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11

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)

OMB No 1545-0047

Open to Public Inspection

	artment of nal Revent	the Treasury ue Service	The organization may have to use a copy of this return to sa	•	reporting requirements.	Open to Public Inspection
_					OCT 31, 2011	1 mopeous
	Check if		f organization		D Employer identifica	tion number
_	applicable		N CENTER FOR ENVIRONMENTAL		2 Employor reconstruct	
Г	Address	~ I	IES ENDOWMENT FUND INC			
\vdash	Name change		usiness As		01-07	24451
\vdash	Initial		and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
F	Termin-		OX 10931	1100111/00110	1	<u> 25-5756</u>
F	⊥ated Amende ⊥return		own, state or country, and ZIP + 4		G Gross receipts \$	219,523.
F	Applica				H(a) Is this a group retu	
_	pending		nd address of principal officer:KEN RANSFORD		for affiliates?	Yes X No
			AS C ABOVE		H(b) Are all affiliates include	
1	Tax-exe	mpt status.		or 527	1 ' '	t. (see instructions)
		e: ► N/A	33 (4)(4) (4) (4) (4) (4) (4) (4) (4) (4)	<u> </u>	H(c) Group exemption i	
			X Corporation	1 Year	of formation: 2002 M S	
		Summary		1 =		
	T 4 6		be the organization's mission or most significant activities RAIS	E FUNI	S FOR SUPPOR	T OF ASPEN
2	(FOR ENVIRONMENTAL STUDIES, A 501(
Activities & Governance	2 0		if the organization discontinued its operations or dispos			
Š	3 1		ting members of the governing body (Part VI, line 1a)		3	5
Ğ	4 1		dependent voting members of the governing body (Part VI, line 1b)		4	5
80	5 7		of individuals employed in calendar year 2010 (Part V, line 2a)		5	0
iŧie	6 7		of volunteers (estimate if necessary)		6	0
햟	7a1		d business revenue from Part VIII, column (C), line 12		7a	0.
ď	b		business taxable income from Form 990-T, line 34		7b	0.
			The state of the s		Prior Year	Current Year
4.	8	Contributions	and grants (Part VIII, line 1h)	-	70,810.	0.
ž	9 F		ice revenue (Part VIII, line 2g)		0.	0.
Revenue	10	-	come (Part VIII, column (A), lines 3, 4, and 7d)	-	259,358.	43,831.
æ	11 (e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
			add lines 8 through 11 (must equal Part VIII, column (A), line 12)		330,168.	43,831.
			milar amounts paid (Part IX, column (A), lines 1-3)		244,000.	0.
			to or for members (Part IX, column (A), line 4)	<u> </u>	0.	0.
w		•	r compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
šė	162 6		undraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	10a b		ing expenses (Part IX, column (D), line 25)	0.	- 0.	
Ξ	17 (1 ∵ ├─	43,537.	8,053.
	10 7	Total evnence	es (Part IX, column (A), lines 11a-11d, 11f-24f-CEIVED es Add lines 13-17 (must equal Part IX, column (A), line 25)	1 -	287,537.	8,053.
			expenses Subtract line 18 from line 2	∤ †	42,631.	35,778.
7	3	TO VOTIDO 1633	APR 2 3 2012	31 . .	ginning of Current Year	End of Year
ets	20 7	Total accete (6	Part X, line 16)		6,070,008.	6,472,216.
ASS	21 7			¹} ├─	22,013.	1,680.
Net Assets or	22 1	Not assets or	(Part X, line 26) fund balances Subtract line 21 from line 20 GDEN, UT	.† ├─	6,047,995.	6,470,536.
P	art II	Signature	e Block		0,041,333.1	0,410,550.
		·	I declare that I have examined this return, including accompanying schedule	e and statem	ante and to the best of my l	nourledge and helief it is
			e. Declaration of preparer (other than officer) is based on all information of w			inowieuge and belief, it is
476	7, 0011001	L, and complete	Va . Ra . Va . O	mon proparo		2012_
Sig		Signature	e of officer Carlo		Date	0012
He		•	RANSFORD, PRESIDENT			
• • •	,		print name and title	-		
_		Print/Type pre	parer's name Piegarer's signatura	24	Date-, i Check	PTIN
Pai			ANN JURGENS, CPA FUNCTIONS	#WK#	State of the self-employed	٠
		Firm's name		,0000 <u>0</u>	` 	
		Firm's address		 	Firm's EIN	
Jac	. Unity	i iiiii 5 audiess	ASPEN, CO 81611		Dhara == / 0	701 025 2771
NA:		C diagram the			Phone no. (9	70) 925-3771
IVIZ	y uie in		is return with the preparer shown above? (see instructions)		<u> </u>	X Yes No

8,053.

