Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A F	or th	e 2016 calendar year, or tax year beginning	10/01,2016	, and endin	g		0.9	9/30, 20	17	
		C Name of organization				D Employer ide	ntifica	ation numb	er	
Вс	heck if ap	CAMP KESEM NATIONAL				51-045	415	7		
	Addre									
	1 1	change Number and street (or P.O. box if mail is not deliver	ed to street address)	Room/suite		E Telephone nu	mber			
	Initial	return P.O. BOX 452				(224) 24	0 - 4	1384		
		return/ City or town, state or province, country, and ZIP or	foreign postal code							
	termir Amen	ded CULVER CITY, CA 90232		G Gross receipts	\$	10,	655,	866.		
	Applic	F Name and address of principal officer: EMIT	LY BRAKEBILL			H(a) Is this a grou				X No
	_ pendi	6725 CALIFORNIA STREET SAN	FRANCISCO, CA 94	121		subordinates H(b) Are all subord		ncluded?	Yes	─ No
ī -	Tax-ex		(insert no.) 4947(a)(1)		7	` '		t. (see instruc		
		te: ► WWW.CAMPKESEM.ORG	(110011110.)	01 021		H(c) Group exem			,	
		of organization: X Corporation Trust Association	on Other ▶	I Year of	format	ion: 2003 M			micile.	CA
	art I	Summary	outer P	L rear or	Torritat	1011. 2000 161	Otato	or regar do	mone.	
Т 6		Briefly describe the organization's mission or most sign	unificant activities: TO PRO	OVIDE CH	TIDR	EN AFFECT	F.D	BY A		
•	•	PARENT'S CANCER WITH A SUPPORTIV						D1 11		
uce		RECOGNIZES AND UNDERSTANDS THEIR								
rna	_									
Governance		Check this box ▶ ☐ if the organization discontinu					1 1			19.
		Number of voting members of the governing body (Pa					3			18.
Activities &		Number of independent voting members of the gover					4			28.
viti		Total number of individuals employed in calendar yea					5			
\cti	6	Total number of volunteers (estimate if necessary)					6			000.
1		Total unrelated business revenue from Part VIII, colum					7a			0.
	b	Net unrelated business taxable income from Form 990	1-T, line 34			Prior Year	7b	C	V-	0.
	_						1		ent Yea	
P		Contributions and grants (Part VIII, line 1h)				7,488,42	_	10,	293,	
Revenue	9	Program service revenue (Part VIII, line 2g)					8.			454.
Re		Investment income (Part VIII, column (A), lines 3, 4, at				3,82				883.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9				-113,03		-307,238. 9,992,238.		
	12	Total revenue - add lines 8 through 11 (must equal Pa				7,379,67		9,	992,	
	13	Grants and similar amounts paid (Part IX, column (A),					0.			0.
	14	Benefits paid to or for members (Part IX, column (A), li					0.			0.
es	15	Salaries, other compensation, employee benefits (Part	IX, column (A), lines 5-10).			1,571,75	_	2,	178,	<u>445.</u>
Expenses	16 a	Professional fundraising fees (Part IX, column (A), line	11e)				0.			0.
хb	b	Total fundraising expenses (Part IX, column (D), line 29	5) ▶ 907,412	•						
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11	f-24e)			4,261,91			600,2	
	18	Total expenses. Add lines 13-17 (must equal Part IX, o	column (A), line 25)			5,833,67	_	7,	778,	650.
	19	Revenue less expenses. Subtract line 18 from line 12 ,				1,545,99	6.	2,	213,	588.
s or					Begin	ning of Current \		End	of Year	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)				4,391,51	2.		713,	
t As	21	Total liabilities (Part X, line 26)				479 , 18	2.		587,	735.
Funda	22	Net assets or fund balances. Subtract line 21 from line	20			3,912,33	0.	6,	125,	918.
Pa	rt II	Signature Block								
Unc	ler per	nalties of perjury, I declare that I have examined this return, i	ncluding accompanying sched	ules and statem	nents, a	and to the best of	my	knowledge	and beli	ief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is	based on all information of whi	cn preparer nas	s any kr	lowledge.				
Sig		Signature of officer				Date				
Her	e.	EMILY BRAKEBILL	CHAIRW	OMAN						
		Type or print name and title								
		Print/Type preparer's name Preparer	's signature	Date		Check	if	PTIN		
Paid		STEVEN R GLOVER				self-employ	'	P002	53365	5
	arer	Firm's name MILLER, COOPER & CO.,	LTD.			Firm's EIN ▶ 3	6-2	2897372		
Use	Only	Firm's address >1751 LAKE COOK ROAD, SUITE 400 D				,		-205-50		
May	the II	RS discuss this return with the preparer shown above?				THORE NO.		. X Y		No
<u> </u>		rwork Reduction Act Notice, see the separate instruc	, , , , , , , ,	<u> </u>	· · ·				n 990	_

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	Check if	Schedule O contains a r	esponse or note to any line in this Part	III	X
1		ne organization's mission			
2	Did the organizat	tion undertake any signi	ficant program services during the yea	ar which were not listed on the	
_	prior Form 990 or				Yes X No
3	Did the organiza	ation cease conducting	, or make significant changes in h		Yes X No
	If "Yes," describe	these changes on Sched	Iule O.		
4	expenses. Section	n 501(c)(3) and 501(c)	rvice accomplishments for each of it (4) organizations are required to reported.		
4a	(Code:) (Expenses \$ 6,	685,035. including grants of \$) (Revenue \$)
	DURING THE F	ISCAL YEAR ENDED	SEPTEMBER 30, 2017, MORE	THAN 7,300	
	CAMPERS ATTE	NDED WEEK LONG S	UMMER CAMPS ORGANIZED AT MO	ORE THAN 100	
	UNIVERSITIES	IN 40 STATES.			
	(0.1			\(\frac{1}{2}\)	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
۸ ۸	Other program as	arvices (Describe in Scho	dula O)		
4 Cl		ervices (Describe in Sche including gra		\$ '	
40	Total program se			* /	

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Part	V Checklist of Required Schedules		_	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	1	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	-	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		l	
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b)	X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	١		3.7
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	110		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			3.7
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	110	+	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
Ť	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40 -	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40.	X	
L	Schedule D, Parts XI and XII	12a		
D		426		Х
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	'	X
				X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	+	
Ŋ	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	. [Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140	+	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	.5	+	<u> </u>
. •	assistance to 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, 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	<u> </u>	1	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		1	
. •	If "Yes," complete Schedule G, Part III	19		Х

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Χ
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Χ
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			3.7
	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,			3.7
	or IV, and 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
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	_		3.7
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	_	٦,	
	19? Note. All Form 990 filers are required to complete Schedule O.	38	990	(2016)
			~ ~	1 /1176

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Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
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 28			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note . If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			3.7
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).	_		V
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			Х
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C L		
_	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	70	Х	
	and services provided to the payor?	7a 7b	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7.0	71	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		Х
له	required to file Form 8282?	70		21
		7e		Χ
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
		7g		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
JSA 6E104	01.000	Form	990	(2016)
	2373JW 4116 2/5/2018 3:56:58 PM V 16-7.16 01739.0			

