Return of Organization Exempt From Income Tax

Internal Revenue Service

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

OMB No. 1545-0047

Inspection

▶ Do not enter Social Security numbers on this form as it may be made public. Department of the Treasury ► Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2020 calendar year, or tax year beginning 07/01, 2020, and ending 06/30, 20 21 D Employer identification number C Name of organization B Check if applicable: SUNRISE DAY CAMPS ASSOCIATION INC. 46-5555854 Doing Business As Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Name change 11 NEIL COURT (516) 634-4144 Initial return City or town, state or province, country, and ZIP or foreign postal code Amended OCEANSIDE, NY 11572 G Gross receipts \$ 9,933,821. return Application pending F Name and address of principal officer: ARNIE PREMINGER H(a) Is this a group return for Yes Χ Nο subordinates' 11 NEIL COURT, OCEANSIDE, NY 11572 Yes No H(b) Are all subordinates included? X 501(c)(3) 501(c) (4947(a)(1) or If "No," attach a list. (see instructions) Website: ► SUNRISEDAYCAMP.ORG H(c) Group exemption number L Year of formation: 2014 M State of legal domicile: NY Form of organization: X Corporation Other > Summary Briefly describe the organization's mission or most significant activities: TO BRING JOY TO CHILDREN WITH CANCER AND THEIR SIBLINGS THROUGH PROGRAMS OFFERED FREE OF CHARGE. Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 21. Activities & Number of independent voting members of the governing body (Part VI, line 1b) 21. 180. Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 275. 6 0. 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. **b** Net unrelated business taxable income from Form 990-T, line 34 **Current Year** Contributions and grants (Part VIII, line 1h) 8,531,560 9,848,169. **COPY FOR** 72,576. Program service revenue (Part VIII, line 2g) PUBLIC INSPECTION 0 . Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 10 -306,515. -322.574. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 8,225,045. 9,598,171. 12 2,134,264. 948,360. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 Benefits paid to or for members (Part IX, column (A), line 4) 0. 14 4,519,243. 4,197,576. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e)

751,001. 0 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ _ _ _ _ _ 1,929,196. 1,147,197. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 8,582,703. 6,293,133. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -357,658. 3,305,038. Revenue less expenses. Subtract line 18 from line 12 s or **End of Year Beginning of Current Year** 16,536,997. 12,541,569. 20 Total assets (Part X, line 16) Total liabilities (Part X, line 26) 4,622,233. 5,312,623. 21 7,919,336. 11,224,374. 22 Net assets or fund balances. Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date

Type or print name and title Print/Type preparer's name Date PTIN Preparer's signature Check Paid AARON SHAPIRO self-employed P01333816 Preparer ▶ BKD, LLP Firm's EIN ▶ 44-0160260 Firm's name Use Only 212.867.4000 Firm's address > 1155 AVENUE OF THE AMERICAS #1200 NEW YORK, NY 10036

For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

Form **990** (2020)

X Yes

Here

No

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Pa	Statement of Program Service Accomplishments	77							
	Check if Schedule O contains a response or note to any line in this Part III	X							
1	Briefly describe the organization's mission: ATTACHMENT 1								
	ATTACHMENT T								
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No							
_	If "Yes," describe these new services on Schedule O.								
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No							
4	Describe the organization's program service accomplishments for each of its three largest program services,	as measured by							
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloc the total expenses, and revenue, if any, for each program service reported.								
4a	(Code:) (Expenses \$ 4,728,224. including grants of \$ 948,360.) (Revenue \$)							
	CHILDREN WITH CANCER ARE OFTEN ISOLATED FROM THE NORMAL ACTIVITIES								
	OF CHILDHOOD AND RARELY HAVE A CHANCE TO SEE BEYOND THE CLOSED								
	WORLDS OF HOME, HOSPITAL AND DOCTORS OFFICES. SUNRISE DAY CAMPS								
	CHANGES THAT BY MAKING IT POSSIBLE FOR CHILDREN TO ENJOY A SUMMER								
	FILLED WITH EXCITING DAILY ACTIVITIES, ENDURING FRIENDSHIPS AND								
	LAUGHTER, WHILE PAYING CAREFUL ATTENTION TO THEIR SPECIAL MEDICAL								
	AND EMOTIONAL NEEDS. SUNRISE ALSO OPERATES YEAR-ROUND PROGRAMS,								
	WHICH BRINGS CAMP-LIKE ACTIVITIES TO CHILDREN BOTH IN AND OUT OF								
	THE HOSPITALS THROUGH THEIR SUNRISE ON WHEELS AND SUNRISE FUNDAYS								
	PROGRAMS. ALL PROGRAMS AND ACTIVITIES ARE OFFERED FREE OF CHARGE.								
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$								
	· · · · · · · · · · · · · · · · · · ·								
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$								
	(5565:) (Expenses #	/							
4d	Other program services (Describe on Schedule O.)								
	(Expenses \$\frac{1}{2}\text{ including grants of \$\frac{1}{2}\text{ (Revenue \$\frac{1}								
4e	Total program service expenses ► 4,728,224.								

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Page 3

Part	Checklist of Required Schedules		V	Na
	le the consciention described in continue 504/5/(0) on 4047/5/(4) /other them a princte foundation/0 If II//5 II		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		х	
_	complete Schedule A	2	X	
2			- 1	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		21
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		21
J	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
Ū	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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	-		
_	complete Schedule D, Part III	8		Х
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 donor-restricted endowments			
	or in 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,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			3.7
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
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.	11d	Х	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			Х
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		- 1
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120	х	
h	Schedule D, Parts XI and XII	12a	- 21	
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	_	Х	
	domestic government on Part IX, column (Δ), line 12 If "Ves." complete Schedule I, Parts Land II	21	Λ	

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Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	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	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	, , , , , , , , , , , , , , , , , , , ,	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	, , , , , , , , , , , , , , , , , , , ,	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	, , , , , , , , , , , , , , , , , , , ,	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?			
	, , , , , , , , , , , , , , , , , , , ,	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			v
00	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, key employee, creator or founder, or substantial contributor? If	200		Х
L	, , , , , , , , , , , , , , , , , , , ,	28a 28b	Х	
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200	21	
·		28c		Х
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 more than \$25,000 in hori-cash contributions: If res, complete schedule in the property of the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		
50	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<u> </u>		
	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a		35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	 ,		
_			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	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		

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 180			
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)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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 account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	$See \ instructions \ for \ filling \ requirements \ for \ FinCEN \ Form \ 114, \ Report \ of \ Foreign \ Bank \ and \ Financial \ Accounts \ (FBAR).$			
5a	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		X
	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	_		3.7
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			v
_	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		Х
	required to file Form 8282?	7c		21
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79 7h		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. • Spansaring organizations maintaining depart advised funds. Did a depart advised fund maintaining depart advised funds.	7 11		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	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			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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	1.4-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Λ
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		Х
	excess parachute payment(s) during the year?	15		21
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	10		
	100, 00			

Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management					
					Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year	1a	21			
ıa	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					
h	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent	1b	21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re		hin with			
	any other officer, director, trustee, or key employee?		-	2	Х	
3	Did the organization delegate control over management duties customarily performed by or un					
·	supervision of officers, directors, trustees, or key employees to a management company or other			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was f			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's			5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to e					
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval					
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions und					
	the year by the following:		J			
а	The governing body?			8a	Χ	
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					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.			9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	ernal	Revenue	Code		
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of	such	chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p	•		10b	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before f	ling th	e form? .	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests			406	Х	
	rise to conflicts?			12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the p	-		120	Х	
	describe in Schedule O how this was done			12c 13	X	
13	Did the organization have a written whistleblower policy?			14		X
14	Did the organization have a written document retention and destruction policy?			14		
15	Did the process for determining compensation of the following persons include a review and the process for determining compensation of the following persons include a review and the process for determining compensation of the following persons include a review and the process for determining compensation of the following persons include a review and the process for determining compensation of the following persons include a review and the process for determining compensation of the following persons include a review and the process for determining compensation of the following persons include a review and the process for determining compensation of the following persons include a review and the process for determining compensation of the following persons include a review and the process for the process		-			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation			15a	Х	
a h	The organization's CEO, Executive Director, or top management official			15b	X	
b	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	r arra	ngement			
IVa	with a taxable entity during the year?	ii aiia	ingement	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization	to eva	aluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to					
	organization's exempt status with respect to such arrangements?			16b		
Secti	ion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonup$					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable),		and 990-T	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap					
	Own website Another's website X Upon request Other (explain on So	hedule	e O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing docur	nents,	conflict of	finter	est p	olicy,
	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 $_{\tt JEFFREY\ GASS\ 15\ NEIL\ COURT\ OCEANSIDE\ ,\ NY\ 11572}$	oooks	and record	s >		

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. See instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	Pos heck ss pe	erson	e than of is both Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)ARNOLD PREMINGER	40.00									
PRESIDENT AND CEO	0.			Х				312,520.	0.	107,619.
(2) BETH FETNER	40							312,3231	<u> </u>	107,7015
SVP OF AGENCY DEVELOPMENT	0.				X			176,055.	0.	43,854.
(3)MICHELE VERNON	40.00									
SVP OF CAMPING & RELATED SERVI	0.					Х		135,431.	0.	41,122.
(4)JOEL BLOCK	40.00									
CHIEF OPERATING OFFICER	0.					Х		147,853.	0.	15,070.
(5) KRISTINA CURATOLO (THRU 02/21)	40.00									
DEVELOPMENT DIRECTOR	0.					X		135,304.	0.	23,978.
(6) AILEEN HOFFMAN	40.00									
VP FOR SUNRISE WALKS AND STAND	0.					X		114,220.	0.	36,046.
(7)BONNIE FLATOW	40.00									
SVP FOR HOSPITAL AND COMMUNITY	0.					X		132,565.	0.	16,329.
(8)NINA J. PICKETT	1.00									
BOARD CHAIR	0.	Х		Х				0.	0.	0.
(9) SHARI ARONSON	1.00							_	_	
VICE CHAIR	0.	Х		Х				0.	0.	0.
(10) KENNETH D. FALTISCHEK	1.00									
VICE CHAIR	0.	Х		Х				0.	0.	0.
(11) LAURIE GIRSKY	1.00			37					0.	0
VICE CHAIR (12) GEORGE ROSS	1.00	Х		Х				0.	0.	0.
VICE CHAIR	0.	X		Х				0.	0.	0.
(13) LAWRENCE J. LEVINE	1.00	Λ.		Δ.				0.	0.	0.
TREASURER	1.00	X		Х				0.	0.	0.
(14) GILA KLEIN	1.00	<u> </u>						· · ·	0.	
SECRETARY	0.	X		Х		1	1	0.	0.	0.

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and title	(B) Average hours per week (list any hours for (do not che to the total control of the total		Pos heck ss pe	erson	is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	an	(F) stimated nount of other pensation	f	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org and	om the anizatio d related anization	b
15) ADAM H. RUSS	1.00											-
ASSISTANT SECRETARY	0.	Х		Х				0	0.			0
16) FROMA B. BENEROFE	1.00											
TRUSTEE	0.	Х						0	0.			0
17) JIMMY BERG	1.00											
TRUSTEE	0.	X						0	0.			0
18) EVAN CAGNER	1.00											
TRUSTEE	0.	X						0	0.			0
19) MICHAEL L. FALTISCHEK	1.00											
TRUSTEE	0.	Х						0	0.			0
20) JEFFREY J. FEIL	1.00											
TRUSTEE	0.	Х						0	0.			0
21) MICHAEL FLIDERBAUM	1.00											
TRUSTEE	0.	Х						0	0.			0
22) GARY HISIGER	1.00											
TRUSTEE	1.00	X						0	0.			0
23) MICHAEL KAMINSKY	1.00											
TRUSTEE	0.	Х						0	0.			0
24) STEVEN L. MARCUS	1.00											
TRUSTEE	0.	Х						0	0.			0
25) DAVID S. MILLER	1.00											
TRUSTEE	0.	Х						0	0.			0
1b Sub-total							•	1,153,948.	0.	2	284,0)18.
c Total from continuation sheets to Part VII, S	Section A		• •	• •	• •		•	0.	0.			0.
d Total (add lines 1b and 1c)	-						•	1,153,948.	0.	2	284,0)18.
2 Total number of individuals (including but not	limited to t	hose	liste			e) who	re	ceived more than	\$100,000 of			
reportable compensation from the organization	n ►		3									
											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3		X
4 For any individual listed on line 1a, is the organization and related organizations gr	eater than	\$15	50,0	00?) If	"Yes	,"	complete Schedu	ıle J for such			
individual										4	Х	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? If "Y	es," comple	te Scl	hedu	ıle J	I for	such	per	son		5		X
Section B. Independent Contractors												
1 Complete this table for your five highest con	1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of											

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

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

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	nplo	ye	es,	and F	lig	hest Compensat	ed Emplo	yees (c	ontinue		age 8
(A) Name and title	(B) Average hours per week (list any hours for	(do i box,	not ch	Pos heck ss pe	C) sition more	e than o is both or/truste	ne an	(D) Reportable compensation from the	(E) Reportable compensation fro related organizations		Es am	(F) timated tount of other pensatio	n
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		fro orga and	om the anization d related anization	n
26) THEODORE C. RICHMAN	1.00												
TRUSTEE 27) ANDREW SANDLER	1.00	X						0	•	0.			0
TRUSTEE	0.	X						0		0.			0
28) JOY ZELIN	1.00	21						-	•	0.			
TRUSTEE	0.	X						0		0.			C
		1											
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A						> > >	0.		0.			0.
Total number of individuals (including but not reportable compensation from the organization)	limited to t	hose					re	eceived more than	\$100,000	of			
												Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched						-			•		3		Х
4 For any individual listed on line 1a, is the organization and related organizations grants	sum of repeater than	oortab	ole c 50,0	com	per	satior	n ai	nd other compens	sation from	the		37	
 individual Did any person listed on line 1a receive or for services rendered to the organization? If "Y 	accrue co	mpen	satio								5	Х	Х
Section B. Independent Contractors	zs, comple	1 0 301	ieuu	iie J	, 101	Sucil	ρ σ Ι	3011	<u> </u>		J		
Complete this table for your five highest component compensation from the organization. Report of year.													
(A) Name and business add	lress							(B) Description of se	ervices	C	(C) compens	ation	

