CHANGE OF ACCOUNTING PERIOD

Form **990**

Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax**

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

2021

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

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

Open to Public Inspection

A F	or the	2021 calendar year, or tax year beginning $$ OCT 1 , 2021 $$ and endir	ng Si	EP 30, 202	22	
В	Check if pplicable:	C Name of organization		D Employer ider	ntific	ation number
X	Address change	EXPERIENCE CAMPS				
	Name change	Doing business as		26-251	<u> 313</u>	36
	Initial return Final	The state of the s	n/suite	E Telephone num		
	return/	136 MAIN STREET 206		833-22	5 – 7	
	termin- ated Amende	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		4,178,097.
	return Applica-	WESTPORT, CT 00000		H(a) Is this a grou		F-22-7
	tion pending	I F Name and address of principal officer; DANNI SARCII		for subordina		
				H(b) Are all subordina		
		npt status: X 501(c)(3) 501(c) ()	527			ist. See instructions
_				H(c) Group exem	_	State of legal domicile: ME
		Summary	L Year o	or formation: 200	/ M	State of legal domicile; ME
	1 B	riefly describe the organization's mission or most significant activities: EXPERIE	ENCE	CAMPS PRO	IV	DES
Governance	<u> </u>	BEREAVEMENT SUPPORT TO GRIEVING CHILDREN.				
rna	2 0	theck this box if the organization discontinued its operations or disposed of	f more	than 25% of its net	asse	ets.
Ş	3 N	lumber of voting members of the governing body (Part VI, line 1a)	• • • • • • • • • • • • • • • • • • • •		3	20
Ğ	4 N	lumber of independent voting members of the governing body (Part VI, line 1b)			4	20
S		otal number of individuals employed in calendar year 2021 (Part V, line 2a)			5	22
siţi		otal number of volunteers (estimate if necessary)			6	432
Activities &	7a T	otal unrelated business revenue from Part VIII, column (C), line 12			7a	0.
_	b N	let unrelated business taxable income from Form 990-T, Part I, line 11			7b	0.
Revenue			<u> </u>	Prior Year		Current Year
		contributions and grants (Part VIII, line 1h)		946,17	\rightarrow	4,031,029.
	i	rogram service revenue (Part VIII, line 2g)			0.	0.
		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		351,77		147,068.
_	11 0	other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-17,789		-306,049.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,280,16	\rightarrow	3,872,048.
		irants and similar amounts paid (Part IX, column (A), lines 1-3)			9.1	0.
		enefits paid to or for members (Part IX, column (A), line 4)			0.	0.
Š	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	··	1,132,46	-	1,883,932.
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)	.		0.	0.
Š	ЬТ	otal fundraising expenses (Part IX, column (D), line 25) 843,683.	_	1 020 66	_	1 710 (11
-	'' C	other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,230,660		1,740,614.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	··	2,363,13		3,624,546.
	19 H	levenue less expenses. Subtract line 18 from line 12		-1,082,97		247,502.
Net Assets or		Catalogo de (Part V. III 40)	Beg	inning of Current Ye		End of Year
SSe	20 T	otal assets (Part X, line 16)	·	5,874,84		5,503,894.
et E	21 T 22 N	otal liabilities (Part X, line 26) let assets or fund balances. Subtract line 21 from line 20	·	261,353 5,613,489		257,634. 5,246,260.
P	rt II	Signature Block	·	J,013,40.	<i>,</i> •	3,240,200.
_		ies of perjury, I declare that I have examined this return, including accompanying schedules and	stateme	nts, and to the hest o	f mv	knowledge and belief it is
		and complete. Declaration of progarer (other than officer) is based on all information of which pi			· · · · · ·	/
<u></u>	1	A 101-(0 A)	· opui or i		7/1	1/2021
Sig	n	Signature er officer		Date	1	- (• • •)
Her		DANNY SARCH, BOARD CHAIR				
		Type or print name and title				
	Ti	Print/Type preparer's name CHRISTOPHER ECK		ate Check		PTIN
Paid		CHRISTOPHER ECK	0	7/28/23 self-e		
Prep		Firm's name CHRISTOPHER ECK				32-4956115
Use	Only [Firm's address 91 MILL ROAD				
		PARK RIDGE, NJ 07656		Phone no.	201	L-523-2622
May	the IRS	S discuss this return with the preparer shown above? See instructions				X Yes No

Pai	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?
	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? Yes 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 expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$2,670,193. including grants of \$) (Revenue \$)
	SINCE 2009, EXPERIENCE CAMPS HAS TRANSFORMED THE LIVES OF THOUSANDS OF
	CAMPERS AND HAS SPENT MORE THAN 550,000 IN-PERSON HOURS HELPING THEM
	NAVIGATE THEIR GRIEF. WE OPERATE 10 CAMP PROGRAMS AT LOCATIONS IN 5
	STATES, SERVING CHILDREN AND TEENS FROM NEARLY EVERY US STATE AND 9
	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. PLEASE
	NOTE: IN FY21, TO BETTER ALIGN WITH SUMMER PROGRAMMING, WE SHIFTED FROM
	CALENDAR YEAR TO A 9/30 FYE. AS A RESULT, FY21 REFLECTED 9 MONTHS
	(1/1/21-9/30/21) WHILE THE CURRENT FISCAL YEAR (FY22) REFLECTS 12
	MONTHS. THE 9 MONTHS IN FY21 INCLUDED OUR LARGEST PROGRAMMING EXPENSE
	QUARTERS WHILE FAILING TO ACCOUNT FOR ANY YEAR-END CHARITABLE REVENUE.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
	Total program service expenses 2,670,193.
	Form 990 (2021)

