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DLN: 93493045030897

OMB No 1545-0047

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)

Do not enter social security numbers on this form as it may be made public
 Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A F	or the	2015 ca	lendar year, or tax year be	ginning 04-01-2015 , and ending 03-31-	2016				•		
_	eck ıf ap		C Name of organization ASPEN CENTER FOR PHYSICS	S		□	Emplo	yer id	lentification number		
_	ddress ch ame cha	-					84-6	0595	04		
_	ntıal retu	-	Doing business as								
_	/termina		Number and street (or P O b 700 WEST GILLESPIE STREET	pox if mail is not delivered to street address) Room	n/suite	— E	E Telephone number (970) 925-2585				
<u>'</u>	nended r plication	return pending	City or town, state or province	ce, country, and ZIP or foreign postal code			(370)	723	2303		
			ASPEN, CO 81611				Gross	receipt	s \$ 1,679,625		
			F Name and address of	principal officer	H(a)	(s this a	group	retu	rn for		
			JANE KELLY 700 W GILLESPIE STRE	EET	5	subordır No	nates?		☐ Yes 🗸		
			ASPEN,CO 81611			Are all s		ınates	Yes No		
I 14	x-exem	pt status	√ 501(c)(3)	() ◀ (insert no) 4947(a)(1) or 527		ncluded [f "No."		n a lis	t (see instructions)		
. w	ebsite	:► ww	/W ASPENPHYS ORG			-			umber ▶		
K Fon	n of org	anızatıon	✓ Corporation Trust	Association ☐ Other ►	L Year	of forma	tion 19	962	M State of legal domicile CC		
Pa	rt I	Sum	marv								
Governance	A S A S W	SPÉN CI STROPH ORKSHO	ENTER FOR PHYSICS IS A HYSICS, AND RELATED F	nission or most significant activities A SCIENTIFIC ORGANIZATION WHICH IELDS THROUGH PROGRAMS OF INDIV S, AS WELL AS PROMOTES THE EDUCA IES	'IDUAL ANI	COLL	ABOR	ATIV	E RESEARCH,		
	2 C	heck th	ns box ▶ ☐ If the organizat	tion discontinued its operations or dispos	ed of more t	han 25%	% of it:	s net	assets		
Activities &	3 N	umber	of voting members of the g	overning body (Part VI, line 1a)				з	79		
Ě				bers of the governing body (Part VI, line 1				4	31		
Act	5 T	otal nur	mber of individuals employ			5	6				
			mber of volunteers (estima			6	36				
				rom Part VIII, column (C), line 12			•	7a	0		
	D NE	et unitera	ated business taxable inco	inne nom Form 990-1, line 34	· · · ·	Prior Y	ear	7b	Current Year		
	8 Contributions and grants (Part VIII, line 1h)					11101 1	589,	204	562,895		
ēnuēn	9	Progra	am service revenue (Part V	/III, line 2g)		1,0			1,017,771		
ōΛċ	10	Invest	tment income (Part VIII, c	column (A), lines 3, 4, and 7d)		50,223			53,111		
G.	11		,	nn (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		38,336			34,770		
	12	Total : 12)	revenue—add lines 8 throu	ıgh 11 (must equal Part VIII, column (A),	line	1,691,844			1,668,547		
	13	Grants	s and sımılar amounts paıd	(Part IX, column (A), lines 1-3)		179,138			151,565		
	14		·	(Part IX, column (A), line 4)					0		
8	15	Saları 5–10)		mployee benefits (Part IX, column (A), line	es	323,635			318,936		
Expenses	16a	Profes	ssional fundraising fees (Pa	art IX, column (A), line 11e)	· ·				0		
핓	b		ındraısıng expenses (Part IX, colu		-						
	17 18			n (A), lines 11a-11d, 11f-24e) 7 (must equal Part IX, column (A), line 25			L,168, L,671,	-	1,107,977 1,578,478		
	19		•	et line 18 from line 12	'' . 			123	90,069		
Net Assets or Fund Balances					Beginn	ing of C			End of Year		
Set	20	Total	assets (Part X, line 16) .				1,553,	624	4,445,028		
PA PE	21	Total	liabilities (Part X, line 26)				398,	502	283,008		
	22			btract line 21 from line 20		4	1,155,	122	4,162,020		
Unde my k	nowled	Ities of ge and		ve examined this return, including accomp nd complete Declaration of preparer (othe							
		****	***			2017-	02-13				
Sigr		Signa	ature of officer			Date					
Her	е		E KELLY ADMIN VICE PRESIDENT e or print name and title								
			Print/Type preparer's name DIANE K GRANGER	Preparer's signature DIANE K GRANGER	Date 2017-02-14	Check		PTIN P013	88919		
Paid				AND COMPANY	-517 52 14	self-em	ployed	013	*-		
_		 1 「	Firm's name 🕒 TAYLOR ROTH A	AND COMPANI		1 2	417				
	pare Only	I F	irm's address ▶ 800 GRANT ST S	STE 205		Phone i	no (303	3) 830-	8109		

Form	1990 (2015)				Page 2
Par	t III Statement of Program	Service Accom	plishments		
	Check if Schedule O contain		to any line in this Part 1	III	
1	Briefly describe the organization's	mission			
A S T A N D	EN CENTER FOR PHYSICS IS A SC ROPHYSICS, AND RELATED FIELD: CONFERENCES, AS WELL AS PRO ER ACTIVITIES	S THROUGH PROGE	RAMS OF INDIVIDUAL	AND COLLABORATIVE RESEA	ARCH, WORKSHOPS,
2	Did the erappization undertake any	a confice ant program	anung during the wear	which were not listed on	
2	Did the organization undertake any the prior Form 990 or 990-EZ?			· · · · · · · · · · · · · · · · · · ·	⊤Yes √No
_	If "Yes," describe these new servic				
3	Did the organization cease conduct	ing, or make significa	ant changes in now it co	nducts, any program	⊤Yes √No
	services?	Schodulo O			Yes VNO
4	Describe the organization's program expenses Section 501(c)(3) and 5 the total expenses, and revenue, if	n service accomplish 01(c)(4) organizatio	ns are required to report		
			·		
4a	(Code) (Expenses SINCE ITS INCEPTION IN 1962, ASPEN CE STIMULATING INTERACTIONS, COLLABORA, INTERNATIONAL RESEARCHERS, FREED FI RESEARCH AT THE FOREFRONT OF THEIR RESEARCH, (B) IN SMALL GROUPS FOCUS SCIENTIFIC PROGRAMS EMPHASIZE OPEN CROSS-FERTILIZATION BETWEEN DIFFER! ASTROPHYSICS, AND CONDENSED MATTE THE INTERFACE BETWEEN PHYSICS AND G 8 ONE- WEEK WINTER CONFERENCES BR DISCIPLINARY PHYSICS RESEARCH THE G ITS PARTICIPANTS SUPPORT IS PROVIDE SUMMER BILLS ARE REDUCED BY THE AM- SCIENTISTS AND THOSE WITH A DEMONS PARTICIPANTS (SUMMER 2015) AND 599	NTER FOR PHYSICS HAS TIONS, AND INNOVATION ROM THE USUAL CONSTREED ON SPECIFIC PROJECT PROBLEMS AT THE CUTTON THE CONTROPHER OF THE CONTROPHER DISCIPLINES (BIO ING TOGETHER 60 TO 10 TO ALL INDIVIDUALS DUDINT OF SUPPORT, OVER THE ONE OF THE ONE OF THE OFFER PROVIDURY OF SUPPORT, OVER THE ONE OF TH	PROVIDED A UNIQUE PHYSIC IN PHYSICS RESEARCH FOR AINTS AND DISTRACTIONS O ONDUCTED (A) IN THE CONTES, OR, (C) BY INDIVIDUAL ITS, OR OF OR PHYSICS HAS BEEN LOGY, CHEMISTRY, ENGINEER O RESEARCHERS PER WEEK IE SPACE, OFFICE SUPPLIES, INRING THE SUMMER SESSION RPAYMENTS ARE REFUNDED ITO ATTEND DURING THE FIST	R 16 WEEKS EACH SUMMER, MORE THE THEIR HOME INSTITUTIONS, COME TEXT OF WORKSHOPS IN AREAS AT THE INVESTIGATORS CARRYING OUT THEIR OF TO MAXIMIZE INFORMAL INTERACTISHIP IN THE CENTRAL AREAS OF PHYSIC OPEN TO NEW DIRECTIONS IN PHYSIC RING, MATERIAL SCIENCE, AND MATHE IN AREAS OF CURRENT INTEREST IN PMEETING SPACE, LIBRARY FACILITIES, IFOR WHOM LODGING SARRANGED EBY CHECK WINTER SUPPORT IS USUA SCAL YEAR ENDED MARCH 31, 2016, T	AN 500 LEADING TO ASPEN TO ENGAGE IN ILE FOREFRONT OF PHYSICS OWN RESEARCH THE ONS WITHIN EACH AREA AND ICS (PARTICLE PHYSICS, S AS WELL AS TO SCIENCE AT EMATICS) IN ADDITION, 7 TO HYSICS AND INTER- AND NETWORK ACCESS TO BY THE CENTER PHYSICISTS' LLLY AWARDED TO JUNIOR
4b	(Code) (Expenses	\$ 32,801	l including grants of \$) (Revenue \$)
	ASPEN CENTER FOR PHYSICS OUTREACH PHYSICS RESEARCH, AND TO ENGAGE CH OUTREACH ACTIVITY FOR THE CENTER FRESEARCH OR CURRENT SCIENTIFIC TOP AT 7 LECTURES WAS 1,073 (2) SUMMER CHILDREN'S WEEKLY SUMMER PICNICS TWORKING PHYSICISTS, TO LEARN ABOUT (3) HIGH SCHOOL MENTOR PROGRAM ACCENTER TO SEE WHAT THEORETICAL PHYPHYSICISTS AND STUDENTS PARTICIPATE 5 SCHOOLS INTERVIEW PHYSICISTS ON ALISTENING PUBLIC ABOUT CURRENT PHYHOSTED WITH ASPEN SCIENCE CENTER, ICAREERS IN SCIENCE, OR WHATEVER TO BROADCASTS BEFORE MOST LECTURES ASEVERAL TIMES DURING THE WINTER OR WEBSITE THERE ARE OVER 300 ACP SCIENC AN ON-GOING PROJECT TO SHARE THE SECREPANT OF PUBLIC INFORMATION TOTAL NUMBER OF PUBLIC INFORMATION TOTAL NUMBER OF PUBLIC	ILDREN AND YOUTH IN O ENOWNED PHYSICISTS ICS OF GENERAL INTERE CHILDREN'S PICNICS IN HAT INCLUDE A PRESENT THE PROFESSION, AND T P HIRES RISING SENIOR SICISTS DO AND TO CHAD IN 2015 (4) HIGH SCHOOLD HOW ICS TOPICS THERE WEREFORE EACH PUBLIC LEGUES THE PUBLIC MIGHT NO SOME DIALOGUES, AG SUMMER SEASONS IN A INTIFIC LECTURES AND I ZIENCE DONE AT THE CE ES SLIDES FROM SCIENT	PPORTUNITIES FOR FURTHER PERVEYER WINTER AND SUMME ST SUMMER ATTENDANCE A' CONJUNCTION WITH THE AS ATION BY A PARTICIPATING P O LEARN SOME SCIENCE IN F PHYSICS STUDENTS FROM 5 T WITH 2 OR 3 PHYSICISTS A GOOL MONTHLY RADIO SHOW- THIS INTRODUCES THE STUI- LE 37 STUDENT AND PHYSICIST LE 2 OR 3 PHYSICISTS MI BRING UP FROM JANUARY T CP CONDUCTS INTERVIEWS W DDITION, ALL VIDEOS ARE AV NTERVIEWS AVAILABLE AT NO NTER, ACP HAS A SECTION O IFIC COLLOQUIA ATTENDED E	R EDUCATION IN THE SCIENCES (1) P R LECTURES IN ASPEN VENUES DELINIT T 11 LECTURES WAS AROUND 1, 150 P SPEN SCIENCE CENTER, THE ASPEN CE SHYSICIST THIS AFFORDS CHILDREN T FUN AND ENTERTAINING WAYS SUMM VALLEY HIGH SCHOOLS TO WORK FOR BOUT COLLEGE, CAREERS, AND/OR SCRADIO PHYSICS VALLEY HIGH SCHOO DENTS TO SCIENCE, PUBLIC SPEAKING ST PARTICIPANTS FOR THIS FISCAL YE EET WITH STUDENTS AND THE PUBLIC O MARCH 2016, 430 PEOPLE ATTENDE VITH ITS SPEAKERS THESE AND THE T ALLABLE ON GRASSROOTS TV'S WEBSIT C CHARGE ONLINE (7) ASPEN CENTER F ITS WEBSITE TITLED, "THE SCIENCE BY SUMMER PARTICIPANTS, AS WELLA	UBLIC LECTURES A CORE EATING THEIR CURRENT EFOPLE WINTER ATTENDANCE INTER FOR PHYSICS HOSTS THE CHANCE TO MEET ER 2015 HELD FIVE PICNICS A SUMMER WEEK AT THE LIENCE ABOUT 42 DL PHYSICS STUDENTS FROM , AND INFORMS THE AR (5) PHYSICS CAFES COTO DISCUSS PHYSICS OR D 7 CAFES (6) TELEVISION APED LECTURES ARE AIRED WITH LINKS FROM THE ACP FOR PHYSICS WEBSITE IN "THIS LISTS PUBLICATIONS SOTHER SCIENTIFIC
4 c	(Code) (Expenses	\$	including grants of \$) (Revenue \$)
4d	Other program services (Describe	ın Schedule ○)			
	(Expenses \$	including grants	of\$) (Revenue \$)
4e	Total program service expenses ▶	1,327,20	<u> </u>	•	·
		,,			

