2,745.
130	CABIN 5- LOS ANDES	09/20/21	SL	15.00	1	.6	8,100.				8,100.	1,125.		540.	1,665.
132	SHACK 2- LOS ANDES	09/23/21	SL	15.00	1	.6	16,000.				16,000.	2,223.		1,067.	3,290.
133	BUILDING RENOVATIONS- ED HERRINGTON	09/27/21	SL	15.00	1	.6	25,871.				25,871.	3,594.		1,725.	5,319.
134	CABIN 1- LOS ANDES	09/29/21	SL	15.00	1	.6	8,500.				8,500.	1,181.		567.	1,748.
135	CABIN 2- LOS ANDES	09/29/21	SL	15.00	1	.6	8,500.				8,500.	1,181.		567.	1,748.
136	CABIN 3- LOS ANDES	09/29/21	SL	15.00	1	.6	7,500.				7,500.	1,042.		500.	1,542.
137	CABIN 4- LOS ANDES	09/29/21	SL	15.00	1	.6	8,250.				8,250.	1,146.		550.	1,696.

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
140	BUILDING RENOVATIONS- ED HERRINGTON	10/27/21	SL	15.00	1	L6	25,879.				25,879.	3,450.		1,725.	5,175.
151	TRAILER	09/01/21	SL	.000	1	L 6	11,322.				11,322.			0.	
152	CAMP CABINS AND GYMNASIUMS	10/31/19	SL	15.00	1	L6	1,159,406.				1,159,406.	454,067.		77,294.	531,361.
154	TRAILERS	07/26/24	SL	5.00	1	L6	14,486.				14,486.			724.	724.
157	TENNIS COURT LIGHTING	06/22/24	SL	7.00	1	L6	15,376.				15,376.			732.	732.
161	CABINS/SHED/POOL	09/25/23	SL	10.00	1	L6	576,322.				576,322.			57,632.	57,632.
	* 990 PAGE 10 TOTAL OTHER						2,178,235.				2,178,235.	615,026.		163,765.	778,791.
	* GRAND TOTAL 990 PAGE 10 DEPR						4,479,403.				4,479,403.	1,078,447.		261,125.	1,339,572.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						2,903,736.			0.	2,903,736.	1,078,447.			1,299,166.
	ACQUISITIONS						1,575,667.			0.	1,575,667.	0.			40,406.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						4,479,403.			0.	4,479,403.	1,078,447.			1,339,572.
	ENDING ACCUM DEPR											1,339,572.			
	ENDING BOOK VALUE											3,139,831.			