DLN: 93493321114094

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS

generally cannot redact the information on the form Internal Revenue Service A В

		► Information about Form 990 and its instructions is at <u>www.1RS.gov/</u>				
		013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-	2013			
_	ck if ap	ESALEN INSTITUTE		D Employe	r identifica	tion number
_	ress cha	Doing Business As		94-6114	4235	
	ne chan	e J				
Init	al returr	Number and street (of PO box if mail is not delivered to street address) Room/suite	!	E Telephone	number	
☐ Ter	mınated	3771 RIO ROAD		(831)25	50-1022	
M Am	ended re	turn City or town, state or province, country, and ZIP or foreign postal code CARMEL CA 93923		(001)21	1022	
App	lication			G Gross rece	eipts \$ 18,94	7,414
		F Name and address of principal officer	H(a) Is th	ıs a group re	turn for	
		PATRICIA MCENTEE 3771 RIO ROAD	subo	rdınates?		┌ Yes 🗸 No
		CARMEL CA 93923	H(b) Are a	all subordina	tes	┌ Yes ┌ No
			ınclu	ded?		
I Tax	r-exemp	t status	If "N	o," attach a	lıst (see ı	nstructions)
J W	ebsite:	► WWW ESALEN ORG	H(c) Grou	ıp exemptior	n number l	.
K Forr	n of orga	nization	L Year of fo	mation 1963	M State o	of legal domicile CA
	rt I	Summary	1 2 3. 10		1	<u> </u>
		riefly describe the organization's mission or most significant activities				
		D ENCOURAGE WORK IN THE HUMANITIES AND SCIENCES THAT PROMO	TES HUMA	N VALUES A	ANDPOTE	ENTIALS,
	<u>s</u>	ERVING OVER 20,000 VISITORS ANNUALLY				
≚	_					
≅	_					
Governance	2 C	heck this box 🔭 if the organization discontinued its operations or disposed of	more than 2	.5% of its ne	et assets	
చ ఆ	3 N	umber of voting members of the governing body (Part VI, line 1a)			3	Ġ
Ě	4 N	umber of independent voting members of the governing body (Part VI, line 1b)			4	į
Activities &	5 T	otal number of individuals employed in calendar year 2013 (Part V, line 2a) .			5	298
đ.		otal number of volunteers (estimate if necessary)			6	1!
		otal unrelated business revenue from Part VIII, column (C), line 12			7a	(
	b N	et unrelated business taxable income from Form 990-T, line 34			7b	(
	_	Control of the contro	Prio	r Year		rrent Year
<u>a</u>	8	Contributions and grants (Part VIII, line 1h)		1,494,55	-	762,318
Rayenue	9	Program service revenue (Part VIII, line 2g)		12,940,33		13,066,407 20,956
歪	10 11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		227,33	_	4,663,573
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		227,33	-	4,003,373
		12)		14,679,35	9	18,513,254
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,70	0	4,700
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0	0
Ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,864,84	و ا	7,098,426
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		9,20	_	10,816
⊕ ⊕	b	Total fundraising expenses (Part IX, column (D), line 25) \$\infty\$425,556		7,20	-	10,010
Δ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,167,93	4	6,401,610
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		13,045,68		13,515,552
	19	Revenue less expenses Subtract line 18 from line 12		1,633,67		4,997,702
ኤ ው			Beginning	g of Current		
~ 3				'ear		nd of Year
9 9	20	Total assets (Part X, line 16)		19,390,37	8	24,039,421
Lssets Bafan	20					
et Assets ind Balan	21	Total liabilities (Part X, line 26)		5,361,37	2	5,015,510
Net Assets or Fund Balances				5,361,37 14,029,00	_	5,015,510 19,023,911

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of prepar preparer has any knowledge

	**	***									
Sign	Sıg	signature of officer									
Here											
	Ту	ype or print name and title									
Doid		Print/Type preparer's name LAWRENCE S KUECHLER CPA Preparer's signature									
Paid Prepare	r	Firm's name ► BERGERLEWIS ACCOUNTANCY CORPORATION									
Use Onl		Firm's address ► 55 ALMADEN BLVD SUITE 600									

SAN JOSE, CA 95113 May the IRS discuss this return with the preparer shown above? (see instruction

orm	1990 (2013)				Page 2
Par	Statement of Program S Check if Schedule O contains a			III	٦
1	Briefly describe the organization's mis	ssion			
=SA	LEN IS A LEADING CENTER FOR EXP	ORING AND REAL	IZING HUMAN POT	ENTIALTHROUGH EXPERI	ENCE EDUCATION AND
	EARCH WE WORK TOWARD THEREAL				
	XPLORED BY TRADITIONAL UNIVER				
	SONAL, SPIRITUAL, AND SOCIAL TR				
2	Did the organization undertake any significant the prior Form 990 or 990-EZ?	nıfıcant program se	rvices during the yea	r which were not listed on	
	If "Yes," describe these new services	on Schedule O			
3	Did the organization cease conducting		t changes in how it co	onducts any program	
•	services?	, or make significan			□Yes ▽ No
	If "Yes," describe these changes on S	shadula O			, , , , , , , , , , , , ,
	ir res, describe these changes on 5	chedule O			
4	Describe the organization's program s expenses Section 501(c)(3) and 501 the total expenses, and revenue, if any	(c)(4) organizations	are required to repo		
4a	(Code) (Expenses \$	10,640,018	ıncludıng grants of \$	1,200) (Revenue \$	12,532,956)
	PUBLIC SEMINARS - EACH YEAR, ESALEN HOI SCIENTIFIC INQUIRY, FROM PSYCHOLOGICAL FROM HEALTH AND HEALING TO ARTS AND C	PROCESS TO NATURE,	ECOLOGY, AND SUSTAINA	BILITY, FROM SOCIAL AND POLITI	
4b	(Code) (Expenses \$	288,124	ıncludıng grants of \$	3,500) (Revenue \$)
	CENTER FOR THEORY AND RESEARCH - THE	•	HEORY AND RESEARCH SU	JPPORTS ESSENTIAL PHILOSOPHIC	. ACADEMIC. AND RESEARCH AIMS
	OF THE ESALEN INSTITUTE IT EVALUATES FR THAT PROMOTE PERSONAL AND SOCIAL TRAN COMPARATIVE RELIGIOUS STUDIES, EDUCAT: PRACTICE AND THE CONTINUED EVOLUTION	CONTIER INQUIRY, CREANSFORMATION IT CARRI ION, SOCIOLOGY, SOMAT	TES NETWORKS OF PIONI IES FORWARD PROJECTS FICS, THE ARTS, ECOLOGY	EERING INDIVIDUALS, AND WORK AT THE GROWING EDGE OF PHILC /, AND RELATED DISCIPLINES THA	S TO CATALYZE NEW DISCOVERIES SOPHY, PSYCHOLOGY,
4c	(Code) (Expenses \$	323,767	ıncludıng grants of \$) (Revenue \$	452,507)
	WORK STUDY PROGRAM - A FOUR-WEEK RE	SIDENTIAL PROGRAM. T	HE WORK STUDY PROGRA	AM OFFERS AN INTENSE INVOLVEM	IENT WITH THE ESALEN
	ENVIRONMENTS AND AN IN-DEPTH EXPERIEN AND STUDY MODEL OVER 300 PEOPLE WERE	ICE OF THE ESALEN APP	ROACH TO HOLISTIC PERS		
	(Code) (Expenses \$	40	ıncludıng grants of \$) (Revenue \$	39,585)
	CONTINUING EDUCATION - ESALEN IS AN APP	PROVED PROVIDER OF C	,	, ,	, ,
	TEACHERS AND BODYWORKS ANNUALLY AS				
	(Code) (Expenses \$	137,295	ıncludıng grants of \$) (Revenue \$	41,359)
	GAZEBO - ESALEN IS HOME TO THE GAZEBO S SCHOOL, FOUNDED IN 1977, IS LICENSED AN				EN ONE TO SIX YEARS OLD THE
4d	Other program services (Describe in	Schedule O)			
- 44	(Expenses \$ 137,335	including grants o	f\$) (Revenue \$	80,944)
4e	Total program service expenses ►	11,389,244			