Par	t 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞	2	Yes	
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		No
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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III **	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 😕	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	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 2	11 b		No
	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	•	No
	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 2	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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	12 b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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	14 b	Yes	
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		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form	Form 990 (2015) Pa					
Par	t IV Checklist of Required Schedules (continued)					
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		No		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No		
242	Did the organization have a tay-evempt hand issue with an outstanding principal amount of more than \$100,000					

Νo

Νo

Νo

Nο

Νo

Νo

Nο

Nο

Nο

Νo

Νo

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24a

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24d

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25b

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28b

28c

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35a

35b

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Yes

Form **990** (2015)

Yes

as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . 🛸

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . .

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .

instructions for applicable filing thresholds, conditions, and exceptions)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

Did the organization maintain an escrow account other than a refunding escrow at any time during the year

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	• • •	Yes	· No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a	32	163	140
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1c	Yes	
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	6		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
b	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or g			
_	were not tax deductible?	6 b		
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods an services provided to the payor?	d 7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
d	file Form 8282?	7c		No
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	. 7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 required?	as 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any tim during the year?	e 8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions fadditional information the organization must report on Schedule O	or 13a		
b	Enter the amount of reserves the organization is required to maintain by the states 13b			
_	In which the organization is licensed to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		l I _{No}
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2015) Page 6 Governance, Management, and Disclosure Part VI For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI . . . Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax 1a 79 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are ındependent 1b 31 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Νo 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Νo Did the organization have members or stockholders? . . . 6 Νo 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Νo **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? Yes **b** Each committee with authority to act on behalf of the governing body? Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O Nο Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			res	INO
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b		No
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		No
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15 b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			

Section C. Disclosure

- List the States with which a copy of this Form 990 is required to be filed▶
 - Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

organization's exempt status with respect to such arrangements?

- Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records ▶AMANDA JENKINS 700 W GILLESPIE ST ASPEN, CO 81611 (970) 925-2585

16b

Part VII

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

Check this box if neither the organization no	r any related or	ganıza	tion	com	pen	sated	lany	current officer, o	lirector, or truste	e
(A) Name and Title	(B) Average hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) ANDREW COHEN	1 00	l x		X				0	0	0
CHAIR		_ ^		ĺ^				0	0	
(2) KARIN RABE PRESIDENT	15 00	x		×				0	0	0
(3) JOSHUA FRIEMAN VICE PRESIDE	1 00	x		x				0	0	0
(4) JOERG SCHMALIAN TREASURER	1 00	х		x				0	0	0
(5) BULBUL CHAKRABORTY CORPORATE SE	1 00	х		×				0	0	0
(6) GIUSEPPINA FABBIANO SCIENTIFIC S	1 00	x		x				0	0	0
(7) CLARE YU ASST SCIENTI	1 00	х		×				0	0	0
(8) PAUL GOLDBART TRUSTEE	0 50	х						0	0	0
(9) CLIFFORD JOHNSON TRUSTEE	0 50	x						0	0	0
(10) VASSILIKI KALOGERA TRUSTEE	0 50	x						0	0	0
(11) MARC KAMIONKOWSKI TRUSTEE	0 50	x						0	0	0
(12) CHETAN NAYAK TRUSTEE	0 50	×						0	0	0
(13) HIROSI OOGURI TRUSTEE	0 50	х						0	0	0
(14) STEINN SIGURDSSON TRUSTEE	0 50	x						0	0	0
						•				Form 990 (2015)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations	
(15) ELIZABETH SIMMONS	0 50	×						0	0	C	
TRUSTEE		, ,						,	J		
(16) MATTHIAS TROYER	0 50	×						0	0	_	
TRUSTEE		^						Š	J		
(17) JANE KELLY	40 00			×				134,533	0	8,072	
ADMIN VICE P				^				134,333	J	8,072	
1b Sub-Total				>							
c Total from continuation sheets to Part VII	, Section A .										
d Total (add lines 1b and 1c)	<u></u>	•		<u> </u>			1	34,533		8,072	
Total number of individuals (including but n \$100,000 of reportable compensation from			ed al	bove	e) w	ho red	ceiv	ed more than			

			Yes	No		
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No		
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual					
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule 1 for such person.	_				