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

Part VIII Statement of Revenue

		Check if Schedule O contains a respon	nse or note to ar	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
ts ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
۵ٌڲ	С	Fundraising events 1c	4,486,150.				
ifts I A	d	Related organizations 1d					
ອັ'ຼ	е	Government grants (contributions) 1e	731,700.				
Sin	f	All other contributions, gifts, grants,					
e E		and similar amounts not included above . 1f	4,630,319.				
들둔	g	Noncash contributions included in					
a E		lines 1a-1f 1g	\$				
နှင့်	h	Total. Add lines 1a-1f		9,848,169.			
			Business Code				
မွ	2a	RENTAL INCOME FROM AFFILIATE		72,576.	72,576.		
ه ≧َ.				·	·		
Se	b						
am šve	C						
200	d						
Program Service Revenue	e r	All other program service revenue					
	f g	Total. Add lines 2a-2f	▶	72,576.			
	3	Investment income (including dividends,					
	•	other similar amounts)	_	0.			
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	C	Rental income or (loss) 6c					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
ø)	b	Less: cost or other basis					
evenue							
ķ		and sales expenses 7b Gain or (loss) 7c					
œ				0.			
Other	a	Net gain or (loss)					
ŏ	8a	Gross income from fundraising events (not including \$\frac{4,486,150}{4,486,150}.					
		evente (net merading \$\psi\$					
		of contributions reported on line 1c) See Part IV, line 18 8a	0.				
		10). 000 : 4.:,	335,650.				
	b	Less: direct expenses	1	-335,650.			-335,650.
	C	, ,		333,030.			333,030.
	9a	Gross income from gaming activities. See Part IV, line 19 9a	0.				
	١.		0.				
	b	Less: direct expenses		0.			
	100	` ' '		0.			
	10a	Gross sales of inventory, less returns and allowances	0.				
	J-		0.				
	b c	Less: cost of goods sold Net income or (loss) from sales of inventory		0.			
···			Business Code	3.			
ous e	44-	MANAGEMENT FEE	541610	13,076.			13,076.
ane nue	11a			13,070.			23,070.
ella ive	b						
Miscellaneous Revenue	G G	All other revenue					
Ξ	d e	Total. Add lines 11a-11d		13,076.			
	12	Total revenue. See instructions		9,598,171.	72,576.		-322,574.
				2,320,1111.	.2,3,0.		J 322/3/11

Form **990** (2020)

JSA
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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 or note to any line in this Part IX										
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21	630,097.	630,097.								
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22	0.									
3	Grants and other assistance to foreign										
	organizations, foreign governments, and										
	foreign individuals. See Part IV, lines 15 and 16	318,263.	318,263.								
	Benefits paid to or for members	0.									
5	Compensation of current officers, directors,	630 000	200 105	200 105	220 600						
	trustees, and key employees	630,088.	200,195.	200,195.	229,698.						
6	Compensation not included above to disqualified										
	persons (as defined under section 4958(f)(1)) and	152,457.	152,457.								
-	persons described in section 4958(c)(3)(B)	2,721,017.	2,103,012.	300,655.	317,350.						
	Other salaries and wages	2,,21,011.	2,103,012.	300,033.	317,330.						
8	Pension plan accruals and contributions (include	193,809.	153,232.	20,968.	19,609.						
•	section 401(k) and 403(b) employer contributions)	272,628.	222,843.	19,148.	30,637.						
10	Other employee benefits	227,577.	162,327.	31,011.	34,239.						
10	Payroll taxes	,,	,	,	,						
	Management	0.									
	Legal	0.									
	Accounting	25,688.	18,323.	3,500.	3,865.						
	Lobbying	0.									
	Professional fundraising services. See Part IV, line 17	0.									
	Investment management fees	0.									
g	Other. (If line 11g amount exceeds 10% of line 25, column										
	(A) amount, list line 11g expenses on Schedule O.)	37,111.	26,471.	5,057.	5,583.						
12	Advertising and promotion	2,871.	2,048.	391.	432.						
13	Office expenses	319,506.	162,026.	123,304.	34,176.						
14	Information technology	0.									
15	Royalties	0.									
16	Occupancy	165,125.	122,832.	20,100.	22,193.						
17	Travel	107,615.	66,236.	41,379.							
18	Payments of travel or entertainment expenses	0									
	for any federal, state, or local public officials	0.	125 555								
	Conferences, conventions, and meetings	135,555.	135,555.								
	Interest	0.									
21		303,731.	216,647.	41,387.	45,697.						
22	Depreciation, depletion, and amortization	24,501.	17,476.	3,339.	3,686.						
	Insurance	21,301.	17,170.	5,337.	3,000.						
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If										
	line 24e amount exceeds 10% of line 25, column										
	(A) amount, list line 24e expenses on Schedule O.)										
а	MISCELLANEOUS	25,494.	18,184.	3,474.	3,836.						
b			,		·						
C											
d											
	All other expenses										
	Total functional expenses. Add lines 1 through 24e	6,293,133.	4,728,224.	813,908.	751,001.						
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here										
	following SOP 98-2 (ASC 958-720)	0.									

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	3,814,954.	1	7,722,713.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	2,077,645.	3	1,829,477.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
ţ	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
ä	9	Prepaid expenses and deferred charges	79,006.	9	403,021.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 7,227,041.			
	b	Less: accumulated depreciation	6,528,257.	10c	6,581,786.
	11	Investments - publicly traded securities	0.	11	0.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	41,707.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	12,541,569.	16	16,536,997.
	17	Accounts payable and accrued expenses	313,271.	17	426,214.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	315,879.	19	894,749.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jab		controlled entity or family member of any of these persons	0.	22	0.
_	23	Secured mortgages and notes payable to unrelated third parties	3,261,383.	23	3,254,294.
	24	Unsecured notes and loans payable to unrelated third parties	731,700.	24	723,675.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			10.601
		of Schedule D	0.	25	13,691.
	26	Total liabilities. Add lines 17 through 25	4,622,233.	26	5,312,623.
es		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
anc	27	-	5,867,940.		7 224 069
Bal	27 28	Net assets without donor restrictions	2,051,396.	27	7,224,968.
<u>_</u>	20	Net assets with donor restrictions.	2,031,390.	28	3,999,400.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
et	32	Total net assets or fund balances	7,919,336.	32	11,224,374.
z	33	Total liabilities and net assets/fund balances	12,541,569.	33	16,536,997.
					Form 990 (2020)

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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			98,1	
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,2	93,1	.33.
3	Revenue less expenses. Subtract line 2 from line 1	3			05,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		7,9	19,3	336.
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 on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		11,2	24,3	374.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	ı 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	npiled	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 o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis X Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	_			37	
	the audit, review, or compilation of its financial statements and selection of an independent accounts			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the			v
	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	_				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SUNRISE DAY CAMPS ASSOCIATION INC.