art 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 2	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^{\square}	9		No
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
L1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII"	11b	Yes	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	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	12b		No
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
L4a	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	14b		No
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
L 6	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		No
L7	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	Yes	
L9	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		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No				
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III							
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? <i>If "Yes," complete Schedule J</i>	23	Yes					
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b						
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c						
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d						
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No				
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No				
26	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? If so, complete Schedule L, Part II	26		No				
27	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 member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No				
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)							
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes					
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes					
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes					
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No				
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No				
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No				
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b						
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No				
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No				
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes					

rei	Statements Regarding Other 1RS 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 394			
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	┧		
	gaming (gambling) winnings to prize winners?	1c		
	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			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	1		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		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 Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	~		100
-	The symmetric the number of forms of 202 med during the year 1 1 1 1	-		
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		Νo
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
	Section 501(c)(12) organizations. Enter			
	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)	_		
	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	İ	No
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Part VI Governance, Management, and Disclosure 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 a	iny line in this	Part VI												
Check ii Schedale o	contains a	response	or mote to a	iniy iiiic iii ciii.	, i dic vi	•	•	•	-	•	•	•	•	•	•	•	•

Se	ection A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year								
	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								
b	Enter the number of voting members included in line 1a, above, who are independent								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No					
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No					
6	Did the organization have members or stockholders?	6	Yes						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	a The governing body?								
b	, , , ,								
9	9		Νo						
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)					
				/					
			Yes	No					
	Did the organization have local chapters, branches, or affiliates?	10a							
10a				No					
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No					
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No					
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No					
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No					
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes	No					
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No					
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No					
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No					
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No					
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No					
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No					
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No					
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No No					
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization intest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No					
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No No					
10a b 11a b 12a b 13 14 15 a b 16a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization intest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No No					

- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website V Upon request Other (explain in Schedule O)
- 19 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, physical address, and telephone number of the person who possesses the books and records of the organization ►PATRICIA MCENTEE 3771 RIO ROAD CARMEL, CA 93923 (831) 250-1022

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
- 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 nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours for related	more pers and	than on is	one bot rect	not box h ar or/tr	offic	ess er e)	(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	Officei	Key employee	Highest compensated employee	Former	MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) SAM YAU	6 00	х		х				0	0	(
CHAIRMAN OF THE BOARD		^		_^				Ŭ	Ŭ	
(2) MARY ELLEN KLEE	6 00	x		×				0	0	
SECRETARY		^		_^				ŭ	Ŭ	
(3) PATRICIA MCENTEE	60 00	x		×				152,077	0	13,939
CEO								,		,
(4) GORDON WHEELER	40 00	x						63,647	0	3,856
TRUSTEE								,		,
(5) MICHAEL MURPHY	28 00	х						43,200	0	10,790
TRUSTEE (6) ANISA MEHDI	6.00									
	6 00	x						0	0	C
TRUSTEE (7) BILL JAMES	6 00	-								
TRUSTEE		Х						0	0	(
(8) CHIP CONLEY	6 00									
TRUSTEE		Х						0	0	C
(9) JAY OGILVY	6 00									
TRUSTEE		Х						15,000	0	C
(10) SONYA SIRRS	50 00									
DIRECTOR OF FIN SERVICES/				Х				82,730	0	11,524
(11) ELIZABETH STACEY	50 00									
DIRECTOR OF ADVANCEMENT						X		105,440	0	14,511
					\vdash					
			I	l -						

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	Posi more t perso and a	tion (han c n is l	ne l both ctor	oox, an o	unless fficer stee)		Repor compen from organizat 2/1099-	table sation the tion (W-	(E) Reportable compensation from related organizations (W 2/1099-MISC)	·-	(F) Estima amount o compens from t	ted fother ation he
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	·MISC)	2/1099-M13C)		relate organiza	ed
						<u> </u>							
1b Sub-Total			<u> </u>		<u> </u>								
c Total from continuation sheets	s to Part VII, S	ection A	١.				۰						
d Total (add lines 1b and 1c) .					•	•	Þ		462,094		0		54,620
2 Total number of individuals (ind \$100,000 of reportable compe						d abov	e) w	ho receive	d more th	an			
												Yes	No
3 Did the organization list any fo on line 1a? If "Yes," complete Se					key •	emplo	yee, •	or highest	compen:	sated employee	3		No
4 For any individual listed on line organization and related organi													
individualDid any person listed on line 1:	a receive or acc	rue cor	npen:	• satı	• on fro	om any	• / unr	elated org	• • • anızatıon	or individual for	4	Yes	
services rendered to the organ	ızatıon? <i>If "Ye</i> s,	." compl	ete S	ched	ule J	for su	ch pe	erson .			5		No
Section B. Independent Co	ntractors												
1 Complete this table for your five compensation from the organization												tax year	
Na	(A) ame and business	address							Des	(B) cription of services		(C Comper	
HARTWEST ONE UNION STREET 3RD FLOOR	SAN FRANCISCO C	A 94111							PROPERTY CONSULTAI	DEVELOPMENT NTS			117,728
2 Total number of independent con		J L							b.o. wo.o.o				

\$100,000 of compensation from the organization 1-1

Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f
Program Service Revenue	2abccdeff
levenue	3 4 5 6a b c d 7a b
Other F	b 9a b c 10a
	11a b c d

Form 99								Page 9
Part V	<u> </u>	Statement of Check of Schedu	o f Revenue ule O contains a respon	se or note to any lir	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
2 2	1a	Federated cam	paigns 1a					
rant	b	Membership du	ies 1b					
اقِ ق	С	Fundraising ev	ents 1c	82,788				
Gifts, Grants ilar Amounts	d	Related organiz	zations 1d					
s, G imil	е	Government grant	s (contributions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	sımılar amounts no		679,530				
i i	g	Noncash contributi 1a-1f \$	ons included in lines	97,860				
Cor	h	Total. Add lines	s 1 a - 1 f	🛌	762,318			
<u> </u>				Business Code				
wern	2a	PROGRAM REVENU	JE	611600	13,066,407	13,066,407		
исе Веч	b							
	d							
À	e							
Program Serwce Revenue	f	All other progra	am service revenue					
				<u>.</u>	10.055.107			
	g 3		s 2a-2f come (including dividence		13,066,407			
		and other simil	aramounts)	▶	21,480			21,480
	4		stment of tax-exempt bond p	· · · · L	5,563			5,563
	5	Royalties .	(ı) Real	(II) Personal	3,303			3,303
	6a	Gross rents	(i) iteal	(ii) i cisonai				
	ь	Less rental expenses						
	С	Rental income or (loss)						
	d		me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	59,476					
	ь	Less cost or other basis and	60,000					
	c	sales expenses Gaın or (loss)	-524					
	d		ss)		-524			-524
Other Revenue	8a	of contributions	luding 2,788 s reported on line 1c)					
č		See Part IV, lır	a a	48,459				
the <u>e</u>	b	Less direct ex	penses b	48,459				
0	c		(loss) from fundraising 6 -	events 🛌	0			
	9a		from gaming activities ne 19 a					
	b	Less direct ex	penses b					
			- loss) from gamıng actı). آ	/ities▶-				
	10a	Gross sales of returns and allo		549,012				
	b	Less cost of g	oods sold b	325,701				
	С		(loss) from sales of inve		223,311			223,311
	11-	Miscellaneous		Business Code 900099	4,434,699			4,434,699
	11a b	NETINSURAN	ICE SETTLEMENT	900099	4,434,099			7,7,033
	C							
	d	All other reven	ue					+ -
	e	Total. Add lines	s 11a-11d	🕨	4,434,699			
	12	Total revenue.	See Instructions			12.066.407		4.604.533
	J			,	18,513,254	13,066,407	(4,684,529

