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Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax****Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)**

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2010**Open to Public Inspection**Department of the Treasury
Internal Revenue Service**A For the 2010 calendar year, or tax year beginning , 2010, and ending ,****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C

ASPEN SKIING COMPANY ENVIRONMENT
FOUNDATION
PO BOX 1248
ASPEN, CO 81612-1248

D Employer identification number

84-1428863

E Telephone number

(970) 300-7153

F Group Exemption Number**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ►**I** Website: ► N/A**J** Tax-exempt status (ck only one) — ☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 175,439.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I ☒

| | | 1 | 171,930. |
|--|--|----------|----------|
| REVENUE | 1 Contributions, gifts, grants, and similar amounts received | 1 | 171,930. |
| | 2 Program service revenue including government fees and contracts | 2 | |
| | 3 Membership dues and assessments | 3 | |
| | 4 Investment income | 4 | 78. |
| | 5a Gross amount from sale of assets other than inventory | 5a | |
| | b Less: cost or other basis and sales expenses | 5b | |
| | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | |
| | 6 Gaming and fundraising events | | |
| | a Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | |
| | b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b | 3,431. |
| c Less: direct expenses from gaming and fundraising events | 6c | 1,299. | |
| d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | 2,132. | |
| 7a Gross sales of inventory, less returns and allowances | 7a | | |
| b Less: cost of goods sold | 7b | | |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | | |
| 8 Other revenue (describe in Schedule O) | 8 | | |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 | 174,140. | |
| EXPENSES | 10 Grants and similar amounts paid (list in Schedule O) SEE SCHEDULE O | 10 | 169,101. |
| | 11 Benefits paid to or for members | 11 | |
| | 12 Salaries, other compensation, and employee benefits | 12 | |
| | 13 Professional fees and other payments to independent contractors | 13 | |
| | 14 Occupancy, rent, utilities, and maintenance | 14 | |
| | 15 Printing, publications, postage, and shipping | 15 | |
| | 16 Other expenses (describe in Schedule O) SEE SCHEDULE O | 16 | 8,476. |
| | 17 Total expenses. Add lines 10 through 16 | 17 | 177,577. |
| | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | -3,437. |
| ASSETS | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 54,423. |
| | 20 Other changes in net assets or fund balances (explain in Schedule O) | 20 | |
| | 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 | 50,986. |

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

Part V Other Information (Note the statement requirements in the instructions for Part V.) SEE SCHEDULE O

Check if the organization used Schedule O to respond to any question in this Part V

☒ X

| | Yes | No |
|--|------------|----|
| 33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O | 33 | X |
| 34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | 34 | X |
| 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T. | | |
| a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? | 35a | X |
| b If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)? | 35b | |
| 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N | 36 | X |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0. | | |
| b Did the organization file Form 1120-POL for this year? | 37b | X |
| 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | X |
| b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A | | |
| 39 Section 501(c)(7) organizations Enter | | |
| a Initiation fees and capital contributions included on line 9 39a N/A | | |
| b Gross receipts, included on line 9, for public use of club facilities 39b N/A | | |
| 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 0. ; section 4912 0. ; section 4955 0. | | |
| b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I 40b | | X |
| c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0. | | |
| d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 0. | | |
| e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 40e | | X |
| 41 List the states with which a copy of this return is filed NONE | | |

42a The organization's books are in care of **MATTHEW HAMILTON** Telephone no. **(970) 300-7153**
 Located at **117 ASPEN BUSINESS CENTER ASPEN CO** ZIP + 4 **81611**

b 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)?
 If 'Yes,' enter the name of the foreign country

| | Yes | No |
|------------|-----|----|
| 42b | | X |
| 42c | | X |

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts

c At any time during the calendar year, did the organization maintain an office outside of the U S ?
 If 'Yes,' enter the name of the foreign country

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here ☐ N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year **43** N/A

| | Yes | No |
|--|------------|----|
| 44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ | 44a | X |
| b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ | 44b | X |
| c Did the organization receive any payments for indoor tanning services during the year? | 44c | X |
| d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O | 44d | |

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

| | Yes | No |
|-----|-----|----|
| 45 | | X |
| 45a | | X |
| 46 | | X |

a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

| | Yes | No |
|-----|-----|----|
| 47 | | X |
| 48 | | X |
| 49a | | X |
| 49b | | |