Employer identification number 46-5555854

Pa	rt I	Reason for Public Cha	rity Status. (All	organizations must	complet	te this p	art.) See instructions	5.
he	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3		A hospital or a cooperative	hospital service o	rganization described	n sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital des	scribed in	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated to	for the benefit of	a college or universit	y owned	d or ope	erated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	Х	An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe	ed in section 170(k	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research org	ganization describe	ed in section 170(b)(1)(A)(ix) (operated	d in conjunction with a	land-grant college
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the	name, city, and state o	f the college or
		university:						
0		An organization that normal receipts from activities rela support from gross investmacquired by the organization	ited to its exempt for the standard income and un	unctions, subject to conrelated business tax	ertain ex able incc	ceptions me (les	s; and (2) no more than s section 511 tax) from	1 331/3 % of its
1		An organization organized	and operated excl	usively to test for publi	c safety.	See sec	tion 509(a)(4).	
2		An organization organized	and operated exclu	usively for the benefit	of, to pe	erform th	ne functions of, or to o	carry out the purposes
		of one or more publicly su	pported organizati	ons described in sect	ion 509	(a)(1) or	section 509(a)(2). S	ee section 509(a)(3).
	_	Check the box in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	zation and complete li	nes 12e, 12f, and 12g.
а		Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a ma	ajority of	f the directors or truste	es of the
	_	_ supporting organization. `	You must complet	e Part IV, Sections A	and B.			
b			anization supervise	ed or controlled in co	nnection	with its	supported organizati	on(s), by having
		control or management of	of the supporting o	rganization vested in	the sam	e persor	ns that control or man	age the supported
	_	_ organization(s). You must	complete Part IV	, Sections A and C.				
С		$oxedsymbol{oxed}$ Type III functionally integ	grated. A supporti	ng organization opera	ited in co	onnectio	n with, and functional	lly integrated with,
	_	_ its supported organizatior	n(s) (see instruction	is). You must comple	te Part l'	V, Section	ons A, D, and E.	
d			integrated. A sup	porting organization of	perated	in conne	ection with its suppor	ted organization(s)
		that is not functionally inte	egrated. The organ	nization generally mus	t satisfy	a distrib	oution requirement and	d an attentiveness
	_	_ requirement (see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е		Check this box if the orga	anization received	a written determinatio	n from tl	he IRS tl	hat it is a Type I, Type I	I, Type III
		functionally integrated, or	• •			•		
f		ter the number of supported						
g		ovide the following information					I	
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
A)								
B)								
C)								
D)								
E)								
ota	al							

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

Page 2 Schedule A (Form 990 or 990-EZ) 2020

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,974,054.	7,346,817.	10,541,858.	8,531,560.	9,848,169.	44,242,458.
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	7,974,054.	7,346,817.	10,541,858.	8,531,560.	9,848,169.	44,242,458.
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)						3,623,050.
6	Public support. Subtract line 5 from line 4						40,619,408.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	7,974,054.	7,346,817.	10,541,858.	8,531,560.	9,848,169.	44,242,458.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			8.			8.
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.) ATCH 1	50,000.	50,000.	47,338.	20,871.	13,076.	181,285.
11	Total support. Add lines 7 through 10						44,423,751.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	72,576.
13	First 5 years. If the Form 990 is for organization, check this box and stop here			, third, fourth,	or fifth tax yea	r as a section	501(c)(3) ▶
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2020 (lin					14	91.44%
15	Public support percentage from 2019					15	92.81%
16a	33 1/3 % support test - 2020. If the org						
	box and stop here. The organization qu						
b	331/3% support test - 2019. If the org						
47-	this box and stop here. The organization	•		-			
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization						
	Part VI how the organization meets					-	
	organization			_	-		
h	10%-facts-and-circumstances test - 2						
b	15 is 10% or more, and if the organization	-					
	in Part VI how the organization meets					-	-
	organization			-			
18	Private foundation. If the organization						
. 0							
	instructions					obodulo A (Form 0)	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			· 1	'	,	
Caler	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
. u	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	-			•		
	organization, check this box and stop here.						<u> ▶ </u>
	tion C. Computation of Public Supp			(f))		. .	
15	Public support percentage for 2020 (line 8,					15	<u>%</u>
16	Public support percentage from 2019 Sche					16	<u></u> %
	tion D. Computation of Investment			40 1 ""			
17	Investment income percentage for 2020 (lin					17	%
18	Investment income percentage from 2019 S					18	%
19 a	331/3% support tests - 2020. If the org	-					
_	17 is not more than 331/3%, check this						
b	331/3% support tests - 2019. If the orga				•		
	line 18 is not more than 331/3%, check		•	•	. ,		
20	Private foundation. If the organization d	iia not check a	a box on line 1	4, 19a, or 19b,	check this box	and see instruc	tions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 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 line 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
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_	10b		

Page 5 Schedule A (Form 990 or 990-EZ) 2020

Part	V Supporting Organizations (continued)			i age o
			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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
01	detail in Part VI .	11c		
Sect	ion B. Type I Supporting Organizations		Vaa	Na
			res	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	ion 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 line 2, above, 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		
Secti	ion E. Type III Functionally Integrated Supporting Organizations	3		
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.		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 governmental entity (se	e instr	uction	s).
•				No
2	Activities Test. <i>Answer lines 2a and 2b below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined	20		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
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>If</i> "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s					
1								
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Section A - Adjusted Net Income (A) Prior Year								
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		7						
_8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Se	ection 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):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1c						
C	Total (add lines 1a, 1b, and 1c)	1d						
e	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e						
_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 0.015 of line 3 (for greater amount, see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Se	ection C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 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			ated Type III supporting	n organization				
-	(see instructions).	.,cgic	Jpo iii odpportii (g 0. gann <u>a</u> aaon				

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	ion D - Distributions				Current Year		
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1			
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed				
	organizations, in excess of income from activity		2				
3	Administrative expenses paid to accomplish exempt purpo	zations	3				
4	Amounts paid to acquire exempt-use assets		4				
5	Qualified set-aside amounts (prior IRS approval required - p	5					
6	Other distributions (describe in Part VI). See instructions.	6					
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2020 from Section C, line 6		9				
10	Line 8 amount divided by line 9 amount			10			
Soct	ion E - Distribution Allocations (soo instructions)	(i)	(ii) Underdistributions	s	(iii) Distributable		

Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
С	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016			
b	Excess from 2017			
С	Excess from 2018			
d	Excess from 2019			
е	Excess from 2020			

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

		<u> </u>		· · · · · · · · · · · · · · · · · · ·	<u> </u>				
					ATTACHMENT 1				
SCHEDULE A, PART II -	SCHEDULE A, PART II - OTHER INCOME								
DESCRIPTION	2016	2017	2018	2019	2020	TOTAL			
MANAGEMENT FEE	50,000.	50,000.	47,338.	20,871.	13,076.	181,285.			
TOTALS	50,000.	50,000.	47,338.	20,871.	13,076.	181,285.			

