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Form 990-E2

Short Form Return of Organization Exempt From Income Tax

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

2013

OMB No 1545-1150

Department of the Treasury Internal Revenue Service ▶ Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.urs.gov/form990.

Open to Public Inspection

Contained Ampliance Congress of Congres	_	Ear the	e 2013 calendar year, or tax year beginning OCT 1, 2013 and ending SEP	30,	2014
Name change PROVIDING OPPORTUNITIES FOR INDEPENDENCE AND SOCIAL EXPERIENCES, INC. Number and street (or P to box, from all s not delivered to street address) Recombusing E 1 Stelephone number 866—680—4744 Recombusing to the combusing of the combusi	В				
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Form of organization X Corporation Trust Association Other	ı				
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Column (8) below) are \$500,000 or more, the Form 990 instead of Form 990-EZ			·		
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)	L	Add lin	es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,		
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18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 18 -1,842. 19 58,044. 20 56,202.			·		
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21 Net assets or fund balances at end of year Combine lines 18 through 20 21 56, 202.	ets			"	-, -,
21 Net assets or fund balances at end of year Combine lines 18 through 20 21 56, 202.	SS	'		10	58.044
21 Net assets or fund balances at end of year Combine lines 18 through 20 21 56, 202.	et /	20			
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27-2113810

Page 2

Form 990-EZ (2013)

AND SOCIAL EXPERIENCES, INC.

Form 990-EZ (2013)

332172 11-25-13

Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 58,044. 56,202. Cash, savings, and investments 22 22 23 Land and buildings 23 24 24 Other assets (describe in Schedule O) 58,044 56,202. Total assets 25 25 0. 0. 26 Total liabilities (describe in Schedule O) 26 58,044. 27 56,202. Net assets or fund balances (line 27 of column (B) must agree with line 21) Part III Statement of Program Service Accomplishments (see the instructions for Part III) Expenses (Required for section 501(c)(3) and 501(c)(4) Check if the organization used Schedule O to respond to any question in this Part What is the organization's primary exempt purpose? SEE SCHEDULE O organizations and section 4947(a)(1) trusts, optional Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise for others) manner, describe the services provided, the number of persons benefited, and other relevant information for each program title AWARDED PARTIAL CAMP SCHOLARSHIPS TO 8 DESERVING CHILDREN ON THE AUTISM SPECTRUM TO ATTEND SPECIAL NEEDS CAMPS (Grants \$) If this amount includes foreign grants, check here 28a 29 RECRUITED LARGER AND MORE ACTIVE BOARD OF DIRECTORS TO HELP EXPAND POISE'S REACH IN THE FUTURE) If this amount includes foreign grants, check here 29a (Grants \$ CLARIFIED MISSION AND IMPLEMENTED POLICY TO SUPPORT CHILDREN WITH GREATER FINANCIAL NEEDS (Grants \$) If this amount includes foreign grants, check here 30a 31 Other program services (describe in Schedule O) 31 a) If this amount includes foreign grants, check here 0. 32 Total program service expenses (add lines 28a through 31a) ▶ 32 Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (b) Average hours (d) Health benefits contributions to (e) Estimated (C) Reportable ompensation (Forms W-2/1099-MISC) per week devoted to amount of other (a) Name and title employee benefit plans, and deferred position compensation (if not paid, enter -0-) compensation JEFFREY WEINGARTEN 0. PRESIDENT 1.00 0 0. JAMES WOLFSON 0 0 0. TREASURER 1.00 DEBBIE WEITZMAN BOARD MEMBER 1.00 0 0. 0. JOSEPH C. MARROW ASSISTANT SECRETARY /CLERK 0 0. 0. 1.00 ERIC SASSON 0. VICE PRESIDENT 0 0 1.00 JILL SOUDER BOARD MEMBER 0 0. 0. 1.00 **GREGORY** SOROS 1.00 0 0. 0.

AND SOCIAL EXPERIENCES, INC.

27-2113810 Page 3 Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this **Exi**t V Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each 33 X activity in Schedule O 33 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended Х documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a N/A b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax X requirements during the year? If "Yes," complete Schedule C, Part III 35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," X 36 complete applicable parts of Schedule N 0. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions Х 37b b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made Х in a prior year and still outstanding at the end of the tax year covered by this return? 38a N/A b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations Enter N/A a Initiation fees and capital contributions included on line 9 39a N/A 39b b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under O • , section 4912 ► O • , section 4955 ► b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? X If "Yes," complete Schedule L, Part I 40b c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T Х List the states with which a copy of this return is filed MA Telephone no ► 866-680-4744 42a The organization's books are in care of ► ERIC SASSON ZIP+4 ► 19004 Located at ► 314 BRYN MAWR AVE, BALA CYNWYD, b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial 42b X account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. X c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ 43 N/A and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Х Form 990-EZ 44a b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b c Did the organization receive any payments for indoor tanning services during the year? 44c Х d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation 44d in Schedule O X 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