Part	IX Statement of Functional Expenses				
Section	on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns All	other organizati	ons must comp	lete column (A)	
	Check if Schedule O contains a response or note to any line in this	Part IX			기
	ot include amounts reported on lines 6b, o, 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 governments and organizations in the United States See Part IV, line 21	4,700	4,700		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	396,763	68,990	327,773	
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	5,109,210	4,405,402	446,374	257,434
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	66,240	63,664		2,576
9	Other employee benefits	1,142,593	921,028	159,264	62,301
10	Payroll taxes	383,620	294,772	67,186	21,662
11	Fees for services (non-employees)				_
а	Management				_
b	Legal	195,561		195,561	_
c	Accounting	42,250		42,250	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	10,816			10,816
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on	1 004 533	1 040 504	50.222	2.625
4.2	Schedule O)	1,901,532	1,848,584	50,323	2,625
12	Advertising and promotion	267,878	236,045	18,008	13,825
13	Office expenses	1,157,893	1,002,633	108,678	46,582
14 15	Information technology	69,580	69,535	45	
15	Royalties	1 100 501	075.014	127.512	
16 	Occupancy	1,103,624	976,011	127,613	7.456
17 10	Travel	144,187	129,086	7,645	7,456
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings	79,624	79,345	140.000	279
20	Interest	140,082		140,082	
21	Payments to affiliates	754 650	754.650		
22	Depreciation, depletion, and amortization	751,659	751,659	0.050	
23 24	Insurance	11,875	1,925	9,950	
а	COST OF GOODS SOLD	440,857	440,857		
b	REPAIR AND MAINTENANCE	82,284	82,284		
С	MASSAGE	12,140	12,140		
d	FESTIVAL EXPENSE	584	584		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	13,515,552	11,389,244	1,700,752	425,556
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)				· ·

art X	Balance Sheet
	Check if Schedule O

Par	't X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	87,629	1	411,083
	2	Savings and temporary cash investments	4,309,827	2	5,561,159
	3	Pledges and grants receivable, net	1,035,425	3	606,738
	4	Accounts receivable, net	93,185	4	45,642
×	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		_	
	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		5	
9				6	
Assets	7	Notes and loans receivable, net	2	7	
	8	Inventories for sale or use	94,405	8	88,594
	9	Prepaid expenses and deferred charges	397,684	9	368,838
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 27,219,876			
	b	Less accumulated depreciation	13,058,572	10c	14,656,749
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11	302,273	12	2,295,310
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets	1,378	14	308
	15	Other assets See Part IV, line 11	10,000	15	5,000
	16	Total assets. Add lines 1 through 15 (must equal line 34)	19,390,378	16	24,039,421
	17	Accounts payable and accrued expenses	1,322,177	17	963,481
	18	Grants payable		18	
	19	Deferred revenue	1,251,895	19	1,475,882
	20	Tax-exempt bond liabilities		20	
ø.	21	Escrow or custodial account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		21	
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
æ		persons Complete Part II of Schedule L		22	
=	23	Secured mortgages and notes payable to unrelated third parties	2,787,300	23	2,576,147
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule			
		D	E 204 272	25	E 045 540
	26	Total liabilities. Add lines 17 through 25	5,361,372	26	5,015,510
S ⊕ S		Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	12,611,931	27	17,877,651
<u>е</u>	28	Temporarily restricted net assets	1,413,975	28	1,143,160
7	29	Permanently restricted net assets	3,100	29	3,100
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ┌ and			
5		complete lines 30 through 34.			
St.	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	10.000.000
M et	33	Total net assets or fund balances	14,029,006	33	19,023,911
	34	Total liabilities and net assets/fund balances	19,390,378	34	24,039,421

Par	t XI	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				F
1	Total	revenue (must equal Part VIII, column (A), line 12)	1		18,	513,254
2	Total	expenses (must equal Part IX, column (A), line 25)	2		13,5	515,552
3	Rever	ue less expenses Subtract line 2 from line 1	3		4,9	997,702
4	Neta	ssets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		14,0	029,006
5	Netu	nrealized gains (losses) on investments	5			-2,797
6	Donat	ed services and use of facilities	6			
7	Inves	tment expenses	7			
8		period adjustments	8			
9		changes in net assets or fund balances (explain in Schedule O)	9			0
	colum	• •:	10		19,0	023,911
Par	t XII	Financial Statements and Reporting				_
		Check if Schedule O contains a response or note to any line in this Part XII				<u>. </u>
					Yes	No
1		organization changed its method of accounting from a prior year or checked "Other," explain in lule O				
2a	Were	the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
		s,' check a box below to indicate whether the financial statements for the year were compiled or revie arate basis, consolidated basis, or both	wed or	ו		
	Γs	eparate basis				
b	Were	the organization's financial statements audited by an independent accountant?		2b	Yes	
	basıs	s,' check a box below to indicate whether the financial statements for the year were audited on a sepa consolidated basis, or both	rate			
	V S	eparate basis				
С		s," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigl review, or compilation of its financial statements and selection of an independent accountant?	nt of th	e 2c	Yes	
	If the Sched	organization changed either its oversight process or selection process during the tax year, explain i lule O	n			
	Single	esult of a federal award, was the organization required to undergo an audit or audits as set forth in th Audit Act and OMB Circular A-133?	е	3a		No
b		s," did the organization undergo the required audit or audits? If the organization did not undergo the ed audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		

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As Filed Data -

DLN: 93493321114094

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public **Inspection**

Name of the organization ESALEN INSTITUTE

Employer identification number

									94-61142				
	rt I			blic Charity Sta						<u>nstructions</u>			
	organı:		•	e foundation becaus	•			•	•				
1			· ·	on of churches, or a				ection 170(l	b)(1)(A)(i).				
2	Γ	A scho	ol described	in section 170(b)(1	.)(A)(ii). (At	tach Schedu	ule E)						
3	Γ	A hosp	ıtal or a coo	perative hospital se	rvice organiz	atıon descrı	ıbed ın sectio	n 170(b)(1)	(A)(iii).				
4	Γ	A medi	cal research	n organization operat	ted ın conjun	ction with a	hospital desc	cribed in se c	ction 170(b)(1)(A)(iii). E	nter the		
	_	hospita	ıl's name, cı	ty, and state								_	
5	ļ			erated for the benefi		or universit	ty owned or o	perated by	a government	tal unit desc	ribed in		
	_	sect ion	170(b)(1)(A)(iv). (Complete P	art II)								
6	Г	A feder	al, state, or	local government or	government	al unit desc	rıbed ın secti	on 170(b)(1	L)(A)(v).				
7	Γ	_		at normally receives		•	support from	a governme	ental unit or fi	rom the gen	eral publi	С	
8	Г			on 170(b)(1)(A)(vi). described in sectior		•	nplete Part II)					
9	<u></u>		=	at normally receives			•	=	outions, mem	bership fees	and aro	SS	
	,	_		ities related to its e					•	•	-		
		•		oss investment inco	•	-		• •					
		-	_					-		,			
10	г	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4).											
11	<u>'</u>												
	,	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											
				bes the type of supp							(/(-/		
		a [Type I	b	Type II	I - Function	ally integrate	d d	Type III - No	on-functiona	ılly ıntegr	ated	
e	\sqcap	By che	cking this b	ox, I certify that the	organization	ıs not contr	olled directly	or indirect	ly by one or n	nore disqual	lified pers	ons	
				on managers and ot	her than one	or more pub	licly support	ed organizat	tions describ	ed in sectio	n 509(a)(1) or	
_			509(a)(2)			fue we the ID	C +b-+ .b :	T I T	- II T	TTT avament			
f			rganization this box	received a written de	etermination	from the 1K	S that it is a	iype i, iyp	e II, or Type	III Support	ing organ	Zation,	
g				2006, has the organi	zation accep	ted any gift	or contribution	on from any	of the			,	
_		followir	g persons?	,	·	, 5		•					
		(i) A p	erson who di	irectly or indirectly o	ontrols, eith	er alone or t	ogether with	persons de	scribed in (ii)	<u></u>	Yes	No	
		and (III) below, the	governing body of th	e supported	organızatıor	٦?			11g	ı(i)	<u> </u>	
		(ii) A fa	amıly memb	er of a person descr	bed in (i) abo	ove?				11g	(ii)	<u> </u>	
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı) a	above?			11g	(iii)		
h		Provide	the following	ng information about	the supporte	ed organizati	ıon(s)				·		
	i) Nam		(ii) EIN	(iii) Type of	(iv) Is t		(v) Did you		(vi) Is		1 ' '	mount of	
	suppor			organization	organizati		the organiz		organizat			etary	
OI	rganiza	ation		(described on lines 1- 9 above	col (i) list		ın col (i) o suppor		col (i) org		sup	port	
				or IRC section	your gove docume	-	Suppor	('	III the o	5 '			
				(see	docume	110							
				instructions))	Yes	No	Yes	No	Yes	No	—		
					1 63	140	1 63	140	162	140	+		
							+				+		
									1		1		