Section B. Independent Contractors

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

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

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

Form 99								Page 9
Part V	1111	Statement o						_
		Check If Schedu	ule O contains a respon	se or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
10 K	1a	Federated camp	paigns 1a					
ant	b	Membership du	es 1b					
Gr.	с	Fundraising eve	ents 1c					
ifts. ar Æ	d	Related organiz	ations 1d					
ons, Gifts, Grants Similar Amounts	e	Government grants	s (contributions) 1e	457,136				
ions r Si	f	All other contribution	ons, gifts, grants, and 1f	105,759				
Contributions, Gifts, Grants and Other Similar Amounts	_	similar amounts no	ot included above ons included in lines					
ntri d O	g	1a-1f \$	ons included in lines					
Cont	h	Total. Add lines	s 1a-1f	· · · •	562,895			
ï.e				Business Code				
Ven	2a	REGISTRATION FEE		541700	533,980	533,980		
դ. 9 <u>.</u>	b c	OTHER PARTICIPAL		541700 541700	389,759	389,759		
Š.	d	OTHER PARTICIPAL	VI CHARGES	541700	94,032	94,032		
Program Service Revenue	e							
gran	f	All other progra	ım service revenue					
₽.	g	Total. Add lines	 	▶	1,017,771			
	3	Investment inc	ome (including dividend	ls, interest,	53,061			53,061
	4		ar amounts) tment of tax-exempt bond p	H	33,001			33,001
	5			• • • • • • • • • • • • • • • • • • •				
			(ı) Real	(II) Personal				
	6 a	Gross rents	30,500					
	b	Less rental expenses						
	С	Rental income	30,500					
	d	or (loss) Net rental incoi	ll me or (loss)		30,500			30,500
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	11,128					
	b	Less cost or other basis and	11,078					
	c	sales expenses Gain or (loss)	50					
	d	Net gain or (los	s)		50			50
Φ	8 a	Gross income f events (not inc						
Other Revenue		\$	reported on line 1c)					
фе	ь	Less directex	penses b					
Ō	С		loss) from fundraising e	events >				
	9a	Gross income f See Part IV, lin	rom gaming activities le 19 a					
	l		penses b					
	С	Net income or (loss) from gaming activ	rities				
	10a	Gross sales of returns and allo						
	b c	_	oods sold b [loss) from sales of inve					
	11a	OTHER REVEN REFUNDS		Business Code 541700	4,270	4,270		
	b							
	C	All other -						
	d e	All other revenu	ue s 11a-11d	•	+			
	12		See Instructions		4,270			
			Jee matructions	• • • •	1,668,547	1,022,041		83,611

Part IX Statement of Functional Expenses

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

	Г				
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22	79,688	79,688		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	71,877	71,877		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	147,881	96,123	50,279	1,479
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	142,588	94,108	47,054	1,426
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,654	1,212	5,376	66
9	Other employee benefits				
10	Payroll taxes	21,813	17,492	4 267	54
11	Fees for services (non-employees)	21,813	17,492	4,267	54
a	Management				
b	Legal				
c	Accounting	9,825		9,825	
d	Lobbying	3,023		3,023	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	11,160		11,160	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,788	5,788	,	
12	Advertising and promotion	2,597	2,597		
13	Office expenses	31,319	26,590	4,729	
14	Information technology	11,074	4,873	6,201	
15	Royalties				
16	Occupancy	61,259	26,955	34,304	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	27,269	25,280	1,989	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	114,551	50,403	64,148	
23	Insurance	15,927	7,008	8,919	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	HOUSING RENTS	645,870	645,870		
b	PARTCPNT EXPREIMBURSED	88,155	88,155		
c	RENTAL CLEANING	54,455	54,455		
d	PUBLIC LECTURES	23,549	23,549		
e	A II other expenses	5,179	5,179		
25	Total functional expenses. Add lines 1 through 24e	1,578,478	1,327,202	248,251	3,025
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)				

Par	t X	Balance Sheet				
		Check if Schedule O contains a response or note to any line	ın thıs Part X	1		· · · · <u>· · </u>
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		497,580	1	600,846
	2	Savings and temporary cash investments		100,893	2	100,893
	3	Pledges and grants receivable, net		354,184	3	274,202
	4	Accounts receivable, net		16,582	4	12,498
	5	Loans and other receivables from current and former office				
		key employees, and highest compensated employees Cor Schedule L				
		Scriedule L			5	
	6	Loans and other receivables from other disqualified persor	ns (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3 [°])(B), and			
		contributing employers and sponsoring organizations of se voluntary employees' beneficiary organizations (see instru				
s		II of Schedule L	ictions) Complete Fait			
Assets					6	
As	7	Notes and loans receivable, net			7	
•	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		19,961	9	20,332
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 5,419,778			
	b	Less accumulated depreciation	10b 4,314,531	1,192,180	10c	1,105,247
	11	Investments—publicly traded securities		2,372,244	11	2,331,010
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11 .			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		4,553,624	16	4,445,028
	17	Accounts payable and accrued expenses		18,802	17	40,828
	18	Grants payable			18	
	19	Deferred revenue		379,700	19	242,180
	20	Tax-exempt bond liabilities			20	
ıΛ	21	Escrow or custodial account liability Complete Part IV of			21	
abilities	22	Loans and other payables to current and former officers, di key employees, highest compensated employees, and disc				
abi		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third p			23	
	24	Unsecured notes and loans payable to unrelated third part			24	
	25	Other liabilities (including federal income tax, payables to and other liabilities not included on lines 17-24) Complete Part X of Schedule D	related third parties,			
					25	
	26	Total liabilities. Add lines 17 through 25		398,502	26	283,008
ses		Organizations that follow SFAS 117 (ASC 958), check here lines 27 through 29, and lines 33 and 34.	e ▶ 🙀 and complete			
anc	27	Unrestricted net assets		3,707,909	27	3,787,982
Bal	28	Temporarily restricted net assets		447,213	28	374,038
פ	29	Permanently restricted net assets		111,210	29	
Ē	-	Organizations that do not follow SFAS 117 (ASC 958), che	eck here ►		-23	
Net Assets or Fund Balances		complete lines 30 through 34.	and			
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fu			31	
Ā	32	Retained earnings, endowment, accumulated income, or ot	her funds		32	
Ne.	33	Total net assets or fund balances		4, 155, 122	33	4,162,020
	34	Total liabilities and net assets/fund balances		4,553,624	34	4,445,028
	•					Form 990 (2015)

1,668,547

1,578,478

4,155,122

-83,171

4,162,020

No

Νo

Nο

Form 990 (2015)

Yes

Yes

Yes

2a

2b

2c

3a

3b

90,069

1

2

3

4

5

6

7

8

9

10

Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI						•		<u>. [</u>

Total revenue (must equal Part VIII, column (A), line 12)

Total expenses (must equal Part IX, column (A), line 25)

Revenue less expenses Subtract line 2 from line 1 . . . Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

Net unrealized gains (losses) on investments

Donated services and use of facilities .

Investment expenses . Prior period adjustments .

Other changes in net assets or fund balances (explain in Schedule O) . 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))

Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII

1 Accounting method used to prepare the Form 990 Schedule O

If the organization changed its method of accounting from a prior year or checked "Other," explain in 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 **b** Were the organization's financial statements audited by an independent accountant?

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

Schedule O

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

Single Audit Act and OMB Circular A-133?

Consolidated basis

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Both consolidated and separate basis

Cash ✓ Accrual Other

Both consolidated and separate basis

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE A**

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

described in section 170(b)(1)(A)(vi). (Complete Part II)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

OMB No 1545-004 Open to Public Inspection

DLN: 93493045030897

Employer identification number

84-6059504

Treasury Internal Revenue Service Name of the organization ASPEN CENTER FOR PHYSICS

(Form 990 or

990EZ)

Part I

1

2

3

Department of the

www.irs.gov/form990.

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)

An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No Total Cat No 11285F For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ. Schedule A (Form 990 or 990-EZ) 2015

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.)

Section	A. Pı	ablic	Support
---------	-------	-------	---------

	Calendar year	(a)2011	(b) 2012	(c)2013	(d) 2014	(e) 20	15	(f)Total
1	fiscal year beginning in) ► Gifts, grants, contributions, and membership fees received (Do	541,050	527,826	888,730	589,204		562,895	3,109,705
	not include any unusual grants)	,	,	,	,		<u> </u>	
2	Tax revenues levied for the							
	organization's benefit and either							
3	paid to or expended on its behalf The value of services or facilities							
,	furnished by a governmental unit							
	to the organization without charge							
4	Total. Add lines 1 through 3	541,050	527,826	888,730	589,204		562,895	3,109,705
5	The portion of total contributions							
	by each person (other than a governmental unit or publicly							
	supported organization) included							468,706
	on line 1 that exceeds 2% of the							
	amount shown on line 11, column							
6	(f) Public support. Subtract line 5			+	+		-+	
0	from line 4							2,640,999
S	ection B. Total Support				<u> </u>			
	Calendar year	(=)2011	(5) 3013	(-)2012	(4)2014	(-)20	1.	(f)Total
(or	fiscal year beginning in) 🕨	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 20		(f) Total
7	A mounts from line 4	541,050	527,826	888,730	589,204		562,895	3,109,705
8	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties	36,948	61,191	72,262	83,314		83,561	337,276
	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							
11	VI) Total support. Add lines 7							
	through 10							3,446,981
12	Gross receipts from related activit	ies, etc (see instr	uctions)		-	12		5,373,479
13	First five years.If the Form 990 is	for the organizatio	n's first, second, t	third, fourth, or fif	th tax year as a s	section 5	01(c)(3)	organization,
	check this box and stop here						▶ □	
S	ection C. Computation of Pu	blic Support P	ercentage					
14	Public support percentage for 201	5 (line 6, column (f) divided by line 1	l 1 , column (f))		14		76 620 %
15	Public support percentage for 201	4 Schedule A, Pari	II, line 14			15		78 440 %
16a	33 1/3% support test - 2015. If the	organization did n	ot check the box	on line 13, and lir	ne 14 is 33 1/3%	or more	, check th	ıs box
	and stop here. The organization qu	alıfıes as a publicl	y supported organ	ıızatıon		•		►V
b	33 1/3% support test-2014. If the	organization did n	ot check a box on	line 13 or 16a, a	and line 15 is 33	1/3% or	more, che	ck this
	box and stop here. The organizatio			_				▶
17a	10%-facts-and-circumstances test							
	is 10% or more, and if the organization me							ted
	organization	ets the lacts-and	-circuitistances	test The organiza	ation qualines as	а ривпс	iy suppor	▶ [
b	10%-facts-and-circumstances test	—2014. If the organ	nization did not ch	ieck a box on line	13.16a.16b.or	17a. ar	ıd line	
_	15 is 10% or more, and if the orga	nızatıon meets the	"facts-and-circu	mstances" test, o	check this box ar	id stop h	ere.	
	Explain in Part VI how the organiza	ation meets the "fa	cts-and-circumst	ances" test The	organization qua	lifies as	a publicly	
	supported organization							▶
18	Private foundation. If the organizat	ion did not check	a box on line 13, :	16a, 16b, 17a, or	17b, check this	box and	see	. –
	instructions							▶

