| -        | <u>*</u>                                      | l Ex           | cempt Organization  | Bus             | siness Income                                       | Tax Retui        | rn Î        | OMB No 1545-0047          | ,     |  |  |  |
|----------|---|----------------|---|-----------------|---|------------------|-------------|---------------------------|-------|--|--|--|
| For      | , 990-T                                       |                |   |                 | der section 6033(                                   |                  | -           | OMD 190 1343-0047         | ·     |  |  |  |
| * 1      | ,   | For cale       | ndar year 2019 or other tax year begin                                | ning_           | , 2019, and endir                                   | ng, 2            | 20          | <b>_ </b> 2019            |       |  |  |  |
|          | irtment of the Treasury                       |                | ► Go to www irs gov/Form990   |                 |   |                  | ļ           | Open to Public Inspection | n for |  |  |  |
|          | nal Revenue Service                           | <b>D</b> o     | not enter SSN numbers on this form a  Name of organization ( Check be |                 | Open to Public Inspection 501(c)(3) Organizations ( |                  |             |                           |       |  |  |  |
| ΑL       | Check box if address changed                  |                | oyees' trust, see instructions )                                      |                 |   |                  |             |                           |       |  |  |  |
| B F      | cempt under section                           | 1              | FOUNDATION FOR JEWI:  |                 |   |                  |             |                           |       |  |  |  |
|          | 7501( C )( 3 )                                | Print          | Number, street, and room or suite no I                                |                 |   |                  | 22-3        | 551013                    |       |  |  |  |
|          | 408(e) 220(e)                                 | Or             |   |                 |   |                  |             | ated business activity o  | ode   |  |  |  |
|          | 408A 530(a)                                   | ס איני ן       | 253 W 35TH ST 4TH F   | L               |   |                  | (See in     | nstructions)              |       |  |  |  |
|          | 529(a)  |                | City or town, state or province, country                              | y, and Z        | ZIP or foreign postal code                          |                  |             |                           |       |  |  |  |
|          | ook value of all assets<br>end of year        |                | NEW YORK, NY 10001  | _               |   |                  | 5259        | 90                        |       |  |  |  |
| a        | •   |                | up exemption number (See instructi                                    |                 |   | <del>-</del>     |             | <del></del>               |       |  |  |  |
|          |   |                | eck organization type 🕨 🕺 501   |                 | ·· .  |                  | 401(a)      |                           | trust |  |  |  |
|          |   |                | inization's unrelated trades or busine                                | esses           |   |                  | •           | (or first) unrelated      |       |  |  |  |
|          | rade or business her                          |                | end of the previous sentence, cor                                     | malata          | <del></del>   | •                |             | e than one, describe th   | те    |  |  |  |
|          | irst in the blank spa<br>rade or business, th |                |   | inpiete         | rans randin, complete a St                          | chedule M IOI 68 | on addition | IIai                      |       |  |  |  |
|          |   |                | corporation a subsidiary in an affili                                 | iated o         | roup or a parent-subsidiary o                       | ontrolled group? |             | ▶ Yes X                   | No    |  |  |  |
|          |   |                | identifying number of the parent co                                   |                 | on <b>&gt;</b>                                      |                  |             |                           |       |  |  |  |
|          | The books are in car                          |                |   |                 | Telephon  | e number ▶ 64    | 6-278       | -4549                     |       |  |  |  |
| Pa       | rt   Unrelated                                | Trade          | or Business Income  |                 | (A) Income  | (B) Expen        | ses         | (C) Net                   |       |  |  |  |
| 1 a      | Gross receipts or                             | sales          |   |                 |   |                  | ECE         | IVED                      |       |  |  |  |
| t        | Less returns and allowa                       | ances          | c Balance ►   |                 |   |                  | CF CE       |                           |       |  |  |  |
| 2        | •   | •              | ule A, line 7)  |                 |   |                  | -           | 6 2020 (8)                |       |  |  |  |