	(Complete only if you of Part III. If the organization	checked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ition failed to q	ualify under
S	ection A. Public Support	rtion rans to qu	diriy dilaci tile	teoto notea per	ovy predoc con	ipiete i di c IIII)	
	endar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column	1					
	(f)						
6	Public support. Subtract line 5 from line 4						
S	ection B. Total Support						
	endar year (or fiscal year beginning	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	in) ► A mounts from line 4						
8	Gross income from interest,						
9	dividends, payments received on securities loans, rents, royalties and income from similar sources 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 IV)						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activiti	es, etc (see inst	ructions)	<u> </u>	1	12	
13	First five years. If the Form 990 is this box and stop here						
14	ection C. Computation of Pub Public support percentage for 2013			11 column (f)		141	
15	Public support percentage for 2013	,		II, Column (1))		14	
				on line 12 and 1	ine 14 is 32 4/20/-	or more, check t	hie hov
b	a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain						
b 18	in Part IV how the organization mee organization 10%-facts-and-circumstances test- 15 is 10% or more, and if the organization in Part IV how the organization private foundation. If the organization	ets the "facts-and - 2012. If the org nization meets th tion meets the "f	d-circumstances anization did not e "facts-and-circ acts-and-circum	' test The organi check a box on li umstances" test stances" test Th	zation qualifies a: ne 13, 16a, 16b, , check this box a le organization qu	s a publicly suppo or 17a, and line nd stop here. alifies as a public	orted ►
	instructions			. ,	,		▶ □

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ┡	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual	1,035,335	1,156,436	1,098,074	1,494,553	762,318	5,546,716
	grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to	11,172,703	12,303,173	12,309,731	13,514,453	13,663,878	62,963,938
	the organization's tax-exempt						
	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
4	business under section 513 Tax revenues levied for the						
4	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	12,208,038	13,459,609	13,407,805	15,009,006	14,426,196	68,510,654
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified	60,350	55,157	19,269	106,539	68,297	309,612
b	persons Amounts included on lines 2 and						
D	3 received from other than						
	disqualified persons that exceed						C
	the greater of $$5,000$ or 1% of						
	the amount on line 13 for the year	60.350	FE 457	10.360	106 530	60.207	200 612
	Add lines 7a and 7b Public support (Subtract line 7c	60,350	55,157	19,269	106,539	68,297	309,612
8	from line 6)						68,201,042
Se	ction B. Total Support	•					
Cale	ndar year (or fiscal year	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	beginning in) ► A mounts from line 6	12,208,038	13,459,609	13,407,805	15,009,006	14,426,196	68,510,654
و LOa	Gross income from interest,	12,200,030	13,433,003	13,407,003	13,003,000	14,420,130	00,510,054
LOa	dividends, payments received						
	on securities loans, rents,	18,104	20,868	16,138	21,649	27,043	103,802
	royalties and income from						
	similar sources Unrelated business taxable						
Ь	income (less section 511						
	taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	18,104	20,868	16,138	21,649	27,043	103,802
11	Net income from unrelated business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of					4,434,699	4,434,699
	capital assets (Explain in Part IV)						
13	Total support. (Add lines 9,	12,226,142	13,480,477	13,423,943	15,030,655	18,887,938	73,049,155
	10c, 11, and 12)						
14	First five years. If the Form 990 is check this box and stop here	for the organization	on's first, second	, third, fourth, or f	ifth tax year as a	501(c)(3) orgar	iization, ►
Se	ction C. Computation of Pub	lic Support Pe	ercentage				<u> </u>
<u>15</u>	Public support percentage for 2013			13, column (f))		15	93 360 %
16	Public support percentage from 20					16	98 780 %
	ction D. Computation of Inv			ne .		10	
<u> </u>	Investment income percentage for				n (f))	17	0 140 %
18	Investment income percentage from				(*))		
	33 1/3% support tests—2013. If the				lino 1 F io mare 4	18	0 210 %
	- 33 1/370 SUDDOFT TESTS—2013. If the	e organization did	not check the bo	x on line 14, and	iiiie 15 is more ti	1/3%, and دد ۱۱۵۱۱ د د	iiile 1/ IS NOT

33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).							
	Facts And Circumstances Test							
Return Reference Explanation								
		Schodulo A / Form 000 o	000 E7) 201					

Schedule A (Form 990 or 990-EZ) 2013

DLN: 93493321114094

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

anan i	/eActing Octation				Inspec	GIOII
	ne of the organization EN INSTITUTE			oloyer identifica 6114235	ation numbe	er
Par	Organizations Maintaining Donor Adviorganization answered "Yes" to Form 990,				. Comple	te if the
		(a) Donor advised funds		(b) Funds and	other accou	ınts
	Total number at end of year					
	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the organization		nor adv	ısed	☐ Yes	┌ No
	Did the organization inform all grantees, donors, and dor used only for charitable purposes and not for the benefit conferring impermissible private benefit?				┌ Yes	┌ No
ar	t II Conservation Easements. Complete if t	he organization answered "Yes"	to Forr	n 990, Part I	/, line 7.	
	Purpose(s) of conservation easements held by the organ Preservation of land for public use (e g , recreation o Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	Preservation of a	certifie	ed historic struc	ture	
	easement on the last day of the tax year	quaimed conservation contribution in	the lorr	n or a conserva	LION	
				Held at the	End of the	Year
	Total number of conservation easements		2a			
	Total acreage restricted by conservation easements		2b			
	Number of conservation easements on a certified histori	ıc structure ıncluded ın (a)	2c			
	Number of conservation easements included in (c) acqu historic structure listed in the National Register	ired after 8/17/06, and not on a	2d			
	Number of conservation easements modified, transferred the tax year ▶	d, released, extinguished, or terminat	ed by tl	he organızatıon	during	
	Number of states where property subject to conservatio	n easement is located 🗠				
	Does the organization have a written policy regarding th enforcement of the conservation easements it holds?	e periodic monitoring, inspection, hai	ndling o	f violations, and	☐ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, inspect	ting, and enforcing conservation ease	ements (during the year		
	A mount of expenses incurred in monitoring, inspecting, ►\$	and enforcing conservation easemen	ts durın	g the year		
	Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(II)$?	above satisfy the requirements of se	ection 1	70(h)(4)(B)(ı)	┌ Yes	┌ No
	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organization's financia				
rt	Organizations Maintaining Collections Complete if the organization answered "Ye		or Ot	her Similar	Assets.	
	If the organization elected, as permitted under SFAS 11 works of art, historical treasures, or other similar assets service, provide, in Part XIII, the text of the footnote to	6 (ASC 958), not to report in its reve s held for public exhibition, education	, or rese	earch in further		
	If the organization elected, as permitted under SFAS 11 works of art, historical treasures, or other similar assets service, provide the following amounts relating to these	s held for public exhibition, education				lıc
	(i) Revenues included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X					
	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1					
	Revenues included in Form 990, Part VIII, line 1			► \$		
,	Assats included in Form 990 Part V			b ¢		