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

Employer identification number

SUNRISE DAY CAMPS ASSOCIATION INC. 46-5555854 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization SUNRISE DAY CAMPS ASSOCIATION INC.

Employer identification number 46-5555854

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is need	eded.
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(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
1_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		- - \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		- - \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization SUNRISE DAY CAMPS ASSOCIATION INC.

Employer identification number 46-5555854

Part II	Noncash Property	(see instructions)	. Use duplicate copies	of Part II if additiona	I space is needed
	140110a3111 10pcity	1000 111011 401101107.	. Obe auplicate copies	or r art ii ii aaaiiloria	i opace is riceaca.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization SUNRISE DAY CAMPS ASSOCIATION INC. **Employer identification number** 46-5555854 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number SUNRISE DAY CAMPS ASSOCIATION INC. 46-5555854 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II 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). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included in (a) С Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8

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

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the

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

organization's accounting for conservation easements.

and section 170(h)(4)(B)(ii)?

- If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
- If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Schedule D (Form 990) 2020

▶ \$

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

Schedule D (Form 990) 2020 Page **2**

Pa	rt III Organizations Maintaini	ng Collections	of Art, Histo	rical Treasure	s, or Other	Similar Assets (continuea)
3	Using the organization's acquisition	_ -				<u>'</u>		
	collection items (check all that app			•				
а	Public exhibition		d	Loan or exch	ange progra	ım		
b	Scholarly research		e	Other				
С	Preservation for future gene	rations						
4	Provide a description of the organ	nization's collection	ons and expl	ain how they fu	rther the or	ganization's exemp	t purpose	in Part
	XIII.							
5	During the year, did the organization	n solicit or receive	e donations o	of art, historical t	reasures, or	other similar		
	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?							
Pa	Part IV Escrow and Custodial Arrangements.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form							
	990, Part X, line 21.							
1 a	Is the organization an agent, trus							
	included on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and co	mplete the fo	llowing table:				
						Amount		
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an am			•		, _	Yes	No
	If "Yes," explain the arrangement i	n Part XIII. Check	here if the e	xplanation has be	en provided	on Part XIII		
Pa	rt V Endowment Funds.	ution anawarad "	Voo" on For	m 000 Part IV	lina 10			
	Complete if the organiza				o years back	(-N-Th	(-) =	11-
		(a) Current year	(b) Prio	or year (C) TV	vo years back	(d) Three years back	(e) Four ye	ars dack
1 a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains,							
	and losses							
d	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, columi	n (a)) held as	3:		
a	Board designated or quasi-endown Permanent endowment ▶	ent ▶	%					
b								
·	The percentages on lines 2a, 2b, a	. * *	al 100%					
3 a	Are there endowment funds not in	-		ation that are he	ld and admi	nistered for the		
Ju	organization by:	the possession of	the organiza	ation that are ne	ia ana aann	riistoroa for trio	Ye	es No
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the relate						3b	
4	Describe in Part XIII the intended u	•						
	rt VI Land, Buildings, and Equ Complete if the organization							
	Complete if the organize							
	Description of property		t or other basis /estment)	(b) Cost or other b (other)		ccumulated (c reciation	d) Book value)
1a	Land	,	,	291,0			291	,000.
b	Buildings			6,809,7	92.	598,173.	6,211	,619.
С	Leasehold improvements							
d	Equipment			111,6	12.	44,597.	67	7,015.
е	Other			14,6	37.	2,485.	12	2,152.
	I. Add lines 1a through 1e. (Column		orm 990. Part	X. column (B). li	ne 10c.)	•	6.581	786.

Schedule D (Form 990) 2020

Comple	te if the organization answe	red "Yes" on Form 990, P	art IV, line 11b. See Form 990, Part X, line 12.
(a) Descrip ^a (includ	tion of security or category ding name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivativ	es		
(2) Closely held equit	y interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F) (G)			
(H)			
	ual Form 990, Part X, col. (B) line 12.)		
	nents - Program Related.		
		ered "Yes" on Form 990, P	art IV, line 11c. See Form 990, Part X, line 13.
(a) Des	scription of investment	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total (Column (b) must equ	ual Form 990, Part X, col. (B) line 13.)		
Part IX Other A			
		ered "Yes" on Form 990. P	art IV, line 11d. See Form 990, Part X, line 15.
') Description	(b) Book value
(1)		•	
(2)			
(3)			
(4)			
(5)			
(5)			
(5) (6) (7) (8)			
(5) (6) (7) (8) (9)			
(5) (6) (7) (8) (9) Total. (Column (b) mu	ust equal Form 990, Part X, col. ((B) line 15.)	
(5) (6) (7) (8) (9) Total. (Column (b) mu Part X Other Li Comple	iabilities.		art IV, line 11e or 11f. See Form 990, Part X,
(5) (6) (7) (8) (9) Total. (Column (b) mu Part X Other Li Comple line 25.	iabilities. ete if the organization answe	ered "Yes" on Form 990, P	art IV, line 11e or 11f. See Form 990, Part X,
(5) (6) (7) (8) (9) Total. (Column (b) mu Part X Other Li Comple line 25.	iabilities. ete if the organization answe		<u>.</u>
(5) (6) (7) (8) (9) Total. (Column (b) mu Part X Other Li Comple line 25. 1. (1) Federal income	iabilities. ete if the organization answe	ered "Yes" on Form 990, P	art IV, line 11e or 11f. See Form 990, Part X, (b) Book value
(5) (6) (7) (8) (9) Total. (Column (b) mu Part X Other Li Comple line 25. 1. (1) Federal income (2) DUE TO JCC	iabilities. ete if the organization answe	ered "Yes" on Form 990, P	art IV, line 11e or 11f. See Form 990, Part X, (b) Book value
(5) (6) (7) (8) (9) Total. (Column (b) mu Part X Other Li Comple line 25. 1. (1) Federal income (2) DUE TO JCC (3)	iabilities. ete if the organization answe	ered "Yes" on Form 990, P	art IV, line 11e or 11f. See Form 990, Part X, (b) Book value
(5) (6) (7) (8) (9) Total. (Column (b) mu Part X Other Li Comple line 25. 1. (1) Federal income (2) DUE TO JCC (3) (4)	iabilities. ete if the organization answe	ered "Yes" on Form 990, P	art IV, line 11e or 11f. See Form 990, Part X, (b) Book value
(5) (6) (7) (8) (9) Total. (Column (b) mu Part X Other Li Comple line 25. 1. (1) Federal income (2) DUE TO JCC (3) (4) (5)	iabilities. ete if the organization answe	ered "Yes" on Form 990, P	art IV, line 11e or 11f. See Form 990, Part X, (b) Book value
(5) (6) (7) (8) (9) Total. (Column (b) mu Part X Other Li Comple line 25. 1. (1) Federal income (2) DUE TO JCC (3) (4)	iabilities. ete if the organization answe	ered "Yes" on Form 990, P	art IV, line 11e or 11f. See Form 990, Part X, (b) Book value
(5) (6) (7) (8) (9) Total. (Column (b) mu Part X Other Li Comple line 25. 1. (1) Federal income (2) DUE TO JCC (3) (4) (5) (6)	iabilities. ete if the organization answe	ered "Yes" on Form 990, P	art IV, line 11e or 11f. See Form 990, Part X, (b) Book value
(5) (6) (7) (8) (9) Total. (Column (b) mu Part X Other Li Comple line 25. 1. (1) Federal income (2) DUE TO JCC (3) (4) (5) (6) (7)	iabilities. ete if the organization answe	ered "Yes" on Form 990, P	art IV, line 11e or 11f. See Form 990, Part X,