| 3        | •   |                | 2 from line 1c  | 3               |   | 181 Q            | 2           | 2 2020                    |       |  |  |  |
| 1 4a     |   |                | attach Schedule D)  | 4a              |   |                  |             |                           |       |  |  |  |
| j t      |   |                | Part II, line 17) (attach Form 4797)                                  | 4b<br>4c        |   | <del>1 c</del>   | €تت         | N, UT                     |       |  |  |  |
| ₹ 5      | -   |                | r an S corporation (attach statement)                                 | $\overline{}$   |   | 1                |             |                           |       |  |  |  |
| . 6      |   |                |   | 6               |   |                  |             |                           |       |  |  |  |
| ? 7      |   |                | come (Schedule E)   | 7               | 19,259.   | 17               | 7,895.      | 1,                        | 364.  |  |  |  |
| . 8      | Interest, annuities, roy                      | alties, and re | ents from a controlled organization (Schedule F)                      | 8               |   |                  |             |                           |       |  |  |  |
| 9        | Investment income of                          | a section 50   | 1(c)(7), (9) or (17) organization (Schedule G)                        | 9               |   |                  |             |                           |       |  |  |  |
| 10       |   | -              | ncome (Schedule I)  | 10              |   |                  |             | +                         |       |  |  |  |
| 11       |   |                | dule J)   | 11              |   |                  |             |                           |       |  |  |  |
| 12       | •   |                | ctions, attach schedule)  | 12              | 19,259.   | 1.5              | 7,895.      | 1.                        | 364.  |  |  |  |
| 13<br>De |   |                | Taken Elsewhere (See insti  |                 |   |                  |             |                           |       |  |  |  |
|          |   |                | he unrelated business incom   |                 | The for immediation on a                            |                  |             |                           | · ,   |  |  |  |
| 14       |   |                | directors, and trustees (Schedule K)                                  |                 |   |                  | 14          |                           |       |  |  |  |
| 15       | Salaries and wag                              | es             |   |                 | <u></u>   |                  | 15          |                           |       |  |  |  |
| 16       | Repairs and mair                              | ntenance       | (see instructions)  | <i>ر</i> . ز. ۱ | 7722  |                  | 16          |                           |       |  |  |  |
| 17       | Bad debts                                     |                |   | <i>(</i> [.].\  | 4. XV.  |                  | 17          |                           |       |  |  |  |
| 18       | Interest (attach s                            | schedule)      | (see instructions)  | . <b>.</b> .    |   |                  | 18          |                           |       |  |  |  |
| 19       | Taxes and license                             |                |   | ₹               |   |                  | 19          |                           |       |  |  |  |
| 20       |   |                | 4562)   |                 |   |                  |             | .]                        |       |  |  |  |
| 21<br>22 | · ·   |                | i on Schedule A and elsewhere on re                                   |                 |   |                  | 21b         |                           |       |  |  |  |
| 23       |   |                | compensation plans  |                 |   |                  |             |                           |       |  |  |  |
| 24       |   |                | S   |                 |   |                  |             |                           | -     |  |  |  |
| 25       |   |                | Schedule I)   |                 |   |                  |             |                           |       |  |  |  |
| 26       |   |                | Schedule J)   |                 |   |                  |             |                           |       |  |  |  |
| 27       |   |                | schedule)   |                 |   | _                |             |                           | 000.  |  |  |  |
| 28       |   |                | es 14 through 27  |                 |   |                  |             |                           | 000.  |  |  |  |
| 29       |   |                | ole income before net operating                                       |                 |   |                  |             |                           | 636.  |  |  |  |
| 30       |   |                | ng loss arising in tax years beginnii                                 | -               |   |                  |             | 1                         | 626   |  |  |  |
| 31       |   |                | e income Subtract line 30 from line Notice, see instructions          | 29 .            |   | <del></del>      | 31          | Form 990-T                | 636.  |  |  |  |