Part	Organizations Maintaining Co	llections of Art,	Histor	ical Tr	easu	res, or Ot	her	Similar Ass	ets (coi	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other records	s, check			-		ignificant use o	of its	
а	Public exhibition		d \lceil	Loan	orexc	hange progra	ıms			
b	Scholarly research		е Г	Other						
c	Preservation for future generations									
4	Provide a description of the organization's co Part XIII	llections and explair	how the	ey furthe	r the c	organization'	s exe	mpt purpose ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Complet	e if the	organı	zatıor			s" to Form 99	0,	<u> </u>
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					or other asse	ts no		Yes	┌ No
ь	If "Yes," explain the arrangement in Part XII	I and complete the fo	ollowing	table						
								Amo	ount	
C	Beginning balance						1c			
d	Additions during the year					_ :	Ld			
е	Distributions during the year					_ :	Le			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?			_			Yes	┌ No
ь	If "Yes," explain the arrangement in Part XII	I Check here if the e	xnlanat	tion has l	been n	rovided in P	art XI	III		\vdash
Pai	rt V Endowment Funds. Complete								• • •	
		(a)Current year	(b)Prioi						e) Four ye	ars back
1a	Beginning of year balance	40,840		40,840		40,840		20,100		11,600
b	Contributions							20,740		8,500
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance	40,840		40,840		40,840		40,840		20,100
2	Provide the estimated percentage of the curi	•	(line 1	g, columi	n (a)) l	held as				
а	Board designated or quasi-endowment ►	92 410 %								
b	Permanent endowment ► 7 590 %									
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show	uld equal 100%								
3a	Are there endowment funds not in the posses	ssion of the organizat	on that	are held	l and a	idministered	for th	ne		
	organization by							2-(:)	Yes	No_
	(i) unrelated organizations						•	3a(i)		No No
b	(ii) related organizations				• •			3a(n	' 	
4	Describe in Part XIII the intended uses of th						-			
Par	t VI Land, Buildings, and Equipme 11a. See Form 990, Part X, line 3	ent. Complete if th			ansv	vered 'Yes'	to F	orm 990, Par	t IV, lın	ie
	Description of property			a) Cost or Isis (invest		(b) Cost or other		(c) Accumulated depreciation	(d) Boo	k value
1a	Land					3,952,6	585		3	3,952,685
	Buildings					5,350,0	-	3,137,596		2,212,463
	Leasehold improvements		. \vdash			9,879,8	_	5,119,411		,760,438
	Equipment		. \vdash			4,620,5	-	3,446,982		.,173,584
e (Other					3,416,7	_	859,138		2,557,579
	I. Add lines 1a through 1e <i>(Column (d) must e</i>		column	(B), line .	10(c).)					,656,749
		·						Schedule D	Form 99	90) 2013

See Form 990, Part X, line 12.	plete if the organization a	answered 'Yes' to Form 990, Part IV, line 11b.
(a) Description of security or category	(b) Book value	(c) Method of valuation
(Including name of security) (1)Financial derivatives		Cost or end-of-year market value
(2)Closely-held equity interests		
(3)Other (A)SEQUOIA FUND	1,448	F
(B) RSF SOCIAL INVESTMENT FUND	302,519	F
(C) CAMBRIDGE INVESTMENTS	1,991,343	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	2,295,310	
Part VIII Investments—Program Related. Con		answered 'Yes' to Form 990, Part IV, line 110
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of valuation
	(5) 20011 10120	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		
	answered 'Yes' to Form 990,	, Part IV , line 11d See Form 990 , Part X , line 15
(a) Descrip	tion	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25.	iization answered 'Yes' to	Form 990, Part IV, line 11e or 11f. See
1 (a) Description of liability	(b) Book value	
Federal income taxes		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 2. Liability for uncertain tax positions In Part XIII, provide t	the text of the feetness to the	a organization's financial statements that
reports the organization's liability for uncertain tax positions provided in Part XIII.		

PART XI, LINE 2D - OTHER

PART XII, LINE 2D - OTHER

ADJUSTMENTS

ADJUSTMENTS

Part XI		evenue per Audited Financial Statements With Revenue vered 'Yes' to Form 990, Part IV, line 12a.	per R	k eturn Complete if								
1 To		r support per audited financial statements	1	18,884,617								
		t not on Form 990, Part VIII, line 12										
		ments	7									
b D	onated services and use of fa	acilities 2b	7									
c Re	ecoveries of prior year grants	s	7									
			ᅴ									
	dd lines 2a through 2d			371,363								
	ubtract line 2e from line 1 .		3	18,513,254								
	mounts included on Form 99	0, Part VIII, line 12, but not on line 1										
		uded on Form 990, Part VIII, line 7b . 4a										
		4b	\dashv									
	,		⊣ 4c	0								
		4c. (This must equal Form 990, Part I, line 12)	5	18,513,254								
Part XI		xpenses per Audited Financial Statements With Expens										
		swered 'Yes' to Form 990, Part IV, line 12a.		<u>, </u>								
1 To	otal expenses and losses per	audited financial statements	1	13,889,712								
2 A i	mounts included on line 1 bu	t not on Form 990, Part IX, line 25										
a Do	onated services and use of fa	acilities										
b Pr	rıor year adjustments	2b										
c 0	therlosses											
d 0	ther (Describe in Part XIII)		0									
e A	dd lines 2a through 2d		2e	374,160								
3 St	ubtract line 2e from line 1 .		3	13,515,552								
4 Aı	mounts included on Form 99	0, Part IX, line 25, but not on line 1:										
a In	nvestment expenses not inclu	uded on Form 990, Part VIII, line 7b 4a										
b 0	ther (Describe in Part XIII)	4b										
c A	dd lines 4a and 4b		4c	0								
5 To	otal expenses Add lines 3 ar	nd 4c. (This must equal Form 990, Part I, line 18)	5	13,515,552								
Part XI	Supplemental Inf	ormation										
	ine 4, Part X, line 2, Part XI,	Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part $\frac{1}{2}$		de any additional								
	Return Reference	Explanation										
PART V, I	LINE 4	IT IS THE POLICY OF THE ORGANIZATION TO DESIGNATE ANY E										
		RESTRICTED BY THE DONORS, TO BOARD DESIGNATED ENDOWN RESTRICTED NET ASSETS ARE COMPOSED OF DONOR RESTRICT										
		THE ORGANIZATION'S ENDOWMENT FUND UNDER THE TERMS O										
		THE ORIGINAL DONATION MUST BE KEPT IN PERPETUITY AND, I										
		DONORS' WISHES, THE EARNINGS ARE AVAILABLE FOR EITHER RESTRICTED OR UNRESTRICTED USES										
PART X, L	LINE 2	ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNIT										
		PROVIDE ACCOUNTING AND DISCLOSURE GUIDANCE ABOUT PO										
		CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT ALL OF	HE PO	SITIONS TAKEN BY								
		THE ORGANIZATION IN ITS FEDERAL AND STATE TAX RETURNS										
		NOT TO BE SUSTAINED UPON EXAMINATION THE ORGANIZATION RETURNS IN THE U.S. FEDERAL JURISDICTION AND STATE OF CA										
		ORGANIZATION'S FEDERAL RETURNS FOR THE TAX YEARS 2010	AND BE	EYOND REMAIN								
		SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVIC CALIFORNIA RETURNS FOR THE TAX YEARS 2009 AND BEYOND F										
		EXAMINATION BY THE FRANCHISE TAX BOARD										