16230728 163750 262513136

Form 990 (2021) 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_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		1
8	, ,			x
•	Schedule D, Part III	8		
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	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	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	X	
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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<u></u>		
10	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,	10		
"		17		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	⊢'′		 ^ `
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_V
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Form 990 (2021) EXPERIENCE CAMPS

Part IV | Checklist of Required Schedules (continued)

	Continued)		Vaa	Na
22	Did the examination report more than \$5,000 of grants or other assistance to or for democtic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these 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 the 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			
	"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 line 28a or 28b? If			v
	"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		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
0.4	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		$\stackrel{\frown}{\vdash}$
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
22	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
	Part V. line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
_	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 on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
	1 1 -		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	222	

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	n 990 (2021) EXPERIENCE CAMPS 26-2	<u> 2513136</u>	Р	age 5
Par	ort V 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	22		
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		х	
b	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
2-		_		Х
3a				
	, in the termine ob, provide an explanation on contention	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	o 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	, , , , , , , , , , , , , , , , , , , ,			X
b	, , , , , , , , , , , , , , , , , , , ,			X
С	: If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solic	it		
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 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			
	to file Form 8282?	7c		Х
d				
е		7e		
f		_,		
g				
h				
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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b				
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	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				
	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		
	of If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
		13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
b				
_	organization is licensed to issue qualified health plans			
С				
14a		14a		Х
	of If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			
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		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
. •	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	· · · · · · · · · · · · · · · · · · ·	1	i	1

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activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes or Schedule O. See instructions. Chocket E-Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management 1a	Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b below, and for a	"No" r	espon	se
Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year						•	
18 Enter the number of voting members of the governing body at the end of the tax year 19 Enter the number of voting members of the governing body at the end of the tax year 19 If there are naterial differences in voting rights among members of the governing body, or it the governing body dependence to the provided of the power of the governing body. Or it the governing body dependence to the provided of the power of the governing body. Or it the governing body dependence to the provided of the provided of the power of the governing body. Or it the governing to the provided of the provided of the provided of the provided of the power of the governing to the provided of the p							X
Tall Enter the number of voting members of the governing body at the end of the tax year 1	Sec						
If there are market differences in voting members of the governing body, of the policy of the governing body, of the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. b Einer the number of voting members included on line 1a, above, who are independent of the policy of the p		<u> </u>				Ves	No
the there are material differences in voting nights among members of the governing body, or if the governing body delegated trond authority to an executive committee or similar committee, epida in o Schedule 0. b Enter the number of voting members included on line 1a, above, who are independent	1 a	Enter the number of voting members of the governing body at the end of the tax year	1 ₁	20		100	110
body delegated troad authority to an excurive committee or similar committee, explain on Schedule 0. 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 have a family relationship or a business relationship with any other officer, directors, trustees, or key employees to a 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 X 4 Did the organization become aware during the year of a significant diversion of the organization's assest? 5 Did the organization have members or stockholders? 7a Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the powering body? 5 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the powering body? 5 Did the organization thave members, stockholders, or other persons who had the power to elect or appoint one or more members of the powering body? 5 Did the organization to enterprovaneously document the metings held or written actions undertaken during the year by the following: a The powering body? 5 Did the organization contemporaneously document the metings held or written actions undertaken during the year by the following: a The powering body? 5 Each committee with authority to act on behalf of the governing body? 5 Each committee with authority to act on behalf of the governing body? 6 Section B. Politices (This Section B requests information about colicies not required by the Internal Revenue Code) 7 Yes No. 10a Did the organization have local chapters, branches, or affiliates; and branches to ensure their operations are consistent with the organization's exempt purposes? 10a Did the organization have a written document retreation and destruction policy? 10b Hospital Section (Commi			_ ·u				
b Enter the number of voting members included on line 1a, above, who are independent 1b 20 20 20 daily officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties outsomarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 900 was filed? 4 X S Did the organization make any significant changes to its governing documents since the prior Form 900 was filed? 4 X S Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or more members of the powerning body? 5 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the poverning body? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 8 Did the organization on the powering body? 8 Did the organization on the proprior of the governing body? 9 S Is three any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? It If Visc.* 'provide the names and addressess on Schedule O. 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10 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? 10 Did the organization have awritten conflict of interest							
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bid the organization have a written conflict of interest policy? If *No,* go to line 13 b Were officers, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written whistleblower policy? 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? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure Section 6.104 requires an organization to make its Forms 1023 (1024 or 1024A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website				9			
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13			,		12c	Х	
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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	19				financ	cial	
	20		ks and	d records 🕨			

Form **990** (2021)