Page 4 Schedule D (Form 990) 2020

	C D (1 0111 000) 2020		i age i
Part	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	9,598,171.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	-	
b C	Donated services and use of facilities		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0.500.151
3	Subtract line 2e from line 1	3	9,598,171.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b		
a b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	9,598,171.
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	6,293,133.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	-	
b C	Prior year adjustments	-	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	6,293,133.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII line 7h 4a		
a b	Investment expenses not included on Form 990, Part VIII, line 7b		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,293,133.
	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	Part \/	line 4: Part X line
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation.	1110 4, 1 dit X, 1110

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2020

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Open to Public Inspection

Name of t	he organization					Employer identifica	tion number
SUNRI	SE DAY CAMPS ASSOCIAT	TION INC.				46-55558	54
Part I	General Information o Form 990, Part IV, line 14l		Outside the	United States. Comple	ete if the	organization a	nswered "Yes" on
1 Fo	r grantmakers. Does the org	ganization mai	ntain records	to substantiate the amou	int of its	grants and	
oth	ner assistance, the grantees	eligibility for t	the grants or	assistance, and the selec	tion crite		
aw	vard the grants or assistance?						X Yes No
	r grantmakers. Describe in tail tails the United States.	Part V the org	anization's pro	ocedures for monitoring t	he use o	f its grants and	d other assistance
3 Ac	tivities per Region. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	ace is nee	eded.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	a pro describ	vity listed in (d) is ogram service, e specific type of (s) in the region	(f) Total expenditures for and investments in the region
(1) M	DDLE EAST AND NORTH AFRICA	0.	0.	GRANTMAKING			318,263.
(2)							
_(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
<u>(11)</u>							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
	Subtotal Fotal from continuation						318,263.

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

sheets to Part I c Totals (add lines 3a and 3b)

318,263. Schedule F (Form 990) 2020 SUNRISE DAY CAMPS ASSOCIATION INC. 46-5555854

Page 2 Schedule F (Form 990) 2020

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST/NORTH AFRICA	FUND CAMP	318,263.	EFT			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2 Ent	er total number of recipien mpt 501(c)(3) organization er total number of other or	by the IRS, or for which	the grantee or counsel has	provided a sec	tion 501(c)(3) equiv	alency letter	-		1.

SUNRISE DAY CAMPS ASSOCIATION INC. 46-555854

Schedule F (Form 990) 2020

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Region (c) Number of (d) Amount of (e) Manner of (h) Method of (f) Amount of (g) Description valuation (book, FMV, recipients cash grant cash noncash of noncash disbursement assistance assistance appraisal, other) (1) (2) (3) _(4) (5) (6) (7) (8) (9) (10)(11) (12)(13)(14)(15)(16)

Schedule F (Form 990) 2020

(17)

(18)

<u>Schedule F</u> (Form 990) 2020 Page **4**

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

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020 Page 5

Port V Suppleme

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I, LINE 2

THE GRANTEE ORGANIZATION SUBMITS ITS BUDGET, ACTUALS, AND CERTIFIED AUDIT TO THE SUNRISE ASSOCIATION, ALL OF WHICH ARE REVIEWED BY THE SR. VICE PRESIDENT FOR CAMPING AND THE PRESIDENT AND CEO. AN ON SITE VISIT OF THE ACTUAL PROGRAMS BEING FUNDED IS CONDUCTED AT LEAST ONCE PER YEAR TO ASSURE THAT FUNDS ARE BEING UTILIZED AS INTENDED.

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, line 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

2020

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Copen to Puls Inspection

Copen to Puls Inspection

Copen to Puls Inspection

Employer identification number

SUNF	RISE DAY CAMPS ASSOCIATION	INC.				46-5555854	
Part	Fundraising Activities. Comp	lete if the organi	zation ar	swered "	Yes" on Form 99	90, Part IV, line 1	7.
	Form 990-EZ filers are not re						
1	Indicate whether the organization rais	sed funds through a	_	_			
а	Mail solicitations	е			non-government g		
b	Internet and email solicitations	f			government grants	S	
С	Phone solicitations	g	Spec	cial fundra	ising events		
d	In-person solicitations						
2a	Did the organization have a written o						
	or key employees listed in Form 990						Yes No
D	If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the		(tunaraise	rs) pursua	int to agreements	under which the	tundraiser is to be
	the tompensated at least \$5,000 by the	organization.					
						(v) Amount paid to	
	(i) Name and address of individual	(ii) Activity		draiser have r control of	(iv) Gross receipts	(or retained by)	(vi) Amount paid to (or retained by)
	or entity (fundraiser)	(, /)		utions?	from activity	fundraiser listed in col. (i)	organization
			Yes	No		55 (y	
1							
2							
3							
4							
3							
6							
·							
7							
8							
9							
10							
Total	List all states in subjet the consuler					 	:t :=
3	List all states in which the organizar registration or licensing.	tion is registered o	r licensed	to solicit	contributions or	nas been notified	it is exempt from
	registration of licensing.						

