

**2015 TAX RETURN**

CLIENT COPY

**Client:** ASPENSTR

**Prepared for:** THE ASPEN STRONG FOUNDATION  
135 W. MAIN STREET I  
ASPEN, CO 81611  
(215) 833-5817

**Prepared by:** CHRISTOPHER B. SMITH  
NED COLLUM CPA PC  
351 SOUTHSIDE DRIVE  
BASALT, CO 81621  
(970) 927-4780

**Date:** APRIL 28, 2016

**Comments:**

**Route to:** \_\_\_\_\_

**2015 Exempt Org. Return**  
prepared for:

**THE ASPEN STRONG FOUNDATION**  
135 W. MAIN STREET I  
ASPEN, CO 81611

**Ned Collum CPA PC**  
351 Southside Drive  
Basalt, CO 81621

**NED COLLUM CPA PC**  
351 SOUTHSIDE DRIVE  
BASALT, CO 81621  
(970) 927-4780

Client ASPENSTR  
April 28, 2016

---

**THE ASPEN STRONG FOUNDATION**  
135 W. MAIN STREET I  
ASPEN, CO 81611  
(215) 833-5817

**FEDERAL FORMS**

Form 990-PF  
Schedule B  
Form 990-T

2015 Return of Private Foundation  
Schedule of Contributors  
2015 Exempt Organization Bus. Income Tax Return

**FEE SUMMARY**

Preparation Fee

---

## THE ASPEN STRONG FOUNDATION

46-5618553

**REVENUE PER BOOKS**

CONTRIBUTIONS, GIFTS, AND GRANTS.....	102,577
INTEREST ON SAVINGS/TEMP CASH INVEST.....	4
OTHER INCOME.....	25,625
TOTAL REVENUE.....	128,206

**EXPENSES PER BOOKS**

LEGAL FEES.....	2,085
ACCOUNTING FEES.....	7,418
OTHER PROFESSIONAL FEES.....	657
TRAVEL, CONFERENCES, AND MEETINGS.....	151
OTHER EXPENSES.....	100,646
TOTAL OPERATING/ADMINISTRATIVE EXP.....	110,957
CONTRIBUTIONS, GIFTS, GRANTS PAID.....	26,356
TOTAL EXPENSES.....	137,313
EXCESS OF REVENUE OVER EXPENSES.....	-9,107

**NET INVESTMENT REVENUE**

INTEREST ON SAVINGS/TEMP CASH INVEST.....	4
TOTAL REVENUE.....	4

**NET INVESTMENT EXPENSES**

TOTAL OPERATING/ADMINISTRATIVE EXP.....	0
TOTAL EXPENSES.....	0
NET INVESTMENT INCOME.....	4

**TAX COMPUTATION**

TAX ON INVESTMENT INCOME.....	0
-------------------------------	---

**PAYMENTS AND CREDITS**

TOTAL PAYMENTS AND CREDITS.....	0
---------------------------------	---

**REFUND OR AMOUNT DUE**

TAX DUE.....	0
OVERPAYMENT.....	0

**ADJUSTED NET INCOME REVENUE**

INTEREST ON SAVINGS/TEMP CASH INVEST.....	4
TOTAL REVENUE.....	4

**ADJUSTED NET INCOME EXPENSES**

TOTAL OPERATING/ADMINISTRATIVE EXP.....	0
TOTAL EXPENSES.....	0
ADJUSTED NET INCOME.....	4

**CHARITABLE PURPOSES DISBURSEMENTS**

TOTAL OPERATING/ADMINISTRATIVE EXP.....	0
CONTRIBUTIONS, GIFTS, GRANTS PAID.....	26,356
TOTAL EXPENSES AND DISBURSEMENTS.....	26,356

THE ASPEN STRONG FOUNDATION

46-5618553

**NET ASSETS OR FUND BALANCES**

NET ASSETS/FUND BAL. AT BEG. OF YEAR.....	40,833
EXCESS OF REVENUE OVER EXPENSES.....	-9,107
NET ASSETS/FUND BAL. AT END OF YEAR.....	31,726