136 MAIN ST., STE 206, WESTPORT, CT 06880

Form 990 (2021) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

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

(A)	(B)	J. ga		((C)			(D)	(E)	(F)		
Name and title	Average		Positi (do not check n		Position o not check more than one c, unless person is both an			than o		Reportable	Reportable	Estimated
	hours per week					s both or/trus		compensation from	compensation from related	amount of other		
	(list any	ctor						the	organizations	compensation		
	hours for	Individual trustee or director				rted		organization	(W-2/1099-MISC/	from the		
	related	ıstee (truste		ep.	beusa		(W-2/1099-MISC/	1099-NEC)	organization		
	organizations below	ual tru	tional		ploye	t com	_	1099-NEC)		and related organizations		
	line)	ndivid	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) SARA DEREN	40.00	_	_		<u> </u>	1 0	-					
CEO		Х						161,811.	0.	7,212.		
(2) VISHAL AMIN	1.00									•		
DIRECTOR		Х						0.	0.	0.		
(3) BILL ANDERSON	1.00											
DIRECTOR		Х						0.	0.	0.		
(4) TODD ARKY	1.00											
BOARD CHAIR		Х		Х				0.	0.	0.		
(5) BRIAN BEACH	1.00											
DIRECTOR		Х						0.	0.	0.		
(6) EVAN BLOOMBERG	1.00								_	_		
TREASURER		Х		Х				0.	0.	0.		
(7) WILEY CERILLI	1.00											
DIRECTOR		Х						0.	0.	0.		
(8) LIZ EDDY	1.00											
DIRECTOR	1 00	Х						0.	0.	0.		
(9) DAVID GARLICK	1.00								•	•		
DIRECTOR	1 00	Х						0.	0.	0.		
(10) SERRA GOLDMAN	1.00	.,								•		
DIRECTOR	1 00	Х						0.	0.	0.		
(11) KRISTINA JONES	1.00	. ,							0	0		
DIRECTOR (12) EMILY KRUEGER	1.00	Х						0.	0.	0.		
DIRECTOR	1.00	Х						0.	0.	0.		
(13) RALEIGH LEAHY	1.00	Λ						0.	0.	· ·		
DIRECTOR	1.00	Х						0.	0.	0.		
(14) JUSTINE LELCHUK	1.00	-22						· ·	0.	_		
DIRECTOR	1.00	Х						0.	0.	0.		
(15) BEN LUNTZ	1.00	-25						•	•			
DIRECTOR		х						0.	0.	0.		
(16) MARK MACDONALD	1.00	1										
DIRECTOR		х						0.	0.	0.		
(17) ASHLEY PELZEL	1.00	ļ										
DIRECTOR		Х						0.	0.	0.		
132007 12-00-21	•	•	•		•	•	•			Form 990 (2021)		

Form **990** (2021) 132007 12-09-21

Form 990 (2021) EXPERIENCE	CE CAMPS	3							26-2	513	136	Pa	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghe	st C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box	not c	Posi heck r ss per nd a di	ition more son i	than s bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	eportable npensation		(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)		fr org and	pensa om the anizati d relate anizatio	e ion ed
(18) DANNY SARCH VICE CHAIR	1.00	Х		х				0.		0.			0.
(19) AIMEE SKIER	1.00	Λ		^						0.			<u> </u>
DIRECTOR		Х						0.		0.			0.
(20) ERIC SOLOMON DIRECTOR	1.00	Х						0.		0.			0.
(21) NICOLE VAN VALEN	1.00									•			^
DIRECTOR (22) ARON WEINGARD	0.00	Х						0.		0.			0.
DIRECTOR	0.00							0.		0.			0.
1b Subtotal								161,811.		0.	•	7,2	
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)	I, Section A						>	161,811.		0.		7,2	0. 12.
Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable)			1
compensation from the organization												Yes	No
3 Did the organization list any former officer,	director, trusto	ee, ł	кеу е	empl	oye	e, oı	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for si											3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150											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 contractors	mpensated inc	lepe	nde	nt co	ontra	acto	rs th	hat received more than \$	3100,000 of comp	oensa	tion fro	m	
the organization. Report compensation for t	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
(A) (B) Name and business address NONE Description of ser							ervices	С	(C Compe		n		
2 Total number of independent contractors (in	•	ot lir	nited	d to t	_		sted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	zation >)					Form	990 (2021)