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sect	ion A. Governing Body and Management						
	ı	ء م		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 19					
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	10					
b	Enter the number of voting members included in line 1a, above, who are independent	1b 18					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation or a business relationship or a business relation business relationship or a business relation business relationship or a business rela						
	any other officer, director, trustee, or key employee?		2		Х		
3	Did the organization delegate control over management duties customarily performed by or un	der the direct					
	supervision of officers, directors, or trustees, or key employees to a management company or othe	r person?	3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file	ed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's a		5		X		
6	Did the organization have members or stockholders?		6		Х		
7a	, , , , , , , , , , , , , , , , , , , ,						
	one or more members of the governing body?		7a		Х		
b	Are any governance decisions of the organization reserved to (or subject to approval to				37		
	stockholders, or persons other than the governing body?		7b		Х		
8	Did the organization contemporaneously document the meetings held or written actions under	rtaken during					
	the year by the following:			V			
а	The governing body?		8a	X			
b	Each committee with authority to act on behalf of the governing body?		8b	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot				Х		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O on B. Policies (This Section B requests information about policies not required by the Inte		9 Code	. 1	Λ		
becu	on B. Policies (This Section B requests information about policies not required by the line	illai Nevellue	Code	Yes	No		
	Did the consoliration have been been been been as official to 0		10a	Х			
	Did the organization have local chapters, branches, or affiliates?		IVa				
b	If "Yes," did the organization have written policies and procedures governing the activities of s	-	10b	Х			
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	-	11a	Χ			
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fill	ing the form?.					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a	Χ			
	Were officers, directors, or trustees, and key employees required to disclose annually interests the						
b	rise to conflicts?	_	12b	Χ			
С	Did the organization regularly and consistently monitor and enforce compliance with the po						
·	describe in Schedule O how this was done	-	12c	Χ			
13	Did the organization have a written whistleblower policy?		13	Х			
14	Did the organization have a written document retention and destruction policy?		14	Х			
15	Did the process for determining compensation of the following persons include a review and						
. •	independent persons, comparability data, and contemporaneous substantiation of the deliberation						
а	The organization's CEO, Executive Director, or top management official		15a	Χ			
	Other officers or key employees of the organization		15b	Х			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	arrangement					
	with a taxable entity during the year?	_	16a		Х		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization t	o evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to	safeguard the					
	organization's exempt status with respect to such arrangements?		16b				
Secti	on C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶ ATTACHMENT 2						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	990-T (Section	501(c)(3)s	only)		
	available for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain in Sch	edule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents	s, conflict of inte	erest p	oolicy	, and		
	financial statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's b FANNY WILSON, CPA 9 WANDEL DRIVE MORAGA, CA 94556	ooks and record	S: >				

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

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

- 1	- 1					
- 1	- 1	Check this box if neither the	arachi-ation nor only	uralatad araanizatian aan	an anastad any aurrent offic	ar director or tructos
- 1	- 1	Check this box if heither the	e organization nor anv	v reiated ordanization com	ibensaled any current offic	er, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any	box,	not ch unles	s pe	ition more	e than o is both or/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)JANE SACCARO	40.00									
CEO	0.	X		Х				150,000.	0.	0.
(2) JOHN BRADBURN	1.00									
DIRECTOR	0.	X						0.	0.	0.
(3)DAVID CRONIN	1.00									
TREASURER	0.	Х		Х				0.	0.	0
(4)CARLYN D SOLOMON	1.00									
DIRECTOR	0.	Х						0.	0.	0
(5)DARREN MACIOCE	1.00									
DIRECTOR	0.	Х		Х				0.	0.	0
(6)JERRY KATZ	1.00									
DIRECTOR	0.	Х						0.	0.	0
(7) IRIS RAVE WEDEKING	1.00									
DIRECTOR	0.	Х						0.	0.	0
(8)BECKY CROWE	1.00									
DIRECTOR	0.	Х						0.	0.	0
(9)MARK OLSON	1.00									
DIRECTOR	0.	Х						0.	0.	0
(10)EMILY BRAKEBILL	1.00									
CHAIRWOMAN	0.	Х		Х				0.	0.	0
(11)BOB BARTELL	1.00									
DIRECTOR	0.	Х						0.	0.	0
(12)THOM BROWN	1.00									
DIRECTOR	0.	Х						0.	0.	0
(13)BEN CORNWELL	1.00									
DIRECTOR	0.	Х						0.	0.	0
(14)ROB PLOTKOWSKI	1.00									
DIRECTOR	0.	Х						0.	0.	0

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Form 990 (2016) Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(B)

(C)

(D)

Name and title	Average hours per		not che		ion nore tha son is b		Reportable compensation	Reportable compensation from	ar	stimated nount of other	
	week (list any hours for		er and	a dir	ector/ti		from the	related organizations		pensatio	on
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	employee Key employee	Former Highest compensated	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org an	om the panization direlated anization	d
15) JAY STILWELL	1.00										
SECRETARY	0.	Х		Х			0.	0.			0.
16) SUDARSAN THATTAI	1.00										
DIRECTOR	0.	Х					0.	0.			0.
17) NEHA BIGGS	1.00										
DIRECTOR	0.	Х					0.	0.			0.
18) KEITH DIERKX	1.00										
DIRECTOR	† ₀ .	Х					0.	0.			0.
19) BETSY MORTON	1.00										
DIRECTOR	† ₀ .	X					0.	0.			0.
20) AARON HADLEY	40.00										
C00	t			$_{\rm X}$			123,497.	0.			0.
21) JIM HIGLEY	40.00						,				
CHIEF DEVELOPMENT/MARKETING	1			x			132,921.	0.			0.
22) MAUREEN HALLER	40.00						, , , ,				
CHIEF DEVELOPMENT OFFICER	1			x			0.	0.			0.
23) ALICIA KABIR	40.00										
COO	1			$_{\rm X}$			0.	0.			0.
1h Sub total							150,000.	0.			0.
1b Sub-total c Total from continuation sheets to Part VII, S						. •	256,418.	0.			0.
d Total (add lines 1b and 1c)							406,418.	0.			0.
Total number of individuals (including but not reportable compensation from the organization)	limited to t	hose					· · · · · · · · · · · · · · · · · · ·	\$100,000 of			
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched 4 For any individual listed on line 1a, is the	<i>lule J for suc</i> sum of rep	ch ind oortab	lividua de co	al. omp	ensat	· · · tion a	nd other compens	sation from the	3	Yes	No X
organization and related organizations gr individual									4		Х
5 Did any person listed on line 1a receive or									•		
for services rendered to the organization? If "Y									5		Х

Section B. Independent Contractors

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

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

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

Part VII

(A)

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Part VIII Statement of Revenue

		Check if Schedule O contains a respo	nse or note to an	y line in this Part V	'III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Girts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns	2,376,347. 7,916,792. 13,584.	10, 202, 120			
	h	Total. Add lines 1a-1f		10,293,139.			
Program Service Revenue	2a b c	STORE REVENUE	900099	2,454.	2,454.		
grar	e f	All other program service revenue					
Pro	g	Total. Add lines 2a-2f		2,454.			
	3	Investment income (including divider and other similar amounts)	nds, interest, I proceeds .	3,883.			3,883.
	5 6a b c d	Royalties	(ii) Personal	0.			
	b c d	assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)		0.			
Other Revenue	8a b	Gross income from fundraising events (not including \$2,376,347. of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses b	663,628.				
	9a	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19		-307,238.			-307,238.
	b c	Less: direct expenses b Net income or (loss) from gaming activities	0.	0.			
	10a	Gross sales of inventory, less returns and allowances					
	b c	Less: cost of goods sold b Net income or (loss) from sales of inventory. Miscellaneous Revenue		0.			
	11a b						
	c d	All other revenue					
	e	Total . Add lines 11a-11d		0.			
	12	Total revenue. See instructions		9,992,238.	2,454.		-303,355.