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

• •			_															
(Complete only	if you	ı che	cked	the box	on	lıne	9	of	Part	I or	ıf the	e organizatio	n ·	faıled	to q	lualify	under	Part
TT TC 11																		

Se	ction A. Public Support	Trans to quant	y under the tee	to noted below,	picase compi	20 1 410 1117	
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f)Total
•	iscal year beginning in)	(-)	(-)	(-)	(=)===	(-)	(1)
1	Gifts, grants, contributions, and membership fees received (Do						
	not include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to						
	the organization's tax-exempt						
	purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	A mounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons						
D	A mounts 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 Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ction B. Total Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f)Total
-	iscal year beginning in) ►		·	· · ·	. ,	· ,	
9 .0a	A mounts from line 6 Gross income from interest,						
.ua	dividends, payments received on	İ					
	securities loans, rents, royalties	İ					
	and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes)	İ					
	from businesses acquired after	İ					
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated	İ					
	business activities not included in line 10b, whether or not the	İ					
	business is regularly carried on						
12	Other income Do not include	İ					
	gain or loss from the sale of capital assets (Explain in Part	ı					
	VI)						
13	Total support. (Add lines 9, 10c,	ı					
14	11, and 12) First five years.If the Form 990 is f	or the organizati	nn's first second	third fourth or f	 	section 501(c)	(3) organization
-	check this box and stop here	or the organization	on 5 m 5 c, 5 c c o m a	, china, rouren, or r	men eax year as a	300000000000000000000000000000000000000	► □
Se	ction C. Computation of Pub	lic Support P	ercentage				
15	Public support percentage for 2015	(line 8, column	(f) divided by line	13, column (f))		15	
16	Public support percentage from 201	14 Schedule A, P	art III, line 15			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			
17	Investment income percentage for				nn (f))	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	17		18	
	33 1/3% support tests—2015. If the		,		line 15 is more t		nd line 17 is not
	more than 33 1/3%, check this box	=					▶ □
b	33 1/3% support tests—2014. If the						
	18 is not more than 33 1/3%, check	this box and st	op here. The orga	nızatıon qualıfıes	as a publicly sup	ported organiza	tion 🕨
20	Private foundation. If the organizati	on did not check	a box on line 14	, 19a, or 19b, che	eck this box and s	see instructions	▶┌

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V.)

	I, complete Sections A and D, and complete Part V)			
Se	ction 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	1	Yes	No
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)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
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	3b		
С	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	3 c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
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	4b		
С	by or in connection with its supported organizations 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	4 c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
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?	5 b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5 c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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 .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9 a	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 .	9 a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9 b		
С	Did a disqualified person (as defined in line 9(a)) 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 .	9 c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
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)	10 b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		

Part IV Supporting Organizations (continued)

Sectio	n B.	Type	I Su	pporting	ı Organiz	ations

S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
S	ection 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		
S	ection D. All Type III Supporting Organizations			
	,, <u>, , , , , , , , , , , , , , , , , ,</u>		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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2			Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of	2a		
	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

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

engaged in these activities but for the organization's involvement

3 Parent of Supported Organizations Answer (a) and (b) below.

each of the supported organizations? Provide details in Part VI

2b

3a

3b

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

Pality Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)							
Section D - Distributions			Current Year							
1 Amounts paid to supported organizations to accomp	plish exempt purposes									
2 A mounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	oorted organizations, in								
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons								
4 Amounts paid to acquire exempt-use assets	A mounts paid to acquire exempt-use assets									
5 Qualified set-aside amounts (prior IRS approval rec	quired)									
6 Other distributions (describe in Part VI) See instru										
7 Total annual distributions. Add lines 1 through 6										
7 Total allitual distributions. Add lines 1 tillough 6										
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide								
9 Distributable amount for 2015 from Section C, line	6									
10 Line 8 amount divided by Line 9 amount										
		····	····							
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015							
Distributable amount for 2015 from Section C, line 6										
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)										
3 Excess distributions carryover, if any, to 2015										
a										
b										
С										
d From 2013										
e From 2014										
f Total of lines 3a through e										
g Applied to underdistributions of prior years										
h Applied to 2015 distributable amount										
i Carryover from 2010 not applied (see instructions)										
j Remainder Subtract lines 3g, 3h, and 3i from 3f										
4 Distributions for 2015 from Section D, line 7 \$										
a Applied to underdistributions of prior years										
b Applied to 2015 distributable amount										
c Remainder Subtract lines 4a and 4b from 4										
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)										
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)										
7 Excess distributions carryover to 2016. Add lines 31 and 4c										
8 Breakdown of line 7		ı								
a										
b										
c Excess from 2013										
d From 2014										
e From 2015										
			(F 000 000 F7) (201 F							

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SCHEDULE D (Form 990)

Department of the

Treasury

Supplemental Financial Statements

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

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

OMB No 1545-0047

DLN: 93493045030897

Open to Public Inspection

nterr	ial Revenue Service						
Na	me of the organization EN CENTER FOR PHYSICS				oyer identificat	ion numbei	r
Pa	rt I Organizations Maintaining Dono Complete If the organization answer	r Advised Funds or ed "Yes" on Form 990	Other Similar F		059504 or Accounts.		
		(a) Donor advised fund		(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 funds are the organization's property, subject to			nor advis	sed	Yes	┌ No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?				- purpose	Yes	_ No
Pa	rt III Conservation Easements. Compl	ete if the organization	answered "Yes"	on Forn	n 990, Part IV	, line 7.	
1	Purpose(s) of conservation easements held by th	ne organization (check all	l that apply)				
	$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	reation or	_ Preservation of a	an histor	ıcally ımportant	land area	
	Protection of natural habitat	Γ	Preservation of	a certifie	d historic struct	ure	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conserva	ition contribution in	the form	of a conservati	on	
	-				Held at the	End of the	Year
а	Total number of conservation easements			2a			
b	Total acreage restricted by conservation easements on a certified		tod in (a)	2b			
c d	Number of conservation easements included in (historic structure listed in the National Register		• •	2c 2d			
3	Number of conservation easements modified, tra	nsferred, released, exting	guished, or terminat	ed by the	e organization d	uring the	
4	Number of states where property subject to cons	ervation easement is loc	ated 🏲				
5	Does the organization have a written policy regal violations, and enforcement of the conservation	rding the periodic monitor	•	 ndling of	☐ Ye	s □No	
6	Staff and volunteer hours devoted to monitoring, year		iolations, and enforc	ing cons	•		
7	A mount of expenses incurred in monitoring, insp	ecting, handling of violati	ons, and enforcing o	conserva	tion easements	during the	year
В	Does each conservation easement reported on II (B)(I) and section 170(h)(4)(B)(II)?	ne 2(d) above satisfy the	e requirements of se	ction 17	0(h)(4)	s □No)
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ear	t of the footnote to the org					
ar	Complete if the organization answer			or Oth	er Similar A	ssets.	
1a	If the organization elected, as permitted under S works of art, historical treasures, or other similal service, provide, in Part XIII, the text of the foot	r assets held for public ex	xhibition, education	, or resea	arch in furtherar		С
b	If the organization elected, as permitted under S works of art, historical treasures, or other similal service, provide the following amounts relating to	r assets held for public ex	•				С
(i) Revenue included on Form 990, Part VIII, line	1		> \$			
	i) Assets included in Form 990, Part X						
2	If the organization received or held works of art,	historical treasures, or ot	ther similar assets				