132008 12-09-21

16230728 163750 262513136

26-2513136

Form 990 (2021) EXPERIE
Part VIII Statement of Revenue

		Check if Schedule O contains a respons	se or note to any lin	e in this Part VIII			
			_	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
'0 '0		- Fadanatad samasinna da					00000010 0 12 0 11
Contributions, Gifts, Grants and Other Similar Amounts		a Federated campaigns 1a					
Sra Iou		Membership dues 1b					
s, (Am		Fundraising events 1c	827,473.				
ij i	c	d Related organizations 1d					
s, (mi	e	Government grants (contributions) 1e					
ē	f	All other contributions, gifts, grants, and					
he it		similar amounts not included above 1f	3,203,556.				
ξö	c	Noncash contributions included in lines 1a-1f					
Ϋ́	_	Total. Add lines 1a-1f		4,031,029.			
<u> </u>		Total / total	Business Code				
	•	_					
<u>i</u>	2 a						
e S	b	·	-				
S c	c	·	-				
e a	C	d	_				
Program Service Revenue	e	·	_				
Ā	f	All other program service revenue					
	ç	Total. Add lines 2a-2f					
	3	Investment income (including dividends, into					
		other similar amounts)		147,068.			147,068.
	4	Income from investment of tax-exempt bond		,			, , , , , , , , , , , , , , , , , , , ,
	5	•	-				
	5	Royalties(i) Real	(ii) Personal				
	_		(II) Personal				
		a Gross rents 6a					
	b	Less: rental expenses 6b					
	C	Rental income or (loss) 6c					
	c	Net rental income or (loss)	<u></u>				
	7 a	Gross amount from sales of (i) Securities	s (ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
<u>a</u>		and sales expenses 7b					
ther Revenue		Gain or (loss) 7c					
ě		Net gain or (loss)					
<u>بر</u>							
‡	8 a	Gross income from fundraising events (not					
0		including \$ of					
		contributions reported on line 1c). See					
		· · · · · · · · · · · · · · · · · · ·	3a 0.				
	b	Less: direct expenses	306,049.				
	c	Net income or (loss) from fundraising events	<u></u>	-306,049.			-306,049.
	9 a	a Gross income from gaming activities. See					
		Part IV, line 19	Эа				
	b		9b				
		Net income or (loss) from gaming activities	•				
		a Gross sales of inventory, less returns					
		-	0a				
		I	0b				
			<u>vu</u>				
\rightarrow		Net income or (loss) from sales of inventory	Business Onda				
<u>s</u>	_		Business Code				
e Te	11 a	i	_				<u> </u>
an	b	·	_				
Miscellaneous Revenue	c						
∄iš	c	d All other revenue					
_		Total. Add lines 11a-11d					
	12	Total revenue. See instructions	>	3,872,048.	0.	0.	-158,981.

Form 990 (2021) EXPERIENCE CAMPS Part IX Statement of Functional Expenses

1 Graits and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 Benefits paid to or for members Groupmenstation of current officers, directors, trustees, and key employees 174,704. 131,028. 43 Groupmenstor of current officers, directors, trustees, and key employees 174,704. 131,028. 43 Groupmenstor of current officers, directors, trustees, and key employees 1,467,697. 1,074,007. 37,876. 355 Groupmensation of current officers, directors, trustees, and key employees 1,467,697. 1,074,007. 37,876. 355 Groupmenstor of the section 4958(c)3(8) 1,467,697. 1,074,007. 37,876. 355 Groupmenstor of the section 4958(c)3(8) 1,467,697. 1,074,007. 37,876. 355 Groupmenstor of the section 4958(c)3(8) 1,467,697. 1,074,007. 37,876. 355 Groupmenstor of the section 4958(c)3(8) 1,467,697. 1,074,007. 37,876. 355 316 316 326	ction 501(c)	c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).	
Total expenses Program service Program ser		Check if Schedule O contains a respon			(0)	X
and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of unrent officers, directors, trustees, and key employees 7 Cher salaries and wages 8 Pension plan accruals and contributions (include section 40 (I(k) and 4930) employer contributions) 9 Cher employee benefits 10 Payroll taxes 110 Payroll taxes			(A) Total expenses	Program service	Management and	(D) Fundraising expenses
individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign organizations, foreign overments, 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 174,704. 131,028. 43 6 Compensation not included above to disqualified persons (as defined under section 4958(c)(3)(8) 7 Other salaries and wages 1,467,697. 1,074,007. 37,876. 355 8 Pension plan accruals and contributions (include section 491(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): 11 Assignment 11 Legal 11 Legal 11 Loudo 11 Loudo 11 Loudo 11 Loudo 12 Lobbying 12 Professional fundiasing services. See Part IV, line 17 for Investment management fees 9 Other. (If line 11g amount seceets 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 13 Office expenses 113,781. 47,709. 16,712. 49 14 Information technology 15 Royaltes 16 Occupancy 35,358. 20,955. 3,763. 10 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 10 Payrols time 24 expenses on clowered above. (List miscle amount covered above. (List miscle amount covered above. (List miscle amount coveres on covered above. (List miscle amount coveres on School) 10 Conferences, conventions, and meetings 11 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 13 Loudo 14 Payrol 15 Payrol 16 P						
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Dersons described in section 4958(c)(3)(B)		•				
7 Other salaries and wages						
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 136,705. 101,327. 2,869. 32 11 Fees for services (nonemployees): a Management b Legal c Accounting 9 Other (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 472,801. 213,673. 200. 258 472,801. 213,673. 200. 258 472,801. 213,673. 200. 258 472,801. 213,673. 200. 258 472,801. 213,673. 200. 258 13 Office expenses 13 Office expenses 13 Office expenses 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 20 Depreciation, depletion, and amortization 11 Insurance 12 Depreciation, depletion, and amortization 13 Insurance 14 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 Schoclus (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schoclus (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schoclus (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schoclus (A), amount, list line 24e			1 467 607	1 074 007	27 076	255 014
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9 Other employee benefits	-	•				
10 Payroll taxes		```	104 006	72 270	606	21 750
11 Fees for services (nonemployees): a Management				14,3/8.		31,752. 32,509.
a Management b Legal			130,703.	101,347.	2,809.	34,509.
b Legal						
C Accounting 32,382. 32,382. 32,382. d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 472,801. 213,673. 200. 258 22 Advertising and promotion 7,747. 209. 7 3 Office expenses 113,781. 47,709. 16,712. 49 4 Information technology 62,973. 26,938. 2,672. 33 5 Royalties			1 000		1 000	
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 7,747. 209. 7 13 Office expenses 1113,781. 47,709. 16,712. 49 14 Information technology 62,973. 26,938. 2,672. 33 15 Royalties 60, coupancy 35,358. 20,955. 3,763. 10 17 Travel 107,500. 86,817. 6,795. 13 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Interest 20 Interest 20 Depreciation, depletion, and amortization 21 Insurance 81,047. 69,127. 5,705. 6 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.)					22 382	
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12 Advertising and promotion			472 801.	213 673	200.	258,928.
13 Office expenses		· ·			2000	7,538.
14					16.712.	49,360.
16 Occupancy 35,358. 20,955. 3,763. 10 17 Travel 107,500. 86,817. 6,795. 13 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Interest 19 Depreciation, depletion, and amortization 19 Insurance 19 Other expenses. Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)						33,363.
16 Occupancy 35,358. 20,955. 3,763. 10 17 Travel 107,500. 86,817. 6,795. 13 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 81,047. 69,127. 5,705. 6 24 Other expenses. Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)			, -	,	,	
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Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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.)						13,888.
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19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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.)	•	•				
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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.)						
above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)			81,047.	69,127.	5,705.	6,215.
	above. (L line 24e a	List miscellaneous expenses on line 24e. If amount exceeds 10% of line 25, column (A),				
a PROGRAM SUPPLIES 734,197. 734,197.			734.197.	734.197.		
b CAMP TRAVEL 91,828. 91,828.						
c SIMI THREE			2 = , 0 = 0 •	2=,0200		
d						
e All other expenses		er expenses				
			3,624,546.	2,670,193.	110,670.	843,683.
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 (2021)
Part X | Balance Sheet