27-2113810 Form 990-EZ (2013) AND SOCIAL EXPERIENCES, INC. Page 4 Yes No Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? 46 X If "Yes," complete Schedule C, Part I Part VI Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI Yes No Х Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II 47 47 Х 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes." complete Schedule E 48 X 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a b If "Yes," was the related organization a section 527 organization? 49b Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (d) Health benefits (a) Name and title of each employee (b) Average hours (e) Estimated (C) Reportable contributions to employee benefit plans, and deferred per week devoted to mpensation (Forms W-2/1099-MISC) amount of other position compensation NONE compensation Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization If there is none, enter "None" NONE (a) Name and business address of each independent contractor (b) Type of service (c) Compensation Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt X Yes charitable trusts must attach a completed Schedule A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and be Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of office Sian JASSON FRIC Here VICE PRESIDENT PTIN Print/Type preparer's name Preparer's Check ıf self- employed **Paid** P00234623 SAM BURRUANO, CPA **Preparer** Firm's EIN ► 06-1138540 Firm's name BURRUANO DOLAN LLP **Use Only** Firm's address ▶ 200 BUSINESS PARK DRIVE, (914)Phone no ARMONK, NY 10504 ► X Yes May the IRS discuss this return with the preparer shown above? See instructions Form 990-EZ (2013)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Open to Public inspection

OMB No 1545-0047

Name of the organization

Information about Schedule A (Form 990 or 990-EZ) and its instructions is instructions is instructions. PROVIDING OPPORTUNITIES FOR INDEPENDENCE AND SOCIAL EXPERIENCES, INC.

rant i	Reason	tor Public Char	Ity Status (All organiz	ations mus	st complet	e this part	.) See inst	ructions.					
he orgar	nization is not a	a private foundation	because it is: (For lines 1	through 1	11, check	only one b	ox.)						
1 🔲	A church, co	nvention of churches	s, or association of churc	ches desci	nbed in se	ction 170	(b)(1)(A)(i)						
2 🔲	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)									
з 🗀	A hospital or	a cooperative hospi	tal service organization of	described i	ın section	170(b)(1)	A)(iii).						
4	A medical res	search organization	operated in conjunction	with a hos	pital descr	ibed in se	ction 170	(b)(1)(A)(ii	i). Enter	the I	nospital	's nan	ıe,
	city, and stat									_			
5	An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	erated by	a governr	mental uni	t describ	ed i	n		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)										
6	A federal, sta	ite, or local governm	ent or governmental unit	described	d in sectio	n 170(b)(1)(A)(v).						
7 X			eives a substantial part					r from the	general	pub	lic desc	ribed	ın
	section 170(b)(1)(A)(vi). (Comple	te Part II.)										
8 🔲	A community	trust described in s	ection 170(b)(1)(A)(vi). ((Complete	Part II.)								
9 🔲	An organizati	on that normally rec	eives: (1) more than 33 1	/3% of its	support f	om contri	butions, m	nembershi	p fees, a	nd g	ross re	ceipts	from
	activities rela	ted to its exempt fur	nctions - subject to certa	ın excepte	ons, and (2	2) no more	than 33 1	/3% of its	support	fror	n gross	invest	ment
	income and u	unrelated business to	axable income (less sect	ion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınızatıon	afte	r June 3	30, 197	75.
	See section	509(a)(2) . (Complete	Part III.)										
10 🔲	An organizati	on organized and or	perated exclusively to tes	st for publi	c safety. S	ee sectio	n 509(a)(4	l) .					
11 🔲	An organizati	on organized and or	perated exclusively for th	e benefit d	of, to perfo	rm the fur	nctions of,	or to carr	y out the	pur	poses o	of one	or
	more publicly	supported organiza	ations described in section	on 509(a)(1	1) or sectio	n 509(a)(2). See se c	tion 509(a)(3). Ch	eck '	the box	that	
	describes the	type of supporting	organization and comple	ete lines 1º	1e through	11h.							
	a Type I	ı ь 🗀 тչ	/pe II c 🔲 Ty	pe III • Fui	nctionally i	ntegrated	d	I 🔲 Тур	e III - No	n-fur	nctional	ly inte	grated
е 🔙	By checking	this box, I certify tha	t the organization is not	controlled	directly o	r indirectly	by one or	more dis	qualified	pers	ons oth	ner tha	ın
	foundation m	anagers and other t	han one or more publicly	supporte	d organiza	tions desc	cribed in s	ection 509	9(a)(1) or	sect	ion 509)(a)(2)	
f	If the organiz	ation received a writ	ten determination from t	he IRS tha	at it is a Ty	pe I, Type	II, or Type	e III					
	supporting o	rganization, check th	nis box										
g	Since August	t 17, 2006, has the c	organization accepted an	y gift or co	ontribution	from any	of the follo	owing per	sons?				
	(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons c	lescribed i	n (II) and (iıı) below	',		Yes	No
	the gove	erning body of the si	upported organization?								11g(i)		
	(ii) A famıly	member of a persor	n described in (i) above?								11g(ii)		
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (ii) above	e?					L	11g(iii)	1	
h	Provide the f	ollowing information	about the supported org	ganızatıon	(s).								
(i) Name	of supported	(ii) EIN	(iii) Type of organization		rganization		ı notıfy the	(vi) Is		(vii)	Amoun	t of mo	netary
	anization	''	(described on lines 1-9	in col (i) lis	•	organizat		organizati (i) organiz	ed in the			port	-
			above or IRC section (see instructions))	governing	aocument?	(i) or your	support?	· · · · · · · · · · · · · · · · · · ·	7				
			(000	Yes	No	Yes	No	Yes	No				
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Schedule A (Form 990 or 990-EZ) 2013 AND SOCIAL EXPERIENCES, INC. 27-2113810 Page 2

