BERKOW, SCHECHTER & COMPANY LLP 350 BEDFORD STREET, SUITE 303 STAMFORD, CT 06901 203-356-1061

AUGUST 18, 2022

EXPERIENCE CAMPS C/O SARA DEREN, PO BOX 5121 WESTPORT, CT 06881

EXPERIENCE CAMPS:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2020 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2020 FORM 990

2020 CALIFORNIA FORM 199

2021 CALIFORNIA FORM RRF-1

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

CHRISTOPHER ECK

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

SEPTEMBER 30, 2021

Prepared for	
	EXPERIENCE CAMPS C/O SARA DEREN, PO BOX 5121 WESTPORT, CT 06881
Prepared by	BERKOW, SCHECHTER & COMPANY LLP
	350 BEDFORD STREET, SUITE 303 STAMFORD, CT 06901
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	AS SOON AS POSSIBLE.
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

Form 8	3868
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(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

print				raxpaye	luentincati	on number (TIN)	
	t EXPERIENCE CAMPS			26-2513136			
File by the due date for filing your	e date for Number, street, and room or suite no. If a P.O. box, see instructions.						
return. See instructions.	City, town or post office, state, and ZIP code. For a for WESTPORT, CT 06881		ress, see instructions.				
Enter the	Return Code for the return that this application is for (file	e a separa	te application for each return)			01	
Applicati	on	Return	Application			Return	
ls For		Code	Is For			Code	
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990	-BL	02	Form 1041-A			08	
Form 472	0 (individual)	03	Form 4720 (other than individual)			09	
Form 990	-PF	04	Form 5227			10	
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990	T (trust other than above) SARA DEREN	06	Form 8870			12	
Telephone No. ► 833-226-7385 Fax No. ► • If the organization does not have an office or place of business in the United States, check this box ► • If the organization does not have an office or place of business in the United States, check this box ► • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box • If this is for part of the group, check this box ► and attach a list with the names and TINs of all members the extension is for. 1 I request an automatic 6-month extension of time until AUGUST 15, 2022 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: • □ calendar year or • ■ X tax year beginning JAN 1, 2021 , and ending SEP 30, 2021 . 2 If the tax year entered in line 1 is for less than 12 months, check reason: □ Initial return Final return							
any	is application is for Forms 990-BL, 990-PF, 990-T, 4720, nonrefundable credits. See instructions.		,	3a	\$	0.	
	is application is for Forms 990-PF, 990-T, 4720, or 6069					0	
	mated tax payments made. Include any prior year overp			3b	\$	0.	
	ance due. Subtract line 3b from line 3a. Include your pa					0.	
	using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ U • Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment						
instruction:		(unect del	ony with this form 0000, see form 84	+JS-EO a			

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

			CF	HANGE OF ACCOUNTING	G PERIOI)	12 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
	99	n		Organization Exemp			OMB No. 1545-0047
Form	33			7, or 4947(a)(1) of the Internal Reve			s) ZUZU
		he Treasury		social security numbers on this for			Open to Public
the second day of the	al Revenue			w.irs.gov/Form990 for instructions ning JAN 1, 2021			Inspection
				ing JAN I, 2021 a	and ending		
	heck if oplicable:	C Name o	f organization			D Employer identification	ation number
	Address change	EXPE	RIENCE CAMPS				
_	change Initial		usiness as			26-251313	6
]return]Final return/		SARA DEREN, PC	il is not delivered to street address) D BOX 5121	Room/suite	E Telephone number 833-226-7	
	termin- ated			ntry, and ZIP or foreign postal code		G Gross receipts \$	1,297,950.
-	Applica-	MESI	PORT, CT 0688	and the second		H(a) Is this a group ret	
L	pending	F Name a	nd address of principal offic	CETTODD ARKY		for subordinates? H(b) Are all subordinates inc	territory processing
IT	ax-exen	npt status:	X 501(c)(3) 501(c) (() < (insert no.) 4947(a))(1) or 527		st. See instructions
			EXPERIENCECAM	PS.ORG		H(c) Group exemption	number 🕨
K Fo	orm of o	rganization:	X Corporation Trust	Association Other	L Year	of formation: 2007 M	State of legal domicile: ME
		Summary					
	1 B	riefly descrit	be the organization's mission	n or most significant activities: EX	PERIENCE	E CAMPS PROVI	DES
no	B	BEREAVE	MENT SUPPORT	TO GRIEVING CHILDR	EN.		
Activities & Governance	2 C	heck this bo	x 🕨 🛄 if the organizat	ion discontinued its operations or di	sposed of mor	e than 25% of its net ass	
0 Ve	3 N	umber of vo	ting members of the govern	ing body (Part VI, line 1a)		3	20
8	4 N	umber of in	dependent voting members	of the governing body (Part VI, line	1b)	4	20
es	5 To	otal number	of individuals employed in c	calendar year 2020 (Part V, line 2a)			33
viti	6 Total number of volunteers (estimate if necessary)				339		
Act	7 a Total unrelated business revenue from Part VIII, column (C), line 12				0.		
_	bΝ	let unrelated	business taxable income fr	rom Form 990-T, Part I, line 11		7b	0.
					_	Prior Year	Current Year
e	8 C	ontributions	and grants (Part VIII, line 1)	h)		2,318,206.	946,171.
Revenue	0.000 1000	-	ice revenue (Part VIII, line 2)			0.	0.
ě				lines 3, 4, and 7d)		115,855.	351,779.
_	CO.C.C. (0.00)			5, 6d, 8c, 9c, 10c, and 11e)	SCO 22	-26,666.	-17,789.
_	and the second sec			iust equal Part VIII, column (A), line 1		2,407,395.	1,280,161.
			milar amounts paid (Part IX,			0.	0.
			to or for members (Part IX,				the second s
es	15 S	alaries, othe	r compensation, employee	benefits (Part IX, column (A), lines 5-	-10)	1,114,756.	1,132,469.
e	16a P	rofessional	fundraising fees (Part IX, col	lumn (A), line 11e) mn (D), line 25) ▶562	101	0.	0.
Expenses						822,361.	1,230,666.
-				s 11a-11d, 11f-24e)		1,937,117.	2,363,135.
				qual Part IX, column (A), line 25)		470,278.	-1,082,974.
- 52	19 R	levenue less	expenses. Subtract line 18	from line 12		eginning of Current Year	End of Year
Net Assets or Fund Balances	00 T		Deat V. Kees 10		-	6,830,156.	5,874,841.
Bal						95,222.	261,352.
let/				e 21 from line 20		6,734,934.	5,613,489.
		Signatur		le 21 from line 20		0,154,554.	5,015,405.
	the state of the s	~		this return, including accompanying sch	odules and stater	nents and to the best of my	knowledge and belief, it is
				than officer) is based on all information			and relief, it is
au0,		7	orly and		or minor propure	8/22/	22
Sigr	۱ I		re of officer			Date '	
Her	e		ARKY, BOARD	PRESIDENT			
			print name and title			Data	LL DTH
5536555 5536665			eparer's name	Preparer's signature		Date Check	
Paid	ı k	CHRIST	OPHER ECK	CHRISTOPHER E	CK	08/18/22 self-employed	P00856686

May the IRS discuss this return with the preparer shown above? See instructions						
Use Only	Firm's address 350 BEDFORD STRE STAMFORD, CT 069		Phone no. 203-356-1061			
	Firm's name BERKOW, SCHECHTE		Firm's EIN 🕨 06-1211215			
Paid	CHRISTOPHER ECK	CHRISTOPHER ECK 0	8/18/22 self-employed P00856686			
	r rino rype preparer s name	ricparer s signature				

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	1 990 (2020) EXPERIENCE CAMPS 26-251313	6 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: EXPERIENCE CAMPS PROVIDES BEREAVEMENT SUPPORT TO GRIEVING CHILDRE	NT
	THROUGH FREE, ONE-WEEK SUMMER CAMP PROGRAMS AND YEAR-ROUND RESOUR	
	THAT HELP NORMALIZE THE GRIEF PROCESS AND ESTABLISH CONNECTIONS S	
	KIDS KNOW THAT THEY ARE NOT ALONE.	0
2	Did the organization undertake any significant program services during the year which were not listed on the	
2		(es X No
	prior Form 990 or 990-EZ?	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	(es X No
•	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expendence of the service of the	nses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expens	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 1,721,582. including grants of \$) (Revenue \$))
	SINCE 2009, EXPERIENCE CAMPS HAS TRANSFORMED THE LIVES OF THOUSAN	
	CAMPERS AND HAS SPENT MORE THAN 450,000 IN-PERSON HOURS HELPING T	HEM
	NAVIGATE THEIR GRIEF. WE OPERATE CAMPS AT LOCATIONS IN 5 STATES,	
	SERVING CHILDREN AND TEENS FROM NEARLY EVERY US STATE AND 5 COUNT	
	OUR ONE-WEEK, OVERNIGHT SUMMER CAMPS AND YEAR-ROUND EFFORTS HELP	
	REFRAME THE EXPERIENCE OF GRIEF AND EQUIP KIDS WITH INVALUABLE CO	
	SKILLS THAT ENABLE THEM TO MOVE FORWARD WITH THEIR LIVES. TO BETT	
	ALIGN WITH SUMMER PROGRAMMING, FY22 WILL SHIFT FROM CALENDAR YEAR 10/1 - 9/30. AS A RESULT, FY21 INCLUDES ONLY 9 MONTHS (JAN 1 - SE	
	30), REFLECTING OUR LARGEST PROGRAMMING EXPENSE QUARTERS WHILE FA	
	TO ACCOUNT FOR ANY/ALL YEAR-END CHARITABLE REVENUE. AS A RESULT,	IIIING
	APPARENT DEFICIT ACCORDINGLY WILL BE REDUCED IN FY22.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		,
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		/
44	Other program convices (Describe on Schodule O)	
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 1,721,582.	
		m 990 (2020)

Form	990	(2020)

Form 990 (2020) EXPERIENCE CAMPS
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	•		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	•		
Ŭ	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	•		
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
-	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in 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		Х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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 reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	45		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		16		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	.,		
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a		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			
	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		x
_		_	_	

Form	990	(2020)
I UIIII	330	

 Form 990 (2020)
 EXPERIENCE
 CAMPS

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
~~	Schedule L, Part I	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%			x
~7	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
20	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
2	instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a		28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f	200		
Ū	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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?			
De	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
b				
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4.		
	(yannomy) winnings to prize winners:	1c		

Form 990	
Part V	Sta

 020)
 EXPERIENCE
 CAMPS

 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 33				
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 <i>e-file</i> (see instructions)			37	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation 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			v	
	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				
Fa	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Fa		х	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X	
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	5c			
Ua	any contributions that were not tax deductible as charitable contributions?	6a		x	
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	00			
~	were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?	7c		x	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12 10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders 11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
122	amounts due or received from them.) [11b] 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	120			
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	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				
с	Enter the amount of reserves on hand 13c				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х	
b	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				
	excess parachute payment(s) during the year?	15		Х	
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X	
	If "Yes," complete Form 4720, Schedule O.				

Form **990** (2020)

EXPERIENCE CAMPS

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	• • •		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 20			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		v	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	X X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Δ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10-	х	
10	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14 45	Did the organization have a written document retention and destruction policy?	14	<u>_</u>	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
~	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	150	х	
	The organization's CEO, Executive Director, or top management official	15a 15b	X	
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
iou	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	iou		
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $ ho$ FL , ME , NY , CA , CT			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990 T (Section 501(c)(3	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.	,		
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SARA DEREN - 833-226-7385			
	136 MAIN ST., STE 206, WESTPORT, CT 06880			

Part VII	Compensation of Officer	s, Directors,	Trustees,	Key Employees,	Highest	Compensated
	Employees, and Indepen	dent Contrad	ctors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See 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.