Part X	X	Balance Sheet					
		Check if Schedule O contains a response or ne	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing			707,232.	1	917,652
2	2	Savings and temporary cash investments			89,820.	2	60,756
3	3	Pledges and grants receivable, net			127,187.	3	388,379
4		Accounts receivable, net			33,466.	4	16,480
5		Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th		5			
6	6	Loans and other receivables from other disqua	ons sons (as defined				
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
က္ 7	7	Notes and loans receivable, net				7	
Assets	В	Inventories for sale or use				8	
₹ g	9	B			44,936.	9	33,021
10	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		6,411.			
	b	Less: accumulated depreciation	. 10b	3,787.	0.	10c	2,624 4,082,482
11	1	Investments - publicly traded securities			4,869,700.	11	4,082,482
12	2	Investments - other securities. See Part IV, line	11			12	
13	3	Investments - program-related. See Part IV, line			13		
14	4	Intangible assets		14			
15	5	Other assets. See Part IV, line 11	2,500.	15	2,500		
16	6	Total assets. Add lines 1 through 15 (must ed	ual line (3)	5,874,841.	16	5,503,894
17	7	Accounts payable and accrued expenses			68,174.	17	15,175
18	8	Grants payable		18			
19	9	Deferred revenue		19			
20	0	Tax-exempt bond liabilities				20	
21	1	Escrow or custodial account liability. Complete	e Part IV	of Schedule D		21	
္က 22	2	Loans and other payables to any current or for	rmer offic	er, director,			
≝		trustee, key employee, creator or founder, sub	stantial o	ontributor, or 35%			
Liabilities		controlled entity or family member of any of th	ese pers	ons		22	
⊐ 23	3	Secured mortgages and notes payable to unre	elated thi	d parties		23	
24	4	Unsecured notes and loans payable to unrelat	ed third	parties	173,619.	24	198,061
25	5	Other liabilities (including federal income tax, p	oayables	to related third			
		parties, and other liabilities not included on line	es 17-24	. Complete Part X	4.4		
		of Schedule D			19,559.	25	44,398
26	6	Total liabilities. Add lines 17 through 25			261,352.	26	257,634
" l		Organizations that follow FASB ASC 958, ch	neck her	e ▶ X			
<u> </u>		and complete lines 27, 28, 32, and 33.			E 450 200		4 055 001
E 27		Net assets without donor restrictions			5,472,382.	27	4,857,881
28	В	Net assets with donor restrictions			141,107.	28	388,379
<u> </u>		Organizations that do not follow FASB ASC	958, ch	eck here 🕨 📖			
<u> </u>		and complete lines 29 through 33.					
ပ္မ 29		Capital stock or trust principal, or current fund				29	
Se 30		Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances 32 33 33 33 33 33 33 33 33 33 33 33 33		Retained earnings, endowment, accumulated			F (10 100	31	F 046 060
<u>9</u> 32	2	Total net assets or fund balances		5,613,489.	32	5,246,260	
33	3	Total liabilities and net assets/fund balances			5,874,841.	33	5,503,894 Form 990 (202

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)		3,87				
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,62				
3	Revenue less expenses. Subtract line 2 from line 1	3		7,5			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,61	3,48	89.		
5	Net unrealized gains (losses) on investments	5	-61	4,7	31.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	5,24	6,2	60.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.					
2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a						
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit					
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990 ((2021)		

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization EXPERIENCE CAMPS 26-2513136 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2021 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)