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Pari	1111	Organizations Maintaining (continued)	Collections of	Art, His	torica	l Tre	asures, or	Other Similar A	ssets
3		the organization's acquisition, acc ction items (check all that apply)	ession, and other re	cords, ch	neck any	ofthe	e following that	are a significant us	e of its
а		Public exhibition		d	Гι	oan o	r exchange pro	grams	
b	Г	Scholarly research		e		Other			
c		Preservation for future generations							
4	Provi Part)	de a description of the organization XIII	's collections and ex	kplain hov	v they fo	ırther	the organizatio	n's exempt purpose	ı ın
5	Durin	g the year, did the organization soli s to be sold to raise funds rather th							s No
Par	t IV	Escrow and Custodial Arra Complete if the organization a		n Form	aan p	ort IV	line 9 or re	ported an amour	ot on Form 990
		Part X, line 21.	answered les o	11 1 011111	JJU, F	11 C I V	, iiile 5, 01 16	ported an amour	it on rollin 550,
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	stodian or other inte	ermediary	for con	tributi	ons or other as	sets not	s No
b	If'	"Yes," explain the arrangement in P	art XIII and comple	te the fol	lowina t	able		Am	ount
c		ginning balance	are ATT and comple	ice the for	io ming c	abic	1		
d		ditions during the year					1		
e		stributions during the year					1	e	
f		ding balance					1		
2a		ne organization include an amount o	n Form 990, Part X.	. line 21.	for escr	oword	—— custodial acco	unt liability? 🗀 🗸	s No
				,					5 140
b	If"Ye	es," explain the arrangement in Part	XIII Check here if	the expl	anation	has be	een provided in	Part XIII	🗆
Pa	rt V	Endowment Funds. Comple	te if the organiza	ition ans	wered	"Yes"	' to Form 990), Part IV, line 10	
			(a)Current year	(b) Prio			Two years back		(e)Four years back
1a	_	nning of year balance	2,767,697		2,437,54		1,801,820	1,707,367	1,634,841
b	Cont •	ributions • • • • • • •	537,120		484,03	2	877,682	147,737	128,974
c	Net i Iosse	nvestment earnings, gains, and es	-38,661		372,98	2	244,886	128,735	49,171
d		ts or scholarships • • • •	-8,500		-82,06	7	-10,625	-7,720	-40,500
e		r expenditures for facilities orograms • • • • • • • •	-601,795		-444,79	1	-476,222	-174,299	-65,119
f	A d m ı	ınıstratıve expenses							
g	End	of year balance	2,655,861		2,767,69	7	2,437,541	1,801,820	1,707,367
_		· · · · · . de the estimated percentage of the		1 (1	- 4	. 1	/- \\		
2		, ,	85 920 %	iance (iin	e 1g, co	numm	(a)) neid as		
а		d designated or quasi-endowment >	03 320 70						
Ь		anent endowment ▶	14 080 %						
С		oorarily restricted endowment ► percentages on lines 2a, 2b, and 2c)					
3a	A re t	here endowment funds not in the po nization by	·		that are	held a	and administer	ed for the	Yes No
	_	related organizations						38	a(i) No
		elated organizations						3a	No No
		es" on 3a(II), are the related organiz							3b
4		ribe in Part XIII the intended uses		endowm	ent func	S			
Par	t VI	Land, Buildings, and Equip Complete if the organization a		Form 9	90 Par	+ 1\/	line 11a See	Form 990 Part X	(line 10
		Description of property	answered res to		(a) ost or other (investm	er basis	(b)	Accumulated	(d)Book value
1a	Land				,		()	20	20
		ngs					3,329,		
С	Leasel	nold improvements		.				. ,	
d	Eauipn	nent					230.	474 227.97	78 2,496

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

88,532

1,105,247

1,770,881

. . ▶

1,859,413

Part VII Investments—Othe See Form 990, Part X	er Securities. Co	implete if the orga		
(a) Description of	security or category me of security)	/	(b)Book value	(c)Method of valuation Cost or end-of-year market val
1)Financial derivatives	me or security)			Cost of elid-of-year market var
2)Closely-held equity interests				
3) O ther				
otal. (Column (b) must equal Form 990, Pa	art Y col (B) line 12)	•		
art VIII Investments—Prod	gram Related.			
		d 'Yes' on Form 99		See Form 990, Part X, line 13.
(a) Descriptio	on of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market val
				. ,
latal (Column (h) must agual Form 990 P.	art V. col (B) line 12)	•		
		on answered 'Yes' on	Form 990, Part IV, line	e 11d See Form 990, Part X, line 15
		on answered 'Yes' on	Form 990, Part IV, line	e 11d See Form 990, Part X, line 15 (b) Book value
	lete if the organizati	on answered 'Yes' on	Form 990, Part IV, line	
	lete if the organizati	on answered 'Yes' on	Form 990, Part IV, line	
	lete if the organizati	on answered 'Yes' on	Form 990, Part IV, line	
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	lete if the organizati	on answered 'Yes' on	Form 990, Part IV, line	
	lete if the organizati	on answered 'Yes' on	Form 990, Part IV, line	
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See Form 990, Part X	(a) Description (a) Descriptio	answered 'Yes' on tription 15) anization answere		(b) Book value

Schedule D (Form 990) 2015

SCHEDULE D, PAGE 2, PART V,

LINE 4

1

2

1,585,376

-83,171

2a

2b

2c

2d

BOARD-DESIGNATED ENDOWMENT IS TO BE USED FOR CONTINGENCIES TEMPORARILY

RESTRICTED AMOUNTS ARE SPENT IN ACCORDANCE WITH DONORS' DESIGNATIONS

e	Add lines 2a through 2d							2e	-83,171
3	Subtract line 2e from line 1							3	1,668,547
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1								
а	Investment expenses not included on Form 990, Part VIII, line 7b .	.	4a						
b	Other (Describe in Part XIII)		4b						
c	Add lines 4a and 4b		-		-			4c	
5	Total revenue Add lines $oldsymbol{3}$ and $oldsymbol{4c.}$ (This must equal Form 990, Part I, I	line 1	12)					5	1,668,547
Pari	Reconciliation of Expenses per Audited Financial Complete if the organization answered 'Yes' on Form 99						pense	s pei	r Return.
1	Total expenses and losses per audited financial statements		-			-		1	1,578,478
2	Amounts included on line 1 but not on Form 990, Part IX, line 25								
a	Donated services and use of facilities	. [2a						
b	Prior year adjustments		2b						
c	Other losses	. [2 c						
d	Other (Describe in Part XIII)	. [2d						
e	Add lines 2a through 2d		-		<u> </u>			2e	
3	Subtract line 2e from line 1	•						3	1,578,478
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:								
а	Investment expenses not included on Form 990, Part VIII, line 7b .	[4a						
b	Other (Describe in Part XIII)	. [4b						
c	Add lines 4a and 4b			 .	-			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I	I, line	e 18) .				5	1,578,478
Par	art XIII Supplemental Information								
Part	rovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines art V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d formation								ide any additional
	Return Reference Explanatio	on .							

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments . .

Donated services and use of facilities .

Recoveries of prior year grants .

Other (Describe in Part XIII) . .

Schedule D (Form 990) 2015		Page 5
Part XIII Supplemental Information		
Return Reference	Explanation	

efile GRAPHIC print -	DO NOT PROCESS	As Filed Da	ta -	DLN:	93493045030897
SCHEDULE F (Form 990)	Statement of	Activities (Outside the Unit	ed States	OMB No 1545-0047
Department of the Treasury	► Complete ► Information about Schedu	Part IV, line ► Attach t	n answered "Yes" to Form 14b, 15, or 16. o Form 990. and its instructions is at wa		2015 Open to Public Inspection
Name of the organization ASPEN CENTER FOR PHYS	SICS			Employer ider 84-6059504	tification number
	ormation on Activiti he organization answe			14b.	
and other assistance used to award the grantmakers. It assistance outside to	Does the organization nee, the grantees' eligibly grants or assistance? Describe in Part V the othe United States (The following Part I, line	lity for the grai	nts or assistance, and recedures for monitori	the selection criteria	✓ Yes No nts and other
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	· · · · · · · · · · · · · · · · · · ·	(e) If activity listed in (d) is program service, describe specific type of service(s) in region	a (f) Total expenditures for and investments in region
(1) See Add'l Data		region	regiony		
(2)					
(3)					
(4)					
(5)					
3a Sub-total b Total from continuation to Part I c Totals (add lines 3a a					30,997
For Paperwork Reduction Act		for Form 990.	Cat	No 50082W Sche	dule F (Form 990) 2015

organization	section and EIN (if applicable)	grant	cash grant	cash disbursement	of non-cash assistance	of non-cash assistance	valuation (book, FMV , appraisal, other)
(1)							
(2)							
(3)							
(4)							

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as

tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶

Schedule F (Form 990) 2015

Page 2

(17) (18)

Selleddie i (i oilli 330) 2013							r age 💆				
Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.											
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)				
(1) HSG, REGISTRATION, TRAVEL	EAST ASIA	7	16,050	SEE PART V							
(2) HSG, REGISTRATION, TRAVEL	EUROPE	19	18,195	SEE PART V							
(3) HSG, REGISTRATION, TRAVEL	MIDDLE EAST	3	6,305	SEE PART V							
(4) HSG, REGISTRATION, TRAVEL	SOUTH AMERICA	5	9,181	. SEE PART V							
TRAVEL	SOUTH ASIA	6		SEE PART V							
(6) HSG, REGISTRATION,TRAVEL	RUSSIA L	2	4,636	SEE PART V							
(7) HSG,REGISTRATION, TRAVEL	AFRICA	2	5,055	SEE PART V							
TRAVEL	SOUTH PACIFIC	1	730	SEE PART V							
(9)											
(10)											
(11)					1	1					

TRAVEL	SOUTH ASIA	6	11,/25	SEE PART V		
REGISTRATION,TRAVEL	RUSSIA	2		SEE PART V		
TRAVEL	AFRICA	2		SEE PART V		
TRAVEL	SOUTH PACIFIC	1	730	SEE PART V		
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						

Schedule F (Form 990) 2015

5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865) Yes ✓ No Old the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form

5713, do not file with Form 990)

Nο

Yes

(accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete

Schedule F (Form 990) 2015

SCHEDULE F. PAGE 1. PART

I. LINE 3

990 Schedule F, Supplemental Information
--

Return Reference

this part to provide any additional information (see instructions).