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer an	id a d I	irecto	or/trus	itee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ŝe			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		e	bens		(W-2/1099-MISC)		organization
	organizations below	ual tr	ional		ploye	t com				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer			organizations
(1) SARA DEREN	40.00	-	-	0	×	프 =	E.			
CEO		х		x				142,730.	0.	14,270.
(2) WILLIAM ANDERSON	1.00							-		
DIRECTOR		Х		Х				0.	0.	0.
(3) TODD ARKY	1.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(4) SUNIL ARORA	1.00									
DIRECTOR	1 00	X		X				0.	0.	0.
(5) EVAN BLOOMBERG	1.00	37		37				0	0	0
TREASURER	1 00	X		X				0.	0.	0.
(6) WILEY CERILLI	1.00	37		37				0		0
DIRECTOR	1 00	Х		Х				0.	0.	0.
(7) LIZ EDDY	1.00	37		37				0		0
DIRECTOR	1.00	Х		X				0.	0.	0.
(8) DAVID GARLICK	1.00	x		x				0.	0.	0
DIRECTOR (9) JUSTINE LELCHUK	1.00	^		^				0.	0.	0.
(9) JUSTINE LELCHOR DIRECTOR	1.00	x		x				0.	0.	0.
(10) BEN LUNTZ	1.00	^		^				0.	0.	0.
DIRECTOR	1.00	x		x				0.	0.	0.
(11) AIMEE SKIER	1.00	Δ		~		-		0.	•	0.
DIRECTOR	1.00	x		x				0.	0.	0.
(12) ARON WEINGARD	1.00									
DIRECTOR		х		x				0.	0.	0.
(13) SERRA GOLDMAN	1.00									
DIRECTOR		х		Х				0.	0.	0.
(14) DANNY SARCH	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(15) ERIC SOLOMON	1.00									
DIRECTOR		Х		Х				0.	0.	0.
(16) HEATHER GARSON	1.00							_	_	_
DIRECTOR		X		X				0.	0.	0.
(17) KELLIE WAGNER	1.00									_
DIRECTOR		X		X				0.	0.	0.

032007 12-23-20

Form 990 (2020)

Form 990 (2020) EXPERIENC	26-2513136 Page 8					age 8							
Part VII Section A. Officers, Directors, Trus		ploy	ees,			ghe	st C		es (continued)				
(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both a officer and a director/trustee				than (is bot	n an	(D) Reportable compensation from	(E) Reportable compensation from related	1	am	(F) timate ount o other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS(C)	fro orga and	oensa om the anizati I relate nizatio	e on ed
(18) RALEIGH LEAHY	1.00			77						_			0
DIRECTOR (19) SIMONE GAMBLE	1.00	X		Х				0.		0.			0.
DIRECTOR	1.00	x		х				0.		ο.			0.
(20) TOM TROXEL	1.00												
DIRECTOR		x		х				0.		0.			0.
(21) GERY GROVE	1.00												
DIRECTOR		Х		Х				0.		0.			0.
								142,730.		0.	1	1,2	70
1b Subtotal c Total from continuation sheets to Part VI								142,750.		0.	14	±, 4	<u>/0.</u>
d Total (add lines 1b and 1c)								142,730.		0.	14	1,2	70.
2 Total number of individuals (including but n								eceived more than \$100),000 of reportable)			1
compensation from the organization												Yes	⊥ No
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	•		-	·	-			ghest compensated emp	-		3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	•	le co	ompe	ensa	atior	n and	l ot	her compensation from			4		x
5 Did any person listed on line 1a receive or a									idual for services		4		
rendered to the organization? If "Yes," com	plete Schedule	e J f	or sı	ıch	pers	son .					5		Х
Section B. Independent Contractors		-							¢100.000 of comm				
Complete this table for your five highest co the organization. Report compensation for								n the organization's tax		Jensa			
(A) Name and business	address	NC	ONE	2				(B) Description of s	services	Co	(C omper		า
2 Total number of independent contractors (ii	•	ot lir	nite	d to		•	stee	d above) who received n	nore than				
\$100,000 of compensation from the organiz	zation 🕨				()							

Pa	rt VI								
		Check if Schedule O	contains a res	sponse	or note to any lir	e in this Part VIII	(5)	(0)	
						(A) Total revenue	(B) Related or exempt function revenue	Unrelated	Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts				-					
Ъ D	b				162,268.				
ifts, r Ai	C	J		-	102,200.				
nila n		Related organizations		-					
Sir	f	 Government grants (contr All other contributions, gifts, 	· · –	-					
her		similar amounts not included			783,903.				
Ģţ			···· –	g \$,00,000				
Con	g	Total. Add lines 1a-1f				946,171.			
<u> </u>		I I Utal. Aud intes la II			Business Code	51071710			
Ð	2 a				Busiliess Odde				
Program Service Revenue	z a b								
Ser	c								
evel Bvel	d								
Be	6								
Pro	f	All other program service	revenue						
		Total. Add lines 2a-2f							
	3	Investment income (includ							
	_	other similar amounts)	-			351,779.			351,779.
	4	Income from investment of							
	5	Royalties			-				
			(i) R		(ii) Personal				
	6 a	Gross rents	6a						
	b		6b						
	c	—	6c						
	d	Net rental income or (loss)		►				
	7 a	Gross amount from sales of	(i) Secu		(ii) Other				
		assets other than inventory	7a						
	b	Less: cost or other basis							
anı		and sales expenses	7b						
Revenue	c		7c						
	d	Net gain or (loss)		<u>.</u>					
her	8 a	Gross income from fundraisi							
Oth		including \$ 162	2,268. ₀	F					
		contributions reported on							
		Part IV, line 18		8a	0.				
		Less: direct expenses			-				
		Net income or (loss) from	•		····· •	-17,789.			-17,789
	9 a	Gross income from gamin	-						
		Part IV, line 19							
		Less: direct expenses							
		Net income or (loss) from		ties	>				
	10 a	Gross sales of inventory, I							
		and allowances							
		Less: cost of goods sold							
	C	Net income or (loss) from	sales of inver	itory					
sn					Business Code				
oeu	11 a								
ven	b								
Miscellaneous Revenue									
Σ		All other revenue							
		Total revenue. See instruction				1,280,161.	0.	0.	333,990.

EXPERIENCE CAMPS

Form 990 (2020)

26-2513136

Page 9

EXPERIENCE CAMPS 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).

De	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	not include amounts reported on lines 65, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Ū	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees	157,000.	117,750.		39,250
6	Compensation not included above to disqualified				
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	821,010.	503,404.	26,332.	291,274
8	Pension plan accruals and contributions (include				· -
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	70,510.	37,800.	899.	31,811
10	Payroll taxes	83,949.	54,006.	2,263.	27,680
11	Fees for services (nonemployees):				
	Management				
b	· · · ·				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
y	column (A) amount, list line 11g expenses on Sch O.)	278,883.	136,396.	29,744.	112,743
12	Advertising and promotion	17,261.	13,829.	2577110	3,432
12 13		48,907.	23,402.	11,269.	14,236
13 14	Office expenses	48,558.	17,532.	3,244.	27,782
	Information technology	40,0000	17,552.	5,211.	21,102
15 16	Royalties	25,395.	15,234.	2,540.	7,621
16 17		36,330.	30,005.	1,990.	4,335
17		50,550.	50,005.	1,550.	4,555
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	33,388.	30,280.	1,151.	1,957
23	Insurance	55,500.	50,200.	±,±J±•	т,ээт
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM SUPPLIES	741,944.	741,944.		
b		,	,		
c c	-				
d					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	2,363,135.	1,721,582.	79,432.	562,121
25		<u>,,,,,,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,,2-,302.	1,, ±, 2, 4	504,141
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (202

EXPERIENCE CAMPS

Part	^	Balance Sneet				
		Check if Schedule O contains a response of	r note to any line in this Part X		<u> </u>	
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1,175,773.	1	707,232
	2	Savings and temporary cash investments		2	89,820	
	3	Pledges and grants receivable, net		3	127,187	
	4	Accounts receivable, net			4	33,466
	5	Loans and other receivables from any curre				
	Ŭ	trustee, key employee, creator or founder, s				
		controlled entity or family member of any of			5	
	6	Loans and other receivables from other disc				
	•	under section 4958(f)(1)), and persons desc			6	
. ا م	7	Notes and loans receivable, net			7	
D C	8	Inventories for sale or use			8	
¥ l	9	Prepaid expenses and deferred charges			9	44,936
		Land, buildings, and equipment: cost or oth			5	
_ "	va	basis. Complete Part VI of Schedule D				
	h	Less: accumulated depreciation			10c	
1				4,364,967.	11	4,869,700
1		Investments - publicly traded securities			12	4,005,700
1:		Investments - other securities. See Part IV, I				
1:		Investments - program-related. See Part IV,			13	
14		Intangible assets			14 15	2,500
1		Other assets. See Part IV, line 11			15	5,874,842
10 1'		Total assets. Add lines 1 through 15 (must			17	68,174
		Accounts payable and accrued expenses				00,17
18		Grants payable			18	
19		Deferred revenue			19	
2		Tax-exempt bond liabilities			20	
2		Escrow or custodial account liability. Compl			21	
21 21	Z	Loans and other payables to any current or				
		trustee, key employee, creator or founder, s				
	~	controlled entity or family member of any of			22	
- 2		Secured mortgages and notes payable to u			23	173,619
24		Unsecured notes and loans payable to unre			24	1/5,015
2	5	Other liabilities (including federal income tax				
		parties, and other liabilities not included on	lines 17-24). Complete Part X	7,423.	05	19,559
	~	of Schedule D		95,222.		261,352
20	6	Total liabilities. Add lines 17 through 25		. JJ, 222•	26	201,332
es		Organizations that follow FASB ASC 958,				
	-	and complete lines 27, 28, 32, and 33.		6,067,225.	07	5,472,382
		Net assets without donor restrictions			27	141,107
2	8	Net assets with donor restrictions		. 007,703.	28	141,107
		Organizations that do not follow FASB AS	SC 958, check here 🕨 📖			
5 .	~	and complete lines 29 through 33.	a da		00	
	-	Capital stock or trust principal, or current fu			29	
		Paid-in or capital surplus, or land, building, o			30	
Net Assets or Fund Balances C C C C C C C		Retained earnings, endowment, accumulate			31	5 612 /00
		Total net assets or fund balances			32	5,613,489
3	3	Total liabilities and net assets/fund balances	5	. 0,030,130.	33	5,874,841 Form 990 (202

12

Form **990** (2020)

Form	1990 (2020) EXPERIENCE CAMPS	26	-251313	бр	age 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1			161.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,3	53,	135.		
3	Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,7	34,	934.		
5	Net unrealized gains (losses) on investments	5	_	45,	471.		
6	Donated services and use of facilities	6		7,	000.		
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	5,6	13,	489.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Ye	s No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d 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?		2t	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	б,				
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t,				
	review, or compilation of its financial statements and selection of an independent accountant?			X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	nedule	O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	udit				
	Act and OMB Circular A-133?				X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3t				

Form **990** (2020)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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
	2020
	Open to Public Inspection
-	identification numbe