| D-  | A V/I     | Statements Departing Contain Astivities and Other Information  |     |    |
|-----|-----------|--|-----|----|
| Pal | rt VI     | Statements Regarding Certain Activities and Other Information (see instructions)   |     |    |
| 57  | At any    | time during the 2019 calendar year, did the organization have an interest in or a signature or other authority               | Yes | No |
|     | over a    | ı fınancıal account (bank, securities, or other) ın a foreign country? If "Yes," the organization may have to file           |     |    |
|     | FinCEN    | I Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country                    |     |    |
|     | here 🕨    |  |     | X  |
| 58  | During    | the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? |     | Х  |
|     | If "Yes," | " see instructions for other forms the organization may have to file   |     |    |
| 59  | Enter t   | he amount of tax-exempt interest received or accrued during the tax year ▶ \$  |     |    |

Under penalties of penury, 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 taxpayer) is based on all information of which preparer has any knowledge Sign May the IRS discuss this return Here 13-August-20 Chief Executive Officer with the preparer shown below (see instructions)?X Yes anager's signature Print/Type preparer's name Date PTIN Check Paid 8/12/2020 PAUL HAMMERSCHMIDT P01384178 self-employed **Preparer** 

**Use Only** JSA 9X2741 1 000

Form 990-T (2019)

Firm's EIN ▶ 13-5381590

Phone no 212-885-8000

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

Firm's name ▶ BDO USA, LLP

| Form 990-T (2019)   |                                  |               |                 |  |  |                                       |                      |                                |         | Page 3     |
|---|----------------------------------|---------------|-----------------|--|--|---------------------------------------|----------------------|--------------------------------|---------|------------|
| Schedule A - Cost of Go   | oods Sold. En                    | ter method    | of invento      | ry valuation I   | <u> </u>   |                                       |                      |                                |         |            |
| 1 Inventory at beginning of ye  | Inventory at beginning of year 1 |               |                 | 6 Inventory  | ar   | 6                                     |                      |                                |         |            |
| 2 Purchases   | 2                                | 2             |                 |  | 7 Cost of goods sold Subtract line                     |                                       |                      |                                |         |            |
| 3 Cost of labor   | [3]                              |               |                 | 6 from lin   | ne 5 Enter   | here and in Part                      |                      |                                |         |            |
| 4a Additional section 263A co   | sts                              |               |                 | I, line 2  |  |                                       | 7                    | <u> </u>                       |         |            |
| (attach schedule)   | 4a                               |               |                 | 8 Do the   | rules of   | section 263A (w                       | rith r               | espect to                      | Yes     | No         |
| <b>b</b> Other costs (attach schedul  | le) 4b                           |               |                 |  | •  | or acquired for                       |                      |                                |         |            |
| 5 Total. Add lines 1 through  |                                  |               |                 | to the orga  | anization? .   | <u> </u>                              |                      |                                |         | Х          |
| Schedule C - Rent Income  | (From Real P                     | roperty ar    | nd Person       | al Property  | Leased V   | Vith Real Proper                      | rty)                 |                                |         |            |
| (see instructions)  |                                  |               |                 |  |  |                                       |                      |                                |         |            |
| Description of property   |                                  |               |                 |  |  | <u> </u>                              |                      |                                |         |            |
| (1)   |                                  |               |                 |  |  |                                       |                      |                                |         |            |
| (2)   |                                  |               |                 |  |  |                                       |                      |                                |         | ·          |
| (3)   |                                  |               |                 |  |  | <u>.</u>                              |                      |                                |         |            |
| (4)   |                                  |               |                 |  |  |                                       |                      |                                |         |            |
|   | 2. Rent recei                    | ved or accrue | ed              |  |  |                                       |                      |                                |         |            |
| (a) From personal property (if the for personal property is more the more than 50%) | an 10% but not                   | percenta      | age of rent for | personal property<br>personal property<br>pased on profit or | exceeds in columns 2(a) and 2(b) (attach schedule)     |                                       |                      |                                |         |            |
| (1)   |                                  |               |                 | -  |  |                                       |                      |                                |         |            |
| (2)   |                                  |               |                 |  | •  |                                       |                      | •                              |         |            |
| (3)   |                                  |               |                 |  |  |                                       |                      |                                |         |            |
| (4)   |                                  |               |                 |  |  |                                       |                      |                                |         |            |
| Total   |                                  | Total         |                 |  |  |                                       |                      |                                |         |            |
| (c) Total income. Add totals of co  | olumns 2(a) and 2(               | b) Enter      |                 |  |  | (b) Total deduction Enter here and on |                      | 1                              |         |            |
| here and on page 1, Part I, line 6,   |                                  |               |                 |  |  | Part I, line 6, colur                 |                      |                                |         |            |
| Schedule E - Unrelated De   |                                  |               | e instruction   | ins)   |  |                                       |                      | <del></del>                    |         |            |
|   |                                  | ,             | 2 Gross II      | ncome from or  | 3 [  | Deductions directly cor               |                      |                                | ble to  |            |
| 1 Description of deb  | t-financed property              |               | allocable to    | debt-financed  | (a) Straight line depreciation                         |                                       | (b) Other deductions |                                |         |            |
|   |                                  |               | pro             | operty   | (attach schedule)                                      |                                       | (attach schedule)    |                                |         |            |
| (1) ATCH 3  |                                  |               |                 |  |  |                                       |                      |                                |         |            |
| (2)   |                                  |               |                 |  |  |                                       |                      |                                |         |            |
| (3)   |                                  |               |                 |  | 1  |                                       |                      |                                |         |            |
| (4)   |                                  |               |                 |  |  |                                       |                      |                                |         |            |
| allocable to debt-financed debt-financed property                                   |                                  |               | 4 d             | Column<br>Iivided<br>olumn 5                                 | 7 Gross income reportable (column 6 x total 3(a) and 3 |                                       | of colun             | -                              |         |            |
| (1)   |                                  |               |                 | %  |  |                                       |                      |                                |         |            |
| (2)   |                                  |               |                 | %  |  |                                       |                      |                                |         |            |
| (3)   |                                  |               |                 | %  |  |                                       |                      |                                |         |            |
| (4)   |                                  |               |                 | %  |  |                                       |                      |                                |         |            |
|   |                                  |               |                 |  |  | re and on page 1,<br>ne 7, column (A) | Ente<br>Par          | er here and<br>t I, line 7, co | on page | e 1,<br>B) |
| Tatala  |                                  |               |                 | <u>.</u>   | 1  | 9,259.                                |                      | 17,89                          |         |            |
| Totals  |                                  |               |                 |  |  | -                                     |                      |                                |         |            |