	3			-/(-/(-/(-/		,				
(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, plea	se complete Part I	II.)							
A. Public Support										

<u> </u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	etion B. Total Support				1	T	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for th	· ·		•	•	. , . ,	. —
Sac	organization, check this box and stop etion C. Computation of Publi						_
				a aluman (f))		14	0/
	Public support percentage for 2021 (li			****		15	<u>%</u>
	Public support percentage from 2020 33 1/3% support test - 2021. If the content is the content in the content is the content in the content						% x and
10a							▶ □
h	stop here. The organization qualifies 33 1/3% support test - 2020. If the o		-			or more check th	
b	and stop here. The organization qual	-					
170	10% -facts-and-circumstances test						
11 a		-					
	and if the organization meets the facts meets the facts-and-circumstances te			-		-	▶ □
h	10% -facts-and-circumstances test	_			-	17a and line 15 is	
b	more, and if the organization meets the	-					10/0 UI
	organization meets the facts-and-circu				-		
12	Private foundation. If the organization		-		· · · · · ·		
10	Trivate loundation. If the organization	TI GIG HOL CHECK A	DOX OIT III IC 13, 10	a, 100, 17a, 01 171	b, check this bux a		/Form 000\ 0001

Schedule A (Form 990) 2021

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	1237979.	1892811.	3805878.	2318206.	4031029.	13285903.
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.			1547475.
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	1511475.	2625473.	4347195.	2318206.	4031029.	14833378.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						14833378.
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	1511475.	2625473.	4347195.	2318206.	4031029.	14833378.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	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 on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	1511475.	2625473.	4347195.	2318206.	4031029.	14833378.
14	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organization	on,
	check this box and stop here						>
	ction C. Computation of Publi						100 00
	Public support percentage for 2021 (li		•	.,,			100.00 %
	Public support percentage from 2020					16	99.11 %
	ction D. Computation of Inves			- 10 - 1 (0)		47	.00 %
	Investment income percentage for 20					17	
	Investment income percentage from 2 a 33 1/3% support tests - 2021. If the					18 3 1/3% and line 1	7 is not
198	more than 33 1/3%, check this box ar						▶ 😈
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	2		
	За		
	3b		
	0.5		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	90		
	10a		
	10b		
ule	A (Form	n 990)	2021

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Pa	rt IV Supporting Organizations (continued)			
	100.11.11.000)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
-	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110		
·	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations	110		
			Yes	No
4	Did the reversing heady members of the reversing heady officers acting in their official conscitutor membership of one of		res	NO
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of 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 supporte	d		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction 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		
Sec	ction 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 on 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		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions).		
a .		,.		
b				
c		oo instruction	امر	
2	Activities Test. Answer lines 2a and 2b below.	ee msnuchon	Yes	No
a			163	140
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If IVos II describe in Part VI the role placed by the exceptivation in this research	3h		1

	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	io i
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	
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):			
a	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		
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		1

Schedule A (Form 990) 2021

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

instructions).

	t V Type III Non-Functionally Integrated 509(nizations (continu		0-2313130 Page 7
	on D - Distributions	, , , ,	CONTINU	<u> </u>	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	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	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
_3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
<u>i_</u>	Carryover from 2016 not applied (see instructions)				
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018 Excess from 2019				
	Excess from 2020				
<u> </u>	Excess from 2021				

Schedule A (Form 990) 2021

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

EXPERIENCE CAMPS

Employer identification number 26-2513136

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		(h) Funds and other accounts
	-	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	-	
•	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o	, , , ,	· — —
Par		ganization anawarad "Voo" on Form 000 D	
1	•		artiv, line 7.
'	Purpose(s) of conservation easements held by the organization. Preservation of land for public use (for example, recreation)		historically important land area
	Protection of natural habitat	· —	a historically important land area a certified historic structure
	Preservation of open space	Freservation of a	a certified historic structure
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of	f a conservation easement on the last
2	day of the tax year.	ned conservation contribution in the form of	Held at the End of the Tax Year
a	Total number of conservation easements		
			•
	Number of conservation easements on a certified historic str		
	Number of conservation easements included in (c) acquired a		
ŭ	listed in the National Register		I I
3	Number of conservation easements modified, transferred, rel		
_	year ▶	,g,,	<u>g</u>
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	re satisfy the requirements 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 conservation		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statemer	nts that describes the
_	organization's accounting for conservation easements.	 	
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement an	d balance sheet works
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or research in furt	herance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these items	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and ba	alance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	rance 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		gain, provide
	the following amounts required to be reported under FASB A	_	
	Revenue included on Form 990, Part VIII, line 1		_
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2021