Mama	of the	orgonization
Name	or the	organization
		•

Nan	ne of t	the organization		5.0					identification number	
			RIENCE CAM						6-2513136	
Pa		Reason for Public						1S.		
The	organ	ization is not a private found								
1		A church, convention of ch					1)(A)(i).			
2		A school described in sect								
3		A hospital or a cooperative								
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
_		city, and state:								
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
_		section 170(b)(1)(A)(iv). (C								
6	\square	A federal, state, or local go	-							
7		An organization that norma	-	initial part of its support i	rom a gov	ernmental	unit or from t	ne general	public described in	
•		section 170(b)(1)(A)(vi). (C								
8	\square	A community trust describe			-	ad in a suit				
9		An agricultural research org	-			-		-	-	
		or university or a non-land- university:	grant college of agric		Enter the	name, city	y, and state o	r the colleg		
10	X	An organization that norma	Illy receives (1) more	than 33 1/3% of its sun	port from	contributio	ne mombore	hin foos a	nd aross rocaints from	
10		activities related to its exen								
		income and unrelated busi		-					-	
		See section 509(a)(2). (Col				.5505 acqt		gamzation		
11		An organization organized		ively to test for public sa	afety. See	section 50)9(a)(4).			
12		An organization organized	-	•	•			arrv out the	e purposes of one or	
			-	•	-			•		
		more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) . See section 509(a)(3) . Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.								
а		7	• •			-		-	/ giving	
		Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting								
		organization. You must o	complete Part IV, Se	ections A and B.						
b		Type II. A supporting org	anization supervised	l or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	aving	
		control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
С		☐ Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functiona	lly integrat	ed with,	
	_	_ its supported organizatio	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.			
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organ	ization(s)	
		that is not functionally int	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness	
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.			
е		Check this box if the orga					а Туре I, Туре	II, Type III		
		functionally integrated, o								
f		er the number of supported of								
g		vide the following information i) Name of supported	n about the supporte (ii) EIN	ed organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	fmonetary	(vi) Amount of other	
	,	organization		(described on lines 1-10	in your governi Yes	nization listed ng document? No	support (see ir		support (see instructions)	
		•		above (see instructions))	165	NO				
Tota	1									

Schedule A (Form 990 or 990 EZ) 2020 EXPERIENCE CAMPS

26-2513136 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Caledar year (of fiscal year beginning in) (g) 2016 (g) 2017 (g) 2018 (g) 2019 (g) 2020 (g) Total (holds gany contributions and membership fees received. (Do not include any 'unusual grants.') 2 Tax revenues levide for the organ- ization's banefit and ether paid to or expended on its behalf 3 The value of services or facilities 3 The value of services or facilities 4 Total. Additions the stream of the services or facilities 5 The portion of total contributions by each person (other than a grovemmetal unit or publicly supported organization included on line 1 that exceeds 29: 60 the amount shown on line 11, column (f) 6 Public support. Stores the stores ine 4. 5 Gross norms from the set in stores ine accurities bane, rents, royshies, and income from interest. 6 Gross norms in equations by each person (other than a grovemmetal showed on accurities bane, rents, royshies, and income from interest. 6 Public support. Storest res itom ire 4. 5 Gross norms in equations accurities bane, rents, royshies, and income from interest. 10 Other incomest on the sale of capital assets (Explaints in Part VI) 11 Total support. Addities, Vitube, etc. (see instructions) 12 Cross receipts from related accurities, etc. (see instructions) 13 First 5 years. If the Groups of the form 990 is for the organization if first, second, third, forth, or fifth tax year as a section 501(c)(3) organization (reductions, etc.) 13 First 5 years. If the Groups of the cognization of direct cognization 14 Abis support percentage form 2010 Schedule AP art II, ine 14 and ine 15 is 33 1/3% or more, check this box and actor the sale of capital as as a the facts and circumstances test. The organization direct check tab box on line 13, refs. or fibs, and line 15 is 70% or more, check this box and actor here cognization meets the facts and circumstances test. The organization direct check tab box on line 13, refs. fibs, or 70, eheck this box and actor here cognization meets the facts and circumstances test. The organiza	Sec	ction A. Public Support					_			
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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		organization meets the facts-and-circl	umstances test. T	he organization qu	ualifies as a public	ly supported orgar	nization		►	ĺ
	18	Private foundation. If the organizatio	<u>n did not check</u> a	box on line 13, 16	<u>8a, 16b, 17a, or</u> 17	<u>b, check this box</u> a	and see	instruction	s ►	

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990 EZ) 2020 EXPERIENCE CAMPS

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.)

Se	ction 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.")	1,116,132.	1,237,979.	1,892,811.	3,805,878.	2,318,206.	10,371,006.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		273 496.	732,662.	541,317.	0.	1,547,475.
~	Gross receipts from activities that		275,490.	752,002.	541,517.		1,317,173.
3	•						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge	1 110 120	1 511 485	0 605 452	4 245 105	0.010.000	11 010 401
	Total. Add lines 1 through 5	1,116,132.	1,511,475.	2,625,473.	4,347,195.	2,318,206.	11,918,481.
7a	Amounts included on lines 1, 2, and	100 100					100 155
	3 received from disqualified persons	106,155.					106,155.
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 exceed the line 12 for the upper						0.
	amount on line 13 for the year	106,155.					106,155.
		100,100.					11,812,326.
Ser	Public support. (Subtract line 7c from line 6.)						11,012,520.
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	,	1,116,132.	1,511,475.	2,625,473.	4,347,195.	2,318,206.	11,918,481.
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,110,102.	1,511,475.	2,023,473.	4,547,195.	2,310,200.	11,910,401.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b 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.)	1,116,132.	1,511,475.	2,625,473.	4,347,195.	2,318,206.	11,918,481.
	First 5 years. If the Form 990 is for th	e organization's fir	rst. second. third.	fourth, or fifth tax	vear as a section 5	01(c)(3) organizati	on.
	check this box and stop here	5			, 		
Se	ction C. Computation of Publ	ic Support Per					
	Public support percentage for 2020 (I		-	column (f))		15	99.11 %
	Public support percentage from 2019		-			16	%
	ction D. Computation of Invest						
	Investment income percentage for 20			ne 13. column (f))		17	.00 %
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2020. If the						
130	more than 33 1/3%, check this box a	-					
k	33 1/3% support tests - 2019. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	and
~	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	

Yes

No

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 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.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

10b

Part IV Supporting Organizations (continued)

1

2

		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in 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		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		
Section B. Type I Supporting Organizations			
		Yes	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.	
2	Did the organization operate for the honofit of any supported organization other than the supported	

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.

Section C. Type II Supporting Organizations

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

Section D. All	Type III	Supporting	Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c L The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- 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.*
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **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.*

2a

2b

За

3b

Yes No

Schedule A (Form 990 or 990 EZ) 2020 EXPERIENCE CAMPS

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

 1
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.

All other Type III non-functionally integrated supporting organizations must complete Sections A through E.	
	(=) =

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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	1 a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Sect	ion 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 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

Fai	I V Type III Non-Functionally integrated 509	(a)(5) Supporting Orga	anizations (continu	<u>ied)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		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	he organization is responsive	Э		
	(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	1		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	IS	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able 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				
	Applied to 2020 distributable amount				
	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:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 EXPERIENCE CAMPS

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

SCHEDULE I)
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Department of the Treasury Internal Revenue Service

(Form	990)
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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.



Nam	e of the organization		Em	ployer identification number
De	EXPERIENCE CAMPS			26-2513136
Pa			s or Accol	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		(1) 5	
		(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes S No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring	
	impermissible private benefit?			Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7	7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recrea	ition or education) 🛛 Preservation o	f a historically	/ important land area
	Protection of natural habitat	Preservation o	f a certified hi	istoric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form	of a conserv	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements			
с	Number of conservation easements on a certified historic str			
d	Number of conservation easements included in (c) acquired			
-	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re			n during the tax
•	vear >		io organizatio	in daning the tax
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the per			
Ũ	violations, and enforcement of the conservation easements i			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			······· — ··· — ···
Ŭ		naraling of violations, and emotoling col		someries during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easeme	nts during the year
•	S	and choicing conserv	ation caseme	into during the year
8	Does each conservation easement reported on line 2(d) above	a satisfy the requirements of section 17		
0				Yes No
٥	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservati			
5	balance sheet, and include, if applicable, the text of the foot			
	organization's accounting for conservation easements.	Tote to the organization s financial statem		
Pa	t III Organizations Maintaining Collections o	f Art. Historical Treasures, or (Other Simi	lar Assets.
	Complete if the organization answered "Yes" on Form			
12	If the organization elected, as permitted under FASB ASC 95		and halance	sheet works
ia	of art, historical treasures, or other similar assets held for pul			
	service, provide in Part XIII the text of the footnote to its final	, ,		
h	If the organization elected, as permitted under FASB ASC 95			at works of
D				
	art, historical treasures, or other similar assets held for public	exmotion, education, or research in fun	nerance or p	
	provide the following amounts relating to these items:		►	¢
	(i) Revenue included on Form 990, Part VIII, line 1			\$
~				\$
2	If the organization received or held works of art, historical tre		ai gain, provid	de
	the following amounts required to be reported under FASB A	-		•
a	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X		🕨	\$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-01-20

Schedule D (Form 990) 2020

Sche	dule D (Form 990) 2020 EXPERIE	NCE CAMPS					26-25	13136	• Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, Historica	al Treasures,	or Oth	er Simila	ar Asse	ts (contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any c	f the following th	at make :	significant	use of its		
	collection items (check all that apply):								
а	Public exhibition	d	I 🛄 Loan d	r exchange progr	am				
b	Scholarly research	e	e 🛄 Other_						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how they fur	her the organizat	ion's exe	empt purpo	ose in Par	t XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, historica	l treasures, or oth	ner simila	ar assets		-	
	to be sold to raise funds rather than to be ma		U					Yes	No No
Par	t IV Escrow and Custodial Arran		ete if the organ	ization answered	"Yes" or	n Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi						_	-	
	on Form 990, Part X?						L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:						
								Amount	
	Beginning balance								
	Additions during the year								
	Distributions during the year								
	Ending balance							N _e	
	Did the organization include an amount on Fe If "Yes," explain the arrangement in Part XIII.							Yes	No
	t V Endowment Funds. Complete in								
1 41		(a) Current year	(b) Prior ye				ears hack	(a) Four	vears hack
1a	Beginning of year balance	(a) Ourrent year				(u) mee y		(e) i oui	yours buok
b	Contributions								
c c	Net investment earnings, gains, and losses								
d	Grants or scholarships								
	Other expenditures for facilities								
Ū	and programs								
f	Administrative expenses								
	End of year balance								
2	Provide the estimated percentage of the curr	rent vear end baland	ce (line 1a. colu	mn (a)) held as:					
а	Board designated or quasi-endowment	,	%	()/					
b	Permanent endowment	%							
		%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that are h	eld and administ	ered for t	the organiz	zation		
	by:								Yes No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requi	red on Schedu	le R?				3b	
	Describe in Part XIII the intended uses of the	Q	owment funds.						
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990	0, Part IV, line	1a. See Form 99	0, Part X	, line 10.			
	Description of property	(a) Cost or o basis (investr		Cost or other basis (other)		ccumulate preciation	ed	(d) Book	value
1a	Land								
	Buildings								
	Leasehold improvements								
d	Equipment								
	Other								
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B),	line 10c.)					0.

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			

(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	OTHER LIABILITIES	19,559.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	19,559.