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

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

Se	ction A. Public Support			,			
	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and	14, 2,000	(3) 2010	(0) 20 1 1	(5) 23:2	(0) 20 (0	(1) 10 (61
•	membership fees received. (Do not						
	include any "unusual grants.")		23,967.	46,092.	27,520.	24,607.	122,186.
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					ļ	
4	Total. Add lines 1 through 3		23,967.	46,092.	27,520.	24,607.	122,186.
5	The portion of total contributions						<u> </u>
	by each person (other than a			1			
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)			1			
6	Public support. Subtract line 5 from line 4	4444	***************************************		***************************************	111111111111111111111111111111111111111	122,186.
	ction B. Total Support		•	•			
	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4		23,967.	46,092.	27,520.	24,607.	122,186.
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			i			
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						122,186.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
	organization, check this box and stop	here					►X
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2013 (l	ine 6, column (f) d	ivided by line 11, co	olumn (f))		14	%
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	%
16	a 33 1/3% support test - 2013. If the c	organization did no	ot check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶□
1	33 1/3% support test - 2012. If the c	organization did no	ot check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ition			▶□
17	a 10% -facts-and-circumstances tes	t - 2013. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and stop h e	ere. Explain in Pai	t IV how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	ition qualifies as a p	oublicly supported	organization		
ı	10% -facts-and-circumstances tes	t - 2012. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	eck this box and s	top here. Explain	in Part IV how the	1
	organization meets the "facts-and-circ	cumstances* test.	The organization q	ualifies as a public	ly supported orga	ınızatıon	
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instruction	s >
					0.4	dula A (Farm 900	

Schedule A (Form 990 or 990-EZ) 2013 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Section A. Public Support	ow, please com	piete i art ii.j				
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,		-				
merchandise sold or services per-					1	
formed, or facilities furnished in					1	
any activity that is related to the						
organization's tax-exempt purpose					1	_
3 Gross receipts from activities that					1	
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to				·		
or expended on its behalf				ļ		
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
		 		 		
7a Amounts included on lines 1, 2, and		1				
3 received from disqualified persons		 		1	+	
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year			ļ. <u>.</u>			
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)		<u> </u>	<u> </u>			
Section B. Total Support						
Calendar year (or fiscal year beginning in) ► 📙	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest,				1		
dividends, payments received on				1		
securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income					 	
(less section 511 taxes) from businesses						
` '						
acquired after June 30, 1975			·	+		
c Add lines 10a and 10b				 		
11 Net income from unrelated business activities not included in line 10b,						
whether or not the business is					1	
regularly carned on						
12 Other income. Do not include gain		ļ				
or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for t	he organization'	s first, second, thu	d, fourth, or fifth t	ax vear as a secti	on 501(c)(3) organiz	ation.
check this box and stop here		, ,	-,	,		
Section C. Computation of Public	Support Pe	rcentage				
15 Public support percentage for 2013 (lin			column (fl)		15	•
16 Public support percentage from 2012		-	· · · · · · · · · · · · · · · · · · ·		16	
Section D. Computation of Invest						
17 Investment income percentage for 201					17	
18 Investment income percentage for 201					18	
19a 33 1/3% support tests - 2013. If the c			on line 14 and line	a 15 is more than		
						, is liot ►
more than 33 1/3%, check this box and	•		, ,			-
b 33 1/3% support tests - 2012. If the c	-				•	and
line 18 is not more than 33 1/3%, chec		_			-	
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check to	his box and see in	structions	▶∟

PROVIDING OPPORTUNITIES FOR INDEPENDENCE Schedule A (Form 990 or 990 EZ) 2013 AND SOCIAL EXPERIENCES, INC. 27-2113810 Part IV Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. 27-2113810 Page 4 Also complete this part for any additional information. (See instructions).