COST OF GOOD SOLD 325,701 FUNDRAISING EVENT EXPENSES 48,459

COST OF GOOD SOLD 325,701 FUNDRAISING EVENT EXPENSE 48,459

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

DLN: 93493321114094

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

Supplemental Information Regarding

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization ESALEN INSTITUTE		Employer identification number					
ESALEN INSTITUTE						94-6114235	
	civities. Complete s are not required			on answered "Yes" part.	to Form	990, Part IV	, line 17.
1 Indicate whether the organ	ızatıon raısed funds !	through ar	ny of the f	following activities Che	eck all th	nat apply	
a Mail solicitations		_		Solicitation of non			
b Internet and email soli	citations		f	☐ Solicitation of gov	ernment	t grants	
c Phone solicitations			g	Special fundraisin	g events	5	
d In-person solicitations	;		_	·	-		
2a Did the organization have a or key employees listed in							Г _{Yes} Г _{No}
b If "Yes," list the ten highes to be compensated at least			fundraise	rs) pursuant to agreem	ents unc	ler which the fui	ndraiser is
(i) Name and address of ındıvıdual or entity (fundraiser)	ındıvıdual		Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(or r	mount paid to retained by) aiser listed in col (i)	(vi) A mount paid to (or retained by) organization
4		Yes	No				
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
			<u>.</u>				
3 List all states in which the registration or licensing	organization is regist	tered or li	censed to	solicit contributions o	r has be	en notified it is	exempt from

Pai	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts of	aising event contribut									
			(a) Event #1 NOVEMBER WEKEND (event type)	(b) Event #2 (event type)	(c) O ther events (total number)	(d) Total events (add col (a) through col (c))						
≗	1	Gross receipts	131,24	7		131,247						
Revenue	2	Less Contributions	82,78			82,788						
쮼] 3	Gross income (line 1	82,780	0		82,788						
		minus line 2)	48,45	9		48,459						
	4	Cash prizes										
ဟ	5	Noncash prizes										
Expenses	6	Rent/facility costs										
ă	7	Food and beverages .										
Direct	8	Entertainment										
à	9	Other direct expenses .	48,45	9		48,459						
	10 Direct expense summary Add lines 4 through 9 in column (d)											
	11	0										
Par	t III			"Yes" to Form 990, Pa	rt IV, line 19, or repo							
Reveitue		\$15,000 on Form 990-EZ, li	ne 6a. (a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))						
Æ	1	Gross revenue										
မှ	2	Cash prizes										
sesuedy	3	Non-cash prizes										
ш	4	Rent/facility costs										
Direct	5	Other direct expenses										
	6	Volunteer labor	│ Yes	│ Yes %								
	7	Direct expense summary Add line	s 2 through 5 in column ((d)								
	8	Net gaming income summary Sub	tract line 7 from line 1, co	olumn (d)								
9 a b	Ist	er the state(s) in which the organiz the organization licensed to operate No," explain	e gaming activities in eac	h of these states?								
10a b		re any of the organization's gaming Yes," explain	licenses revoked, suspe	nded or terminated during	the tax year?							

_							11							
Does	s the organization operate gaming activit					Yes No	ɔ							
12	Is the organization a grantor, beneficia	•			•									
	formed to administer charitable gaming	17				· · Fyes	Γ _{No}							
13	Indicate the percentage of gaming acti	vity operated in												
а	The organization's facility				-		%							
b	An outside facility				13b		%							
14	Enter the name and address of the pers	on who prepares th	ie organization's gan	ning/special events	s books and rec	ords								
	Name 🟲													
	Address►													
15a b	Does the organization have a contract revenue?	venue received by	the organization 🟲 \$			· · 「Yes	Гио							
c	If "Yes." enter name and address of the	e third party												
	If "Yes," enter name and address of the third party													
	Name 🕨													
	Address►													
16	Gaming manager information													
	Name 🕨													
	Gaming manager compensation 🟲 \$													
	Description of services provided													
17 a	Director/officer Mandatory distributions Is the organization required under stat retain the state gaming license?		table distributions fr		ceeds to	_	-							
b	Enter the amount of distributions requi	red under state law	distributed to other			Г Yes	J No							
Pai	rt IV Supplemental Information Part III, lines 9, 9b, 10b, 15 additional information (see)	on. Provide the e b, 15c, 16, and 1	xplanations requi				, and							
	Return Reference			Explanation										
		<u> </u>												

DLN: 93493321114094

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization ESALEN INSTITUTE

Employer identification number

94-6114235

Par	rt I Questions Regarding Compens	sation				
			Yes	No		
		rion provided any of the following to or for a person listed in Form Part III to provide any relevant information regarding these items				
	First-class or charter travel	Housing allowance or residence for personal use				
	Travel for companions	Payments for business use of personal residence				
	Tax idemnification and gross-up payment	ts Health or social club dues or initiation fees				
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)				
b		d the organization follow a written policy regarding payment or nses described above? If "No," complete Part III to explain	.b			
2		or to reimbursing or allowing expenses incurred by all O/Executive Director, regarding the items checked in line 1a?	2 Yes			
	organization's CEO/Executive Director Chec	ng organization used to establish the compensation of the ck all that apply Do not check any boxes for methods ompensation of the CEO/Executive Director, but explain in Part III				
	Compensation committee	Written employment contract				
	☐ Independent compensation consultant	✓ Compensation survey or study				
	Form 990 of other organizations	Approval by the board or compensation committee				
	During the year, did any person listed in Form or a related organization	n 990, Part VII, Section A, line 1a with respect to the filing organization				
а	Receive a severance payment or change-of-c	control payment?	la	No		
b	Participate in, or receive payment from, a sup	oplemental nonqualified retirement plan?	lb	No		
C	Participate in, or receive payment from, an eq	quity-based compensation arrangement?	kc	No		
	If "Yes" to any of lines 4a-c, list the persons	and provide the applicable amounts for each item in Part III				
	Only 501(c)(3) and 501(c)(4) organizations of	only must complete lines 5-9.				
		ction A, line 1a, did the organization pay or accrue any				
а	The organization?	<u>.</u>	ia	No		
	Any related organization?	<u></u>	b	No		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Sec compensation contingent on the net earnings	ction A, line 1a, did the organization pay or accrue any of				
а	The organization?	•	ia	No		
b	Any related organization?		b	No		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Sec payments not described in lines 5 and 6? If "	tion A, line 1a, did the organization provide any non-fixed Yes," describe in Part III	7	No		
8	Were any amounts reported in Form 990. Part	t VII, paid or accured pursuant to a contract that was				
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe					
	ın Part III		В	No		
	If "Yes" to line 8, did the organization also fol section 53 4958-6(c)?	llow the rebuttable presumption procedure described in Regulations	9			

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990	
(1)PATRICIA MCENTEE CEO	(i) (ii)	152,077 0	·	0 0	5,296 0	8,643 0	166,016 0	0	

Schedule J (Form 990) 2013

Part III Supplemental Information

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

Return Reference Explanation

Schedule J (Form 990) 2013

DLN: 93493321114094

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► 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.