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

Schedule D (Form 990) 2020

Sche	dule D (Form 990) 2020 EXPERIENCE CAMPS			26-	2513136 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	n Revenue per		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,241,690.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	-45,471		
b	Donated services and use of facilities	2b	7,000	•	
с	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-38,471.
3	Subtract line 2e from line 1			3	1,280,161.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				1,280,161.
Do					
га	rt XII Reconciliation of Expenses per Audited Financial Staten		h Expenses pe	r Retu	ırn.
Fa	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.		r Retu	
1		a.		r Retu	ırn. 2,363,135.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	a.			
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	a.			
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	a. 2a			
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	a. 2a 2b			
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	a. 			
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	a. 2a 2b 2c 2d			2,363,135.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	a. 2a 2b 2c 2d		1	
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	a. 2a 2b 2c 2d		 2e	2,363,135.
1 2 b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	a. 2a 2b 2c 2d		 2e	2,363,135.
1 2 b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	a. 2a 2b 2c 2d 2d		 2e	2,363,135.
1 2 3 4 3 4 b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	a. 2a 2b 2c 2d 2d 4a 4b		 2e	2,363,135. 0. 2,363,135. 0.
1 2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	a. 2a 2b 2c 2d 2d 4a 4b		1 2e 3	2,363,135.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G	Suppleme	ntal Information Regarding	Fun	drais	ing or Gaming <i>I</i>	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)	, or if the	2020						
Department of the Treasury		Attach to Form 990						Open to Public
Internal Revenue Service Name of the organization		to www.irs.gov/Form990 for instr	uction	s and	the latest informat	ion.	Employor i	Inspection dentification number
Name of the organization		NCE CAMPS					26-251	
	ing Activities complete this par	Complete if the organization answe	ered "Y	'es" or	n Form 990, Part IV, I	line 1	7. Form 990-	EZ filers are not
 Indicate whether the a Mail solicitati Mail solicitati Internet and Phone solicit In-person solicit In-person solicit A Did the organization key employees lister 	e organization rais ions email solicitations ations licitations n have a written c ed in Form 990, P highest paid indiv	sed funds through any of the followin e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (inclue	non-g gover aising o ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Y	es 🗌 No bbe
(i) Name and address or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody trol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by fundraiser ted in col. (i)	
			Yes	No				
Total								
		on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is	exempt from	registration

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

Schedule G (Form 990 or 990-EZ) 2020

Schedule G (Form 990 or 990 EZ) 2020 EXPERIENCE CAMPS Part II Fundraising Events. Complete if the organization answ

26-2513136 Page 2

Fundraising Events.	Complete if the organization answer	ed "Yes" on Form 990, Pa	art IV, line 18, or reported more	e than \$15,000
of fundraising event contrib	outions and gross income on Form 9	90-E7 lines 1 and 6h List	t avante with aross recaints ar	eater than \$5,000

			(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
anı			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	162,268.			162,268.
	2	Less: Contributions	162,268.			162,268.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	17,789.			17,789.
lirect E	7	Food and beverages				
D	8 9	Entertainment Other direct expenses				
		Direct expense summary. Add lines 4 through				17,789.
Pa	11 rt	Net income summary. Subtract line 10 from li III Gaming. Complete if the organization a	ne 3, column (d)	900 Part IV line 19 or		-17,789.
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	4					
	-	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	•	Not coming income our contract. Out the stiller of	from line 1		•	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		·····	
а	ls t	ter the state(s) in which the organization condu the organization licensed to conduct gaming ac No," explain:	ctivities in each of these	states?		Yes No
		· · · ·				
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

Sch	nedule G (Form 990 or 990-EZ) 2020 EXPERIENCE CAMPS 26	-2513	3136	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	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?	🗆	Yes	🗌 No
13	Indicate the percentage of gaming activity conducted in:			
ł	a The organization's facility	13 a		%
I	b An outside facility	13 b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address ►			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
	b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party \triangleright \$			
	c If "Yes," enter name and address of the third party:			
	- ····, -·······			
	Address ►			
16	Gaming manager information:			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	No No
I	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	э		
_	organization's own exempt activities during the tax year 🕨 \$			
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	Part III, I	ines 9	9b, 10b,

Part IV	Supplemental Information	(continued)		

SCHEDULE O

(Form 990 or 990-EZ)

Name of the organization

Fo
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 26-2513136

EXPERIENCE CAMPS

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE ORGANIZATION PROVIDES BEREAVEMENT SUPPORT TO CHILDREN THROUGH

SUMMER CAMPS, YEAR-ROUND PROGRAMS AND OTHER ON-LINE SUPPORT. IN THE

SUMMER OF 2021, EXPERIENCE CAMPS SERVED 750 CHILDREN AND TEENS BY

OFFERING 10 CAMP PROGRAMS IN 5 DIFFERENT LOCATIONS. IN ADDITION,

CAMPERS WHO COULD NOT ATTEND IN PERSON WERE ABLE TO PARTICIPATE IN A

VIRTUAL PROGRAM AND BENEFIT FROM A VARIETY OF RESOURCES PROVIDED TO

CAMPERS AND CAREGIVERS YEAR-ROUND.

FORM 990, PART VI, SECTION A, LINE 3:

SOME DUTIES HAVE BEEN DELEGATED TO AN OUTSIDE COMPANY WHICH ARE USUALLY THE RESPONSIBILTY OF MANAGEMENT.

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

THE FORM 990 TAX RETURN IS DISTRIBUTED TO EACH BOARD MEMBER TO REVIEW AND INDICATE APPROVAL TO SUBMIT FOR FILING.

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

EXPERIENCE CAMPS PROPERLY MONITORS AND ENFORCES THE CONFLICT-OF-INTEREST POLICY BY BEING DILIGENT AND REVIEWING THE ANNUAL DISCLOSURE FORMS SUBMITTED BY COVERED PERSONS AND IN COMPILING AND MAINTAINING A LIST OF POTENTIALLY CONFLICTED ENTITIES AND INDIVIDUALS. PROPOSED TRANSACTIONS CAN THEN BE MATCHED AGAINST THE LIST AS A MEANS OF IDENTIFYING POSSIBLE CONFLICTS. A PERSON HAS BEEN IDENTIFIED TO BE RESPONSIBLE FOR MAINTAINING THE LIST AND SCREENING FOR POSSIBLE CONFLICTS OF INTEREST. EXPERIENCE CAMPS

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

THE COMPENSATION DECISION AND DELIBERATION INCLUDED REVIEWING COMPARABILITY

DATA.

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

AVAILABLE UPON REQUEST.

2020 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

SEPTEMBER 30, 2021

Prepared for						
	EXPERIENCE CAMPS					
	C/O SARA DEREN, PO BOX 5121					
	WESTPORT, CT 06881					
Prepared by						
	BERKOW, SCHECHTER & COMPANY LLP					
	350 BEDFORD STREET, SUITE 303 STAMFORD, CT 06901					
To be signed and dated by	THE AUTHORIZED INDIVIDUAL(S).					
Amount of tax	Total tax \$					
	Less: payments and credits \$ 0.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00					
	Plus: other amount \$ 0.00					
	Plus: interest and penalties \$ 0.00 NO PMT REQUIRED \$					
Overpayment	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00					
	Other amount \$					
	Refunded to you \$ 0.00					
Make check payable to	NOT APPLICABLE					
Mail tax return						
and check (if applicable) to	FRANCHISE TAX BOARD P.O. BOX 942857					
	SACRAMENTO, CA 94257-0500					
Return must be mailed on						
or before	PLEASE MAIL AS SOON AS POSSIBLE.					
Special Instructions						

1	(axable)		ation				028941 12- FORM	22-20
	202	O Annual Information Return				_	199	
Cale	ndar Year	2020 or fiscal year beginning (mm/dd/yyyy) 01/01/2	, and ending	(mm/dd/yy	уу)	09/30/2	2021	
Corp	oration/Org	anization name		Cali	ifornia corpor	ation number		
EX	PERI	ENCE CAMPS			41442	250		
Addi	tional inforn	nation. See instructions.		FE		10100		
Strop	at address (suite or room)			26-25 PMB no.	513136		
		RA DEREN, PO BOX 5121			T WID NO.			
City	0 011			State	ZIP code			
WE	STPO	RT		СТ	06881	_		
Forei	ign country	name Foreign province/state	/county		Foreign pos	stal code		
_	Eirot rotu		I Did the organization hav		goo to ito g	uidalinaa		
	First retur		not reported to the FTB?				Yes X	No
-			J If exempt under R&TC S	Section 237	01d, has th	e organization		110
		rmation return?	engaged in political activ				Yes X	No
	•	Dissolved Surrendered (Withdrawn) Merged/Reorganized K Is the organization exempt under R&TC Section 237					Yes X	No
_		(mm/dd/yyyy)		-	ts from nonmember sources \$			
E	Check ac	counting method: (1) \Box cash (2) X Accrual (3) \Box Other eturn filed? (1) \bullet 990T (2) \bullet 990PF (3) \bullet Sch H (990)	L Is the organization a lim				Yes X	l No
F		900 (2) ♥ 990 (2) ♥ 990 PF (3) ♥ Sch H (990) Other 990 series	M Did the organization file report taxable income?				Ves X	No
G		proup filing? See instructions • Yes X No	N Is the organization unde	r audit bv t	he IRS or h	as the		I NO
		panization in a group exemption Yes X No	IRS audited in a prior ye				Yes X	No
	lf "Yes," v	/hat is the parent's name?	0 Is federal Form 1023/10	24 pending	J?	[Yes X	No
			Date filed with IRS					
P	art I 0	omplete Part I unless not required to file this form. See General Inf	ormation B and C.					
<u> </u>		1 Gross sales or receipts from other sources. From Side 2, Part II			•	1	351,779	9 00
		2 Gross dues and assessments from members and affiliates			• [2		00
		3 Gross contributions, gifts, grants, and similar amounts received		STMT	.1•	3	946,171	L 00
R	eceipts	4 Total gross receipts for filing requirement test. Add line 1 throu	5			. 1	207 050	
	and	This line must be completed. If the result is less than \$50,000				4 1,	297,950	<u>וע 00</u>
Re	evenues	 5 Cost of goods sold 6 Cost or other basis, and sales expenses of assets sold 	• 6		00			
						7		00
		8 Total gross income. Subtract line 7 from line 4			-		297,950	00
E	penses	9 Total expenses and disbursements. From Side 2, Part II, line 18				92,	380,924	1 00
		10 Excess of receipts over expenses and disbursements. Subtract			•		082,974	-
		 Total payments Use tax. See General Information K 			······ • •	11		00
		13 Payments balance. If line 11 is more than line 12, subtract line	12 from line 11			12		00
Fi	ling Fee	14 Use tax balance. If line 12 is more than line 11, subtract line 11				14		00
	•					15		00
		16 Balance due. Add line 12 and line 15. Then subtract line 11 fro Under penalties of perjury, I declare that I have examined this return, including ac	m the result	ments and to		16 my knowledge and	helief	00
Sign Here		it is true, correct, and complete. Declaration of preparer (other than taxpayer) is ba	ised on all information of which p	reparer has a	ny knowledg	e.	beller,	
		Signature of officer	BOARD PRESID	Date		 Telephor 	ne	
		of officer		Check	if	● PTIN		
		Preparer's ► CHRISTOPHER ECK	08/18/2		nployed >	₽0085	6686	
Paie	d	Firm's name	• • •			● Firm's FE	EIN	
Preparer's		(or yours, BERKOW, SCHECHTER & COMPA					211215	
Use	Only	employed) 350 BEDFORD STREET, SUITE	303			Telephor		
		STAMFORD, CT 06901	instructions				856-1061	L
		May the FTB discuss this return with the preparer shown above? See			♥∟▲	Yes No		