**REVENUE**

TOTAL REVENUE..... 0

**DEDUCTIONS**

TOTAL DEDUCTIONS..... 0

**UNRELATED BUSINESS TAXABLE INCOME**

UNRELATED BUSINESS TAXABLE INCOME..... 0

**TAX COMPUTATION**

INCOME TAX..... 0

TOTAL TAX..... 0

**PAYMENTS AND CREDITS**

TOTAL PAYMENTS AND CREDITS..... 0

**REFUND OR AMOUNT DUE**

TAX DUE..... 0

OVERPAYMENT..... 0

**FORMS NEEDED FOR THIS RETURN**

FEDERAL: 990-PF, SCH B, 990-T

**TAX RATES**

<u>UNRELATED BUSINESS</u>	<u>MARGINAL</u>	<u>EFFECTIVE</u>
FEDERAL	0. %	0. %

**CARRYOVERS TO 2016**

NONE

## SPECIAL EVENTS WORKSHEET

<u>SPECIAL EVENT</u>	<u>GROSS RECEIPTS</u>	<u>LESS CONTRI- BUTIONS</u>	<u>GROSS REVENUE</u>	<u>LESS DIRECT EXPENSES</u>	<u>NET INCOME OR LOSS</u>
SYMPOSIUM	\$ 13,364.	\$ 43,700.	\$ -30,336.	\$ 54,305.	\$ -84,641.
HIKE FOR HOPE	9,065.	16,945.	-7,880.	19,382.	-27,262.
SUBTOTAL	\$ 22,429.	\$ 60,645.	\$ -38,216.	\$ 73,687.	\$ -111,903.
BOOK SALES	3,196.	0.	3,196.	1,327.	1,869.
*SUBTOTAL	\$ 3,196.	\$ 0.	\$ 3,196.	\$ 1,327.	\$ 1,869.
TOTAL	<u>\$ 25,625.</u>	<u>\$ 60,645.</u>	<u>\$ -35,020.</u>	<u>\$ 75,014.</u>	<u>\$ -110,034.</u>

\*EVENTS COMBINED ON THE RETURN AS THE THIRD EVENT.



**Return of Private Foundation  
or Section 4947(a)(1) Trust Treated as Private Foundation**

**2015**

Department of the Treasury  
Internal Revenue Service

▶ **Do not enter social security numbers on this form as it may be made public.**  
▶ Information about Form 990-PF and its separate instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

**Open to Public Inspection**

**For calendar year 2015, or tax year beginning** \_\_\_\_\_, **2015, and ending** \_\_\_\_\_

THE ASPEN STRONG FOUNDATION  
135 W. MAIN STREET I  
ASPEN, CO 81611

<b>A</b>	Employer identification number 46-5618553
<b>B</b>	Telephone number (see instructions) (215) 833-5817
<b>C</b>	If exemption application is pending, check here. ▶ <input type="checkbox"/>
<b>D</b>	<b>1</b> Foreign organizations, check here. . . . . ▶ <input type="checkbox"/> <b>2</b> Foreign organizations meeting the 85% test, check here and attach computation . . . . . ▶ <input type="checkbox"/>
<b>E</b>	If private foundation status was terminated under section 507(b)(1)(A), check here. . . . . ▶ <input type="checkbox"/>
<b>F</b>	If the foundation is in a 60-month termination under section 507(b)(1)(B), check here. . . . . ▶ <input type="checkbox"/>

**G** Check all that apply:

<input type="checkbox"/> Initial return	<input type="checkbox"/> Initial return of a former public charity
<input type="checkbox"/> Final return	<input type="checkbox"/> Amended return
<input type="checkbox"/> Address change	<input type="checkbox"/> Name change

**H** Check type of organization:  Section 501(c)(3) exempt private foundation  
 Section 4947(a)(1) nonexempt charitable trust  Other taxable private foundation