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Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 G	rants and other assistance to domestic organizations			9	φ
	nd domestic governments. See Part IV, line 21	0.			
	Grants and other assistance to domestic				
	ndividuals. See Part IV, line 22	0.			
	rants and other assistance to foreign				
	rganizations, foreign governments, and foreign				
in	dividuals. See Part IV, lines 15 and 16	0.			
4 B	enefits paid to or for members	0.			
5 C	compensation of current officers, directors,				
tr	ustees, and key employees	497,180.	335,777.	22,288.	139,115.
6 C	ompensation not included above, to disqualified				
ре	ersons (as defined under section 4958(f)(1)) and				
ре	ersons described in section 4958(c)(3)(B)	0.			
7 0	other salaries and wages	1,532,467.	1,034,970.	68,700.	428,797.
8 P	ension plan accruals and contributions (include				
S	ection 401(k) and 403(b) employer contributions)	0.			
9 0	other employee benefits	0.			
10 P	ayroll taxes	148,798.	101,899.	6,383.	40,516.
11 F	ees for services (non-employees):				
a M	lanagement	0.			
b L	egal	0.			
c A	ccounting	0.			
d L	obbying	0.			
e P	rofessional fundraising services. See Part IV, line 17.	0.			
f In	nvestment management fees	0.			
g O	Other. (If line 11g amount exceeds 10% of line 25, column				
(A	amount, list line 11g expenses on Schedule O.)	0.			
12 A	dvertising and promotion	0.			
13 O	Office expenses	0.			
14 In	nformation technology	0.			
15 R	oyalties	0.			
16 O	Occupancy	0.	150 015	1.6.1.0.0	05.406
17 T	ravel	271,186.	159,947.	16,103.	95,136.
18 P	ayments of travel or entertainment expenses				
fc	or any federal, state, or local public officials	0.			
19 C	conferences, conventions, and meetings	127,800.	89,470.	11,466.	26,864.
	nterest	0.			
21 P	ayments to affiliates	0.	4 04 5	6.45	0.001
22 D	epreciation, depletion, and amortization	7,054.	4,016.	647.	2,391.
23 In	nsurance	122,678.	96,968.	6,498.	19,212.
24 O	ther expenses. Itemize expenses not covered				
	bove (List miscellaneous expenses in line 24e. If				
	ne 24e amount exceeds 10% of line 25, column				
•	A) amount, list line 24e expenses on Schedule O.)	2 007 600	2 007 600		
	ROGRAM MATERIALS	3,987,699.	3,987,699.	0.460	67 541
	ENERAL FUNDRAISING/MARKETIN	711,544.	641,535.	2,468.	67,541.
	FFICE SUPPLIES & EXPENSE	179,616.	108,396.	26,957.	44,263.
d PI	ROFESSIONAL CONSULTANT	27,101.	14,667.	12,434.	40 555
	Il other expenses	165,527.	109,691.	12,259.	43,577.
	otal functional expenses. Add lines 1 through 24e	7,778,650.	6,685,035.	186,203.	907,412.
or fr	costs. Complete this line only if the reganization reported in column (B) joint costs om a combined educational campaign and				
	ındraising solicitation. Check here if llowing SOP 98-2 (ASC 958-720)	0.			

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Form **990** (2016)

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Part X Ba Page **11**

Balance Sheet

		Check if Schedule O contains a response of	or not	e to any line in this Pa	art X		
		Shook ii Sonodulo O domailis a response C	,, 1100		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			4,141,054.	1	6,285,608.
	2	Savings and temporary cash investments		0.	2	0.	
	3	Pledges and grants receivable, net	66,667.	3	101,333.		
	4	Accounts receivable, net		19,900.	4	39,090.	
	5	Loans and other receivables from current and	r officers, directors,				
		trustees, key employees, and highest co	ompei	nsated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified pers	0.	5	0.		
	6						
		4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) volu					
"		organizations (see instructions). Complete Part II of Sche	edule L		0.	6	0.
Assets	7	Notes and loans receivable, net			0.	7	0.
Ass	8	Inventories for sale or use Prepaid expenses and deferred charges			0.	8	0.
	9	Prepaid expenses and deferred charges		ATCH.5[32,024.	9	65,448.
	10 a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation			23,338.		25,384.
	11	Investments - publicly traded securities			0.		0.
	12	Investments - other securities. See Part IV, line 11			0.		0.
	13	Investments - program-related. See Part IV, line 11			0.		0.
	14	Intangible assets			670.		670.
	15	Other assets. See Part IV, line 11			107,859.	_	196,120.
_	16	Total assets. Add lines 1 through 15 (must equal			4,391,512. 307,569.	16	6,713,653. 587,735.
	17	Accounts payable and accrued expenses			0.		0.
	18 19	Grants payable			171,613.		0.
	20	Deferred revenue			0.	20	0.
	21	Tax-exempt bond liabilities		of Schedule D	0.	_	0.
G	22	Loans and other payables to current and for				<u> </u>	J.
Liabilities		trustees, key employees, highest compen					
ig		disqualified persons. Complete Part II of Schedule			0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelate			0.		0.
	24	Unsecured notes and loans payable to unrelated			0.		0.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines					
		of Schedule D			0.	25	0.
_	26	Total liabilities. Add lines 17 through 25			479 , 182.	26	587 , 735.
ses		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	checl 34.	k here ► X and			
anc	27	Unrestricted net assets			3,724,830.	27	5,794,585.
Bal	28	Temporarily restricted net assets			187,500.	28	331,333.
pu	29	Permanently restricted net assets		<u></u>	0.	29	0.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here 🕨 🔛 and			
sts.	30	Capital stock or trust principal, or current funds				30	
SSe	31	Paid-in or capital surplus, or land, building, or equ	ıipmer	nt fund		31	
Ę	32	Retained earnings, endowment, accumulated income	ome,	or other funds		32	
Se	33	Total net assets or fund balances		[3,912,330.	33	6,125,918.
_	34	Total liabilities and net assets/fund balances	<u></u>		4,391,512.	34	6,713,653.
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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9,9	92,2	238.
2	Total expenses (must equal Part IX, column (A), line 25)	2			78,6	
3	Revenue less expenses. Subtract line 2 from line 1	3			13,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,9	12,3	330.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		6,1	25,9	918.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					X
			,		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," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	piled	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	na			
	separate basis, consolidated basis, or both:					
	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 or	oversi	ght			
	of the audit, review, or compilation of its financial statements and selection of an independent acc			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	ı in 📗			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as se	forth	in			3.7
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b	000	
				Form	990	(2016)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number Name of the organization CAMP KESEM NATIONAL 51-0454157 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An 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 An organization that normally receives: (1) more than 331/3 % 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 331/3 % 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (iv) Is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) instructions) document? Yes No (A) (B) (C) (D) (E) Total