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the org ESALEN INSTITUTE									er ident 14235	ificatio	n numbe	er
Part I Exce	ess Benef	it Transact	ions (sect	on 501(c)(3) and sectio	n 501(c)(4)).		
Comp	olete if the oi	ganızatıon an	swered "Yes	" on Form 99	0, Part IV, line	25a or 25b,	or Form	990-	EZ, Part	V, line		
1 (a) Nam	e of disquali	fied person		•	n disqualified	(c) Des	cription	of tra	nsactior	י 📙	(d) Corr	
			perso	on and organi	2411011						Yes	No
2 Enterthe a 4958.	amount of tax	x incurred by	organization	managers or	disqualified pe	rsons during t	he year	r unde	rsection ► ¢	1		
	· · · · · · · · · · · · · · · · · · ·	x.ıf anv. on lır	ne 2. above. i	reımbursed b	y the organizat	ion		•	▶ \$			
									. т			
		d/or From				/ lana 20a aa	F	00 D	-	2.5	6	
					990-EZ, Part \ line 5, 6, or 22		Form 9	90, P	art IV , II	ne 26, i	orifthe	
(a) Name of	(b)	(c)	(d) Loan	(f) Balance	(g) In		(h)		(i)Wr	ıtten		
ınterested	Relationship Purpos with loan organization				principal	due	defaul	t?	A pprov	'ed	agreement?	
person			organızatı	onz	amount				by board			
									or			
			<u> </u>	Τ-	4		<u></u>	T	committee?		+	T
			То	From			Yes	No	Yes	No	Yes	No
									+	<u> </u>	_	
											_	
											_	
											_	
											_	
Total		▶ \$										
					ed Persons. Form 990, P	art IV line 1	77					
(a) Name of ir	•		ship betweer		nt of assistance			ıctano	. (0) Purnos	se of acc	sistance
perso		interested po			inc or assistant	(d) 1 y p	c 01 a33	istant		, ruipo.	3C 01 033	oistaile e
		organ	ızatıon									

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (a) Name of interested person (b) Relationship (c) A mount of (d) Description of transaction (e) Sharing between interested transaction of person and the organization's organization revenues? Yes No (1) MICHAEL MURPHY CHAIRMAN 79,411 THE ORGANIZATION LEASES Νo **I**EMERITUS LAND FROM THE CHAIRMAN EMERITUS OF THE BOARD OF TRUSTEES UNDER A SEPARATE LEASE AND REIMBURSES HIM FOR OFFICE SPACE RENT AT ANOTHER LOCATION (SEE ITEM #3) THE TOTAL LEASE EXPENSE FOR THE SEPARATE LEASE WAS \$79,411 FOR THE YEAR ENDED DECEMBER 31, 2013 THE EXECUTIVE (2) TRACK TWO AN INSTITUTE FOR 44,000 TRACK TWO (A NON-PROFIT Nο CITIZEN DIPLOMACY DIRECTOR OF TRACK ORGANIZATION) RECEIVED TWO IS THE SPOUSE APPROXIMATELY \$44,000 OF CHAIRMAN OF FOR SERVICES PROVIDED TO ESALEN ESALEN FOR THE YEARS ENDED DECEMBER 31, 2013 (3) VINNIE A MURPHY TRUST CHAIRMAN 338,995 THE ORGANIZATION LEASES Nο

IEMERITUS LAND FROM THE VINNIE A MURPHY TRUST, OF WHICH THE CHAIRMAN EMERITUS OF THE BOARD OF TRUSTEES OF ESALEN IS A BENEFICIARY THE LEASE EXPENSE INCLUDED IN OPERATIONS WAS \$338,995 FOR THE YEARS ENDED DECEMBER 31. 2013

Part V **Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference **Explanation**

DLN: 93493321114094

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Noncash Contributions

Department of the Treasury ► Attach to Form 990. ▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Internal Revenue Service Name of the organization

Employer identification number ESALEN INSTITUTE 94-6114235 Part I Types of Property

		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1 g	Method of noncash conti		ınts	
1	Art—Works of art	X	38	-	AUCTION PRIC	E/FMV		
2	Art—Historical treasures .			,		,		
3	Art—Fractional Interests							
4	Books and publications	Х		1,338	AUCTION PRIC	E/FMV		
5	Clothing and household	X		460	AUCTION PRIC	Е		
_	goods							
_	Cars and other vehicles							
7	Boats and planes							
	Intellectual property		2	45.01/	NEMAN /			
	Securities—Publicly traded .	X	3	45,018	S F M V			
	Securities—Closely held stock . Securities—Partnership, LLC,							
11	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles	Х	3	630	AUCTION PRIC	E/FMV		
19	Food inventory	X	13	2,650	FM∨			
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
	Scientific specimens							
	Archeological artifacts					_		
VAC	Other►(ATION)	X	21	·	AUCTION PRIC			
<u>SES</u>	Other►(SION/CLASS)	X	31	·	AUCTION PRIC			
ВОГ	Other►(OY WORK SES)	X	31	·	AUCTION PRIC			
MIS	Other►(CELLANEOUS)	Х	23		AUCTION PRIC	E/FMV		
29	Number of Forms 8283 received by th for which the organization completed F				29		.	0
30-	During the year, did the organization i	receive hu	contribution any property :	renorted in Dart I lines 1	through 28 that		Yes	No
30a	it must hold for at least three years fr							
	for exempt purposes for the entire hol			, and winch is not require	a to be used	20-		 N =
L						30a		No
31	If "Yes," describe the arrangement in Does the organization have a gift acc		licy that requires the revie	ew of any non-standard co	ontributions?	31	Yes	
	Does the organization hire or use thir							
_	contributions?					32a		No
33	If "Yes," describe in Part II If the organization did not report an a describe in Part II	mount in co	olumn (c) for a type of prop	erty for which column (a)	ıs checked,			
For F	aperwork Reduction Act Notice, see the I	nstructions	for Form 990.	Cat No 51227J	Schedule I	M (Form	990)	(2013)

	nether the organization is reporting in Part I, column (b), the number of contributions, the served, or a combination of both. Also complete this part for any additional information.
Return Reference	Explanation
	THE NUMBER OF CONTRIBUTIONS REPRESENTS THE NUMBER OF GIFTS RECEIVED IN EACH

Schedule M (Form 990) (2013)