**I** Fair market value of all assets at end of year (from Part II, column (c), line 16)  
▶ \$ \_\_\_\_\_

**J** Accounting method:  Cash  Accrual  
 Other (specify) \_\_\_\_\_  
(Part I, column (d) must be on cash basis.)

<b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>REVENUE</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule) . . .	102,577.			
	<b>2</b> Ck ▶ <input type="checkbox"/> if the foundation is not required to attach Sch B				
	<b>3</b> Interest on savings and temporary cash investments. . . . .	4.	4.	4.	
	<b>4</b> Dividends and interest from securities . . . . .				
	<b>5a</b> Gross rents . . . . .				
	<b>b</b> Net rental income or (loss) . . . . .				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10. . . . .				
	<b>b</b> Gross sales price for all assets on line 6a . . . . .				
	<b>7</b> Capital gain net income (from Part IV, line 2) . . . . .				
	<b>8</b> Net short-term capital gain. . . . .				
	<b>9</b> Income modifications . . . . .				
	<b>10a</b> Gross sales less returns and allowances . . . . .				
<b>b</b> Less: Cost of goods sold. . . . .					
<b>c</b> Gross profit or (loss) (attach schedule). . . . .					
<b>11</b> Other income (attach schedule). . . . .					
<b>SEE STATEMENT 1</b>	25,625.				
<b>12 Total.</b> Add lines 1 through 11. . . . .	128,206.	4.	4.		
<b>ADMINISTRATIVE AND OPERATING EXPENSES</b>	<b>13</b> Compensation of officers, directors, trustees, etc. . . . .	0.			
	<b>14</b> Other employee salaries and wages . . . . .				
	<b>15</b> Pension plans, employee benefits . . . . .				
	<b>16a</b> Legal fees (attach schedule) . . . . . <b>SEE ST. 2</b>	2,085.			
	<b>b</b> Accounting fees (attach sch) . . . . . <b>SEE ST. 3</b>	7,418.			
	<b>c</b> Other prof. fees (attach sch) . . . . . <b>SEE ST. 4</b>	657.			
	<b>17</b> Interest . . . . .				
	<b>18</b> Taxes (attach schedule)(see instrs). . . . .				
	<b>19</b> Depreciation (attach schedule) and depletion . . . . .				
	<b>20</b> Occupancy. . . . .				
	<b>21</b> Travel, conferences, and meetings. . . . .	151.			
	<b>22</b> Printing and publications. . . . .				
	<b>23</b> Other expenses (attach schedule)				
	<b>SEE STATEMENT 5</b>	100,646.			
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23. . . . .	110,957.			
<b>25</b> Contributions, gifts, grants paid. . . . . <b>STMT 6</b>	26,356.			26,356.	
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25 . . . . .	137,313.	0.	0.	26,356.	
<b>27</b> Subtract line 26 from line 12:					
<b>a Excess of revenue over expenses and disbursements</b> . . . . .	-9,107.				
<b>b Net investment income</b> (if negative, enter -0-). . . . .		4.			
<b>c Adjusted net income</b> (if negative, enter -0-). . . . .			4.		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)			
		Beginning of year	End of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value	
ASSETS	1	Cash — non-interest-bearing	40,559.	31,712.	
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach sch)			
		Less: allowance for doubtful accounts			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments — U.S. and state government obligations (attach schedule)			
	b	Investments — corporate stock (attach schedule)			
	c	Investments — corporate bonds (attach schedule)			
	11	Investments — land, buildings, and equipment: basis			
	Less: accumulated depreciation (attach schedule)				
12	Investments — mortgage loans				
13	Investments — other (attach schedule)				
14	Land, buildings, and equipment: basis				
	Less: accumulated depreciation (attach schedule)				
15	Other assets (describe SEE STATEMENT 7 )	275.	275.		
16	<b>Total assets</b> (to be completed by all filers — see the instructions. Also, see page 1, item I).	40,834.	31,987.	0.	
LIABILITIES	17	Accounts payable and accrued expenses		261.	
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, & other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe )	1.		
	23	<b>Total liabilities</b> (add lines 17 through 22)	1.	261.	
NET ASSETS OR FUND BALANCES	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. <input checked="" type="checkbox"/>				
	24	Unrestricted	40,833.	31,726.	
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input type="checkbox"/>				
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
30	<b>Total net assets or fund balances</b> (see instructions)	40,833.	31,726.		
31	<b>Total liabilities and net assets/fund balances</b> (see instructions)	40,834.	31,987.		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	40,833.
2	Enter amount from Part I, line 27a	2	-9,107.
3	Other increases not included in line 2 (itemize)	3	
4	Add lines 1, 2, and 3	4	31,726.
5	Decreases not included in line 2 (itemize)	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30	6	31,726.

**Part IV Capital Gains and Losses for Tax on Investment Income**

	(b) How acquired P — Purchase D — Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a N/A b c d e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)..... <span style="border: 1px solid black; padding: 2px;">If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7</span> .....	2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):  If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8.....	3	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.) N/A

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?.....  Yes  No  
If 'Yes,' the foundation does not qualify under section 4940(e). Do not complete this part.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2014			
2013			
2012			
2011			
2010			

2 Total of line 1, column (d).....	2	
3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years.....	3	
4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.....	4	
5 Multiply line 4 by line 3.....	5	
6 Enter 1% of net investment income (1% of Part I, line 27b).....	6	
7 Add lines 5 and 6.....	7	
8 Enter qualifying distributions from Part XII, line 4.....	8	

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)**

<b>1 a</b> Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary – see instrs)		
<b>b</b> Domestic foundations that meet the section 4940(e) requirements in Part V, check here. <input type="checkbox"/> and enter 1% of Part I, line 27b	<b>1</b>	0.
<b>c</b> All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
<b>2</b> Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0.
<b>3</b> Add lines 1 and 2	<b>3</b>	0.
<b>4</b> Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0.
<b>5 Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-	<b>5</b>	0.
<b>6 Credits/Payments:</b>		
<b>a</b> 2015 estimated tax pmts and 2014 overpayment credited to 2015	<b>6 a</b>	
<b>b</b> Exempt foreign organizations – tax withheld at source	<b>6 b</b>	
<b>c</b> Tax paid with application for extension of time to file (Form 8868)	<b>6 c</b>	
<b>d</b> Backup withholding erroneously withheld	<b>6 d</b>	
<b>7</b> Total credits and payments. Add lines 6a through 6d	<b>7</b>	0.
<b>8</b> Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>	
<b>9 Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	<b>9</b>	0.
<b>10 Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	<b>10</b>	
<b>11</b> Enter the amount of line 10 to be: <b>Credited to 2016 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>11</b>	