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☒ Yes ☐ No

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

Sign Here

Signature of officer: *Matthew C Hamilton* Date: 5/2/11

Type or print name and title: MATTHEW C HAMILTON, Executive Director

Paid Preparer Use Only

Print/Type preparer's name: STEVEN L. SAND Preparer's signature: *St. Sl. CPA* Date: 4/29/11

Firm's name: STEVEN L SAND LLC Check ☐ if self-employed PTIN: N/A

Firm's address: 300 L ASPEN BUSINESS CENTER ASPEN, CO 81611 Firm's EIN: N/A

Phone no: (970) 920-7270

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

BAA

Form 990-EZ (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization **ASPEN SKIING COMPANY ENVIRONMENT
FOUNDATION**

Employer identification number
84-1428863

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

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

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a ☐ Type I
 - b ☐ Type II
 - c ☐ Type III – Functionally integrated
 - d ☐ Type III – Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | Yes | No |
|--|-----|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? | | |
| (ii) A family member of a person described in (i) above? | | |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? | | |

h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in column (i) listed in your governing document? | | (v) Did you notify the organization in column (i) of your support? | | (vi) Is the organization in column (i) organized in the U.S.? | | (vii) Amount of support |
|------------------------------------|----------|---|---|----|--|----|---|----|-------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| (A) | | | | | | | | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| (E) | | | | | | | | | |
| Total | | | | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2010

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants'.) | 161,077. | 170,244. | 189,904. | 146,504. | 171,930. | 839,659. |
| 2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | | 0. |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. |
| 4 Total. Add lines 1 through 3 | 161,077. | 170,244. | 189,904. | 146,504. | 171,930. | 839,659. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). | | | | | | 259,270. |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 580,389. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 | 161,077. | 170,244. | 189,904. | 146,504. | 171,930. | 839,659. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 120. | 90. | 32. | 9. | 78. | 329. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | 0. |
| 11 Total support. Add lines 7 through 10 | | | | | | 839,988. |
| 12 Gross receipts from related activities, etc (see instructions) | | | | | 12 | 8,488. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|----|--------|
| 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) | 14 | 69.1 % |
| 15 Public support percentage from 2009 Schedule A, Part II, line 14 | 15 | 70.1 % |
| 16a 33-1/3% support test – 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/> | | |
| b 33-1/3% support test – 2009. 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 ▶ <input type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test – 2010. 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 in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| b 10%-facts-and-circumstances test – 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/> | | |

BAA

Schedule A (Form 990 or 990-EZ) 2010

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.)

Section A. Public Support

| Calendar year (or fiscal yr beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.) | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513. | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge. | | | | | | |
| 6 Total. Add lines 1 through 5. | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons. | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. | | | | | | |
| c Add lines 7a and 7b. | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal yr beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6. | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | |
| c Add lines 10a and 10b. | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support. (Add lns 9, 10c, 11, and 12.) | | | | | | |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐**Section C. Computation of Public Support Percentage**

| | | |
|---|-----------|---|
| 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)). | 15 | % |
| 16 Public support percentage from 2009 Schedule A, Part III, line 15. | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)). | 17 | % |
| 18 Investment income percentage from 2009 Schedule A, Part III, line 17. | 18 | % |

19a 33-1/3% support tests – 2010. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐**b 33-1/3% support tests – 2009.** 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. ☐**20 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.** Complete this part to 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).

[illegible]

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization **ASPEN SKIING COMPANY ENVIRONMENT
FOUNDATION**

Employer identification number
84-1428863

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE ASPEN SKIING COMPANY ENVIRONMENT FOUNDATION IS A NONPROFIT ORGANIZATION
DEDICATED TO THE ENHANCEMENT AND PROTECTION OF THE ENVIRONMENTAL QUALITY OF THE
ROARING FORK VALLEY REGION.

WE SUPPORT PROJECTS THAT PROMOTE ENVIRONMENTAL EDUCATION AND RESEARCH; SEEK TO
REDUCE THE IMPACTS OF CLIMATE CHANGE; FOSTER RESPONSIBLE STEWARDSHIP OF OUR
NATURAL RESOURCES; PROTECT OUR MOUNTAIN ECOSYSTEMS; AND PRESERVE AND CREATE
OPPORTUNITIES FOR OUTDOOR RECREATION.

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

ENERGY CONSERVATION AND RENEWABLES:

TO COMPLETE LIGHTING RETROFITS IN YOUR RESIDENCE HALL, PAINT/PRINT STUDIO AND
PHOTO/DIGITAL STUDIO.