Form 990-T (2019)

| Form 990-T (2019)                   |  |   |  | SH CAMP,  |  |  |   |  |   | 551013 Pa   | ge 4  |
|-------------------------------------|--|---|--|---|--|--|---|--|---|---|-------|
| Schedule F - Interest, Ann          | nuities, Royaltie  | s, and R  | ents Fr  | om Contro   | olled O  | rganiza  | ti <b>ons</b> (se   | e instruction  | ons)  |   |       |
| Name of controlled organization     |  |   | 3 Net unrelated income (loss) (see instructions) 4 Total of specific payments made |   | of specified   | 5 Part of column 4 that is included in the controlling organization's gross income |   | lling  | 6 Deductions directly connected with income in column 5 |   |       |
| (1)                                 |  |   |  |   |  |  |   |  |   |   |       |
| (2)                                 |  |   |  |   |  |  | <u> </u>  |  |   |   |       |
| (3)                                 |  |   |  |   |  |  | <u> </u>  |  |   |   |       |
| (4) Nonexempt Controlled Organi     | rations  | l   |  |   |  |  |   |  |   |   |       |
| 7. Taxable Income                   | 8 Net unrelated (loss) (see instruc                                  |   |  | Total of specifical   |  | includ   | 10 Part of column included in the cororganization's gross   |  |   | 11 Deductions directly connected with income in column 10                 |       |
| (1)                                 |  |   |  |   |  | , , , g  | g. o  | 0 111001110  |   | oolaliii lo   |       |
| (2)                                 |  |   |  |   |  |  |   |  | -   |   |       |
| (3)                                 |  |   |  |   |  |  |   |  |   |   |       |
| (4)                                 |  |   |  |   |  |  |   |  |   |   |       |
|                                     |  |   |  |   |  | Enter  | columns 5 a<br>here and on<br>, line 8, colu  | page 1,  | Ent   | id columns 6 and 11<br>ler here and on page 1<br>rt I, line 8, column (B) |       |
| Totals                              |  |   |  |   | <u></u> ▶  |  |   |  |   |   |       |
| Schedule G-Investment I             | ncome of a Se  | ction 501   | 1(c)(7),   | · · · · · · · · · · · · · · · · · · ·   |  | nization   | (see ins  | tructions)   | ,   | P = 1.1   |       |
| 1 Description of income             | 2 Amount o   | f income  |  | 3 Deduction directly con (attach sch  | nnected  |  |   | t-asides<br>schedule)  |   | 5 Total deductions<br>and set-asides (col 3<br>plus col 4)                |       |
| (1)                                 |  |   | _  |   |  |  |   |  | _   |   |       |
| (2)                                 |  | ·· <del>·</del> ··  |  |   |  |  |   |  | -   |   |       |
| (3)                                 |  |   |  |   |  |  |   |  | -   |   |       |
| (4)                                 | Enter here and<br>Part I, line 9, o                                  |   |  | •   | •  | •,   |   | •  |   | Enter here and on par<br>Part I, line 9, column                           | ge 1, |
| Totals ▶                            |  |   |  |   |  |  |   |  | .   |   |       |
| Schedule I-Exploited Exc            |  | come O  | ther Th  | an Advert   | isina Ir   | come (   | see instri  | ictions)   |   |   |       |
| Description of exploited activity   | 2 Gross<br>unrelated<br>business income<br>from trade or<br>business | 3 Expe<br>direct<br>connect<br>product<br>unrel<br>business | enses<br>ctly<br>ed with<br>tion of<br>ated  | 4 Net incor<br>from unrelat<br>or business<br>2 minus co<br>If a gain, c<br>cols 5 thre | me (loss)<br>ted trade<br>(column<br>lumn 3)<br>ompute | 5 Gros<br>from ac  | Gross income om activity that is not unrelated usiness income  Geographic Gross income  6 Expenses attributable to column 5 |  | ble to  | 7 Excess exem expenses (column 6 minu column 5, but n more than column 4) | ıš    |
| (1)                                 |  | <u> </u>  |  |   |  |  |   |  |   |   |       |
| (2)                                 |  |   |  |   |  |  |   | -  |   |   |       |
| (3)                                 |  | i   |  |   |  |  |   |  |   |   |       |
| (4)                                 |  |   |  |   |  |  |   | 1  |   |   |       |
|                                     | Enter here and on<br>page 1, Part I,<br>line 10, col (A)             | Enter here<br>page 1,<br>line 10, c                         | Part I,  |   |  | , , ,  |   |  | Enter here and on page 1, Part II, line 25              |   |       |
| Totals ▶ Schedule J- Advertising I  |  | (votions)   |  | -   |  |  | -   |  |   |   |       |
| Part I Income From Per              |  |   | Consol   | idated Bar  | eie  |  |   |  |   |   |       |
| renti income i join i ei            | louicais Repor   | led on a  | CONSO  | luateu Das  | 313  | 1  |   | 1  |   | <u> </u>  |       |
| 1 Name of periodical                | 2 Gross<br>advertising<br>income                                     | 3 Dii<br>advertisir   |  | 4 Adver gain or (los 2 minus co a gain, co cols 5 three                                 | ss) (col<br>ol 3) If<br>mpute                          | 5 Circulation 6 Readership income costs  |   | 7 Excess readers costs (column minus column 5, not more than column 4) | 6<br>but  |   |       |
| (1)                                 |  |   |  |   |  |  |   |  |   |   |       |
| (2)                                 |  |   |  |   |  |  |   |  |   |   |       |
| (3)                                 |  |   |  |   |  |  |   |  |   |   |       |
| (4)                                 |  |   |  |   |  | ļ  |   |  |   |   |       |
| Totals (carry to Part II, line (5)) |  |   |  |   |  |  |   |  |   | - 000 T   |       |
|                                     |  |   |  |   |  |  |   |  |   | Form 990-T (2   | 019)  |