022 3651204

L

EXPERIENCE CAMPS

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

028951 12-22-20

-1,082,974

						<u> </u>	
		Gross sales or receipts from all				1	00
	2	2 Interest				2	00
	3	3 Dividends				3	351,779 ₀₀
Receip	ts 4	Gross rents			•	4	00
from	5	Gross royalties			•	5	00
Other	6	Gross amount received from sal	e of assets (See Instruction	s) STA	TEMENT $2 \bullet$	6	0 00
Source	s 7					7	00
	8 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1					8	351,779 ₀₀
		Contributions, gifts, grants, and				9	00
	10 Disbursements to or for members				•	10	00
	11 Compensation of officers, directors, and trustees SEE STATEMENT 3 •			TEMENT 3 •	11	157,000 ₀₀	
	12	12 Other salaries and wages			•	12	821,010 ₀₀
Expens	es 13	Interest			13	00	
and	14	Taxes			•	14	83,949 ₀₀
Disburs	se- 15	Rents			•	15	25,395 ₀₀
ments	16	Depreciation and depletion (See	instructions)		•	16	00
	17	Depreciation and depletion (See Other expenses and disburseme	nts	SEE STA	TEMENT $4 \bullet$	17	1,293,570 ₀₀
	18	Total expenses and disburseme	nts. Add line 9 through line	17. Enter here and on Side 1, Pa	rt I, line 9	18	2,380,924 ₀₀
Sche	dule L	Balance Sheet	Beginning	of taxable year	End	of taxa	ble year
Assets			(a)	(b)	(C)		(d)
1 Cas	sh			1,325,263			797,052
2 Ne	t account	s receivable		432,531			33,466
		ceivable					
	4 Inventories						
		state government obligations					
6 Inv	6 Investments in other bonds					•	
		in stock				•	•
		ans				•)
9 Oth	ner invest	ments STMT 5		4,364,967			4,869,700
10 a I	Depreciab	le assets					
bl	_ess accu	imulated depreciation	()	()	
		······)
12 Oth	ner assets	STMT 6		707,395			174,623
13 Total assets			6,830,156			5,874,841	
	ies and n						
14 Ac	counts pa	yable		87,799			68,174
		is, gifts, or grants payable					•
		notes payable)
		bayable)
	ner liabiliti	~ =		7,423			193,178
		<pre>< or principal fund</pre>		,			,
		ital surplus. Attach reconciliation					
	-	rnings or income fund		6,734,934			5,613,489
		ties and net worth		6,830,156			5,874,841
-	dule N		per books with income per				, ,
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.							
1 Net	t income	per books		,974 7 Income recorded			
	deral inco					ŀ	•
	Excess of capital losses over capital gains Excess of capital losses over capital gains Section 20 Section 20						
	Income not recorded on books this year					t t	•
	Expenses recorded on books this year not 9 Total. Add line 7 and line 8					F	

deducted in this return

6 Total. Add line 1 through line 5

022

-1,082,974

•

3652204

10 Net income per return.

Subtract line 9 from line 6

CA 199 GROSS AN	MOUNT FI	ROM SAL	E OF AS	SETS		S	TATEMENT	2
DESCRIPTION			TE IRED	DAT SOL			THOD UIRED	
						PUR	CHASED	
		T OR BASIS	DEPRE	c.	EXPE OF S		GROSS SALES PR	
		0.		0.		0.		0.
TOTAL TO FORM 199, PAGE 2, LN 6		0.		0.		0.	<u> </u>	0.
CA 199 COMPENSATION OF OF	FICERS,	DIRECT	ORS AND	TRUS	TEES	S	TATEMENT	3
NAME AND ADDRESS		AVERAG	TITLE A E HRS W	-	/WK		COMPENSAT	ION
SARA DEREN 136 MAIN ST. STE 206 WESTPORT, CT 06880		CEO	40.00			-	157,0	00.
WILLIAM ANDERSON C/O SARA DEREN, PO BOX 5121 WESTPORT, CT 06881		DIRECT	OR 1.00					0.
TODD ARKY C/O SARA DEREN, PO BOX 5121 WESTPORT, CT 06881		BOARD	CHAIR 1.00					0.
SUNIL ARORA C/O SARA DEREN, PO BOX 5121 WESTPORT, CT 06881		DIRECT	OR 1.00					0.
EVAN BLOOMBERG C/O SARA DEREN, PO BOX 5121 WESTPORT, CT 06881		TREASU	RER 1.00					0.
WILEY CERILLI C/O SARA DEREN, PO BOX 5121 WESTPORT, CT 06881		DIRECT	OR 1.00					0.
LIZ EDDY C/O SARA DEREN, PO BOX 5121 WESTPORT, CT 06881		DIRECT	OR 1.00					0.

EXPERIENCE CAMPS			26-2513136
DAVID GARLICK C/O SARA DEREN, PO BOX WESTPORT, CT 06881	5121	DIRECTOR 1.00	0.
JUSTINE LELCHUK C/O SARA DEREN, PO BOX WESTPORT, CT 06881	5121	DIRECTOR 1.00	0.
BEN LUNTZ C/O SARA DEREN, PO BOX WESTPORT, CT 06881	5121	DIRECTOR 1.00	0.
AIMEE SKIER C/O SARA DEREN, PO BOX WESTPORT, CT 06881	5121	DIRECTOR 1.00	0.
ARON WEINGARD C/O SARA DEREN, PO BOX WESTPORT, CT 06881	5121	DIRECTOR 1.00	0.
SERRA GOLDMAN C/O SARA DEREN, PO BOX WESTPORT, CT 06881	5121	DIRECTOR 1.00	0.
DANNY SARCH C/O SARA DEREN, PO BOX WESTPORT, CT 06881	5121	VICE CHAIR 1.00	0.
ERIC SOLOMON C/O SARA DEREN, PO BOX WESTPORT, CT 06881	5121	DIRECTOR 1.00	0.
HEATHER GARSON C/O SARA DEREN, PO BOX WESTPORT, CT 06881		DIRECTOR 1.00	0.
KELLIE WAGNER C/O SARA DEREN, PO BOX WESTPORT, CT 06881	5121	DIRECTOR 1.00	0.
RALEIGH LEAHY C/O SARA DEREN, PO BOX WESTPORT, CT 06881	5121	DIRECTOR 1.00	0.
SIMONE GAMBLE C/O SARA DEREN, PO BOX WESTPORT, CT 06881	5121	DIRECTOR 1.00	0.
TOM TROXEL C/O SARA DEREN, PO BOX WESTPORT, CT 06881	5121	DIRECTOR 1.00	0.

EXPERIENCE CAMPS

CA 199

GERY GROVE C/O SARA DEREN, PO BOX 5121 WESTPORT, CT 06881

TOTAL TO FORM 199, PART II, LINE 11

DESCRIPTION			AMOUNT
PROGRAM SUPPLIES DIRECT EXPENSES OF FUNDRAISING EV OTHER EMPLOYEE BENEFITS OTHER PROFESSIONAL FEES ADVERTISING AND PROMOTION OFFICE EXPENSES INFORMATION TECHNOLOGY TRAVEL INSURANCE	'ENTS		741,944. 17,789. 70,510. 278,883. 17,261. 48,907. 48,558. 36,330. 33,388.
TOTAL TO FORM 199, PART II, LINE	17		1,293,570.
CA 199 O	THER INVESTMENTS		STATEMENT 5
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PROGRAM RELATED INVESTMENTS OTHER PUBLICLY TRADED SECURITIES		0. 4,364,967.	0. 4,869,700.
TOTAL TO FORM 199, SCHEDULE L, LI	NE 9	4,364,967.	4,869,700.
CA 199	OTHER ASSETS		STATEMENT 6
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE PREPAID EXPENSES AND DEFERRED CHA SECURITY DEPOSIT	RGES	659,959. 44,936. 2,500.	127,187. 44,936. 2,500.
TOTAL TO FORM 199, SCHEDULE L, LI	NE 12	707,395.	174,623.

0.

4

.........

STATEMENT

157,000.

DIRECTOR 1.00

OTHER EXPENSES

26-2513136

BEG. OF YEAR END OF YEAR

_ _

CA 199 OTHER LIABILI	TIES	STATEMENT	7
DESCRIPTION	BEG. OF YEAR	END OF YE	AR
OTHER LIABILITIES UNSECURED NOTES AND LOANS PAYABLE	7,423.	19,55 173,61	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	7,423.	193,17	78.
CA 199 FUND BALANC	ES	STATEMENT	8

DESCRIPTION

NET ASSETS WITHOUT DONOR RESTRICTIONS NET ASSETS WITH DONOR RESTRICTIONS	6,067,225. 667,709.	5,472,382. 141,107.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	6,734,934.	5,613,489.

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TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

SEPTEMBER 30, 2021

Prepared for	
	EXPERIENCE CAMPS C/O SARA DEREN, PO BOX 5121 WESTPORT, CT 06881
Prepared by	BERKOW, SCHECHTER & COMPANY LLP 350 BEDFORD STREET, SUITE 303 STAMFORD, CT 06901
Amount due or refund	BALANCE DUE OF \$150.00
Make check payable to	DEPARTMENT OF JUSTICE
Mail tax return and check (if applicable) to	REGISTRY OF CHARITABLE TRUSTS P.O. BOX 903447 SACRAMENTO, CA 94203-4470
Return must be mailed on or before	PLEASE MAIL AS SOON AS POSSIBLE.
Special Instructions	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).

STATE OF CALIFORNIA DEP/ RRF-1 (Rev. 09/2017) ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA (For Registry Use Or P.O. Box 903447 Addit TO: P.O. Box 903447 Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312 (For Registry Use Or P.O. Box 903447 Sacramento, CA 94203-44700 Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312 (For Registry Use Or P.O. Box 95814 Sacramento, CA 95814 Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored. VERP/		- JUSTICE AGE 1 of 5		
EXPERIENCE CAMPS Check if: Name of Organization Change of address Amended report				
List all DBAs and names the organization uses or has used C/O SARA DEREN, PO BOX 5121 Address (Number and Street) State Charity Registration Number CT				
WESTPORT, CT 06881 Corporation or Organization No. 4144250 City or Town, State, and ZIP Code SARAGEXPERIENCECAMPS.OR Corporation or Organization No. 4144250 833-226-7385 G Federal Employer ID No. 26-2513136 Telephone Number E-mail Address Federal Employer ID No. 26-2513136				
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312) Make Check Payable to Department of Justice				
Gross Annual RevenueFeeGross Annual RevenueFeeGross Annual RevenueLess than \$25,00000Between \$100,001 and \$250,000\$50Between \$1,000,001 and \$10 millionBetween \$25,000 and \$100,000\$25Between \$250,001 and \$1 million\$75Between \$10,000,001 and \$50 millionGross Annual RevenueGross Annual RevenueGross Annual RevenueGross Annual RevenueBetween \$25,000 and \$100,000\$25Between \$250,001 and \$1 million\$75Gross Annual RevenueGross Annual RevenueGross Annual RevenueGross Annual RevenueGross Annual RevenueBetween \$250,001 and \$10 million\$75Gross Annual RevenueGross Annual RevenueGross Annual RevenueGross Annual RevenueGross Annual RevenueGross Annual RevenueGross Annual RevenueBetween \$25,000 and \$100,000\$25Between \$250,001 and \$1 millionGross Annual RevenueGross Annual RevenueGross Annual RevenueGross Annual RevenueGross Annual RevenueBetween \$1,000,001 and \$25Gross Annual RevenueGross Annual Revenue <td< td=""><td>on \$ ion \$</td><td><u>ee</u> 150 225 300</td></td<>	on \$ ion \$	<u>ee</u> 150 225 300		
PART A - ACTIVITIES For your most recent full accounting period (beginning 01/01/2021 ending 09/30/2021) list:				
For your most recent full accounting period (beginning 01/01/2021 ending 09/30/2021) list: Gross Annual Revenue\$ 1,280,161 Noncash Contributions\$ 0 Total Assets \$ 5, Program Expenses \$ 1,721,582 Total Expenses \$ 2,363,135	874,	841		
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT				
Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information requi	ed. Ye	s No		
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		x		
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		x		
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		x		
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		x		
5. During this reporting period, did the organization receive any governmental funding?		x		
6. During this reporting period, did the organization hold a raffle for charitable purposes?		x		
7. Does the organization conduct a vehicle donation program?		x		
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?		x		
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?				
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of m and belief, the content is true, correct and complete, and I am authorized to sign.	knowle	dge		
TODD ARKY BOARD PRESIDENT Signature of Authorized Agent Printed Name Title	Date			