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1 a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? <i>If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>		X
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year?		X
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <b>(1)</b> On the foundation. . . . ▶ \$ <u>0.</u> <b>(2)</b> On foundation managers. . . . ▶ \$ <u>0.</u>		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. . . . ▶ \$ <u>0.</u>		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If 'Yes,' attach a detailed description of the activities.</i>		X
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If 'Yes,' attach a conformed copy of the changes.</i>		X
<b>4 a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		N/A
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If 'Yes,' attach the statement required by General Instruction T.</i>		X
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		X
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If 'Yes,' complete Part II, col. (c), and Part XV.</i>	X	
<b>8 a</b> Enter the states to which the foundation reports or with which it is registered (see instructions). . . . ▶ <u>N/A</u>		
<b>b</b> If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? <i>If 'No,' attach explanation.</i>	X	
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? <i>If 'Yes,' complete Part XIV.</i>	X	
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If 'Yes,' attach a schedule listing their names and addresses.</i> . . . . . <b>SEE STATEMENT . 8 . . . . .</b>	X	

BAA

Form 990-PF (2015)

**Part VII-A Statements Regarding Activities (continued)**

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions) .....	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions) .....	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? ... Website address: ..... ▶ WWW.ASPENSTRONG.ORG	13	X	
14	The books are in care of ▶ CHRISTINA KING Telephone no. ▶ (970) 920-0105 Located at ▶ 135 W. MAIN ST. STE I ASPEN CO ZIP + 4 ▶ 81611			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here ..... N/A. ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year: ..... ▶ 15 N/A			
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? .....	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country ▶			

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.

		Yes	No
1 a	During the year did the foundation (either directly or indirectly):		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6)	Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? ..... 1 b N/A Organizations relying on a current notice regarding disaster assistance check here ..... ▶ <input type="checkbox"/>		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015? .....	1 c	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes,' list the years ▶ 20 __ , 20 __ , 20 __ , 20 __ .		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement - see instructions.) .....	2 b	N/A
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20 __ , 20 __ , 20 __ , 20 __ .		
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If 'Yes,' did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015.) .....	3 b	N/A
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? .....	4 a	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015? .....	4 b	X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

**5 a** During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  Yes  No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?  Yes  No

(3) Provide a grant to an individual for travel, study, or other similar purposes?  Yes  No

(4) Provide a grant to an organization other than a charitable, etc, organization described in section 4945(d)(4)(A)? (see instructions)  Yes  No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  Yes  No

**b** If any answer is 'Yes' to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? **5 b** N/A

Organizations relying on a current notice regarding disaster assistance check here

**c** If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? **N/A**  Yes  No  
If 'Yes,' attach the statement required by Regulations section 53.4945-5(d).

**6 a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **6 b** X  
If 'Yes' to 6b, file Form 8870.

**7 a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes  No

**b** If 'Yes,' did the foundation receive any proceeds or have any net income attributable to the transaction? **7 b** N/A

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 9		0.	0.	0.

**2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.'**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

**Total** number of other employees paid over \$50,000 **0**

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** (continued)

**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
-----		
-----		
-----		
-----		
-----		
<b>Total</b> number of others receiving over \$50,000 for professional services		0

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 <u>SUCCESSFULLY ORGANIZED THE ORGANIZATION; RECEIVED IRS EXEMPT STATUS APPROVAL; LAUNCHED HIKE FOR HOPE AND SYMPOSIUM EVENTS; AND DEVELOPED THE WEBSITE.</u>	
2 -----	
3 -----	
4 -----	

**Part IX-B Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1 N/A	
2 -----	
3 All other program-related investments. See instructions.	
<b>Total.</b> Add lines 1 through 3	0.

BAA

**Part X** **Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b> Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes:		
<b>a</b> Average monthly fair market value of securities .....	<b>1 a</b>	
<b>b</b> Average of monthly cash balances .....	<b>1 b</b>	
<b>c</b> Fair market value of all other assets (see instructions) .....	<b>1 c</b>	
<b>d Total</b> (add lines 1a, b, and c) .....	<b>1 d</b>	0.
<b>e</b> Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) .....	<b>1 e</b>	
<b>2</b> Acquisition indebtedness applicable to line 1 assets .....	<b>2</b>	
<b>3</b> Subtract line 2 from line 1d .....	<b>3</b>	
<b>4</b> Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions) .....	<b>4</b>	
<b>5 Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 .....	<b>5</b>	0.
<b>6 Minimum investment return.</b> Enter 5% of line 5 .....	<b>6</b>	0.