SAHARAN AFRICA 2.500 0 MIDDLE EAST 3.750 0

Explanation

Page 5

EAST ASIA 6.250 0 EUROPA 2.500 0 SOUTH AMERICA 4.801 0 SOUTH ASIA 8.750 0 RUSSIA 2.446 0 SUB-

990 Schedule F, Supplemental Information
Return Reference

PART I, LINE 2 A SPEN CENTER FOR PHY SICS AWARDS TRAVEL SUPPORT TO QUALIFIED PHY SICISTS FROM COUNTRIES WITH LIMITED SCIENTIFIC FUNDING, PREFERABLY FROM THE DEVELOPING WORLD FUNDING IS PROVIDED BY A SIMONS FOUNDATION GRANT FOR THESE UNDERFUNDED SCIENTISTS. PHY SICISTS MUST T PROVIDE RECEIPTS FOR TRAVEL, AN EXPLANATION OF THEIR FULL TRIP PLANS, AND BOARDING PASSES FOR THEIR TRAVEL SEGMENTS TO THE U.S. ONCE THESE DOCUMENTS HAVE BEEN REVIEWED IN THE AS PEN, COLORADO OFFICE, CHECKS ARE ISSUED IN THE U.S. TO THE INDIVIDUAL OR TO THE INDIVIDUAL L'S INSTITUTION TO REIMBURSE THE PHY SICIST FOR ACPS PORTION OF TRAVEL PART I, COLUMN (F) CASH BASIS, PAID UPON RECEIPT OF TRAVEL DOCUMENTATION PART III, COLUMN (E) MOST ASSIST ANCE PROVIDED BY ASPEN CENTER FOR PHY SICS IS APPLIED TOWARD THE PHY SICIST'S OUTSTANDING BILL AT THE CENTER MOST PARTICIPANTS PAY AN ADDITIONAL BALANCE DUE TO THE CENTER SINCE ASSISTANCE AMOUNTS LISTED HERE AVERAGE 850, WHICH IS THE MINIMUM COST FOR ATTENDING A CENTER PROGRAM OCCASIONALLY THE AWARDEE WILL RECEIVE A CASH REMBURSEMENT, IN THE FORM OF A CHECK DRAWN ON THE CENTER'S BANK, AFTER THE AWARDEE PROVIDES RECEIPTS AND DOCUMENTATION PROVING THAT THE REIMBURSEMENT IS FOR HOUSING OR TRAVEL EXPENSES REQUIRED FOR WINTER OR SUMMER AT TENDANCE AT A SPEN CENTER FOR PHY SICS

Explanation

Additional Data

FUROPA

SOUTH AMERICA

Software ID: Software Version:

EIN: 84-6059504

Name: ASPEN CENTER FOR PHYSICS

TRAVEL SUPPORT TO

TRAVEL SUPPORT TO

US

2,500

4,801

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	. ,	(f) Total expenditures for region
EAST ASIA			PROGRAM SERVICES	TRAVEL SUPPORT TO US	6,250

PROGRAM SERVICES

PROGRAM SERVICES

(a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i e , fundraising, service, describe agents in region specific type of service region program services. grants to recipients (s) in region located in the region) SOUTH ASIA PROGRAM SERVICES TRAVEL SUPPORT TO 8,750 RUSSIA PROGRAM SERVICES TRAVEL SUPPORT TO 2,446 SUB-SAHARAN AFRICA PROGRAM SERVICES TRAVEL SUPPORT TO 2,500

US

Form 990 Schedule F Part I - Activities Outside The United States

Form 990 Schedule F Part I - Activities Outside The United States (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (a) Region (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, agents in service, describe region specific type of service region program services. grants to recipients (s) in region located in the region) MIDDLE EAST PROGRAM SERVICES TRAVEL SUPPORT TO 3,750

efile GRAPHIC print - DO NOT PROCESS | As Filed Data Schedule I
(Form 990) | Grants and O
Governments of Complete if the organiza

Department of the

Internal Revenue Service

Treasury

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

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

lacktriangle Information about Schedule I (Form 990) and its instructions is at $\underline{www.irs.qov/form990}$.

OMB No 1545-0047

2015

DLN: 93493045030897

Open to Public Inspection

Name of the organization						Employer identificati	on number
ASPEN CENTER FOR PHYSICS						84-6059504	
Part I General Information	on Grants and	l Assistance					
 Does the organization maintain rethe selection criteria used to awa Describe in Part IV the organizat 	ard the grants or as	sistance?				tance, and	√ Yes N
Part II Grants and Other Assistar that received more than \$				plete ıf the organızatıon	answered "Yes" on Fo	orm 990, Part IV, line 2:	l, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

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

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at

DLN: 93493045030897 OMB No 1545-0047

2015 Open to Public

Department of the www.irs.gov/form990. Treasury Inspection Internal Revenue Service **Employer identification number** Name of the organization ASPEN CENTER FOR PHYSICS 84-6059504 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (a) Name of disqualified person (b) Relationship between disqualified person and (c) Description of (d) Corrected? organization transaction Yes

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section **3** Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the

organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of Interested person	(b) Relationship with organization	Purpose of	(d) Loan to or from the organization	е	(e)Original principal amount	(f)Balance due	(g) defa		(h) Appro by boai commit	ved rd or	(i)Writ agreem	
			То	From			Yes	No	Yes	No	Yes	No
Γotal		▶ \$	·			_			•			

Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested (b) Relationship between (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance

person	interested person and the organization	(c) // mount of application	(a) Type of assistance	(e) i arpose or assistance
See Additional Data Table				

Part IV Business Trans			ersons. m 990, Part IV, line 28	2a 28h	or 28c
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh	aring f zation's
				1	
Provide additional i		nses to questions or	n Schedule L (see instruc	tions)	
Return Reference		•	Explanation	•	
SCHEDULE L, PART III	FENG, JONAT	THAN GENERAL ME	MBER 580 NSF 2 WEEK	5 HOUS	ING FREEDMAN, MICHAEL
SCHEDULE L, PART V	1,160 NSF 4 HOUSING GE HECKMAN, T GARDNER GE 1,450 NSF 5 KAMIONKOW GENERAL ME 2 WEEKS HO KUSENKO, A GENERAL ME 2 WEEKS HO MOORE, JOE GENERAL ME NSF 3 WEEKS NAYAK, CHE MEMBER 580 RASIO, FRED 1,160 NSF 4 HOUSING SI TRUSTEE ST HOUSING SI GENERAL ME 580 NSF 2 W HOUSING TR GENERAL ME NSF 5 WEEKS	WEEKS HOUSING OR OSBERG, A LEXANI IMOTHY GENERAL ENERAL MEMBER 29 WEEKS HOUSING KOKIN, MARC TRUST MEER 870 NSF 3 WUSING KRAVTSOV LEXANDER GENERAL MEMBER 580 NSF 2 WUSING MOORE, GREAT HOUSING MURTH TAN GENERAL MEMBER 1,450 NSF 3 WEEKS HOUSING SONG SONG SONG SONG SONG SONG SONG SO	GOLDBART, PAUL GENE DER Y GENERAL MEMBI MEMBER 580 NSF 2 WE 90 NSF 1 WEEK HOUSIN (ALOGERA, VASSILIKI EE 580 NSF 2 WEEKS HO VEEKS HOUSING KOTLI , ANDREY GENERAL ME AL MEMBER 870 NSF 3 N VEEKS HOUSING MARTI EGORY GENERAL MEME ECRETAR 580 NSF 2 WEI WEEKS HOUSING MUR Y, GANPATHY GENERA JSING RABE, KARIN PRI R 1,450 NSF 5 WEEKS H GENGUPTA, ANIRVAN G L MEMBER 1,160 NSF 4 USING SILVERSTEIN, E TH TRUSTEE 870 NSF 3 WEEKS HOUSING TAYL DADRI, SENTHIL GENE RUSTEE 1,450 NSF 5 W WEEKS HOUSING YU, (, KATHRYN GENERAL MI	RAL ME ER 870 I EKS HO IG KACH TRUSTE OUSING AR, GAB MBER 8 WEEKS H N, CRYS SER 1,16 EKS HOUS RAY, NO L MEMB S HOUS ENERAL WEEKS OUSING ENERAL WEEKS OR, WA RAL ME EEKS HO CLARE A EMBER 5	CIELA B GENERAL MEMBER MBER 580 NSF 2 WEEKS NSF 3 WEEKS HOUSING USING HULET, RANDALL HRU, SHAMIT GENERAL MEMBER EE 1,450 NSF 5 WEEKS HOUSING KAUFFMANN, GUINEVERE BRIEL GENERAL MEMBER 580 NS 70 NSF 3 WEEKS HOUSING HOUSING LIGETI, ZOLTAN ETAL GENERAL MEMBER 580 NSF 60 NSF 4 WEEKS HOUSING USING MORRISON, DAVID R DRMAN GENERAL MEMBER 870 ER 1,160 NSF 4 WEEKS HOUSING ER 1,160 NSF 4 WEEKS HOUSING G REFAEL, GIL GENERAL MEMBER L MEMBER 580 NSF 2 WEEKS HOUSING SIGURDSSON, STEINI NERAL MEMBER 870 NSF 3 WEEK HOUSING STEVENS, CHARLES SHINGTON GENERAL MEMBER MBER 580 NSF 2 WEEKS OUSING WYSE, ROSEMARY USSIST SCIENT SECRET 1,450 580 NSF 2 WEEKS HOUSING
SCHEDULE L, PART V	PARTICIPAT REIMBURSEN AMOUNT), A HOUSING AN CONTRIBUTI OFFICERS W INDIRECTLY THIS SCHED EXPENSES IN REGISTRATI ASSOCIATED EXPENSE IS FUNCTIONA OF THE CEN SUPPLIES, S' TERM PERIO OF THE HOU COMPANIES OR REDUCEE	ED IN CENTER PROMENTS BY THE CENTON DO SOME INDIVIDUDING RECION FUNDING RECHORD HORSELE AND INTERPORT OF THE PROMENT OF THE PR	OGRAMMING SOME INDITER FOR COSTS INCUPIUALS BENEFIT FROM INTON COSTS PAID FOR CEIVED BY THE CENTER DIRECT REIMBURSEMEN OF THE COSTS PAID FOR OS INCLUDED IN SCHED TO THE CENTER BY AND THE COSTS PAID FOR OS INCLUDED IN SCHED TO THE CENTER BY AND THE CENTER BY AND THE CENTER BY AND THE CENTER BY AND THE CENTER BY AND THE CENTER BY AND THE CENTER BY AND THE CENTER BY AND THE CENTER TO VABOR OF THE CENTER TO THE CENTER TO THE CENTER TO VABOR OF THE CENTER TO THE CENTER TO THE CENTER TO THE CENTER TO THE CENTER TO THE CENTER TO THE CENTER TO THE CENTER TO THE TO THE CENTER TO THE CENTER TO THE CENTER TO THE CENTER TO THE CENTER TO THE CENTER TO THE CENTER TO THE CENTER TO THE CENTER TO	DIVIDUARRED (UNDIRECTOR NOTHER CONTROL MEDICAL MEDICAL MEDICAL PARTICLE SIGNATION OF THE CONTROL MEDICAL MEDIC	ALS ARE PAID DIRECT P TO A STANDARD, MAXIMUM T SUPPORT BY HAVING IR BEHALF BY GRANT AND/OR EMBERS, TRUSTEES, AND OM THE CENTER, OR WHO R BEHALF, ARE INCLUDED IN MAY NOT RECONCILE TO