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

Page 2 Schedule G (Form 990 or 990-EZ) 2020

Pa	rt l	Fundraising Events. Completed more than \$15,000 of fundrate events with gross receipts greaters.	aising event contribut			
		5 , 5	(a) Event #1 SUNRISE LIVE JN (event type)	(b) Event #2 SUNRISE LIVE O (event type)	(c) Other events 9. (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	1,185,626.	1,074,952.	2,225,572.	4,486,150.
æ		Less: Contributions Gross income (line 1 minus line 2)	1,185,626.	1,074,952.	2,225,572.	4,486,150.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
t Expe	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses	88,708.	80,427.	166,515.	335,650.
	11	Direct expense summary. Add line Net income summary. Subtract line Gaming. Complete if the org	ne 10 from line 3, colu	ımn (d)		335,650. -335,650. reported more than
Revenue		\$15,000 on Form 990-EZ, lin	e 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<u>Re</u>	1	Gross revenue				
Expenses		Cash prizes				
Direct E	4	Rent/facility costs				
<u></u>	5	Other direct expenses	Yes %	Vee o	Vee or	
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
		Direct expense summary. Add line	-			
9 a k	1	Net gaming income summary. Su Enter the state(s) in which the orgalis the organization licensed to con If "No," explain: Were any of the organization's gaming	anization conducts ga duct gaming activities	ming activities: _ in each of these state	s?	
k			, ,		- '	

SUNRISE DAY CAMPS ASSOCIATION INC.

Sched	dule G (Form 990 or 990-EZ) 2020 Page $f 3$
11	Does the organization conduct gaming activities with nonmembers? Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ►
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶\$
	Description of services provided ▶
	Director/officer
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year > \$
Par	

Schedule G (Form 990 or 990-EZ) 2020

SCHEDULE I (Form 990)

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

2020

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization						Employer identificat	ion number
SUNRISE DAY CAMPS ASSOCIATION IN	NC.					46-555585	54
Part I General Information on Grants	and Assistanc	е				•	
 Does the organization maintain records to the selection criteria used to award the gr Describe in Part IV the organization's pro 	rants or assistand	e?					X Yes No
Part II Grants and Other Assistance to	o Domestic Or	ganizations a	nd Domestic Go	vernments. Con	nplete if the organiz	ation answered "Y	es" on Form 990,
Part IV, line 21, for any recipier	nt that received	more than \$5	5,000. Part II can	be duplicated if	additional space is r	eeded.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THE BARRY & FLORENCE FRIEDBERG JCC							TO PROVIDE FOR
15 NEIL CT OCEANSIDE, NY 11572	11-2002556	501(C)(3)	630,097.				CHILDREN WITH CANCER
_(2)							
_(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) a							1.
3 Enter total number of other organizations For Paperwork Reduction Act Notice, see the Instr					<u></u>		chedule I (Form 990) 2020

JSA

SUNRISE DAY CAMPS ASSOCIATION INC. 46-5555854

Schedule I (Form 990) (2020)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
1					

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PART I DESCRIPTION OF PROCEDURE FOR MONITORING USE OF FUNDS

THE GRANTEE ORGANIZATION SUBMITS ITS BUDGET, ACTUALS AND CERTIFIED AUDIT

TO THE SUNRISE ASSOCIATION, ALL OF WHICH ARE REVIEWED BY THE SR. VICE

PRESIDENT FOR CAMPING AND THE PRESIDENT & CEO. AN ON SITE VISIT OF THE

ACTUAL PROGRAMS BEING FUNDED ARE CONDUCTED AT LEAST ONCE PER YEAR TO

ASSURE THAT FUNDS ARE BEING UTILIZED AS INTENDED.

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

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

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

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

Department of the Treasury Internal Revenue Service Name of the organization

SUNRISE DAY CAMPS ASSOCIATION INC.

Employer identification number

46-5555854

	Questions Regarding Compensation						
			Yes	No			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Travel for companions Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef)						
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment						
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all						
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line		X				
•	1a?	2	Λ				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Form 990 of other organizations X Written employment contract Compensation survey or study Approval by the board or compensation committee						
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:						
а	Receive a severance payment or change-of-control payment?	4a		X			
b							
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:						
а	The organization?	5a		X			
b	Any related organization?	5b		X			
6	If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:						
а	The organization?	6a		Х			
	Any related organization?	6b		Х			
	If "Yes" on line 6a or 6b, describe in Part III.						
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		X			
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe						
	in Part III	8		Х			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9					

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

Schedule J (Form 990) 2020

SUNRISE DAY CAMPS ASSOCIATION INC. 46-555854

Schedule J (Form 990) 2020

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
ARNOLD PREMINGER	(i)	296,031.	0.	16,489.	49,130.	58,489.	420,139.	
1 PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	
MICHELE VERNON	(i)	135,431.	0.	0.	14,612.	26,510.	176,553.	
2SVP OF CAMPING & RELATED SERVI	(ii)	0.	0.	0.	0.	0.	0.	
AILEEN HOFFMAN	(i)	114,220.	0.	0.	12,379.	23,667.	150,266.	
3 VP FOR SUNRISE WALKS AND STAND	(ii)	0.	0.	0.	0.	0.	0.	
KRISTINA CURATOLO (THRU	(i)	135,304.	0.	0.	13,980.	9,998.	159,282.	
4DEVELOPMENT DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	
JOEL BLOCK	(i)	147,853.	0.	0.	14,723.	347.	162,923.	
5 ^{CHIEF} OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	
BETH FETNER	(i)	176,055.	0.	0.	18,680.	25,174.	219,909.	
6 ^{SVP} OF AGENCY DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

SUNRISE DAY CAMPS ASSOCIATION INC. 46-555854

Schedule J (Form 990) 2020 Page 3

Part | Supplemental Information

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

SCHEDULE J, PART I, LINE 1A

THERE IS AN ALLOWANCE OF UP TO \$3,500 PER YEAR FOR FAMILY MEMBER(S)

AND/OR OTHERS TO ACCOMPANY THE CEO/PRESIDENT ON CONFERENCES OR OTHER

BUSINESS-RELATED TRAVEL. THIS WAS NOT TREATED AS TAXABLE COMPENSATION.

THIS ALLOWANCE HAS NOT BEEN USED IN THE PAST 2 YEARS.

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ) ▶Co

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

SUNRISE DAY CAMPS ASSOCIATION INC.

Employer identification number 46-5555854

	· · · · · · · · · · · · · · · · · · ·	nswered "Yes" on Form 990, Part IV, line 29		(d) Co	rrected?
1	(a) Name of disqualified person	organization	(c) Description of transaction	Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
2	•	the organization managers or disqualified			
	under section 4958		▶ \$		
3	Enter the amount of tax, if any, on lin	e 2, above, reimbursed by the organization	. \$		

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	from	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) In o	lefault?	(h) Ap by bo comm	ard or	(i) W agreer	
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2020

Schedule L (Form 990 or 990-EZ) 2020 Page 2

Business Transactions Involving Interested Persons. Part IV

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of ization's nues?
				Yes	No
(1) BONNIE FLATOW	SPOUSE OF OFFICER	136,371.	PAID EMPLOYEE		Х
_(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V **Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

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

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

RELATIONSHIP.

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

Employer identification number

46-5555854

SUNRISE DAY CAMPS ASSOCIATION INC.