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

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	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,393,683.	4,426,711.	5,153,232.	7,375,846.	9,988,355.	30,337,827.			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.			
4	Total. Add lines 1 through 3	3,393,683.	4,426,711.	5,153,232.	7,375,846.	9,988,355.	30,337,827.			
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)						0.			
6	Public support. Subtract line 5 from line 4.						30,337,827.			
Sec	tion B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total			
7	Amounts from line 4	3,393,683.	4,426,711.	5,153,232.	7,375,846.	9,988,355.	30,337,827.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,309.	3,709.	3,774.	3,826.	3,883.	18,501.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.			
11	Total support. Add lines 7 through 10						30,356,328.			
12	Gross receipts from related activities, etc. (s					12	3,327.			
13	First five years. If the Form 990 is forganization, check this box and stop here	<u></u>								
	tion C. Computation of Public Sup		•				99.94%			
14	Public support percentage for 2016 (li	• • • • • • • • • • • • • • • • • • • •	•			14	99.94%			
15	Public support percentage from 2015					15				
тоа	331/3% support test - 2016. If the o	=					3.7			
h	this box and stop here . The organization 331/3% support test - 2015. If the co	•		-						
b		•								
17a	check this box and stop here . The organization qualifies as a publicly supported organization									
	10% or more, and if the organization	_								
	Part VI how the organization meets t						•			
	organization			•	•		∷ ▶ □			
b	10%-facts-and-circumstances test - 2						and line			
	15 is 10% or more, and if the orga	•								
	Explain in Part VI how the organization						-			
	supported organization				•	•				
18	Private foundation. If the organization									
	instructions	<u></u>	<u></u>	<u></u>	<u></u>	<u></u> .	▶ □			
						abadula A /Farm 00				

Page 3

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

(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 qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees	ı					
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise	ı					
	sold or services performed, or facilities	ı					
	furnished in any activity that is related to the	ı					
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an	1					
	unrelated trade or business under section 513	ı					
4	Tax revenues levied for the						
	organization's benefit and either paid	ı					
	to or expended on its behalf	ı					
5	The value of services or facilities						
	furnished by a governmental unit to the	ı					
	organization without charge	ı					
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	ı					
b	Amounts included on lines 2 and 3						
	received from other than disqualified	ı					
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	ı					
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						I
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6,						
	Gross income from interest, dividends,						
	payments received on securities loans,	ı					
	rents, royalties and income from similar sources	ı					
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	ı					
	acquired after June 30, 1975	ı					
c	Add lines 10a and 10b						
11	Net income from unrelated business						
•	activities not included in line 10b,	ı					
	whether or not the business is regularly	ı					
	carried on						
12	Other income. Do not include gain or	ı					
	loss from the sale of capital assets (Explain in Part VI.)	ı					
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	ı					
14	First five years. If the Form 990 is f	or the organiza	tion's first seco	and third fourth	or fifth tay w	ear as a section	501(c)(3)
	organization, check this box and stop here	~			-		
Sec	tion C. Computation of Public Sup			<u> </u>		<u> </u>	
15	Public support percentage for 2016 (line 8			mn (f))		15	%
16	Public support percentage from 2015 Sche					16	
	tion D. Computation of Investmen			<u> </u>		10	/0
<u> 17</u>	Investment income percentage for 2016 (li			13 column (f))		17	%
18	Investment income percentage for 2015 (iii					18	
	331/3% support tests - 2016. If the org						
134		-					. \square
L	17 is not more than 331/3%, check th	-	-	•	•	•	
a	331/3% support tests - 2015. If the orga						. —
20	line 18 is not more than 331/3 %, check		-	•			

Schedule A (Form 990 or 990-EZ) 2016 Page **4**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

1	Are all of the organiz	ation's supported or	ganizations listed	by name in t	he organization's	governing
	documents? If "No," de-	scribe in Part VI how	the supported org	ganizations are	designated. If des	ignated by
	class or purpose, describ	e the designation. If his	storic and continuing	g relationship, e	xplain.	

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - 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.)

		Yes	NO
g y			
	1		
ıs ed			
	2		
er	3a		
id ie			
	3b		
3)			
-	3с		
lf	4a		
n n			
	4b		
n ed 3)			
	4c		
;," N n;			
n			
ls. <i>i</i>	5a		
ly	5b		
	5c		
o d or			
	6		
or h	7		
	,		
?	8		
e d			
	9a		
h	9b		
fit	9c		
n d	10a		
to.	10b		
_			

				J -
Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
	on B. Type I Supporting Organizations	110		
00011	51 2. Typo i capporang organizationo		Yes	No
	Did the Providence to the control of			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
04:	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations		Vaa	Na
			Yes	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons)	
a	The organization satisfied the Activities Test. Complete line 2 below.	,a aoa	0110).	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc	ctions).	
•	Astronomy Tank Assessment Astronomy (a) and (b) believe		Yes	No
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>			
	those supported organization(s) to which the organization was responsive: If Tes, then in Tart vindentity those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	6.		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	33		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
IJ	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	 S	Page
1 Check here if the organization satisfied the Integral Part Test as a qualifying			n in Part VI). See
instructions. All other Type III non-functionally integrated supporting organiz	zations n	nust complete Section	ns A through E.
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall		ted Type III supporting	g organization (see

Page **7**

Current Year

Section D - Distributions

1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2016 distributable amount			
<u>i</u>	Carryover from 2011 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7: \$ Applied to underdistributions of prior years			
a b	Applied to 2016 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
3	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			
				=

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

SCHEDULE D (Form 990)

Supplemental Financial Statements ▶ Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

CAI	MP KESEM NATIONAL	51-0454157
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or Other Funds or Other Similar Funds or Other Funds	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	14.
2	Aggregate value of contributions to (during year)	268,000.
3	Aggregate value of grants from (during year)	124,167.
4	Aggregate value at end of year	331,333.
5	Did the organization inform all donors and donor advisors in writing that the assets held in	
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fur	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for an	
	conferring impermissible private benefit?	X Yes No
Pá	Conservation Easements.	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply).	
1		f a historically important land area
	, , ,	of a historically important land area of a certified historic structure
	Preservation of open space	or a certified historic structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	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
a b	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
ŭ	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termina	•
	tax year ▶	,
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	on, handling of
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing cons	ervation easements during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con	nservation easements during the year
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sectio	n 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financia	al statements that describes the
В	organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assats
Г	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	Sillilar Assets.
та	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reworks of art, historical treasures, or other similar assets held for public exhibition, educe public service, provide, in Part XIII, the text of the footnote to its financial statements that described in the control of the footnote to its financial statements.	cribes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its reworks of art, historical treasures, or other similar assets held for public exhibition, educ public service, provide the following amounts relating to these items:	
	(i) Revenue included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	> \$
2	If the organization received or held works of art, historical treasures, or other similar as	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	:
a	Revenue included in Form 990, Part VIII, line 1	> \$
b	Assets included in Form 990, Part X	▶ \$