Software ID: Software Version:

EIN: 84-6059504

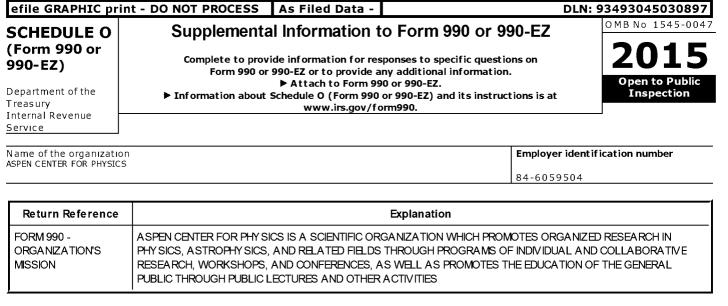
Name: ASPEN CENTER FOR PHYSICS

Form 990, Schedule L, Part III - G	irants or Assistance Benefiting Interest	ed Persons
(a) Name of Interested person	(b)Relationship between interested person and the organization	(c)A mount of grant or type of assistance
(1) ALTMAN EHUD	GENERAL MEMBER	1,160
(2) AUERBACH ASSA	GENERAL MEMBER	870
(3) BALASUBRAMANIAN VIJAY	GENERAL MEMBER	870
(4) BHANOT GYAN	GENERAL MEMBER	1,160
(5) BURROWS ADAM	GENERAL MEMBER	580
(6) CARENA MARCELA	GENERAL MEMBER	1,160
(7) CSAKI CSABA	GENERAL MEMBER	580
(8) CVETIC MIRJAM	GENERAL MEMBER	870
(9) DODELSON SCOTT	ASSISTANT TREASURER	870
(10) FABBIANO GIUSEPPINA	SCIENTIFIC SECRETARY	870
(11) FENG JONATHAN	GENERAL MEMBER	580
(12) FREEDMAN MICHAEL	GENERAL MEMBER	870
(13) GELMINI GRACIELA B	GENERAL MEMBER	1,160
(14) GOLDBART PAUL	GENERAL MEMBER	580
(15) GROSBERG ALEXANDER Y	GENERAL MEMBER	870
(16) HECKMAN TIMOTHY	GENERAL MEMBER	580
(17) HULET RANDALL GARDNER	GENERAL MEMBER	290
(18) KACHRU SHAMIT	GENERAL MEMBER	1,450
(19) KALOGERA VASSILIKI	TRUSTEE	1,450
(20) KAMIONKO WSKI MARC	TRUSTEE	580
(21) KAUFFMANN GUINEVERE	GENERAL MEMBER	870
(22) KOTLIAR GABRIEL	GENERAL MEMBER	580
(23) KRAVTSOV ANDREY	GENERAL MEMBER	870
(24) KUSENKO ALEXANDER	GENERAL MEMBER	870
(25) LIGETI ZOLTAN	GENERAL MEMBER	580
(26) MARTIN CRYSTAL	GENERAL MEMBER	580
(27) MOORE GREGORY	GENERAL MEMBER	1,160
(28) MOORE JOEL	ASSIST CORP SECRETAR	580
(29) MORRISON DAVID R	GENERAL MEMBER	1,450
(30) MURRAY NORMAN	GENERAL MEMBER	870
(31) MURTHY GANPATHY	GENERAL MEMBER	1,160
(32) NAYAK CHETAN	GENERAL MEMBER	1,160
(33) NELSON PHIL	GENERAL MEMBER	580
(34) RABE KARIN	PRESIDENT	1,160
(35) RASIO FRED	GENERAL MEMBER	1,450
(36) REFAEL GIL	GENERAL MEMBER	1,160
(37) SENGUPTA ANIRVAN	GENERAL MEMBER	580
(38) SI QIMIAO	GENERAL MEMBER	1,160
(39) SIGURDSSON STEINN	TRUSTEE	870
(40) SILVERSTEIN EVA	GENERAL MEMBER	870
. ,		870
(41) SIMMONS ELIZABETH	TRUSTEE	
(42) STEVENS CHARLES	GENERAL MEMBER	1,160
(43) TAYLOR WASHINGTON	GENERAL MEMBER	580
(44) TODADRI SENTHIL	GENERAL MEMBER	580
(45) TROYER MATHIAS	TRUSTEE	1,450
(46) WYSE ROSEMARY	GENERAL MEMBER	1,160
(47) YU CLARE	ASSIST SCIENT SECRET	1,450

GENERAL MEMBER

(48) ZUREK KATHRYN

580



Return Reference	Explanation
FORM 990	(MISSION STATEMENT, CONT'D) WORKSHOPS, AND CONFERENCES, AS WELL AS PROMOTES THE EDUCATION OF THE GENERAL PUBLIC THROUGH PUBLIC LECTURES AND OTHER ACTIVITIES

Return Reference	Explanation
Reference	
FORM 990,	36 BOARD MEMBERS PERFORM ALL OF THE SCIENTIFIC MANAGEMENT AND ADMINISTRATION OF THE CENTER. THEY ALSO
PAGE 1, PART	MAKE DECISIONS ON THE NON-SCIENTIFIC MANAGEMENT OF THE CENTER. 21 LECTURERS, DIALOGUE SPEAKERS, AND
I, LINE 6	SUMMER AND WINTER KIDS SPEAKERS DELIVER FREE-OF-CHARGE PUBLIC LECTURES TO LOCAL AND VISITING ASPEN
	AUDIENCES 15 COLLOQUIUM SPEAKERS DELIVER TALKS ABOUT THEIR FIELDS FOR ALL PHY SICISTS IN RESIDENCE,
	PARTICULARLY FOR THOSE WHO WORK IN FIELDS OTHER THAN THE SPEAKER'S 32 HIGH SCHOOL MENTORS MEET WITH
	ACPS HIGH SCHOOL INTERNS TO ANSWER THE STUDENTS' QUESTIONS ABOUT COLLEGE AND CAREERS 75 SUMMER AND
	WINTER ORGANIZERS PROPOSE WORKSHOP OR CONFERENCE TOPICS, THEN MANAGE THAT EVENT 3 COMMUNITY
	VOLUNTEERS ASSIST WITH THE MAINTENANCE OF THE ACP CAMPUS 30 RADIO SHOW VOLUNTEERS

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	AND CROSS-FERTILIZATION BETWEEN DIFFERENT AREAS WHILE CONTINUING TO PROVIDE LEADERSHIP IN THE CENTRAL AREAS OF PHY SICS (PARTICLE PHY SICS, ASTROPHY SICS, AND CONDENSED MATTER PHY SICS), ASPEN CENTER FOR PHY SICS HAS BEEN OPEN TO NEW DIRECTIONS IN PHY SICS AS WELL AS TO SCIENCE AT THE INTERFACE BETWEEN PHY SICS AND OTHER DISCIPLINES (BIOLOGY, CHEMISTRY, ENGINEERING, MATERIAL SCIENCE, AND MATHEMATICS) IN ADDITION, 7 TO 8 ONE- WEEK WINTER CONFERENCES BRING TOGETHER 60 TO 100 RESEARCHERS PER WEEK IN AREAS OF CURRENT INTEREST IN PHY SICS AND INTER-DISCIPLINARY PHY SICS RESEARCH THE CENTER PROVIDES OFFICE SPACE, OFFICE SUPPLIES, MEETING SPACE, LIBRARY FACILITIES, AND NETWORK ACCESS TO ITS PARTICIPANTS SUPPORT IS PROVIDED TO ALL INDIVIDUALS DURING THE SUMMER SESSION FOR WHOM LODGING IS ARRANGED BY THE CENTER PHY SICISTS' SUMMER BILLS ARE REDUCED BY THE AMOUNT OF SUPPORT, OVERPAY MENTS ARE REFUNDED BY CHECK WINTER SUPPORT IS USUALLY AWARDED TO JUNIOR SCIENTISTS AND THOSE WITH A DEMONSTRATED NEED IN ORDER TO ATTEND DURING THE FISCAL Y EAR ENDED MARCH 31, 2016, THERE WERE 525 SUMMER PARTICIPANTS (SUMMER 2015) AND 599 WINTER PARTICIPANTS (IN JANUARY, FEBRUARY, AND MARCH 2016)