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

of the property of the following specific property of the prop AND SOCIAL EXPERIENCES, INC.

AND SOCIAL EXPERIENCES, INC.	27-2113810
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:	
ACTIVITY CLASSIFICATION:	
GRANTEE ADDRESS: 1 THOREAU WAY THETFORD CENTER, VT 05075	
DATE OF GIFT: 01/13/14	
AMOUNT GIVEN:	2,500.
ACTIVITY CLASSIFICATION:	
GRANTEE NAME: CAMP AKEELA - FBO GOODRICH	
GRANTEE ADDRESS: 1 THOREAU WAY THETFORD CENTER, VT 05075	
DATE OF GIFT: 01/13/14	
AMOUNT GIVEN:	2,400.
ACTIVITY CLASSIFICATION:	
GRANTEE NAME: CAMP AKEELA - FBO RUDSKI	
GRANTEE ADDRESS: 1 THOREAU WAY THETFORD CENTER, VT 05075	
DATE OF GIFT: 02/21/14	
AMOUNT GIVEN:	3,000.
ACTIVITY CLASSIFICATION:	
GRANTEE NAME: CAMP AKEELA - FBO WALKER	
GRANTEE ADDRESS: 1 THOREAU WAY THETFORD CENTER, VT 05075	
DATE OF GIFT: 01/13/14	
AMOUNT GIVEN:	2,000.
	<u> </u>

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990 or 990-EZ.

Open to Public Inspection

oformation about Schedule O (Form 990 or 990-EZ) and its instructions islativity irs gov/form 990 PROVIDING OPPORTUNITIES FOR INDEPENDENCE Employe AND SOCIAL EXPERIENCES, INC.

The deeling the little of the territory	
ACTIVITY CLASSIFICATION:	
GRANTEE NAME: CAMP AKEELA - FBO PAYTON	
GRANTEE ADDRESS: 1 THOREAU WAY THETFORD CENTER, VT 05075	
DATE OF GIFT: 03/31/14	
AMOUNT GIVEN:	
ACTIVITY CLASSIFICATION:	
GRANTEE NAME: CAMP AKEELA - FBO LINKHART	
GRANTEE ADDRESS: 1 THOREAU WAY THETFORD CENTER, VT 05075	-
DATE OF GIFT: 05/29/14	
AMOUNT GIVEN:	
ACTIVITY CLASSIFICATION:	
GRANTEE NAME: ASPIRE SUMMER CAMP - MIDDLE CLASS FINANCIAL	
ASSISTANCE FUND	
GRANTEE ADDRESS: 1 MAGUIRE ROAD LEXINGTON, MA 02421	
DATE OF GIFT: 06/13/14	
AMOUNT GIVEN:	
ACTIVITY CLASSIFICATION:	
GRANTEE NAME: ASPIRE SUMMER CAMP - MIDDLE CLASS FINANCIAL	
ASSISTANCE FUND	
GRANTEE ADDRESS: 1 MAGUIRE ROAD LEXINGTON, MA 02421	
DATE OF GIFT: 09/26/14	
AMOUNT GIVEN:	2,500.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10	23,400.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

oformation about Schedule O (Form 990 or 990-EZ) and its instructions is negligible in PROVIDING OPPORTUNITIES FOR INDEPENDENCE | Employe AND SOCIAL EXPERIENCES, INC.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
WEBSITE EXPENSES	193.
STATE REGISTRATION AND ANNUAL FEES	35.
OFFICE EXPENSE / BANK FEES	347.
EVENT INSURANCE	425.
TOTAL TO FORM 990-EZ, LINE 16	1,000
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO PROVIDE	E SUMMER CAMP
SCHOLORSHIPS TO CHILDREN WITH ASPERGER'S SYNDROME AND OTHE	ER BOYS AND
GIRLS ON THE HIGH FUNCTIONING END OF THE AUTISM SPECTRUM.	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFI	IT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUN	DS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTR	RACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIU	JMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	
	
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