Schedule D (Form 990) 2016

Page 2 Schedule D (Form 990) 2016

Par	t III Organizations Maintaini	ng Collect	ions of	Art, His	torical T	reasur	es,	or Oth	ner Simila	r Asse	ts (cont	inue	d)
3	Using the organization's acquisition	n, accessio	n, and o	other reco	rds, chec	k any c	of the	follow	ing that are	e a sigr	nificant u	se o	fits
	collection items (check all that app	ly):				-			_	_			
а	Public exhibition	• /		d	Loan	or exch	ange	progran	ms				
b	Scholarly research			e	Other		_						
С	Preservation for future gene	rations											
4	Provide a description of the organ		ollections	and expl	ain how	thev fu	rther	the ord	nanization's	exemp	t purpose	in :	Part
-	XIII.			, aa. 6,4p					y aa o	ожор	. рапрос		
5	During the year, did the organization	n solicit or	receive c	lonations o	of art hist	orical tr	easu	res or o	other simila	r			
·	assets to be sold to raise funds rath										Yes		No
Dar	t IV Escrow and Custodial Ar			aniou as pe	art or the	organiz	ation	3 001100			103		110
Гаг	Complete if the organizat			s" on Forr	n 990 P	art IV	line (or re	norted an	amoun	t on For	n	
	990, Part X, line 21.	uon answe	ieu ie.	3 0111 011	11 330, 1	aitiv,	iii iC 3), OI 10	ported arr	amoun	t OII I OII	"	
10	Is the organization an agent, truste	o custodia	n or othe	or intormo	liary for c	ontribu	tions	or other	r accate not				
ıa										Г	Vac		N.
	included on Form 990, Part X?						• • •			L	Yes		No
b	If "Yes," explain the arrangement i	n Part XIII a	ına comp	piete the 10	llowing tai	oie:			Δ	4			
	De viscoir o la classe								An	nount			
C	Beginning balance												
d	Additions during the year												
е	Distributions during the year						1e						
f	Ending balance						1f						
	Did the organization include an am										Yes		No
b	If "Yes," explain the arrangement i	n Part XIII.	Check h	ere if the e	xplanatior	has be	en pr	ovided	on Part XIII	<u> </u>	<u> </u>		
Par	t V Endowment Funds.												
	Complete if the organizat	ion answe	red "Yes	s" on Forn	n 990, P	art IV, I	ine 1	0.					
		(a) Currer	nt year	(b) Prid	or year	(c) Tw	o year	s back	(d) Three year	ars back	(e) Four y	ears b	oack
1 a	Beginning of year balance												
b	Contributions												
	Net investment earnings, gains,												
·	and losses												
ч	Grants or scholarships												
	-												
е	Other expenditures for facilities												
	and programs												
f	Administrative expenses												
g	End of year balance												
2	Provide the estimated percentage				e (line 1g	columr	ı (a))	held as	:				
a	Board designated or quasi-endown			_%									
b	Permanent endowment >	%	0.4										
С	Temporarily restricted endowment		%										
	The percentages on lines 2a, 2b, a												
3 a	Are there endowment funds not in	the posses	sion of th	ne organiza	ation that	are hel	d and	d admir	nistered for t	he	-		
	organization by:										Y	es	No
	(i) unrelated organizations										3a(i)		
	(ii) related organizations										3a(ii)		
b	If "Yes" on line 3a(ii), are the relate	ed organiza	tions liste	d as requir	ed on Sch	edule R	₹?				3b		
4	Describe in Part XIII the intended u	uses of the	organiza	tion's endo	wment fu	nds.							
Par	t VI Land, Buildings, and Equ	ipment.	1.115.7		000 5			44 0	- ·	00 D		40	
	Complete if the organiza Description of property												
	Description of property			other basis tment)	(b) Cost (or other ba other)	asis		cumulated eciation	(0	d) Book valu	е	
1 a	Land				,			· ·					
b	Buildings												
С	Leasehold improvements						\dashv						
d	Equipment					41,50	08.		16,124.		2.	5,3	84.
	Other					_, _,			-,			., ,	
Tota	I Add lines 1a through 1e (Column	(d) must e	gual Forr	n 990 Part	X colum	n (R) lir	ne 10	c)			2	5.3	84

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 Page 3 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (3) Other_ (A) (B) (C) (D) (E) (F) (G) (H)Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (c) Method of valuation: (a) Description of investment (b) Book value Cost or end-of-year market value (1)(2) (3) (4)(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

Schedule D (Form 990) 2016 Page **4**

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	10,669,450.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	677,212.
3	Subtract line 2e from line 1	3	9,992,238.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	9,992,238.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	8,455,862.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	<u>.</u>	
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	677,212.
3	Subtract line 2e from line 1	3	7,778,650.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	_	
С	Add lines 4a and 4b	4c	7 770 (50
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	7,778,650.
Provid 2; Par	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional informable. PAGE 5		

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 Page 5

Part XIII Supplemental Information (continued)

PART X, LINE 2:

CAMP KESEM FOLLOWS THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB)

ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740, INCOME TAXES, TO

ACCOUNT FOR UNCERTAIN TAX POSITIONS. MANAGEMENT EVALUATED CAMP KESEM'S

TAX POSITIONS AND CONCLUDED THAT CAMP KESEM HAD MAINTAINED ITS TAX EXEMPT

STATUS AND HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT

TO THE FINANCIAL STATEMENTS. THEREFORE, NO PROVISION OR LIABILITY FOR

INCOME TAXES HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS.

SCHEDULE D, PART XI, LINE 2D
DIRECT FUNDRAISING EXPENSES \$663,628

SCHEDULE D, PART XII, LINE 2D

DIRECT FUNDRAISING EXPENSES \$663,628

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Name of the organization Employer identification number CAMP KESEM NATIONAL 51-0454157 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 2 3 6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

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Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		gross receipts greater than \$5,00	00.			
			(a) Event #1 CHICAGO EVENT	(b) Event #2 LA EVENT 1	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	1,175,315.	484,182.	1,073,240.	2,732,737
œ	2	Less: Contributions	1,016,465.	416,382.	943,500.	2,376,347
		Gross income (line 1 minus line 2)	158,850.	67,800.	129,740.	356 , 390
	4	Cash prizes				
	5	Noncash prizes				
Expenses	6	Rent/facility costs				
oct Exp	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses	214,932.	115,402.	333,294.	663,628
	10	Direct expense summary. Add lines 4	through 9 in column (d))		663,628
	11	Net income summary. Subtract line 1	0 from line 3, column (d	<u>)</u>	<u></u> <u>▶</u>	-307,238
Pa	rt l	Gaming. Complete if the orgathan \$15,000 on Form 990-E		es" on Form 990, Pa	rt IV, line 19, or repo	orted more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes%	Yes% No	Yes %	
	7	Direct expense summary. Add lines 2	2 through 5 in column (d))		
	8	Net gaming income summary. Subtra	act line 7 from line 1, col	umn (d)	>	
9 a b	Is	nter the state(s) in which the organizate the organization licensed to conduct general "No," explain:				Yes No
		/ere any of the organization's gaming l "Yes," explain:	icenses revoked, suspe	ended or terminated durir	ng the tax year?	. Yes No

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

CAMP KESEM NATIONAL

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

AND TO EMPOWER COLLEGE STUDENTS TO MAKE A DIFFERENCE AND BUILD INVALUABLE

LEADERSHIP SKILLS BY DEVELOPING AND MANAGING EVERY ASPECT OF THEIR CAMP

KESEM CHAPTER.