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	ype or Name of exempt organization or other filer, see instructions. Taxpage					tion number (TIN)
print					26-2513136	
File by the	EXPERIENCE CAMPS				20-2	513130
due date fo filing your return. See	ue date for Number, street, and room or suite no. If a P.O. box, see instructions.					
instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. WESTPORT, CT 06881						
Enter the	Return Code for the return that this application is for (fil	e a separa	te application for each return)			01
Applica	tion	Return	Application			Return
Is For		Code	Is For			Code
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	0-BL	02	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other than individual)			09
Form 99	0-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above)	06	Form 8870			12
 If the If this box 1 In the 2 If f 	hone No. 833-226-7385 organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box equest an automatic 6-month extension of time until e organization named above. The extension is for the org	Group Exe and atta AUGU anization's	emption Number (GEN) I ch a list with the names and TINs of ST 15, 2022 , to file s return for: d endingSEP 30, 2021	f this is fo all memb	r the whole ers the ex npt organiz 	e group, check this
	his application is for Forms 990-BL, 990-PF, 990-T, 4720 y nonrefundable credits. See instructions.	, or 6069,	enter the tentative tax, less	3a	\$	0.
b If	his application is for Forms 990-PF, 990-T, 4720, or 6069), enter ang	refundable credits and			-
_	timated tax payments made. Include any prior year overp			3b	\$	0.
	lance due. Subtract line 3b from line 3a. Include your pa	,	· · · ·			0
-	ing EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.
Caution instructi	: If you are going to make an electronic funds withdrawal ons.	(direct de	bit) with this Form 8868, see Form 8	453-EO a	nd Form 8	879-EO for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

			CHANGE OF ACCOUNTING PERIOD		
Forr	9	90	Return of Organization Exempt From Income Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private for	undations	омв №. 1545-0047 2020
Depa	rtment	of the Treasury	Do not enter social security numbers on this form as it may be made public Costs any instruction and the latest information	с.	Open to Public Inspection
_		nue Service	► Go to www.irs.gov/Form990 for instructions and the latest information. ar year, or tax year beginning JAN 1, 2021 and ending SEP 30,	2021	Inspection
			f organization D Employer		tion number
a	heck if pplicab	le:		uentinca	
	Addre Chang		RIENCE CAMPS		_
	Name chang Initial	e Doing b		51313	6
	_return		and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone		205
	return			226-7	
	ated Amer returr	City or t	own, state or province, country, and ZIP or foreign postal code G Gross receipt H(a) Is this a		1,297,950.
	_returr]Appli _tion				
	pendi			rdinates?	
	·2V.0V	empt status:			t. See instructions
<u>. I V</u>	Vehsi	te b WWW.	EXPERIENCECAMPS.ORG		
					State of legal domicile: ME
	rt I	Summary			state er regal dermenet
_	1	Briefly describ	e the organization's mission or most significant activities: EXPERIENCE CAMPS	PROVI	DES
nce		BEREAVE	MENT SUPPORT TO GRIEVING CHILDREN.		
rna	2	Check this bo	x 🕨 🛄 if the organization discontinued its operations or disposed of more than 25% of i	ts net asse	ets.
ove	3	Number of vo	ting members of the governing body (Part VI, line 1a)	3	20
5 S	4	Number of inc	lependent voting members of the governing body (Part VI, line 1b)		20
ŝ	5		of individuals employed in calendar year 2020 (Part V, line 2a)		33
viti	6	Total number	of volunteers (estimate if necessary)	6	339
Activities & Governance	7a	Total unrelate	d business revenue from Part VIII, column (C), line 12	7a	0.
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	7b	0.
			Prior Year		Current Year
ne	8		and grants (Part VIII, line 1h) 2,318,		946,171.
Revenue	9	•	ce revenue (Part VIII, line 2g)	0.	0.
Re	10		come (Part VIII, column (A), lines 3, 4, and 7d)		351,779.
	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-17,789.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,407,	0.	1,280,161.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
		<u> </u>	to or for members (Part IX, column (A), line 4) r compensation, employee benefits (Part IX, column (A), lines 5-10) 1,114,		1,132,469.
ses	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10) 1,114,	0.	0.
Expenses	16a	Protessional f	r compensation, employee benefits (Part IX, column (A), lines 5-10)		0.
Ă			es (Part IX, column (A), lines 11a-11d, 11f-24e) 822,	361	1,230,666.
	17 18		s. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,937,		2,363,135.
	19	-	expenses. Subtract line 18 from line 12		-1,082,974.
es	19	nevenue less	Beginning of Curre		End of Year
ets (lanc	20	Total assets (I		156.	5,874,841.
Net Assets or Fund Balances	21			222.	261,352.
<u>N</u> et -unc	22		fund balances. Subtract line 21 from line 20		5,613,489.
	rt II	Signature		<u> </u>	, ,,====
_		-	I declare that I have examined this return, including accompanying schedules and statements, and to the I	best of my k	nowledge and belief, it is
			. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled	-	

Sign Here	Signature of officer TODD ARKY, BOARD PRESI Type or print name and title	DENT	Date
Paid	Print/Type preparer's name CHRISTOPHER ECK	Preparer's signature CHRISTOPHER ECK	Date Check PTIN 08/18/22 ^{if} self-employed P00856686
Preparer	Firm's name BERKOW , SCHECHTE		Firm's EIN 🕨 06-1211215
Use Only	Firm's address 350 BEDFORD STRE STAMFORD, CT 069		Phone no. 203 - 356 - 1061
May the II	RS discuss this return with the preparer shown abo	ove? See instructions	X Yes No
		a and the compute instructions	

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

Form	1 990 (2020) EXPERIENCE CAMPS 26-2513136 Page 2	2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III]
1	Briefly describe the organization's mission: EXPERIENCE CAMPS PROVIDES BEREAVEMENT SUPPORT TO GRIEVING CHILDREN	
	THROUGH FREE, ONE-WEEK SUMMER CAMP PROGRAMS AND YEAR-ROUND RESOURCES	
	THAT HELP NORMALIZE THE GRIEF PROCESS AND ESTABLISH CONNECTIONS SO	
	KIDS KNOW THAT THEY ARE NOT ALONE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ? Yes X No	,
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?)
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1,721,582. including grants of \$) (Revenue \$))
	SINCE 2009, EXPERIENCE CAMPS HAS TRANSFORMED THE LIVES OF THOUSANDS OF	
	CAMPERS AND HAS SPENT MORE THAN 450,000 IN-PERSON HOURS HELPING THEM	
	NAVIGATE THEIR GRIEF. WE OPERATE CAMPS AT LOCATIONS IN 5 STATES,	
	SERVING CHILDREN AND TEENS FROM NEARLY EVERY US STATE AND 5 COUNTRIES.	
	OUR ONE-WEEK, OVERNIGHT SUMMER CAMPS AND YEAR-ROUND EFFORTS HELP TO	
	REFRAME THE EXPERIENCE OF GRIEF AND EQUIP KIDS WITH INVALUABLE COPING	
	SKILLS THAT ENABLE THEM TO MOVE FORWARD WITH THEIR LIVES. TO BETTER	
	ALIGN WITH SUMMER PROGRAMMING, FY22 WILL SHIFT FROM CALENDAR YEAR TO	
	10/1 - 9/30. AS A RESULT, FY21 INCLUDES ONLY 9 MONTHS (JAN 1 - SEPT	
	30), REFLECTING OUR LARGEST PROGRAMMING EXPENSE QUARTERS WHILE FAILING	
	TO ACCOUNT FOR ANY/ALL YEAR-END CHARITABLE REVENUE. AS A RESULT,	
	APPARENT DEFICIT ACCORDINGLY WILL BE REDUCED IN FY22.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
		<u> </u>
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
		_
		_
		_
		—
		—
		—
		—
		_
		_
		—
4d	Other program services (Describe on Schedule O.)	—
-tu		
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 1,721,582.	

Form	990	(2020)

 Form 990 (2020)
 EXPERIENCE
 CAMPS

 Part IV
 Checklist of Required Schedules

1 4			-	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	5		
4		4		x
5	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	· ·		
U	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in 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,			x
h	Part VI	11a		
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? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i>	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or marc2 /f "Vos " complete Schedule E. Parte Land IV.	14-		x
15	or more? <i>If</i> " <i>Yes</i> ," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<u> </u>
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	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			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

	Form 990 (2		EXPERIENCE	
ĺ	Part IV	Checklist of	of Required Schedule	S (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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l
	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 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			l
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			37
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
•••	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		I
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
~	If "Yes," complete Schedule R, Part V, line 2	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0-		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		~
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		х	1
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	л	Ĺ
1 a	Check if Schedule O contains a response or note to any line in this Part V			
	טוופטת זו סטוופטעוב ט טטווגמווז א ופאטטואב טו ווטנב נט אוא זווזפ זו גווזג דאוג ע		Vaa	
4	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 32		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a32Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С	(gambling) winnings to prize winners?	1c		
				<u> </u>

Form 990	
Part V	Sta

020) EXPERIENCE CAMPS 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 33			
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 filing 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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	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 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).			37
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7~		
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
U	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	•		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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 13b			
	Enter the amount of reserves on hand 13c			37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation 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			v
	excess parachute payment(s) during the year?	15		X
10	If "Yes," see instructions and file Form 4720, Schedule N.	10		y
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

Form 990) (2020)
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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.

						Δ
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	20			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p witł	n any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ie dire	ect supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form §	990 w	as filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		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 elect or a	ppoin	t one or			
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?	-	-	8a	Х	
	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R			-		
			,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such cl					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod			11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	.,	sie innig tite ienni			
- 12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y					
•	in Schedule O how this was done			12c	х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	х	
	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a			
100	taxable entity during the year?			16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			100		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate					
				16b		
Sec	exempt status with respect to such arrangements?					
17	List the states with which a copy of this Form 990 is required to be filed \triangleright FL , ME , NY , CA , C	T				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a		0.T (Section 501(c)))e only		ahla
10	for public inspection. Indicate how you made these available. Check all that apply.	10 98		ja oniy	javali	
	Own website Another's website X Upon request Other (explain		chedule ()			
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			d fine		
19	statements available to the public during the tax year.	Unit	or interest policy, ar	u iiidi	icial	
20		oko a				
20	State the name, address, and telephone number of the person who possesses the organization's bo SARA DEREN - 833-226-7385	012 5				

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136 MAIN ST., STE 206,

032006 12-23-20

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See 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.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition		one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week		cer an	id a d I	irecto	or/trus	itee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e.			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trustee		æ	pens		(W-2/1099-MISC)		organization
	organizations below	ual tr	ional		ploye	t com				and related organizations
	line)	Individual trustee or director	Institutional t	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SARA DEREN	40.00	=	<u> </u>	ò	ž	포뇽	R.			
CEO		x		x				142,730.	Ο.	14,270.
(2) WILLIAM ANDERSON	1.00							-		
DIRECTOR		X		Х				0.	0.	0.
(3) TODD ARKY	1.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(4) SUNIL ARORA	1.00									
DIRECTOR	1 00	X		X				0.	0.	0.
(5) EVAN BLOOMBERG	1.00							0	0	0
TREASURER	1 00	X		X				0.	0.	0.
(6) WILEY CERILLI	1.00			37				0	0.	0
DIRECTOR	1.00	X		Х				0.	0.	0.
(7) LIZ EDDY	1.00	v		x				0.	0.	0.
DIRECTOR (8) DAVID GARLICK	1.00	X		<u>^</u>				0.	0.	0.
(8) DAVID GARLICK DIRECTOR	1.00	x		x				0.	0.	0.
(9) JUSTINE LELCHUK	1.00						-	0.	0.	0.
DIRECTOR	1.00	x		x				0.	0.	0.
(10) BEN LUNTZ	1.00								0.	
DIRECTOR		x		x				0.	0.	0.
(11) AIMEE SKIER	1.00									
DIRECTOR		x		x				0.	0.	0.
(12) ARON WEINGARD	1.00									
DIRECTOR		X		X				0.	0.	0.
(13) SERRA GOLDMAN	1.00									
DIRECTOR		X		Х				0.	0.	0.
(14) DANNY SARCH	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(15) ERIC SOLOMON	1.00									
DIRECTOR	1	Х		X				0.	0.	0.
(16) HEATHER GARSON	1.00									<u> </u>
DIRECTOR	1 00	X		X			 	0.	0.	0.
(17) KELLIE WAGNER	1.00								0	^
DIRECTOR		X		X				0.	0.	0.