TO DEVELOP SOLAR ELECTRIC POWER AT BASALT MIDDLE SCHOOL.

ENSURE THAT THE COLORADO OIL & GAS CONSERVATION COMMISSION'S NEW OIL AND GAS
DEVELOPMENT RULES ARE FULLY IMPLEMENTED, AND TO OPPOSE EFFORTS TO REPEAL THEM.

TO INSTALL CIRCULATION FANS AT RESTORE.

TO SUPPORT DEVELOPMENT OF SOLAR SUITCASES TO BE USED TO MEET CRITICAL NEEDS IN
THIRD WORLD COUNTRIES.

TO INCREASE BOILER SYSTEM EFFICIENCY THROUGH THE INSTALLATION OF AUTOMATED
TEMPERATURE CONTROLS THROUGHOUT THE BUILDING.

TO INSTALL SOLAR THERMAL TO PROVIDE HOT WATER FOR 70+ RESIDENCES.

FORM 990-EZ, PART III, LINE 29 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

ENVIRONMENTAL EDUCATION:

TO SUPPORT IN-SCHOOL EDUCATIONAL PROGRAMMING.

TO SUPPORT GENERAL OPERATIONS AT ROCK BOTTOM RANCH.

Name of the organization ASPEN SKIING COMPANY ENVIRONMENT
FOUNDATIONEmployer identification number
84-1428863**FORM 990-EZ, PART III, LINE 29 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

TO DEVELOP AN EDIBLE GARDEN.

TO DEVELOP THE ROARING FORK HIGH SCHOOL EDIBLE GARDEN.

TO ALLOW ROARING FORK VALLEY CHILDREN THE OPPORTUNITY TO PARTICIPATE IN NATURE
PHOTOGRAPHY CLASSES.

INSTALL ENVIORNMENTALLY CENTERED PLAY FEATURES AND GARDENS.

TO SUPPORT DEVELOPMENT OF EDUCATION CAMPAIGNS AND A FLOATING SUMMIT FOR ELECTED
OFFICIALS.

TO SUPPORT THE HIRING OF A GARDENER IN RESIDENCE FOR THE SCHOOL'S ORGANIC GARDEN

FORM 990-EZ, PART III, LINE 30 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

LAND CONSERVATION, WILDLIFE, AND HABITAT PROTECTION:

TO PROVIDE OVER-FLIGHTS IN CONJUNCTION WITH WILDERNESS WORKSHOP'S HIDDEN GEMS
PROGRAM.TO DEVELOP TRAIL STEWARDS FOR ROARING FORK VALLEY 14ERS AND BEGIN MAPPING TRAIL
WORK ON CASTLE PEAK.TO SUPPORT DEVELOPMENT OF RE-STORE, A STORE TO RE-SELL SLIGHTLY USED HOME
SUPPLIES, FURNITURE AND APPLIANCES.

TO DEVELOP A REGIONAL MOUNTAIN BIKE ASSOCIATION.

TO SUPPORT SUMMER 2009 TRAIL PROJECTS.

TO SUPPORT THE QUARTER CENTURY FUND, A FUND TO MAINTAIN CASH FLOW AND SUPPORT
IMMEDIATE PROGRAMMATIC NEEDS THAT DEVELOP DUE TO CHANGING POLICY CLIMATES.TO SUPPORT ANALYSIS OF THE IMPACTS UPON WATER RESOURCES THAT RESULT FROM
COMMERCIAL SCALE OIL SHALE DEVELOPMENT ON THE WESTERN SLOPE OF COLORADO.CONTINUED SUPPORT OF THE HIDDEN GEMS WILDERNESS CAMPAIGN, A CAMPAIGN TO EXPAND
WILDERNESS DESIGNATIONS TO AN ADDITIONAL 600,000+ ACRES BORDERING EXISTING
WILDERNESS IN THE WHITE RIVER NATIONAL FOREST.

TO EDUCATE AND ADVOCATE ON BEHALF THE COLORADO CLIMATE ACTION PLAN.

Name of the organization ASPEN SKIING COMPANY ENVIRONMENT
FOUNDATIONEmployer identification number
84-1428863**FORM 990-EZ, PART III, LINE 30 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

TO INITIATE AN ACCESS STURDY AT THE RED HILL COMPLEX.

FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR

INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR

INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

2010

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 2

**ASPEN SKIING COMPANY ENVIRONMENT
FOUNDATION**

84-1428863

**FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID IN EXCESS OF \$5,000**

DONEE'S NAME: SEE ATTACHED SCHEDULE
CASH AMOUNT GIVEN:

\$ 169,101.

**FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES**

PROMOTIONAL ITEMS

TOTAL \$ 8,476.
\$ 8,476.

Aspen Skiing Company Environment Foundation
2010 Form 990-EZ
Part 1 Line 10
Schedule of Grants Paid

84-1428863

| Organization | Amount | Address | City | State | Zip |
|--|---------------------|--------------------------------------|------------------|-------|-------|
| Anderson Ranch Arts Center | \$4,718 90 | PO Box 5598 | Snowmass Village | CO | 81615 |
| Aspen Camp of the Deaf and Hard of Hearing | \$2,000 00 | P O Box 1494 | Aspen | CO | 81612 |
| Aspen Center for Environmental Studies | \$4,350 00 | 100 Puppy Smith Street | Aspen | CO | 81611 |
| Aspen Center for Environmental Studies - Rock Bottom Ranch | \$5,000 00 | 100 Puppy Smith Street | Aspen | CO | 81611 |
| Basalt Elementary School | \$5,000 00 | PO Box 105 | Basalt | CO | 81621 |
| Basalt Green Team | \$4,000 00 | 100 Midland Ave | Basalt | CO | 81621 |
| Colorado Conservation Voters Education Fund | \$15,000 00 | 1536 Wynkoop Street, Suite 4C | Denver | CO | 80202 |
| Colorado Environmental Coalition | \$2,000 00 | 1536 Wynkoop St , Ste 5C | Denver | CO | 80202 |
| Colorado Fourteeners Initiative | \$5,000 00 | 607 10 th St , Suite 107N | Golden | CO | 80401 |
| Earthjustice - WRA | \$7,500 00 | 1400 Glenarm Place, #300 | Denver | CO | 80202 |
| Fat City Farmers | \$3,650 00 | PO Box 995 | Basalt | CO | 81621 |
| Garfield County Open Space Working Group | \$6,000 00 | 817 Colorado Ave | Glenwood Springs | CO | 81601 |
| GO3 Foundation | \$2,247 50 | 2100 Central Ave , Suite 105 | Boulder | CO | 80301 |
| Gregg Adams Photography | \$2,000 00 | 0119 Arapahoe | Carbondale | CO | 81623 |
| Habitat for Humanity | \$2,325 00 | 0062 CR 113 Warehouse G | Carbondale | CO | 81623 |
| Mount Sopris Montessori School | \$1,260 00 | 879 Euclid Avenue | Carbondale | CO | 81623 |
| Mount Sopris Nordic Council | \$3,200 00 | PO Box 246 | Carbondale | CO | 81623 |
| Roaring Fork Conservancy | \$5,000 00 | PO Box 3349 | Basalt | CO | 81621 |
| Roaring Fork Outdoor Volunteers | \$10,000 00 | PO Box 1341 | Basalt | CO | 81621 |
| Ruedi Water and Power Authority | \$1,000 00 | 0238 Fawn Drive | Carbondale | CO | 81623 |
| Solar Energy International | \$5,000 00 | PO Box 715 | Carbondale | CO | 81623 |
| Sonoran Institute | \$5,000 00 | 817 Colorado Avenue | Glenwood Springs | CO | 81601 |
| Third Street Center | \$4,000 00 | 520 South Third Street | Carbondale | CO | 81623 |
| Thompson Divide Coalition | \$10,000 00 | PO Box 2045/ 55 N 4 th St | Carbondale | CO | 81623 |
| Western Colorado Congress | \$10,000 00 | PO Box 1931 | Grand Junction | CO | 81502 |
| Western Resource Advocates | \$10,000 00 | 2260 Baseline Road, Suite 200 | Boulder | CO | 80302 |
| White River National Forest | \$8,849 44 | 620 Main Street | Carbondale | CO | 81623 |
| Wilderness Workshop - Colorado Mountain Club | \$10,000 00 | PO Box 1442 | Carbondale | CO | 81623 |
| Yampah Mountain High School | \$5,000 00 | 695 Red Mountain Drive | Glenwood Springs | CO | 81601 |
| Carbondale Senior Housing Corporation | \$10,000 00 | 1250 Hendrick Drive | Carbondale | CO | 81623 |
| | \$169,100.84 | | | | |