	٠	Organizations Maintaining Co	niections of Ar	t, Histo	oricai i re	easures, o	r Otner :	Similar	Assets	(continu	ed)
3	Using	g the organization's acquisition, accession	n, and other record	s, check	any of the t	following that	make sigr	nificant u	se of its		
	colle	ction items (check all that apply):									
а		Public exhibition	c	i 🗌	Loan or exc	hange progra	am				
b		Scholarly research	e		Other						
С		Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	Durin	ng the year, did the organization solicit or	receive donations	of art, his	storical treas	sures, or othe	er similar a	ssets			
	to be	sold to raise funds rather than to be mail	ntained as part of t	he orgar	nization's co	llection?				Yes	☐ No
Par	τIV	Escrow and Custodial Arrang	ements. Comple	ete if the	organizatio	n answered '	"Yes" on F	orm 990,	Part IV,	line 9, or	
		reported an amount on Form 990, Part									
1a	Is the	e organization an agent, trustee, custodia	n or other intermed	liary for o	contribution	s or other ass	sets not inc	cluded			
	on Fo	orm 990, Part X?								Yes	☐ No
b		es," explain the arrangement in Part XIII a									
										Amount	
С	Begir	nning balance						1c			
d	_	tions during the year						1d			
е		ibutions during the year						1e			
f		ng balance						1f			
		he organization include an amount on For								Yes	No
		es," explain the arrangement in Part XIII. 0					•				
Par		Endowment Funds. Complete if									
		·	(a) Current year		rior year	(c) Two year			ears back	(e) Four y	ears back
1a	Begir	nning of year balance	•								-
b		ributions									
c		nvestment earnings, gains, and losses									
d		ts or scholarships									
e		r expenditures for facilities									
ŭ		programs									
f	-	inistrative expenses									
		of year balance									
2		ide the estimated percentage of the curre	nt vear end halance	e (line 1c	ı column (a	I) held as:					
a		d designated or quasi-endowment		% %	j, coluitiii (a	n noid as.					
b		nanent endowment									
C		endowment > %									
·		percentages on lines 2a, 2b, and 2c should	-								
32		here endowment funds not in the possess	•	ation tha	t are held ar	nd administer	ed for the	organiza	tion		
Ou	by:	nore endowment failed flot in the posses.	Sion of the organize	ation tha	t are ricid ar	ia aarriiriister	ca for the	organiza	LIOIT	Г	res No
		Jnrelated organizations								3a(i)	
		Related organizations								3a(ii)	
h		es" on line 3a(ii), are the related organizati								3b	
4		cribe in Part XIII the intended uses of the c								OD	
	t VI	Land, Buildings, and Equipme		WITICITE	urius.						
		Complete if the organization answered). Part IV	'. line 11a. S	See Form 990	. Part X. lir	ne 10.			
		Description of property	(a) Cost or o			or other		umulate	а	(d) Book	value
		Description of property	basis (investr			(other)	, ,	eciation	٠	(a) Book	value
12	Land		'	7		, ,	====				
b		lings									
C		ehold improvements									
d		oment				6,411.		3,78	37.	2	,624.
		r				-,		5 7 . 0			,
		lines 1a through 1e. (Column (d) must ea		X colum	n (R) lino 1	0c.)				2.	,624.

Schedule D (Form 990) 2021

(a) Hoperintian of accurity or actogory (i.e., i.e., i		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-of-year market value
1) Financial derivatives		
2) Closely held equity interests		
3) Other		
(A)		
(B) (C)		
(D)		
(E)		
(F)		
(G)		
(H)		
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" or	n 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)		
(7)		
(8)		
(9)		
「otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		
Part IX Other Assets.	5 000 D 1 N 1	11.10. 5. 200 5. 14.1. 15
Part IX Other Assets. Complete if the organization answered "Yes" or		
Part IX Other Assets. Complete if the organization answered "Yes" or (a) Do	n Form 990, Part IV, line escription	11d. See Form 990, Part X, line 15. (b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" or (a) Do (1)		
Part IX Other Assets. Complete if the organization answered "Yes" or (a) December 1.		
Part IX Other Assets. Complete if the organization answered "Yes" or (a) Do (1) (2) (3)		
Part IX Other Assets. Complete if the organization answered "Yes" or (a) Do (1) (2) (3) (4)		
Part IX Other Assets. Complete if the organization answered "Yes" or (a) Do (1) (2) (3) (4) (5)		
Part IX Other Assets. Complete if the organization answered "Yes" or (a) Do (1) (2) (3) (4) (5) (6)		
Part IX Other Assets. Complete if the organization answered "Yes" or (a) Do (1) (2) (3) (4) (5) (6) (7)		
Part IX Other Assets. Complete if the organization answered "Yes" or (a) Do (1) (2) (3) (4) (5) (6) (7) (8)		
Part IX Other Assets. Complete if the organization answered "Yes" or (a) Do (1) (2) (3) (4) (5) (6) (7) (8) (9)	escription	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" or (a) Do (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 1	escription	(b) Book value
Complete if the organization answered "Yes" or (a) Do (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 1 Part X Other Liabilities.	escription	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" or (a) Do (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 1 Part X Other Liabilities. Complete if the organization answered "Yes" or	escription	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" or (a) Do (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 1 Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability	escription	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" or (a) Do (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 1 Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes	escription	(b) Book value The or 11f. See Form 990, Part X, line 25. (b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" or (a) Do (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 1 Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) OTHER LIABILITIES	escription	(b) Book value
Complete if the organization answered "Yes" or (a) Do (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 1 Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) OTHER LIABILITIES (3)	escription	(b) Book value The or 11f. See Form 990, Part X, line 25. (b) Book value
Complete if the organization answered "Yes" or (a) Do (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 1 Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) OTHER LIABILITIES (3) (4)	escription	(b) Book value The or 11f. See Form 990, Part X, line 25. (b) Book value
Complete if the organization answered "Yes" or (a) Do (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 1 Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) OTHER LIABILITIES (3) (4) (5)	escription	(b) Book value The or 11f. See Form 990, Part X, line 25. (b) Book value
Complete if the organization answered "Yes" or (a) Do (1) (2) (3) (4) (5) (6) (7) (8) (9) Cotal. (Column (b) must equal Form 990, Part X, col. (B) line 1 Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) OTHER LIABILITIES (3) (4) (5) (6)	escription	(b) Book value The or 11f. See Form 990, Part X, line 25. (b) Book value
Complete if the organization answered "Yes" or (a) Do (1) (2) (3) (4) (5) (6) (7) (8) (9) Cotal. (Column (b) must equal Form 990, Part X, col. (B) line 1 Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) OTHER LIABILITIES (3) (4) (5) (6) (7)	escription	(b) Book value The or 11f. See Form 990, Part X, line 25. (b) Book value
Complete if the organization answered "Yes" or (a) Do (1) (2) (3) (4) (5) (6) (7) (8) (9) Cotal. (Column (b) must equal Form 990, Part X, col. (B) line 1 Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) OTHER LIABILITIES (3) (4) (5) (6)	escription	(b) Book value The or 11f. See Form 990, Part X, line 25. (b) Book value