**Part XI** **Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part.)

<b>1</b> Minimum investment return from Part X, line 6 .....	<b>1</b>	N/A
<b>2 a</b> Tax on investment income for 2015 from Part VI, line 5 .....	<b>2 a</b>	
<b>b</b> Income tax for 2015. (This does not include the tax from Part VI.) .....	<b>2 b</b>	
<b>c</b> Add lines 2a and 2b .....	<b>2 c</b>	
<b>3</b> Distributable amount before adjustments. Subtract line 2c from line 1 .....	<b>3</b>	
<b>4</b> Recoveries of amounts treated as qualifying distributions .....	<b>4</b>	
<b>5</b> Add lines 3 and 4 .....	<b>5</b>	
<b>6</b> Deduction from distributable amount (see instructions) .....	<b>6</b>	
<b>7 Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 .....	<b>7</b>	

**Part XII** **Qualifying Distributions** (see instructions)

<b>1</b> Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes:		
<b>a</b> Expenses, contributions, gifts, etc — total from Part I, column (d), line 26 .....	<b>1 a</b>	26,356.
<b>b</b> Program-related investments — total from Part IX-B .....	<b>1 b</b>	
<b>2</b> Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes .....	<b>2</b>	
<b>3</b> Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b> Suitability test (prior IRS approval required) .....	<b>3 a</b>	
<b>b</b> Cash distribution test (attach the required schedule) .....	<b>3 b</b>	
<b>4 Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 .....	<b>4</b>	26,356.
<b>5</b> Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions) .....	<b>5</b>	
<b>6 Adjusted qualifying distributions.</b> Subtract line 5 from line 4 .....	<b>6</b>	26,356.

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

N/A

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
<b>1</b> Distributable amount for 2015 from Part XI, line 7 .....				
<b>2</b> Undistributed income, if any, as of the end of 2015:				
<b>a</b> Enter amount for 2014 only .....				
<b>b</b> Total for prior years: 20 __, 20 __, 20 __				
<b>3</b> Excess distributions carryover, if any, to 2015:				
<b>a</b> From 2010 .....				
<b>b</b> From 2011 .....				
<b>c</b> From 2012 .....				
<b>d</b> From 2013 .....				
<b>e</b> From 2014 .....				
<b>f</b> Total of lines 3a through e .....				
<b>4</b> Qualifying distributions for 2015 from Part XII, line 4: ▶ \$ _____				
<b>a</b> Applied to 2014, but not more than line 2a ..				
<b>b</b> Applied to undistributed income of prior years (Election required – see instructions) .....				
<b>c</b> Treated as distributions out of corpus (Election required – see instructions) .....				
<b>d</b> Applied to 2015 distributable amount .....				
<b>e</b> Remaining amount distributed out of corpus .....				
<b>5</b> Excess distributions carryover applied to 2015 .....				
<i>(If an amount appears in column (d), the same amount must be shown in column (a).)</i>				
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 .....				
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b .....				
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed .....				
<b>d</b> Subtract line 6c from line 6b. Taxable amount – see instructions .....				
<b>e</b> Undistributed income for 2014. Subtract line 4a from line 2a. Taxable amount – see instructions .....				
<b>f</b> Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016 .....				
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required – see instructions) .....				
<b>8</b> Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions) .....				
<b>9</b> Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a .....				
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2011 .....				
<b>b</b> Excess from 2012 .....				
<b>c</b> Excess from 2013 .....				
<b>d</b> Excess from 2014 .....				
<b>e</b> Excess from 2015 .....				

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling ▶ 5/31/14

**b** Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year				(e) Total
	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
<b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	0.				0.
<b>b</b> 85% of line 2a					0.
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed	26,356.	46,383.			72,739.
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					0.
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	26,356.	46,383.			72,739.
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> 'Assets' alternative test – enter:					
<b>(1)</b> Value of all assets					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> 'Endowment' alternative test – enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
<b>c</b> 'Support' alternative test – enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)		79,912.			79,912.
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0.
<b>(3)</b> Largest amount of support from an exempt organization					0.
<b>(4)</b> Gross investment income					0.

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year – see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)  
 NONE

---

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.  
 NONE

---

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

---

**b** The form in which applications should be submitted and information and materials they should include:

---

**c** Any submission deadlines:

---

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

---

**Part XV Supplementary Information** (continued)

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<i>a Paid during the year</i>				
<b>Total</b> .....				<b>▶ 3 a</b>
<i>b Approved for future payment</i>				
<b>Total</b> .....				<b>▶ 3 b</b>



Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Table with columns: Question, Yes, No. Rows include: 1 Did the organization directly or indirectly engage in any of the following... a Transfers from the reporting foundation... b Other transactions... c Sharing of facilities...

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation...

Schedule table with columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1: N/A

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code... [ ] Yes [X] No

b If 'Yes,' complete the following schedule.