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis )

| 1 Name of periodical          | 2 Gross<br>advertising<br>income                   | 3 Direct advertising costs                         | 4 Advertising<br>gain or (loss) (col<br>2 minus col 3) If<br>a gain, compute<br>cols 5 through 7 | 5 Circulation income | 6 Readership costs | 7 Excess readership<br>costs (column 6<br>minus column 5, but<br>not more than<br>column 4) |
|-------------------------------|--|--|--|----------------------|--------------------|---|
| (1)                           |  |  |  | ·                    |                    |   |
| (2)                           |  |  |  |                      |                    |   |
| (3)                           |  |  |  |                      |                    |   |
| (4)                           |  |  | •  |                      |                    |   |
| Totals from Part I ▶          |  |  |  |                      |                    |   |
|                               | Enter here and on page 1, Part I, line 11, col (A) | Enter here and on page 1, Part I, line 11, col (B) |  |                      |                    | Enter here and<br>on page 1,<br>Part II, line 26  |
| Totals, Part II (lines 1-5) ▶ | l  |  |  |                      |                    |   |
| Schedule K - Compensatio      | n of Officers, D                                   | irectors, and Tr                                   | ustees (see instr  |                      | •                  |   |
|                               |  |  |  | 2 December           |                    |   |

| 1 Name   | 2 Title | 3 Percent of<br>time devoted to<br>business | 4 Compensation attributable to<br>unrelated business |
|--|---------|---|--|
| (1)  |         | %   |  |
| (2)  | ·-      | %   |  |
| (3)  | `       | %   |  |
| (4)  | _       | %   |  |
| Total Enter here and on page 1, Part II, line 14 |         |   |  |

Form **990-T** (2019)

## ATTACHMENT 1

ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

DEBT FINANCED INCOME FROM INVESTMENTS

22-3551013

13

ATTACHMENT 2

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

TAX PREPARATION AND FILING FEES

2,000.

PART II - LINE 28 - OTHER DEDUCTIONS

2,000.