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) 2021

ines 2d and 4b; and Pa	•		,	iiiie 2, Fait AI,

Schedule D (Form 990) 2021

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Employer identification number

EXPERIE	NCE CAMPS				26-2513	136
Part I Fundraising Activities. required to complete this part	Complete if the organization answett.	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	e Solicitar f Solicitar g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	tees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total			<u> </u>			
List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt from re	gistration

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

Schedule G (Form 990) 2021

EXPERIENCE CAMPS 26-2513136 Page 2 Schedule G (Form 990) 2021 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through col. (c)) (event type) (total number) (event type) 827,473 827,473. Gross receipts 827,473 827,473. 2 Less: Contributions Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 306,049. 306,049. 7 Food and beverages 8 Entertainment Other direct expenses 306,049. **10** Direct expense summary. Add lines 4 through 9 in column (d) -306,04911 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain: _

Schedule G (Form 990) 2021

132082 10-21-21

Schedule G (Form 990) 2021	EXPERIENCE	CAMPS		26-2	5131	.36	Page 3
11 Does the organization conduct of	gaming activities with nor	nmembers?			Y	'es	No
12 Is the organization a grantor, ber to administer charitable gaming?						'es	□ No
13 Indicate the percentage of gamir							
a The organization's facility					13a		%
b An outside facility					13b		%
14 Enter the name and address of t							
Name							
Address							
15a Does the organization have a co	ntract with a third party	from whom the organ	ization receives gaminç	g revenue?	. Y	'es	☐ No
b If "Yes," enter the amount of gar	ning revenue received by	y the organization	\$	and the amount			
of gaming revenue retained by the				_			
c If "Yes," enter name and address	s of the third party:						
Name ►							
Address							
16 Gaming manager information:							
Name 🕨							
Gaming manager compensation	> \$						
	_						
Description of services provided	—						
Director/officer	Employee	Independ	ent contractor				
17 Mandatory distributions:							
a Is the organization required under retain the state gaming license?						'es	☐ No
b Enter the amount of distributions			other exempt organiza			-	
organization's own exempt activ			1 3	1			
Part IV Supplemental Info					t III, line	s 9, 9	b, 10b,
15b, 15c, 16, and 17b, a	ıs applicable. Also provic	de any additional info	mation. See instruction	ns.			

Schedule G	G (Form 990)	EXPERIENCE	CAMPS		26-2513136	Page 4
Part IV	G (Form 990) Supplemental Infor	mation (continued)				
		(continuou)				
-						
ī						
ī———						
-						
-						

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

OMB No. 1545-0047

Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

EXPERIENCE CAMPS

Part I Questions Regarding Compensation

Employer identification number 26-2513136

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

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

Schedule J (Form 990) 2021

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SARA DEREN	(i)	161,811.	0.	0.	0.	7,212.	169,023.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

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

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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 ONLINE SUPPORT. IN THE

SUMMER OF 2022, EXPERIENCE CAMPS SERVED 925 CHILDREN AND TEENS BY

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

GRIEVING CHILDREN BENEFIT FROM A VARIETY OF RESOURCES PROVIDED

YEAR-ROUND, INCLUDING IN-PERSON REUNIONS AND ACTIVITIES, CUSTOM-BUILT

GAMING PLATFORMS (ON MINECRAFT AND ROBLOX), AND INFORMATIVE CONTENT

DELIVERED THROUGH NEWSLETTERS AND SOCIAL MEDIA.

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.

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

Schedule O (Form 990) 2021

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Schedule O (Form 990) 2021	Page
Name of the organization EXPERIENCE CAMPS	Employer identification number 26-2513136
FORM 990, PART VI, SECTION B, LINE 15:	
THE COMPENSATION DECISION AND DELIBERATION INCLUDED REVIEW	WING COMPARABILITY
DATA.	
FORM 990, PART VI, SECTION C, LINE 19:	
AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	213,673.
MANAGEMENT AND GENERAL EXPENSES	200.
FUNDRAISING EXPENSES	258,928.
TOTAL EXPENSES	472,801.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	472,801.
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