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Form 990 (2020) EXPERIENC	CE CAMPS	3							26-25	513	136	Р	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, an	d Hi	ighe	st (Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	box	not c , unle	ss pe	ition ^{more} rson	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	n	an	(F) timate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr org an	pensa om th anizat d relat anizati	e :ion :ed
(18) RALEIGH LEAHY DIRECTOR	1.00	x		x				0.		0.			Ο.
(19) SIMONE GAMBLE	1.00												
DIRECTOR (20) TOM TROXEL	1.00	X		X				0.		0.			0.
DIRECTOR	1.00	x		x				0.		Ο.			0.
(21) GERY GROVE	1.00	v		v				0		0			0
DIRECTOR		X		X				0.		0.			0.
1b Subtotal								142,730.		0.	1	4,2	70.
1b Subtotal c Total from continuation sheets to Part V								0.		0.		-	0.
d Total (add lines 1b and 1c)								142,730.		0.	1	4,2	70.
2 Total number of individuals (including but n compensation from the organization ►	ot limited to th	iose	liste	ed al	bove	e) wł	סר no r	received more than \$100),000 of reportabl	e			1
												Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			-	•	-				•		3		х
4 For any individual listed on line 1a, is the su			omp	ensa	atior	n and	d ot	her compensation from	the organization		3		
and related organizations greater than \$15											4		Х
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com								•			5		х
Section B. Independent Contractors													
1 Complete this table for your five highest co the organization. Report compensation for										pens	ation 1	rom	
(A)	-				VILII			(B)			(0		
Name and business	address	NC	ONE	3				Description of s	services	С	ompe	nsatio	n
2 Total number of independent contractors (i \$100,000 of compensation from the organi	-	ot li	mite	d to		se li: 0	steo	d above) who received n	nore than				

Pa	rt VII							
		Check if Schedule O	contains a respons	e or note to any lir	e in this Part VIII	(5)	(A)	
					(A) Total revenue	Related or exempt		Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts	b c d e	Membership dues Fundraising events Related organizations Government grants (contr	ributions) 1d	162,268.				
tributic Other		similar amounts not included	l above 1f	783,903.				
2on	g b	Total. Add lines 1a-1f			946,171.			
0		Total. Add lines 1a-11		Business Code	540,1710			
ø	2 a							
vic	z a b							
Ser								
e je	C L							
gra Re	d							
Program Service Revenue	e	All atta a succession a succession a						
_	f	All other program service						
		Total. Add lines 2a-2f						
	3	Investment income (includ	-		351,779.			351,779.
		other similar amounts)			551,775.			551,775
	4	Income from investment of						
	5	Royalties	(i) Real	(ii) Personal				
	•	a		(ii) Feisonai				
		Gross rents	6a					
	b	1	6b					
	С	()	6c					
		Net rental income or (loss						
	7 a	Gross amount from sales of	(i) Securities	s (ii) Other				
		assets other than inventory	7a					
•	b	Less: cost or other basis						
Revenue		and sales expenses	7b					
eve		. ,	7c					
		Net gain or (loss)		>				
Other	8 a	Gross income from fundraisii including \$ 162 contributions reported on	2,268. of					
		Part IV, line 18		Ba 0.				
		Less: direct expenses		в 17,789.				
		Net income or (loss) from	т т	🕨	-17,789.			-17,789
	9 a	Gross income from gamin Part IV, line 19	-	a				
	b	Less: direct expenses		b				
	с	Net income or (loss) from	gaming activities					
	10 a	Gross sales of inventory,	less returns					
		and allowances		0a				
	b	Less: cost of goods sold	1	0b				
	с	Net income or (loss) from	sales of inventory					
s			_	Business Code				
inoj	11 a							
ane	b							
eve eve	с							
Miscellaneous Revenue	d	All other revenue						
2		Total. Add lines 11a-11d						
		Total revenue. See instruction		<i>F</i>	1,280,161.	0.	0.	333,990.

Form 990 (2020)

26-2513136

Page 9

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 Do not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8b, 9b, and 10b of Part VIII.	rotarexpenses	expenses	general expenses	expenses
1 Grants and other assistance to domestic organi				
and domestic governments. See Part IV, line 2				
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22				
3 Grants and other assistance to foreign				
organizations, foreign governments, and f	-			
individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, director		117 750		20 250
trustees, and key employees		117,750.		39,250
6 Compensation not included above to disqualifie				
persons (as defined under section $4958(f)(1)$) a	and			
		E02 404	26 222	201 274
7 Other salaries and wages		503,404.	26,332.	291,274
8 Pension plan accruals and contributions (includ				
section 401(k) and 403(b) employer contributio		37,800.	899.	31,811
9 Other employee benefits		54,006.	2,263.	27,680
10 Payroll taxes	05,949.	54,000.	2,203.	27,000
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV,				
f Investment management feesg Other. (If line 11g amount exceeds 10% of line				
g Other. (If line 11g amount exceeds 10% of line column (A) amount, list line 11g expenses on S		136,396.	29,744.	112 743
		13,829.	27,7440	<u>112,743</u> 3,432
	40 007	23,402.	11,269.	14,236
13 Office expenses 14 Information technology		17,532.	3,244.	27,782
15 Royalties				
		15,234.	2,540.	7,621
1 7	26 220	30,005.	1,990.	4,335
17 Travel18 Payments of travel or entertainment expe				
for any federal, state, or local public officia				
19 Conferences, conventions, and meetings				
20 Interest				
20 Interest 21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	22 200	30,280.	1,151.	1,957
24 Other expenses. Itemize expenses not covered			.,	=,
above (List miscellaneous expenses on line 24e				
line 24e amount exceeds 10% of line 25, colur amount, list line 24e expenses on Schedule 0.)	IN (A)			
a PROGRAM SUPPLIES	741,944.	741,944.		
b		,		
с				
d				
e All other expenses				
 25 Total functional expenses. Add lines 1 through 	1 24e 2,363,135.	1,721,582.	79,432.	562,121
26 Joint costs. Complete this line only if the organ				, –
reported in column (B) joint costs from a comb				
educational campaign and fundraising solicitati				
Check here Fight and following SOP 98-2 (ASC 958				

26

27

28

29

30 31

32

33

Net Assets or Fund Balances

7,423.

95,222.

6,067,225.

6,734,934.

6,830,156.

667,709.

25

26

27

28

29

30

31

32

33

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1,175,773. 707,232. Cash - non-interest-bearing 1 1 149,490. 89,820. 2 2 Savings and temporary cash investments 659,959. 127,187. 3 3 Pledges and grants receivable, net 432,531. 33,466. 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net Assets 7 8 Inventories for sale or use 8 44,936. 44,936. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation _____ 10b 10c 4,364,967. 4,869,700. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 2,500. Other assets. See Part IV, line 11 2,500. 15 15 6,830,156. 5,874,841. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 87,799. 68,174. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, _iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 173,619. 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, pavables to related third

Form 990 (2020)

EXPERIENCE CAMPS

parties, and other liabilities not included on lines 17-24). Complete Part X

Organizations that follow FASB ASC 958, check here 🕨

Net assets with donor restrictions

Organizations that do not follow FASB ASC 958, check here 🕨 🗌

Total liabilities. Add lines 17 through 25

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

of Schedule D

Net assets without donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

5,874,841. Form **990** (2020)

5,613,489.

19,559.

261,352.

141,107.

5,472,382.

Form	1990 (2020) EXPERIENCE CAMPS	26	-251313	б Р	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			161.
2	Total expenses (must equal Part IX, column (A), line 25)	2			135.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,0		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			934.
5	Net unrealized gains (losses) on investments	5	_		471.
6	Donated services and use of facilities	6		7,	000.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	5,6	13,	489.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>	
				Ye	s No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d 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?		2t	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	e basis	з,		
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t,		
	review, or compilation of its financial statements and selection of an independent accountant?			X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	nedule	O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	udit		
	Act and OMB Circular A-133?				X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2020)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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.

	2020
	Open to Public Inspection
Employer	identification number

OMB No. 1545-0047

Name of t	the organization	Employer identification num
	EXPERIENCE CAMPS	26-2513136
Part I	Reason for Public Charity Status. (All organizations must complete this part.) See instruction	ns.
The organ	ization is not a private foundation because it is: (For lines 1 through 12, check only one box.)	
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).	
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)	
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).	
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A	(iii). Enter the hospital's name,
	city, and state:	
5	An organization operated for the benefit of a college or university owned or operated by a governmental	unit described in
	section 170(b)(1)(A)(iv). (Complete Part II.)	
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).	
7	An organization that normally receives a substantial part of its support from a governmental unit or from	the general public described in
	section 170(b)(1)(A)(vi). (Complete Part II.)	
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)	
9	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a	a land-grant college
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of	of the college or

structions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from

activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment
income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.
See section 509(a)(2). (Complete Part III.)

11	An organizatior	n organized a	nd operated	exclusively	to test for	public safety	. See section	509(a)(4).

12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

: L	Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,
	its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

d J Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information	about the supporte					
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other
organization		(described on lines 1-10	Yes	No	support (see instructions)	support (see instructions)
		above (see instructions))	100	110		
T - 4 - 1						

Schedule A (Form 990 or 990 EZ) 2020 EXPERIENCE CAMPS

26-2513136 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u>Sec</u>	ction 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.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
1	Total. Add lines 1 through 3						
5	The portion of total contributions						
5							
	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)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support					1	1
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	ļ					
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for th	e organization's fi				501(c)(3)	
	organization, check this box and stop	here			- 		
See	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2020 (I	ine 6, column (f), c	livided by line 11,	column (f))		14	%
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2020. If the c					nore, check this b	ox and
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te					-	
Ь	10% -facts-and-circumstances test	•	• •	,	•	17a and line 15 is	
N.		e e					
	more, and if the organization meets the						
40	organization meets the facts-and-circu		•	•			
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	oa, 100, 17a, or 17	D, CHECK THIS DOX a	and see instruction	ıs ▶∟

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 EXPERIENCE CAMPS

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.)

Section A. Public Support Calendar 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.") 1,116,132. 1,237,979 1,892,811 3,805,878 2,318,206 10,371,006. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 732,662. 273,496. 541,317. 0. organization's tax-exempt purpose 1,547,475. 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 1,116,132. 1,511,475 2,625,473 4,347,195, 2,318,206 11,918,481. 7a Amounts included on lines 1, 2, and 106,155. 106,155. 3 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 n 106,155. 106 155 c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.) 11,812,326 Section B. Total Support Calendar year (or fiscal year beginning in) (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total (a) 2016 9 Amounts from line 6 1,116,132 1,511,475 2,625,473 4,347,195 2,318,206 11,918,481. 10a 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 c 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.) 1,116,132. 1,511,475. 2,625,473. 4,347,195. 2,318,206. 11,918,481, 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 99.11 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 15 % 16 Public support percentage from 2019 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .00 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f) 17 % 18 18 Investment income percentage from 2019 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not ► X more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Yes No

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 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.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
00		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
0		
9a		
9b		
9c		
10a		
101-		

10b

Part IV Supporting Organizations (continued)

1

2

— ...

1.4

Yes No

			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			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	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 bonofit of any supported organization other than the supported	

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.