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

THE TREASURER REVIEWS THE COMPLETED 990 WITH THE KEY MEMBERS OF THE BOARD OF DIRECTORS BEFORE MAILING TO THE INTERNAL REVENUE SERVICE.

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

ALL BOARD MEMBERS AND KEY EMPLOYEES ARE REMINDED ANNUALLY OF OUR CONFLICT OF INTEREST POLICIES.

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

BOARD OF DIRECTORS COMPENSATION COMMITTEE RECOMMENDATIONS, APPROVED BY FINANCE COMMITTEE (AND APPROVED BY BOARD).

FORM 990, PART VI, SECTION C, LINE 19:

AVAILABLE ON OUR WEBSITE AND BY REQUEST.

FORM 990, PART XII, LINE 2C:

THE OVERSIGHT AND SELECTION PROCESS HAVE NOT CHANGED FROM THE PRIOR YEAR.

Schedule O (Form 990 or 990-EZ) 2016 Page 2

Name of the organization

CAMP KESEM NATIONAL

Employer identification number

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

TO PROVIDE CHILDREN AFFECTED BY A PARENT'S CANCER WITH A SUPPORTIVE,

LIFE LONG CAMP COMMUNITY THAT RECOGNIZES AND UNDERSTANDS THEIR UNIQUE

NEEDS, AND TO EMPOWER COLLEGE STUDENTS TO MAKE A DIFFERENCE AND BUILD

INVALUABLE LEADERSHIP SKILLS BY DEVELOPING AND MANAGING EVERY ASPECT

OF THEIR CAMP KESEM CHAPTER.

ATTACHMENT 2

ATTACHMENT 1

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AR, CA, CO, CT,

DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI,

MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR,

RI, SC, TN, UT, VA, WA, WV, WI,

ATTACHMENT 3

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
CHICAGO EVENT	1,016,465.
LA EVENT 1	416,382.
LA EVENT 2	434,880.
BOSTON EVENT	232,195.
SF EVENT	276,425.
TOTAL	2,376,347.

Schedule O (Form 990 or 990-EZ) 2016 Page **2**

Name of the organization		Employer identification number
CAMP KESEM NATIONAL		
•	-	A TOTA CLIMENTO A

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
CHICAGO EVENT	158,850.	214,932.	-56,082.
LA EVENT 1	67,800.	115,402.	-47,602.
LA EVENT 2	78,590.	115,403.	-36,813.
BOSTON EVENT	17,400.	99,066.	-81,666.
SF EVENT	33,750.	118,825.	-85,075.
TOTALS =	356,390.	663,628.	-307,238.

ATTACHMENT 5

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION ENDING BOOK VALUE

PREPAID EXPENSE 65,448.

TOTALS 65,448.

I	00	NO	T	MAIL	THIS	FORM	ηT	О	THE	FT	В

Date Acce	epted				DO NOT	MAIL THIS	S FORM TO THE FTE
2016	_	rnia e-file F ot Organiza		horization	for		8453-EO
Exempt Organ			W-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			Identifying n	
CAMP K	ESEM NATION	AL				51-045	4157
Part I EI	lectronic Return Info	ormation (whole do	ollars only)				
1 Total gros	ss receipts (Form 199, li	ine 4)				1	9,992,238.
2 Total gros	ss income (Form 199, lir	ne 8)				2	9,992,238.
	enses and disbursemen					3	7,778,650.
Part II Se	ettle Your Account E	lectronically for T	Taxable Year 2016				
4 Elec	tronic funds withdrawal	4a Amour	nt	4b Wi	hdrawal date (n	nm/dd/yyyy)	
Part III B	Banking Information	(Have you verified	the exempt organi	zation's banking info	rmation?)		
5 Routing n							*****
6 Account r	number			7 Type of account	: Checkin	g Sa	avings
	eclaration of Officer						
	ne exempt organization isted on line 4a.	's account to be sett	led as designated in	Part II. If I check Part	II, Box 4, I autho	rize an elect	ronic funds withdrawal fo
ator (ERO), to organization' the exempt of exempt orga exempt orga provider. If the provider the	ransmitter, or intermedi 's 2016 California electrorganization is filing a binization's fee liability, tanization return and ache processing of the expression(s) for the delay	ate service provider a ronic return. To the b balance due return, I the exempt organiza companying schedu xempt organization!	and the amounts in F best of my knowledge I understand that if th tion will remain liable iles and statements is return or refund is	Part I above agree with a and belief, the exem- ne Franchise Tax Boar- e for the fee liability a be transmitted to the delayed, I authorize t	the amounts on ot organization's d (FTB) does not nd all applicable FTB by the ER	the correspondent the correspondent the corresponding to the correspondi	my electronic return origin- onding lines of the exemple, correct, and complete. I and timely payment of the lipenalties. I authorize the r, or intermediate service O or intermediate service.
Sign	Signature of Officer Emily 1	Z. ~	12-12	18 DCHA	IRWOMAN		
Here ⁻	Signature of Officer	M Rayer 17	Date	Title			1
Part V D	Declaration of Electro	onic Boturn Origin	/	d Propagar Soc incl	ructions		
I declare that knowledge. (however, tha transmitting followed all c four years fro available to ti return and a	t I have reviewed the ab (If I am only an interme it form FTB 8453-EO acc this return to the FTB; I other requirements des- om the due date of the he FTB upon request. If	pove exempt organizated in the service provide curately reflects the control that are provided the control that are also the paid per and statements, as	ation's return and that I data on the return.) I horganization officer wi 345, 2016 e-file Hanes from the date the e preparer, under penaltand to the best of m	t the entries on form F am not responsible for nave obtained the orga th a copy of all forms dbook for Authorized of exempt organization re ies of perjury, I declare	TB 8453-EO are or reviewing the or nization officer's and information offile Providers. I turn is filed, while that I have example.	exempt organ signature on that I will file will keep for chever is late mined the ab	d correct to the best of my nization's return. I declare, form FTB 8453-EO before with the FTB, and I have m FTB 8453-EO on file for er, and I will make a copy ove exempt organization's nd complete. I make this
	\	11	D80 1	Date		Check	ERO's PTIN
ERO	ERO's- signature	Meven	Reener	2-12-18		if self- employed	P00253365
Must	Firm's name (or you	rs				FEIN	
Sign	if self-employed) and address	$\frac{\text{MILLER,}}{1751 \text{ LA}}$		CO., LTD. AD, SUITE 4	<u></u>	36-2	897372 ZIP code
	and address	DEERFIE		AD, SOLIE 4	IL		60015
	ies of perjury, I declare ge and belief, they are tr	that I have examined	d the above organiza				ements, and to the best of wledge.
Paid Preparer	Paid preparer's signature			Date	Check if self- employed	Paid prepa	arer's PTIN
Must Sign	Firm's name (or yours				FEIN		
- 19	if self-employed) and address)				ZIP cod	de
		·					

Т

Voucher at bottom of page.



DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.

If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE:

Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number or FEIN and "2016 FTB 3586" on the check or money order. Detach voucher below. Enclose, but do not staple, payment with voucher and mail to:

> FRANCHISE TAX BOARD PO BOX 942857 **SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: Corporations - File and Pay by the 15th day of the 4th month

following the close of the taxable year.

S corporations - File and Pay by the 15th day of the 3rd month following the close of the taxable year.

Exempt organizations - File and Pay by the 15th day of the 5th month following the close of the taxable year.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

Due to the federal Emancipation Day holiday observed on April 17, 2017, tax returns filed and payments mailed or submitted on April 18, 2017, will be considered timely.

ONLINE SERVICES: Corporations can make payments online with Web Pay for

Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov for

more information.

_____ IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER _____ DETACH HERE DETACH HERE _ _ _

CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR

2016

Payment Voucher for Corporations and Exempt Organizations e-filed Returns

(847) 205-5000

CALIFORNIA FORM

3586 (e-file)

CAMP 51-0454157

TYB 10-01-16 TYE 09-30-17

CAMP KESEM NATIONAL

P.O. BOX 452 **PMB**

CULVER CITY CA 90232

> TOTAL PAYMENT AMT 10.

16

FORM

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FTB 3586 2016

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TAXABLE YEAR 2016

California Exempt Organization Annual Information Return

FORM

199

Calendar Yea	r 2016 or fiscal year beginning (mm/dd/yyyy) $10/01/$	2016	, and ending (mm/dd	l/yyyy)	09/30/2017
Corporation/C	rganization name			California co	orporation number
CAMP	KESEM NATIONAL			24973	353
Additional info	ormation. See instructions.			FEIN	
				51-04	154157
Street address	s (suite or room)		L		PMB no.
PΩ	BOX 452				
City	DUM 102			State	Zip code
CIII.V	ER CITY			CA	90232
Foreign count		rovince/state/county		01.	Foreign postal code
ū		•			
A First Date	m Ye	s X No J	If DOTO O	·· 00704 d	le a the annual matieur
	·········· 	77	If exempt under R&TC Sec		7.7
	Return Ye		engaged in political activities		
	on 4947(a)(1) trust	°	Is the organization exempt to		
	rmation Return?		If "Yes," enter the gross rec		
	Dissolved Surrendered (Withdrawn) Merged/Reorganiz		sources		
	e: (mm/dd/yyyy) •		meets the filing fee exception	n, check box	к. 🗀
	counting method:		No filing fee is required		
	Cash (2) X Accrual (3) Other		Is the organization a Limited		
F Federal re			Did the organization file Fo		
(1) ●	990T (2) ● 990PF (3) ● Sch H (990) (4) Other		taxable income?		
G Is this a g	roup filing? See instructions		Is the organization under au		
H Is this or	ganization in a goup exemption.............Ye	es X No	audited in a prior year?		
If "Yes," v	what is the parent's name?	P	Is federal Form 1023/1024	pending?.	Yes X No
Did the o	rappization have any changes to its guidelines		Date filed with IRS		
	ed to the FTB: Oce mandonoma.	es X No			
Part I Co	mplete Part I unless not required to file this form. S	ee General Instr	uctions B and C.		200 00100
	1 Gross sales or receipts from other sources. From Side 2,	Part II, line 8	•		-300,90100
	2 Gross dues and assessments from members and affiliates	s	•		10.000.100
	3 Gross contributions, gifts, grants, and similar amounts re	eceived	•	3	10,293,13900
Receipts	4 Total gross receipts for filing requirement test. Add line				0.000.000.0
and Revenues	This line must be completed. If the result is less than \$				9,992,23800
	5 Cost of goods sold		0.0		
	6 Cost or other basis, and sales expenses of assets sold ●	6	0.0		
	7 Total costs. Add line 5 and line 6			7	00
	8 Total gross income. Subtract line 7 from line 4		<u> •</u>	8	9,992,23800
Expenses	9 Total expenses and disbursements. From Side 2, Part II,	line 18	•	9	7,778,65000
	10 Excess of receipts over expenses and disbursements. S	ubtract line 9 from l	ine 8 ●	10	2,213,58800
	11 Total payments		•	11	00
	12 Use tax. See General Instruction K		•	12	00
	13 Payments balance. If line 11 is more than line 12, subtr	act line 12 from line	e 11 ●	13	00
Filing Fee	14 Use tax balance. If line 12 is more than line 11, subtract	t line 11 from line 1	2 •	14	00
	15 Filing fee \$10 or \$25. See General Instruction F			15	1000
	16 Penalties and Interest. See General Instruction J			16	00
	17 Balance due. Add line 12, line 15, and line 16. Then su				1000
Sign	Under penalties of perjury, I declare that I have examined this returning correct, and complete. Declaration of preparer (other than tay	n, including accompar	nying schedules and stateme	nts, and to the	he best of my knowledge and belief, it is
Here	True, correct, and complete. Declaration of preparer (other than tax EMILL BRAKEBILL Title	payer) is based on air	Date	IIas ally kild	Telephone
	of officer CHAI	RWOMAN			224-240-4384
	Preparer's	Date	Check if self-	[•	PTIN
	signature >		employed	-	P00253365
Paid	Firm's pame (or yours MILLER, COOPER & C	CO., LTD.	•	-	FEIN
Preparer's	Firm's name (or yours, if self-employed) 1751 LAKE COOK ROA	D, SUITE	400		36-2897372
Use Only	and address DEERFIELD, IL 600	15	<u></u>	•	Telephone
					847-205-5000
	May the FTB discuss this return with the preparer shown abo	ove? See instruction	ns		.● X Yes No
	· ·				