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	PHY SICISTS, TO LEARN ABOUT THE PROFESSION, AND TO LEARN SOME SCIENCE IN FUN AND ENTERTAINING WAY'S SUMMER 2015 HELD FIVE PICNICS (3) HIGH SCHOOL MENTOR PROGRAM ACP HIRES RISING SENIOR PHY SICS STUDENTS FROM 5 VALLEY HIGH SCHOOLS TO WORK FOR A SUMMER WEEK AT THE CENTER TO SEE WHAT THEORETICAL PHY SICISTS DO AND TO CHAT WITH 2 OR 3 PHY SICISTS ABOUT COLLEGE, CAREERS, AND/OR SCIENCE ABOUT 42 PHY SICISTS AND STUDENTS PARTICIPATED IN 2015 (4) HIGH SCHOOL MONTHLY RADIO SHOWRADIO PHY SICS VALLEY HIGH SCHOOL PHY SICS STUDENTS FROM 5 SCHOOLS INTERVIEW PHY SICISTS ON A MONTHLY RADIO SHOW THIS INTRODUCES THE STUDENTS TO SCIENCE, PUBLIC SPEAKING, AND INFORMS THE LISTENING PUBLIC ABOUT CURRENT PHY SICS TOHCS THERE WERE 37 STUDENT AND PHY SICIST PARTICIPANTS FOR THIS FISCAL YEAR (5) PHY SICS CAFES CO-HOSTED WITH ASPEN SCIENCE CENTER, BEFORE EACH PUBLIC LECTURE 2 OR 3 PHY SICISTS MEET WITH STUDENTS AND THE PUBLIC TO DISCUSS PHY SICS OR CAREERS IN SCIENCE, OR WHATEVER TOPICS THE PUBLIC MIGHT BRING UP FROM JANUARY TO MARCH 2016, 430 PEOPLE ATTENDED 7 CAFES (6) THE VISION BROADCASTS BEFORE MOST LECTURES AND SOME DIALOGUES, ACP CONDUCTS INTERVIEWS WITH ITS SPEAKERS THESE AND THE TAPED LECTURES ARE AIRED SEVERAL TIMES DURING THE WINTER OR SUMMER SEASONS IN ADDITION, ALL VIDEOS ARE AVAILABLE ON GRASSROOTS TV'S WEBSITE WITH LINKS FROM THE ACP WEBSITE. THERE ARE OVER 300 ACP SCIENTIFIC LECTURES AND INTERVIEWS AVAILABLE AT NO CHARGE ONLINE (7) ASPEN CENTER FOR PHY SICS WEBSITE IN AN ON-GOING PROJECT TO SHARE THE SCIENCE DONE AT THE CENTER AND INCLUDES SLIDES FROM SCIENTIFIC COLLOQUIA ATTENDED BY SUMMER PARTICIPANTS, AS WELL AS OTHER SCIENTER AND INCLUDES SLIDES FROM SCIENTIFIC COLLOQUIA ATTENDED BY SUMMER PARTICIPANTS, AS WELL AS OTHER SCIENTIFIC INFORMATION TOTAL NUMBER OF PUBLIC LISTENING TO RADIO BROADCASTS OR VIEWING VIDEOS ON TELEVISION OR ONLINE UNKNOWN

Return Reference	Explanation
FORM 990, PART VI	GENERAL MEMBERS THE GENERAL MEMBERS SHALL DETERMINE THE GENERAL POLICIES OF THE CENTER, INCLUDING ITS SCIENTIFIC PROGRAM AND ADMISSIONS POLICY THEY SHALL NOMINATE AND ELECT THE TRUSTEES GENERAL MEMBERS MUST APPROVE FINANCIAL COMMITMENTS GREATER THAN 250,000, THE SALE OF BUILDINGS OR PROPERTY, CHANGES IN THE MODE OF OPERATIONS OF THE CORPORATION THAT AFFECT ITS PROGRAM, AND CHANGES IN ITS OVERALL POLICIES OR PURPOSE FINANCIAL COMMITMENTS INCLUDE (A) SALE OR PURCHASE OF PROPERTY OR BUILDINGS, (B) ENCUMBRANCES ON PROPERTY OR BUILDINGS, (C) CONSTRUCTION CONTRACTS, LOANS FOR NEW CONSTRUCTION, (D) LONG-TERM LEASES, (E) COMMITMENTS WHICH WOULD MATERIALLY CHANGE THE PROGRAM OR OPERATIONS FINANCIAL TRANSACTIONS WHICH ARE EXCLUDED FROM THIS PROVISION INCLUDE SHORT-TERM LEASES FOR PARTICIPANTS' HOUSING MADE BY THE ADMINISTRATIVE STAFF WITH THE APPROVAL OF THE PRESIDENT AND TREASURER AND ROUTINE, REVOCABLE TRANSFERS OF FUNDS BETWEEN ACCOUNTS TRUSTEES AND OFFICERS THE AFFAIRS OF THE CORPORATION SHALL BE MANAGED BY ITS BOARD OF TRUSTEES WHO NEED NOT BE RESIDENTS OF THE STATE OF COLORADO THE MANAGEMENT OF THE AFFAIRS OF THE CORPORATION SHALL BE WITHIN THE GENERAL GUIDELINES SET BY THE GENERAL MEMBERS AND SHALL BE CONSISTENT WITH THE BY LAWS AND ARTICLES OF INCORPORATION CONVEY ANCES OF ENCUMBRANCES OF THE PROPERTY OF THE CORPORATION SHALL BE AUTHORIZED BY THE BOARD OF TRUSTEES AND EXECUTED BY THESE OF THE PROPERTY OF THE CORPORATION SHALL BE AUTHORIZED BY THE BOARD OF TRUSTEES AND EXECUTED BY THE BOARD OF TRUSTEES AND EXECUTED BY THE BOARD OF TRUSTEES AND

Return Reference	Explanation
PART VI, LINE 11B	APPROXIMATELY A WEEK PRIOR TO FILING THE FORM 990, A DRAFT IN PDF FORMAT IS EMAILED TO OFFICERS AND TRUSTEES COMMENTS AND CORRECTIONS ARE STRONGLY ENCOURAGED IN ADDITION, THE ADMINISTRATIVE VICE PRESIDENT AND FINANCE MANAGER DISCUSS THE ENTIRE DRAFT FORM WITH THE PREPARER IN DETAIL IN ADVIANCE OF FILING

Return Reference	Explanation
FORM 990,	THE BOARD OF TRUSTEES REVIEWS AND APPROVES THE ADMINISTRATIVE VICE PRESIDENT'S ANNUAL SALARY AND
PAGE 6, PART	BENEFITS, WITH NO PARTICIPATION BY THE ADMINISTRATIVE VICE PRESIDENT OR OTHER INTERESTED PERSONS. THE
VI, LINE 15A	SALARY AND BENEFITS ARE ESTABLISHED USING COMPARABLE DATA FOR SIMILARLY QUALIFIED PERSONS IN
	FUNCTIONALLY COMPARABLE POSITIONS AT SIMILAR NONPROFITS, CONSIDERATION OF ROLES AND RESPONSIBILITIES
	OF THE ADMINISTRATIVE VICE PRESIDENT, AND COST OF LIVING DATA COMPARABLE MARKET DATA ARE OBTAINED
	FROM SALARY SURVEYS AND FORM 990S FILED BY COMPARABLE NOT -FOR-PROFIT ORGANIZATIONS THE CENTER HAS
1	A TRAVEL POLICY THAT CAPS REIMBURSEMENT LEVELS AND REQUIRES LOW-BUDGET TRAVEL

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	A LINE ITEM BUDGET IS A PPROVED BY THE GENERAL MEMBERS ANNUALLY THEY A PPROVE THE OVERALL SALARIES AND BENEFITS EXPENSES DISCUSSIONS AND DECISIONS REGARDING THE BUDGET ARE DOCUMENTED IN BOARD MEETING MINUTES THE BOARD OF TRUSTEES REVIEW AND A PPROVE THE SALARIES AND BENEFITS OF THE ADMINISTRATIVE VICE PRESIDENT AND THE FINANCIAL MANAGER, WITH NO PARTICIPATION BY THE INTERESTED PERSONS, IN A CCORDANCE WITH THE ANNUAL BUDGET SALARIES AND BENEFITS ARE ESTABLISHED USING COMPARABLE DATA FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILAR NONPROFITS, CONSIDERATION OF ROLES AND RESPONSIBILITIES OF THE OFFICER OR KEY EMPLOYEE, AND COST OF LIVING DATA COMPARABLE MARKET DATA ARE OBTAINED FROM SALARY SURVEYS AND FORM 990S FILED BY COMPARABLE NOT-FOR-PROFIT ORGANIZATIONS

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	WE CONSIDER REQUESTS ON A CASE-BY-CASE BASIS