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations
--

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

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c _____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- 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.*
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **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.*

2a

2b

За

3b

Schedule A (Form 990 or 990-EZ) 2020 EXPERIENCE CAMPS

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section	on 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		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
	Multiply line 5 by 0.035.	6		
	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Section	on 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		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2020

Par	t v Type III Non-Functionally integrated 509	(a)(s) Supporting Orga	anizations (continu	ied)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		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	he organization is responsive)		
	(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	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	IS	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able 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				
e	From 2019				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	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: \$				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	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, <i>explain in</i> Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
7	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
8	and 4c. Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
•					

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 EXPERIENCE CAMPS

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Name of the organization

EXPERIENCE CAMPS

Employer identification number 26-2513136

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other S	Similar Funds or A	Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, li	ne 6.		
		(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets he	eld in donor advised fu	nds
	are the organization's property, subject to the organization's	s exclusive legal control?		Yes 🛛 No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that gra	ant funds can be used	only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for ar	y other purpose confe	erring
	impermissible private benefit?			
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes	s" on Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply).		
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a his	torically important land area
	Protection of natural habitat		Preservation of a cer	tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contrib	ution in the form of a c	conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
с	Number of conservation easements on a certified historic st	ructure included in (a)		2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on	a historic structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re			anization during the tax
	year ►			
4	Number of states where property subject to conservation ea	asement is located \blacktriangleright		
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspect	ion, handling of	
	violations, and enforcement of the conservation easements	it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, ar	nd enforcing conserva	tion easements during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and en	forcing conservation e	easements during the year
	►\$			
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requiremen	ts of section 170(h)(4)	(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservat	tion easements in its reve	nue and expense state	ement and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's	financial statements	that describes the
	organization's accounting for conservation easements.			
Pa	rt III Organizations Maintaining Collections of	-	easures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 9	58, not to report in its rev	enue statement and b	alance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education	, or research in further	ance of public
	service, provide in Part XIII the text of the footnote to its fina	ancial statements that des	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 9	58, to report in its revenue	e statement and balan	ce sheet works of
	art, historical treasures, or other similar assets held for publi	c exhibition, education, o	r research in furtheran	ce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			🕨 \$
2	If the organization received or held works of art, historical tre	easures, or other similar a	ssets for financial gain	, provide
	the following amounts required to be reported under FASB /	-		
а	Revenue included on Form 990, Part VIII, line 1			
h	Assets included in Form 990 Part X			▶

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-01-20

Schedule D (Form 990) 2020

Sche	dule D (Form 990) 2020 EXPERIE	NCE CAMPS					26-25	1313	6 Р	age 2
Par	t III Organizations Maintaining C	collections of A	rt, Historical	Treasures, or	Other	Simil	ar Asse	ts (conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of t	he following that m	nake sigr	nificant	use of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or e	exchange program						
b	Scholarly research	e	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how they furthe	er the organization'	s exemp	ot purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, historical t	reasures, or other s	similar as	ssets		-		_
	to be sold to raise funds rather than to be ma		V					Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organiza	tion answered "Ye	es" on Fo	orm 990), Part IV,	line 9, o	r	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod							-	_	7
	on Form 990, Part X?						L	Yes		∐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:					-		
								Amoun	t	
	Beginning balance					1c				
	Additions during the year					1d				
e	Distributions during the year					1e				
T 00	Ending balance Did the organization include an amount on F				t liability	_ 1 f _ ⊃		Yes		
	If "Yes," explain the arrangement in Part XIII.									_ No □
Par										
		(a) Current year	(b) Prior year	(c) Two years b			ears back	(a) Fou	r vears	hack
1a	Beginning of year balance	(u) ourront your	(b) Hol your		<u>uon (u)</u>	111100 9	ouro buon	(0) + 04	Jouro	Buon
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
-	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1g, colum	n (a)) held as:						
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are hel	d and administered	d for the	organiz	zation			
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		<u> </u>
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on Schedule	R?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere									
	Description of property	(a) Cost or o basis (investr		ost or other sis (other)	(c) Accu depre	umulate ciation	d	(d) Boo	k valu	e
1a	Land									
b	Buildings									
с	Leasehold improvements									
d	Equipment									
	Other									
Tota	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), lin	e 10c.)	<u></u>	<u></u>				0.
							Cabadula		~ 0001	0000

Schedule D (Form 990) 2020

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

Part IX Other Assets.

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

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

(7) (8) (9)

(1) (2) (3) (4) (5) (6) (7) (8) (9)

Part X

(1)

(2) (3) (4)

1.

Schedule D (Form 990) 2020

(5) (6) (7) (8) (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) .

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

(a) Description of liability

Other Liabilities.

OTHER LIABILITIES

Federal income taxes

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

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

(b) Book value

19,559

19,559.

(b) Book value

►

Sche	dule D (Form 990) 2020 EXPERIENCE CAMPS			26-	2513136 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	n Revenue per F		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,241,690.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	-45,471.		
b	Donated services and use of facilities	2b	7,000.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-38,471.
3	Subtract line 2e from line 1			3	1,280,161.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,280,161.
Pa	t XII Reconciliation of Expenses per Audited Financial Staten		h Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	0 262 126
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				2,363,135.
					2,303,135.
а	Donated services and use of facilities				2,303,133.
a b	Donated services and use of facilitiesPrior year adjustments	. 2b		-	2,303,135.
	Donated services and use of facilities Prior year adjustments Other losses	2b 			2,303,133.
b c d	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2b 2c 2d		-	2,303,133.
b c d	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2b 2c 2d		2e	0.
b c d	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2b 2c 2d		2e 3	0. 2,363,135.
b c d e	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2b 2c 2d			0.
b c d 3 4 a	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2b 2c 2d 			0.
b c d 3 4 a b	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2b 2c 2d 			0.
b c d 3 4 a b	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2b 2c 2d 4a 4b		3 4c	0. 2,363,135. 0.
b c 3 4 b 5	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2b 2c 2d 4a 4b		3	0.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G	Suppleme	ntal Information Regarding	g Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" or organization entered more than \$, or if the	2020
Department of the Treasury		Attach to Form 99						Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for inst	ructior	is and	the latest informat	ion.	Employeria	Inspection lentification number
Name of the organization		NCE CAMPS					26-251	
Part I Fundrais		Complete if the organization answ	ered "\	(es" o	n Form 990 Part IV	line 1		
	complete this par		orea	00 0			1.101110001	
1 Indicate whether th	e organization rais	sed funds through any of the follow	ing act	vities.	Check all that apply			
a 🔄 Mail solicitat	ions			0	overnment grants			
	email solicitations				nment grants			
c Phone solicit		g 🛄 Specia	l fundra	aising	events			
d In-person so		or oral agreement with any individua	al (inclu	dina o	fficers directors true	etaac	or	
e e		art VII) or entity in connection with	•	•				es No
• • •		viduals or entities (fundraisers) purs			-		undraiser is to	be
compensated at le	-			C				
			/;;;;	Did		(v)	Amount paid	
(i) Name and addres		(ii) Activity	fund have c	Did raiser ustody	(iv) Gross receipts	tò (o	or retained by) (vi) Amount paid to (or retained by)
or entity (func	Iraiser)		or cor	ntrol of utions?	from activity		fundraiser ted in col. (i)	organization
			Yes	No				
								_
			+					
T-4-1				•				
		n is registered or licensed to solicit			or has been notified	 d it io	evernet from	registration
or licensing.	on the organizatio		John			a it 15	cvembr nom	registration

Schedule G (Form 990 or 990 EZ) 2020 EXPERIENCE CAMPS

Part II

26-2513136 Page 2

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, I	line 18, or reported more than \$15,000
of fundraising event contributions and gross income on Form 990-F7 lines 1 and 6b. List event	ts with aross receipts areater than \$5,000

		of fundraising event contributions and gro			<u> </u>	Tis greater than \$5,000.	
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through	
Ø			(event type)	(event type)	(total number)	col. (c))	
Revenue			1.00.000			1.60.060	
Rev	1	Gross receipts	162,268.			162,268.	
	2	Less: Contributions	162,268.			162,268.	
	3	Gross income (line 1 minus line 2)					
Direct Expenses	4	Cash prizes					
	5	Noncash prizes					
ses	5						
suac	6	Rent/facility costs	17,789.			17,789.	
ËX							
irec:	7	Food and beverages					
	8	Entertainment					
	9	Other direct expenses					
	10	Direct expense summary. Add lines 4 through	17,789.				
		Net income summary. Subtract line 10 from li				-17,789.	
Pa	nrt I		answered "Yes" on Form	1990, Part IV, line 19, or	reported more than		
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add	
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))	
leve							
ш.	1	Gross revenue					
nses Revenue							
ses	2	Cash prizes					
enses	3	Noncash prizes					
τĔ	Ŭ						
lirec	4	Rent/facility costs					
	5	Other direct expenses					
	6	Volunteer labor	└── Yes % └── No	Yes%	Yes%		
	0	Volunteer labor					
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>		
0	En	ter the state(s) in which the organization condu	icto comina octivitioo:				
		the organization licensed to conduct gaming ac		states?		Yes No	
		No," explain:					
		ere any of the organization's gaming licenses re		erminated during the tax	year?	Yes No	
b	lf "	Yes," explain:					

Sch	nedule G (Form 990 or 990-EZ) 2020 EXPERIENCE CAMPS 26-	2513	3136	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	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?		Yes	🗌 No
13	Indicate the percentage of gaming activity conducted in:			
а	a The organization's facility	13a		%
	o An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party \$			
c	c 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 Employee Independent contractor		b Yes	
17	Mandatory distributions:			
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	L No
b	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 🕨 \$			
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, I	ines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Part IV	Supplemental Information (contin	iued)		

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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

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

OMB No. 1545-0047 **2020**Open to Public
Inspection

EXPERIENCE CAMPS

Employer identification number 26-2513136

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE ORGANIZATION PROVIDES BEREAVEMENT SUPPORT TO CHILDREN THROUGH

SUMMER CAMPS, YEAR-ROUND PROGRAMS AND OTHER ON-LINE SUPPORT. IN THE

SUMMER OF 2021, EXPERIENCE CAMPS SERVED 750 CHILDREN AND TEENS BY

OFFERING 10 CAMP PROGRAMS IN 5 DIFFERENT LOCATIONS. IN ADDITION,

CAMPERS WHO COULD NOT ATTEND IN PERSON WERE ABLE TO PARTICIPATE IN A

VIRTUAL PROGRAM AND BENEFIT FROM A VARIETY OF RESOURCES PROVIDED TO

CAMPERS AND CAREGIVERS YEAR-ROUND.

FORM 990, PART VI, SECTION A, LINE 3:

SOME DUTIES HAVE BEEN DELEGATED TO AN OUTSIDE COMPANY WHICH ARE USUALLY THE RESPONSIBILTY OF MANAGEMENT.

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

THE FORM 990 TAX RETURN IS DISTRIBUTED TO EACH BOARD MEMBER TO REVIEW AND INDICATE APPROVAL TO SUBMIT FOR FILING.

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

EXPERIENCE CAMPS PROPERLY MONITORS AND ENFORCES THE CONFLICT-OF-INTEREST POLICY BY BEING DILIGENT AND REVIEWING THE ANNUAL DISCLOSURE FORMS SUBMITTED BY COVERED PERSONS AND IN COMPILING AND MAINTAINING A LIST OF POTENTIALLY CONFLICTED ENTITIES AND INDIVIDUALS. PROPOSED TRANSACTIONS CAN THEN BE MATCHED AGAINST THE LIST AS A MEANS OF IDENTIFYING POSSIBLE CONFLICTS. A PERSON HAS BEEN IDENTIFIED TO BE RESPONSIBLE FOR MAINTAINING THE LIST AND SCREENING FOR POSSIBLE CONFLICTS OF INTEREST.

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

THE COMPENSATION DECISION AND DELIBERATION INCLUDED REVIEWING COMPARABILITY

DATA.

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

AVAILABLE UPON REQUEST.