Table with columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1: N/A

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature Here: Signature of officer or trustee, Date, Title. Includes box: May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No

Paid Preparer Use Only: Print/Type preparer's name (CHRISTOPHER B. SMITH), Preparer's signature, Date, Check self-employed, PTIN (P00962008), Firm's name (NED COLLUM CPA PC), Firm's address (351 SOUTHSIDE DRIVE, BASALT, CO 81621), Firm's EIN (84-1238071), Phone no. ((970) 927-4780)

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

► **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Name of the organization

THE ASPEN STRONG FOUNDATION

Employer identification number

46-5618553

**Organization type** (check one):

**Filers of:**

Form 990 or 990-EZ

**Section:**

501(c)( ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ► \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

**Schedule B (Form 990, 990-EZ, or 990-PF) (2015)**

Name of organization THE ASPEN STRONG FOUNDATION	Employer identification number 46-5618553
---	--

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LAWRENCE ALTMAN PO BOX 7916 ASPEN, CO 81612	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ASPEN COMMUNITY FOUNDATION 110 EAST HALLAM STREET STE 126 ASPEN, CO 81611	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ASPEN VALLEY HOSPITAL 0401 CASTLE CREEK ROAD ASPEN, CO 81611	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	SALLY BENEMAN SAKIN 1710 SOPRIS MTN RANCH RD BASALT, CO 81621	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	GITLITZ FAMILY FOUNDATION PO BOX 6000 BATTLEMENT MESA, CO 81636	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	LATTNER FAMILY FOUNDATION, INC. 777 E. ATLANTIC AVE. STE. 317 DELRAY BEACH, FL 33483	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE ASPEN STRONG FOUNDATION

46-5618553

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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



Name of organization <b>THE ASPEN STRONG FOUNDATION</b>	Employer identification number 46-5618553
--	--

**Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ..... ▶ \$ \_\_\_\_\_ *N/A*  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
N/A			
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	

## THE ASPEN STRONG FOUNDATION

46-5618553

**STATEMENT 1**  
**FORM 990-PF, PART I, LINE 11**  
**OTHER INCOME**

	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
INCOME FROM SPECIAL EVENTS.....	\$ 25,625.		
TOTAL	<u>\$ 25,625.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

**STATEMENT 2**  
**FORM 990-PF, PART I, LINE 16A**  
**LEGAL FEES**

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES.....	\$ 2,085.			
TOTAL	<u>\$ 2,085.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

**STATEMENT 3**  
**FORM 990-PF, PART I, LINE 16B**  
**ACCOUNTING FEES**

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING.....	\$ 7,418.			
TOTAL	<u>\$ 7,418.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

**STATEMENT 4**  
**FORM 990-PF, PART I, LINE 16C**  
**OTHER PROFESSIONAL FEES**

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PROFESSIONAL FEES.....	\$ 657.			
TOTAL	<u>\$ 657.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

## THE ASPEN STRONG FOUNDATION

46-5618553

**STATEMENT 5**  
**FORM 990-PF, PART I, LINE 23**  
**OTHER EXPENSES**

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ADVERTISING.....	\$ 1,998.			
BANK CHARGES.....	211.			
DUES.....	10.			
INSURANCE.....	994.			
OFFICE EXPENSE.....	1,117.			
RENT.....	3,055.			
SPECIAL EVENT EXPENSES.....	75,014.			
UTILITIES.....	820.			
WEBSITE.....	17,427.			
TOTAL	\$ 100,646.	\$ 0.	\$ 0.	\$ 0.

**STATEMENT 6**  
**FORM 990-PF, PART I, LINE 25**  
**CONTRIBUTIONS, GIFTS, AND GRANTS**
CASH GRANTS AND ALLOCATIONS

DONEE'S NAME:	ASPEN HOPE CENTER		
DONEE'S ADDRESS:	PO BOX 1115 BASALT CO 81621		
ORGANIZATIONAL STATUS OF DONEE:	501(C) (3) NON PROFIT ORG		
AMOUNT GIVEN:		\$	1,000.
DONEE'S NAME:	PATHFINDERS		
DONEE'S ADDRESS:	PO BOX 11799 ASPEN CO 81612		
ORGANIZATIONAL STATUS OF DONEE:	501(C) (3) NON PROFIT ORG		
AMOUNT GIVEN:			250.
DONEE'S NAME:	ASPEN COMMUNITY FOUNDATION		
DONEE'S ADDRESS:	110 EAST HALLAM STREET SUITE 126 ASPEN CO 81611		
ORGANIZATIONAL STATUS OF DONEE:	501(C) (3) NON PROFIT ORG		
AMOUNT GIVEN:			25,106.
	TOTAL	\$	<u>26,356.</u>

**STATEMENT 7**  
**FORM 990-PF, PART II, LINE 15**  
**OTHER ASSETS**

	BOOK VALUE	FAIR MARKET VALUE
SECURITY DEPOSIT.....	\$ 275.	
TOTAL	\$ 275.	\$ 0.