DLN: 93493321114094

OMB No 1545-0047

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

Inspection

Name of the organization ESALEN INSTITUTE

Employer identification number

94-6114235

990 Schedule O, Suppleme	
Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS MEMBERS AS SET FORTH IN THE BY LAWS
FORM 990, PART VI, SECTION A, LINE 7A	THE ORGANIZATION HAS MEMBERS AS SET FORTH IN THE BY LAWS THE MEMBERS OF THE ORGANIZATION D
	ETERMINE THE NUMBER OF TRUSTEES THAT SERVE ON THE BOARD OF TRUSTEES, WITHIN THE LIMITS SET
	FORTH IN THE BY LAWS, AND ELECT THE TRUSTEES AT LEAST THREE, BUT NO MORE THAN FIVE OF THE TRUSTEES MUST BE MEMBERS
FORM 990, PART VI, SECTION A, LINE 7B	THE BYLAWS MAY BE AMENDED ONLY UPON CONSENT OF THE MEMBERS FURTHER, THE MEMBERS HAVE CERT
	AIN RIGHTS OF INSPECTION OF CORPORATE RECORDS, AS PROVIDED BY CALIFORNIA LAW
FORM 990, PART VI, SECTION B, LINE 11	THE CEO AND DIRECTOR OF FINANCIAL SERVICES REVIEW THE RETURN IN DETAIL AND APPROVE. A DRAF T FORM 990 IS SENT TO THE BOARD AUDIT COMMITTEE. THE AUDIT COMMITTEE MEMBERS REVIEW AND
	RE SOLVE ANY QUESTIONS WITH THE CEO AND DIRECTOR OF FINANCIAL SERVICES TO THEIR SATISFACTION
	AND RECOMMEND APPROVAL FROM THE BOARD SUBSEQUENTLY, THE BOARD APPROVES THE FORM 990
FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD EXPECTS ESALEN'S TRUSTEES, AS WELL AS SENIOR MANAGEMENT AND EMPLOYEES, TO ACT ET
	HICALLY AT ALL TIMES AND TO ACKNOWLEDGE THEIR ADHERENCE TO THE POLICIES COMPRISING ESALEN'
	S CODE OF OPERATION CONDUCT AND ETHICS THE BOARD WILL NOT PERMIT ANY WAIVER OF ANY ETHICS
	POLICY FOR ANY TRUSTEE OR EXECUTIVE SENIOR MANAGEMENT IF AN ACTUAL OR POTENTIAL CONFLICT
	OF INTEREST ARISES FOR A TRUSTEE, THE TRUSTEE SHALL PROMPTLY INFORM THE CEO AND THE CHAIR
	MAN OF THE GOVERNANCE COMMITTEE. IF A SIGNIFICANT CONFLICT EXISTS AND CANNOT BE RESOLVED, THE TRUSTEE SHOULD RESIGN. ALL TRUSTEES WILL EXCUSE THEMSELVES FROM ANY DISCUSSION OR
	DECI SION AFFECTING THEIR PERSONAL, BUSINESS OR PROFESSIONAL INTERESTS THE BOARD SHALL
	RESOLVE ANY CONFLICT OF INTEREST QUESTION INVOLVING THE CEO, OR A MEMBER OF SENIOR MANAGEMENT
	OF ESALEN THE CEO SHALL RESOLVE ANY CONFLICT OF INTEREST ISSUE INVOLVING ANY OTHER EMPLOYEE OF ESALEN
FORM 990, PART VI, SECTION B,	COMPENSATION COMMITTEE MEETS TO REVIEW SALARY SURVEYS FOR COMPARABLE POSITIONS
LINE 15	WITHIN BOTH THE FOR PROFIT AND NOT FOR PROFIT SECTORS IN CENTRAL COAST CALIFORNIA THESE LEVELS OF CO
	MPENSATION ARE ALSO LOOKED AT IN LIGHT OF HOW OTHER EMPLOYEES WITHIN THE ORGANIZATION ARE
	PAID THIS INFORMATION IS PASSED ON TO THE BOARD FOR FURTHER DISCUSSION, REVIEW AND THE FINAL DECISION IS MADE BY THE BOARD
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST
FORM 990, PART IX, LINE 11G	CONTRACT & PROFESSIONAL FEES PROGRAM SERVICE EXPENSES 1,848,584 MANAGEMENT AND GENERAL E XPENSES 20,528 FUNDRAISING EXPENSES 2,625 TOTAL EXPENSES 1,871,737 401K/403B ADMIN FEES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 11,660 FUNDRAISING
	EXPENSES 0 TOTAL EXPENSES 11,660 EE CONSULTING SERVICES/TRAINING PROGRAM SERVICE EXPENSES 0 MA NAGEMENT AND GENERAL EXPENSES 10,635 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 10,635
	CLEAN ING/STORAGE FEES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 7,500 FUNDR AISING EXPENSES 0 TOTAL EXPENSES 7,500
PART VIII, LINE 11 (A)	GAIN ON INVOLUNTARY CONVERSION OF ASSETS IN OCTOBER 2011 ONE OF THE ORGANIZATION'S
	STAFF HOUSING BUILDINGS WAS DESTROYED BY FIRE. DURING THE YEAR ENDED DECEMBER 31, 2013, THE ORGA
	NIZATION REACHED A SETTLEMENT AGREEMENT WITH ITS INSURANCE COMPANY FOR \$5,000,000 ACCORDI
	NGLY, A NET SETTLEMENT OF \$4,434,699 HAS BEEN RECOGNIZED IN 2013

DLN: 93493321114094 OMB No 1545-0172 **Depreciation and Amortization** (Including Information on Listed Property) Department of the Treasury Internal Revenue Service (99) See separate instructions. ► Attach to your tax return. Sequence No 179 Business or activity to which this form relates **Identifying number** FORM 990 PAGE 10 Name(s) shown on return **ESALEN INSTITUTE** 94-6114235 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Total cost of section 179 property placed in service (see instructions) \cdot · · · · 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,000,000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married 5 (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 7 Listed property Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 · · · · · · · · · Carryover of disallowed deduction from line 13 of your 2012 Form 4562 · · · 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see 11 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12 . 🕨 | 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election **15** 750,589 MACRS Depreciation (Do not include listed property.) (See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2013 · · · · · · · If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (d) Recovery (a) Classification of (g)Depreciation year placed in (business/investment (e) Convention (f) Method period deduction property service use only—see instructions) 19a 3-year property **b** 5-year property **c** 7-year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs h Residential rental 27 5 yrs ММ S/L property 27 5 yrs MMS/L ММ i Nonresidential real property ΜМ Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L **c** 40-year 40 yrs ММ S/L Summary (see instructions.) Part IV 21 Listed property Enter amount from line 28 · · · · · · · · · · · 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter 22 here and on the appropriate lines of your return Partnerships and S corporations—see instructions • • 750,589 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	ciation a	nd Other I	nforma	tion (C	aution	: See t	the ii	nstruct	ions for	limits	for pa	asseng	er au	tomob	iles.)
24a Do you have eviden	nce to support	the business/in	vestment ι	ıse claımed	d? ┌ Yes	Гио		24	lb If "Yes,	" is the e	v idence	wntten?	Гүе	sГN	•
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	Cost o	d) r other sıs	(busines	(e) deprecia s/investn e only)		(f) Recovery period	(g) Method Convent		(h Depred dedu			(i) Elected section 1 cost	
25 Special depreciation allo	•		erty placed	in service o	during the	tax year	and u	sed more		25					
26 Property used more	e than 50%	ın a qualıfıed	business	use											
		% %													
		%											+		
27 Property used 50%	or less in a	qualified bus	siness us	е			•								
		%							S/L -				_		
		% %							S/L - S/L -				-		
28 Add amounts in co	olumn (h), lır	nes 25 throug	jh 27 En	ter here a	and on lir	ne 21, p	oage		28	_					
29 Add amounts in co	olumn (ı), lın	e 26 Enterh	ere and o	n line 7,	page 1			. –				29			
			ction B												
Complete this section													a uabie	los	
If you provided vehicles to					a)	(L		Техсери	(c)	T	d)	T .	e)		f)
30 Total business/investment miles driven during the year (do not include commuting miles)			Vehi	-	Vehic	-	V e	hicle 3		icle 4	Vehi	-			
31 Total commuting r	miles driven	during the ye	ear .												
32 Total other person	nal(noncomm	nuting) miles	drıven												
33 Total miles driven through 32	during the y		s 30												
34 Was the vehicle as	vaılable for p	ersonal use		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
during off-duty ho	urs? .														
35 Was the vehicle us owner or related p		by a more t	han 5%												
36 Is another vehicle			e? .								1	1			
Section	on C—Que	stions for	Employ	yers W	ho Pro	vide \	/ehi	cles fo	or Use	by Th	eir E	mploy	ees		
Answer these question 5% owners or related	ns to determ	ine if you me	et an exc											not mo	re thar
37 Do you maintain a employees? .		y statement											<u> </u>	es	No
38 Do you maintain a employees? See the															
39 Do you treat all us															
40 Do you provide movehicles, and retain	ore than five	vehicles to y	our empl						mployee	s abou	t the us	se of			
41 Do you meet the re				automobi	le demor	nstratio	n use	? (See	ınstructı	ons)					
Note: If your answ	•	_	•					•		•	es.				
		7 7 7		-,											
(a)	(b)						C	Code per		(e) mortization period or percentage			(f) Amortization for this year		
42 A mortization of co	sts that bed		ur 2013	tax year	(see ins	truction	ns)				•				
			1	,		T	,				Τ				
43 Amortization of co	sts that beg	an before yo	ur 2013 t	tax year						43					1,070
44 Total. Add amount	ts ın column	(f) See the i	nstructio	ns for wh	ere to re	port				44					1,070