FORM 990, PART VI, SECTION A, LINE 2
MICHAEL L. FALTISCHEK AND KENNETH D. FALTISCHEK HAVE A FAMILY
RELATIONSHIP. BONNIE FLATOW AND ARNOLD PREMINGER HAVE A FAMILY

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

SUNRISE ASSOCIATION BOARD MEMBERS REVIEW THE 990 PRIOR TO SUBMISSION FOR

ACCURACY WITH REGARD TO ALL ASPECTS OF THE INFORMATION PROVIDED. THIS

INCLUDES FINANCES, COMPENSATION, MISSION, PROGRAMS, BOARD MEMBER

INFORMATION AND REQUIRED SCHEDULES. BOARD MEMBERS HAVE THE OPPORTUNITY TO

RAISE QUESTIONS AND TO DISCUSS ALL ASPECTS OF THE 990 FILING AND CAN

RECOMMEND EDITS OR UPDATES AS NECESSARY. THE ASSOCIATION BOARD OF

DIRECTORS, AS A FULL BODY, FORMALLY APPROVES THE FINAL DOCUMENT BEFORE IT

IS SUBMITTED TO THE IRS.

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

THE SUNRISE DAY CAMPS ASSOCIATION, INC. HAS A CONFLICT OF INTEREST

POLICY WHICH ALL BOARD MEMBERS AND KEY EMPLOYEES ARE REQUIRED TO SIGN

ANNUALLY AS A CONDITION OF BEING ON THE BOARD. MONITORING OF RECEIPT

OF EACH POLICY IS ASSIGNED TO AN EMPLOYEE OF THE EXECUTIVE OFFICE

WITH DILIGENT FOLLOW-UP TO AFFIRM THAT EACH BOARD MEMBER AND KEY

EMPLOYEE HAS SIGNED THE POLICY. WITH REFERENCE TO ANY CONFLICT OF

INTEREST THAT MAY ARISE, FULL DISCLOSURE IS REQUIRED. THE AFFECTED

BOARD MEMBER WILL REFRAIN FROM PARTICIPATING IN DELIBERATIONS OR

Name of the organization SUNRISE DAY CAMPS ASSOCIATION INC.

Employer identification number 46-5555854

VOTING ON APPROVAL OF SUCH TRANSACTION WHILE ADDITIONAL BIDS ARE REVIEWED AND COMPARED BY THE PRESIDENT AND CEO AND THE FINAL DETERMINATION IS BASED SOLELY ON THE BEST INTEREST OF THE AGENCY.

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

SUNRISE ASSOCIATION CONDUCTED A COMPENSATION REVIEW IN MAY OF 2020 AND AT

THE INCEPTION OF THE CURRENT AGREEMENT WITH THE CEO/PRESIDENT. THE CEO'S

CONTRACT HAS AN AUTOMATIC RENEWAL CLAUSE WHICH WAS RE-ACTIVATED IN JULY
2019.

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

SUNRISE ASSOCIATION CONDUCTED A COMPENSATION REVIEW IN MAY OF 2020 AND AT

THE INCEPTION OF AGREEMENTS WITH APPLICABLE KEY EMPLOYEES OF THE

ORGANIZATION. THE AFOREMENTIONED AGREEMENTS HAVE AN AUTOMATIC RENEWAL

CLAUSE WHICH WAS ACTIVATED IN JULY 2018.

FORM 990, PART VI, SECTION C, LINE 19

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

STATEMENTS ARE AVAILABLE UPON REQUEST.

ATTACHMENT 1

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

THE MISSION OF SUNRISE DAY CAMPS ASSOCIATION, INC (THE ASSOCIATION)
IS TO BRING BACK THE JOYS OF CHILDHOOD TO CHILDREN WITH CANCER AND
THEIR SIBLINGS WORLD-WIDE, THROUGH THE CREATION OF SUNRISE DAY
CAMPS, YEAR-ROUND PROGRAMS, AND IN-HOSPITAL RECREATIONAL
ACTIVITIES, ALL OFFERED FREE OF CHARGE.

Schedule O (Form 990 or 990-EZ) 2020 Page **2**

Name of the organization
SUNRISE DAY CAMPS ASSOCIATION INC.

Employer identification number
46-555854
ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

PLAYSITES PLUS SURFACES INC CONTRACTOR 154,943.

103 BRIGHTSIDE AVE

CENTRAL ISLIP, NY 11722

REDWOOD CONSTRUCTION MANAGEMENT, INC CONSTRUCTION 309,039.

333 SMITHTOWN BLVD RONKONKOMA, NY 11779

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

 \blacktriangleright Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

SUNRISE DAY CAMPS ASSOCIATION INC.

Employer identification number 46-555854

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
1)					
2)					
3)					
4)					
5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr	rolled
						Yes	No
(1) BARRY AND FLORENCE FRIEDBERG JCC 11-2002556							l
15 NEIL COURT OCEANSIDE, NY 11572	JCC	NY	501(C)(3)	10	N/A		X
(2)							
(3)							l
_(4)							l
							<u> </u>
(5)							l
							<u> </u>
(6)							l
							<u> </u>
_(7)							İ
							ł

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

Schedule R (Form 990) 2020

JSA

Schedule R (Form 990) 2020

Part I	because it had one or						answered "Yes"	on i	Form	n 990, Part IV,	iine	34,	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	j) eral or aging ner?	(k) Percentage ownership
			Country)		Goodienie erz er i)			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes No
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

(5)

(6)

(7)

Page 3 Schedule R (Form 990) 2020

Part V Transactions With Related Organizations. Complete if the organization answered "You	es" on Form 990, Pa	rt IV, line 34, 35b, or 36.			
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	sted in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			18		X
b Gift, grant, or capital contribution to related organization(s)				_	
c Gift, grant, or capital contribution from related organization(s)			10	;	X
d Loans or loan guarantees to or for related organization(s)			10	t k	X
e Loans or loan guarantees by related organization(s)				•	X
f Dividends from related organization(s)			11	i l	Х
g Sale of assets to related organization(s)				3	X
h Purchase of assets from related organization(s)			<u> 11</u>	_	X
i Exchange of assets with related organization(s)				i	X
j Lease of facilities, equipment, or other assets to related organization(s)				j	Х
k Lease of facilities, equipment, or other assets from related organization(s)			11		Х
I Performance of services or membership or fundraising solicitations for related organization(s)				ı X	
m Performance of services or membership or fundraising solicitations by related organization(s)				n	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				ı X	
o Sharing of paid employees with related organization(s))	X
p Reimbursement paid to related organization(s) for expenses			1,	,	X
q Reimbursement paid by related organization(s) for expenses					Х
r Other transfer of cash or property to related organization(s)			11		X
s Other transfer of cash or property from related organization(s).				3	Х
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including cove	ered relationships and transac	tion thresho	lds.	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of de amount in	etermin	•

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2020

Page 4

Schedule R (Form 990) 2020

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity Primary activity Legal domicile (state or foreign country)		redominant income (related, unrelated, excluded from tax under sections 512 - 514) (e) Are all partners section 501(c)(3) organizations? Yes No			(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			sections 512 - 514)	Yes	No			Yes	No	(Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													
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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.