## THE ASPEN STRONG FOUNDATION

46-5618553

**STATEMENT 8**  
**FORM 990-PF, PART VII-A, LINE 10**  
**SUBSTANTIAL CONTRIBUTORS DURING THE TAX YEAR**

<u>NAME OF SUBSTANTIAL CONTRIBUTOR</u>	<u>ADDRESS OF SUBSTANTIAL CONTRIBUTOR</u>
LAWRENCE ALTMAN	PO BOX 7916 ASPEN, CO 81612
SALLY BENEMAN SAKIN	1710 SOPRIS MTN RANCH RD BASALT, CO 81621

**STATEMENT 9**  
**FORM 990-PF, PART VIII, LINE 1**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP &amp; DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
MARK DEVLIN 312 AABC ASPEN, CO 81611	TREASURER 1.00	\$ 0.	\$ 0.	\$ 0.
CHRISTINA KING 135 W. MAIN ST. STE I ASPEN, CO 81611	SECRETARY 10.00	0.	0.	0.
KATHLEEN CALLAHAN 205 S. 3RD ST. ASPEN, CO 81611	DIRECTOR 1.00	0.	0.	0.
DR. JONATHAN BIRNKRANT 314 S. GALENA ST. STE 207 ASPEN, CO 81611	CHAIRMAN 1.00	0.	0.	0.
COURTNEY O'BRIEN 135 W. MAIN STREET I ASPEN, CO 81611	DIRECTOR 1.00	0.	0.	0.
STEVE PSALEDAKIS 135 W. MAIN STREET I ASPEN, CO 81611	DIRECTOR 1.00	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.

Form **990-T**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0687

**2015**

For calendar year 2015 or other tax year beginning \_\_\_\_\_, 2015, and ending \_\_\_\_\_,

► **Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).**  
► **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

<b>A</b> <input type="checkbox"/> Check box if address changed	<b>Print or Type</b>	THE ASPEN STRONG FOUNDATION 135 W. MAIN STREET I ASPEN, CO 81611	<input type="checkbox"/> Check box if name changed and see instructions.	<b>D</b> Employer identification number (Employees' trust, see instructions.)  46-5618553
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(C)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)			<b>E</b> Unrelated business activity codes (See instructions.)	

<b>C</b> Book value of all assets at end of year  31,987.	<b>F</b> Group exemption number (See instructions.) ►
<b>G</b> Check organization type . . . . . <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

**H** Describe the organization's primary unrelated business activity.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? . . .  Yes  No  
If 'Yes,' enter the name and identifying number of the parent corporation . . . ►

**J** The books are in care of ► **CHRISTINA KING** Telephone number ► (970) 920-0105

<b>Part I</b>	<b>Unrelated Trade or Business Income</b>	<b>(A) Income</b>	<b>(B) Expenses</b>	<b>(C) Net</b>
<b>1 a</b>	Gross receipts or sales . . . . .			
<b>b</b>	Less returns and allowances . . . . . <b>c</b> Balance ►	<b>1 c</b>		
<b>2</b>	Cost of goods sold (Schedule A, line 7) . . . . .	<b>2</b>		
<b>3</b>	Gross profit. Subtract line 2 from line 1c . . . . .	<b>3</b>		
<b>4 a</b>	Capital gain net income (attach Schedule D) . . . . .	<b>4 a</b>		
<b>b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . . . . .	<b>4 b</b>		
<b>c</b>	Capital loss deduction for trusts . . . . .	<b>4 c</b>		
<b>5</b>	Income (loss) from partnerships and S corporations (attach statement) . . . . .	<b>5</b>		
<b>6</b>	Rent income (Schedule C) . . . . .	<b>6</b>		
<b>7</b>	Unrelated debt-financed income (Schedule E) . . . . .	<b>7</b>		
<b>8</b>	Interest, annuities, royalties, and rents from controlled organizations (Schedule F) . . . . .	<b>8</b>		
<b>9</b>	Investment income of a section 501(c)(7), (9), or (17) organization (Sch G) . . . . .	<b>9</b>		
<b>10</b>	Exploited exempt activity income (Schedule I) . . . . .	<b>10</b>		
<b>11</b>	Advertising income (Schedule J) . . . . .	<b>11</b>		
<b>12</b>	Other income (See instructions; attach schedule) . . . . .	<b>12</b>		
<b>13</b>	<b>Total.</b> Combine lines 3 through 12 . . . . .	<b>13</b>	0.	0.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b>	Compensation of officers, directors, and trustees (Schedule K) . . . . .	<b>14</b>		
<b>15</b>	Salaries and wages . . . . .	<b>15</b>		
<b>16</b>	Repairs and maintenance . . . . .	<b>16</b>		
<b>17</b>	Bad debts . . . . .	<b>17</b>		
<b>18</b>	Interest (attach schedule) . . . . .	<b>18</b>		
<b>19</b>	Taxes and licenses . . . . .	<b>19</b>		
<b>20</b>	Charitable contributions (See instructions for limitation rules) . . . . .	<b>20</b>		
<b>21</b>	Depreciation (attach Form 4562) . . . . .	<b>21</b>		
<b>22</b>	Less depreciation claimed on Schedule A and elsewhere on return . . . . .	<b>22 a</b>		
<b>23</b>	Depletion . . . . .	<b>23</b>		
<b>24</b>	Contributions to deferred compensation plans . . . . .	<b>24</b>		
<b>25</b>	Employee benefit programs . . . . .	<b>25</b>		
<b>26</b>	Excess exempt expenses (Schedule I) . . . . .	<b>26</b>		
<b>27</b>	Excess readership costs (Schedule J) . . . . .	<b>27</b>		
<b>28</b>	Other deductions (attach schedule) . . . . .	<b>28</b>		
<b>29</b>	<b>Total deductions.</b> Add lines 14 through 28 . . . . .	<b>29</b>		
<b>30</b>	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 . . . . .	<b>30</b>		
<b>31</b>	Net operating loss deduction (limited to the amount on line 30) . . . . .	<b>31</b>		
<b>32</b>	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 . . . . .	<b>32</b>		0.
<b>33</b>	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) . . . . .	<b>33</b>		
<b>34</b>	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 . . . . .	<b>34</b>		0.