027

3651164

Form 199c1 2016 Side 1



Part II Organizations with gross receipts of more than \$50,000 and private foundations

	regardless of amount of gross receipts - c	omplete Part II or furnish s	ubstitute information.			
	1 Gross sales or receipts from all business			Г	1	2,45400
	2 Interest			•	2	3 , 883 <u>00</u>
Receipts	3 Dividends			•	3	00
from	4 Gross rents			•	4	00
Other	5 Gross royalties				5	00
Sources	6 Gross amount received from sale of asse	ts (See Instructions)		•	6	00
	7 Other income. Attach schedule			•	7	-307 , 23800
	8 Total gross sales or receipts from other	_				
	Enter here and on Side 1, Part I, line 1 .				8	-300 , 901 <u>00</u>
	9 Contributions, gifts, grants, and similar				9	00
	10 Disbursements to or for members				10	00
	11 Compensation of officers, directors, and	I trustees. Attach schedule	ATCH.	1•	11	497,18000
	12 Other salaries and wages			•	12	1,532,46700
Expenses	13 Interest			•	13	00
and	14 Taxes			•	14	148,79800
Disburse-	15 Rents				15	00
ments	16 Depreciation and depletion (See instruct	ions)		•	16	7,05400
	17 Other Expenses and Disbursements. Atta				17	5,593,15100
	18 Total expenses and disbursements. Add			I, line 9	18	7,778,650 <u>00</u>
Schedul	e L Balance Sheets	Beginning of	taxable year		End of tax	cable year
Assets	_	(a)	(b)	(c)	(d)
			4,141,054.			6,285,608.
	ccounts receivable		19,900.			<u>39,090.</u>
	otes receivable		66,667.			101,333.
	tories					•
	al and state government obligations					•
	tments in other bonds					•
	tments in stock					•
8 Mortg	age loans					•
	investments. Attach schedule	20 400			44 500	•
	preciable assets	32,408.	0.0 0.00		41,508.	05.004
	ss accumulated depreciation	9,070)	23,338.		16,124)	25,384.
		7 mai 2	140 550			0.60, 0.20
	assets. Attach schedule	ATCH 3	140,553.			• 262,238.
	assets		4,391,512.			6,713,653.
	s and net worth		207 560			
	unts payable		307,569.			• 587 , 735.
	ibutions, gifts, or grants payable					•
	s and notes payable					•
	ages payable	7) TI (1	171 612			•
	liabilities. Attach schedule	ATCH 4	171,613.			
	al stock or principal fund					•
	n or capital surplus. Attach reconciliation		2 012 220			6 105 010
	ned earnings or income fund		3,912,330. 4,391,512.			• 6,125,918. 6,713,653
	liabilities and net worth		4,391,312.			6,713,653.
Schedul	e M-1 Reconciliation of income per books Do not complete this schedule if the		ne 13 column (d) is less tha	n \$50 000		
4 Nat:	·				this was	
	come per books	I			,	
	al income tax				Attach schedule	•
	s of capital losses over capital gains	• • • •	8 Deductions		ا ٽ	
	e not recorded on books this year.		against book		- [
	schedule	• • • •				•
•	ses recorded on books this year not		9 Total. Add li		e 8	
	ted in this return. Attach schedule		10 Net income	•	6	2,213,588.
U i Otal.	raa mio i unougii mio J.,,,,,,,,,,	4,410,	Subtract line	, o monimile	<u> </u>	2,210,000.

027

3652164

COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME	TITLE	COMPENSATION
JANE SACCARO JOHN BRADBURN	CEO DIRECTOR TREASITRER	210,000.
CARLYN D SOLOMON	DIRECTOR	
DARREN MACIOCE Jerry Katz	DIRECTOR	000
IRIS RAVE WEDEKING	DIRECTOR	• 0
BECKY CROWE	DIRECTOR	0
MARK OLSON	DIRECTOR	0
EMILY BRAKEBILL	CHAIRWOMAN	.0
BOB BARTELL	DIRECTOR	0
THOM BROWN	DIRECTOR	0
BEN CORNWELL	DIRECTOR	0
ROB PLOTKOWSKI	DIRECTOR	0
JAY STILWELL	SECRETARY	0
SUDARSAN THATTAI	DIRECTOR	0
AARON HADLEY	000	39,459.
JIM HIGLEY	CHIEF DEVELOPMENT/MARKETING	134,944.
NEHA BIGGS	DIRECTOR	0
KEITH DIERKX	DIRECTOR	0
BETSY MORTON	DIRECTOR	0
MAUREEN HALLER	CHIEF DEVELOPMENT OFFICER	112,777.
ALICIA KABIR	000	• 0
TOTAL COMPENSATION OF OFFICERS, DIRECTORS, AND	D TRUSTEES	497,180.

PART II - OTHER EXPENSES

TRAVEL EXPENSES CONFERENCES INSURANCE PROGRAM MATERIALS GENERAL FUNDRAISING/MARKETING OFFICE SUPPLIES & EXPENSE PROFESSIONAL CONSULTANT COMPUTER EXPENSE	271,186. 127,800. 122,678. 3,987,699. 711,544. 179,616. 27,101. 152,536.
DUES & LICENSES	12,991.
TOTAL OTHER EXPENSES	5,593,151.

SCHEDULE L - OTHER ASSETS

DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEPOSITS DUE FROM CHAPTERS INTANGIBLE ASSETS PREPAID EXPENSES	72,951. 34,908. 670. 32,024.	110,513. 85,607. 670. 65,448.
TOTAL OTHER ASSETS	140,553.	262,238.

ATTACHMENT 4

SCHEDULE L - OTHER LIABILITIES

CORPORATE NAME: CAMP KESEM NATIONAL EIN OF BUSINESS:

51-0454157

BEG. OF YEAR END OF YEAR DESCRIPTION

DEFERRED REVENUE 171,613. NONE.

171**,**613. TOTAL CORPORATION OTHER LIABILITIES NONE.

171**,**613<u>.</u> TOTAL OTHER LIABILITIES NONE. MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the

end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties

as defined in Government Code Section 12586.1. IRS extensions will be honored.

OFFICE OF THE ATTORNEY GENERAL

CALIFORNIA DEPARTMENT OF JUSTICE

WEB SITE ADDRESS:

http://ag.ca.gov/charities/

Check if: State Charity Registration Number: 121253Change of address CAMP KESEM NATIONAL Amended report Name of Organization Corporate or Organization No. $\underline{249}7353$ P.O. BOX 452 Address (Number and Street) Federal Employer I.D. No. $\frac{51-04}{54157}$ CULVER CITY CA 90232 City or Town, State and ZIP Code ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312) Make Check Payable to Attorney General's Registry of Charitable Trusts Gross Annual Revenue Gross Annual Revenue Fee **Gross Annual Revenue** Fee Fee Less than \$25,000 0 Between \$100,001 and \$250,000 Between \$1,000,001 and \$10 million \$50 \$150 Between \$25,000 and \$100,000 \$25 Between \$250,001 and \$1 million \$75 Between \$10,000,001 and \$50 million \$225 Greater than \$50 million \$300 **PART A - ACTIVITIES** 10/01/2016 09/30/2017 For your most recent full accounting period (beginning ending 9,992,238. 6,713,653. Gross annual revenue \$ Total assets \$ PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required. Yes No During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? Χ Χ During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds? Χ 3. During this reporting period, did non-program expenditures exceed 50% of gross revenues? 4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy. Χ 5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes", provide Χ an attachment listing the name, address, and telephone number of the service provider. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. Χ During this reporting period, did the organization hold a raffle for charitable purposes? If "yes", provide an attachment indicating the number of Χ raffles and the date(s) they occurred. Does the organization conduct a vehicle donation program? If "yes", provide an attachment indicating whether the program is operated by the Χ charity or whether the organization contracts with a commercial fundraiser for charitable purposes. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting Χ (224)240-4384 Organization's area code and telephone number Organization's e-mail address I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete. EMILY BRAKEBILL CHATRWOMAN Signature of authorized officer Printed Name Title Date