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> <b>See instructions</b> and: <b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ <b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) ..... \$ _____ (2) Additional 3% tax (not more than \$100,000) ..... \$ _____ <b>c</b> Income tax on the amount on line 34 ..... ▶		<b>35 c</b>	0.
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) ..... ▶		<b>36</b>	
<b>37 Proxy tax.</b> See instructions ..... ▶		<b>37</b>	
<b>38 Alternative minimum tax</b> ..... ▶		<b>38</b>	
<b>39 Total.</b> Add lines 37 and 38 to line 35c or 36, whichever applies ..... ▶		<b>39</b>	0.

**Part IV Tax and Payments**

<b>40 a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) ...	<b>40 a</b>		
<b>b</b> Other credits (see instructions) .....	<b>40 b</b>		
<b>c</b> General business credit. Attach Form 3800 (see instructions) .....	<b>40 c</b>		
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827) .....	<b>40 d</b>		
<b>e Total credits.</b> Add lines 40a through 40d. ....	<b>40 e</b>		0.
<b>41</b> Subtract line 40e from line 39 .....	<b>41</b>		0.
<b>42</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) .....	<b>42</b>		
<b>43 Total tax.</b> Add lines 41 and 42 .....	<b>43</b>		0.
<b>44 a</b> Payments: A 2014 overpayment credited to 2015 .....	<b>44 a</b>		
<b>b</b> 2015 estimated tax payments .....	<b>44 b</b>		
<b>c</b> Tax deposited with Form 8868 .....	<b>44 c</b>		
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>44 d</b>		
<b>e</b> Backup withholding (see instructions) .....	<b>44 e</b>		
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941) .....	<b>44 f</b>		
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total ... ▶	<b>44 g</b>		
<b>45 Total payments.</b> Add lines 44a through 44g. ....	<b>45</b>		0.
<b>46</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached. .... ▶ <input type="checkbox"/>	<b>46</b>		
<b>47 Tax due.</b> If line 45 is less than the total of lines 43 and 46, enter amount owed .....	<b>47</b>		
<b>48 Overpayment.</b> If line 45 is larger than the total of lines 43 and 46, enter amount overpaid .....	<b>48</b>		
<b>49</b> Enter the amount of line 48 you want: <b>Credited to 2016 estimated tax</b> ▶ <b>Refunded</b> ▶	<b>49</b>		

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

<b>1</b> At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ _____	Yes	No
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____ 0.		

**Schedule A – Cost of Goods Sold.** Enter method of inventory valuation ▶

<b>1</b> Inventory at beginning of year .....	<b>1</b>		<b>6</b> Inventory at end of year .....	<b>6</b>		
<b>2</b> Purchases .....	<b>2</b>		<b>7 Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 .....	<b>7</b>		
<b>3</b> Cost of labor .....	<b>3</b>					
<b>4 a</b> Additional section 263A costs (attach schedule) .....	<b>4 a</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? .....		Yes	No
<b>b</b> Other costs (attach sch) .....	<b>4 b</b>					
<b>5 Total.</b> Add lines 1 through 4b .....	<b>5</b>					

**Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**

Print/Type preparer's name: CHRISTOPHER B. SMITH  
Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Check  if self-employed PTIN: P00962008  
Firm's name: NED COLLUM CPA PC Firm's EIN: 84-1238071  
Firm's address: 351 SOUTHSIDE DRIVE BASALT, CO 81621  
Phone no.: (970) 927-4780

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instructions)

1 Description of property		
(1)		
(2)		
(3)		
(4)		
2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	Total	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . . ▶		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) . . . . . ▶

**Schedule E – Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals . . . . . ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 . . . . . ▶				

**Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals . . . . . ▶			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	

**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> .....	Enter here and on page 1, Part I, line 10, column (A).	Enter here and on page 1, Part I, line 10, column (B).				Enter here and on page 1, Part II, line 26.

**Schedule J – Advertising Income** (See instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3). If a gain, compute col 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) .....						

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> ▶						
<b>Totals</b> , Part II (lines 1-5) .....	Enter here and on page 1, Part I, line 11, column (A).	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.

**Schedule K – Compensation of Officers, Directors, and Trustees** (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		0%	
		0%	
		0%	
		0%	
<b>Total</b> . Enter here and on page 1, Part II, line 14 .....			