Form **990** (2010)

ASPEN CENTER FOR ENVIRONMENTAL

Total program service expenses

Form 990 (2010) ·

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STUDIES ENDOWMENT FUND INC

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Part IV	Checklist of	Required	Schedules
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			V	
	to the experience described in eaction E01(a)(2) or 4047(a)(1) (other than a private foundation)?		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Х	l
2	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	2	21	X
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ü	public office? If "Yes," complete Schedule C, Part I	3		х
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		x
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	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		Х
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide		ĺ	
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9_	<u></u>	X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	Х	<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	 		
	as applicable.	ĺ		
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		X
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	X	<u> </u>
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		<u> X</u>
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	-	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	 -	X
f	g , ,			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	١	İ	7
	Schedule D, Parts XI, XII, and XIII	12a	├	X
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	40.		
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	├	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 -	X
14a		14a	\vdash	┼-^
b	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	146		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b	 	$+^{\Delta}$
13	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	45		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15	 	 ^
10	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16	 	├ ^
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1	 	 ^
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	"	 	 ^
.5	complete Schedule G, Part III	19		x
20a		20a	\vdash	X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	$\overline{}$		†
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
			990	(2010

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Form 990 (2010) STUDIES ENDOWMENT FUND INC

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	_21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	-	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J .	23		<u>X</u>
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 25	24a		<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	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			v
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
D	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	OEL		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
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		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		X
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? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity?			
0.5	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		<u> X</u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		<u>X</u>
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
26	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 504(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 504(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes " complete Schedule R. Part V. Inc. 2.			v
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		_X
J1	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			v
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	37		Х
	Note. All Form 990 filers are required to complete Schedule O	38	x	
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C-rm	990 (2010) · STUDIES ENDOWMENT FUND INC 01-0724	<i>1</i>	Ь	age 5
	990 (2010) STUDIES ENDOWMENT FUND INC 01-0724 t V Statements Regarding Other IRS Filings and Tax Compliance	<u> 451</u>		aye J
- 41	Check if Schedule O contains a response to any question in this Part V			
	Check is contained to contain a response to any question in this fact v		· · ·	ليا
	5 1 1 200 5 200 5 2 (5 1 1 1 1 1 1 1		Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1a 0			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	_	37	
	(gambling) winnings to prize winners?	1c	_X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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		X
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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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?	6a		X
b	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).			
a	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		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		- <u></u> -
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	-,0		
·	to file Form 8282?	7c		х
ч	If "Yes," indicate the number of Forms 8282 filed during the year	70	 	-21
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	70	1	х
e	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e	 	X
f		7f	 	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g_	-	
	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.		ļ	ļ
a	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			l
a	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter.			
а	Gross income from members or shareholders	}	Ì	1
b	Gross income from other sources (Do not net amounts due or paid to other sources against			j .
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.			
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			
С	Enter the amount of reserves on hand]	ì	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		T
			990	(2010)

Form 990 (2010)

STUDIES ENDOWMENT FUND INC

01-0724451

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Does the organization have members or stockholders? 6 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the 7a governing body? b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х 8a a The governing body? X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No Х 10a Does the organization have local chapters, branches, or affiliates? 10a b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise Х 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х 12c in Schedule O how this is done X 13 13 Does the organization have a written whistleblower policy? X 14 14 Does 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? 15a a The organization's CEO, Executive Director, or top management official 15b **b** Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's 16h exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CO Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Another's website W Upon request Own website Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization

81611

KATIE SCHWOERER - 970-925-5756 100 PUPPY SMITH STREET, ASPEN,

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rorm	990	(2010)	

STUDIES ENDOWMENT FUND INC

01-0724451

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

Check if Schedule O contains a response to any question in this Part VII

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, and 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.

(A) Name and Title	(B) Average	(C)						(D) Reportable	(E)	(F) Estimated	
Name and Title	hours per	Position (check all that app				lv)	compensation	Reportable compensation	amount of		
	week (describe hours for related organizations in Schedule O)	ustee or director	Institutional trustee	Officer		Highest compensated employee		from	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
AL DIETSCH											
TREASURER	2.00	X	_	X		-		0.	0.	0 .	
ROBERT PURVIS									_	_	
VICE-PRESIDENT	2.00	X	_	X		ļ		0.	0.	0 .	
ALI PHILIPS	2 22	ا ا ــا					1				
DIRECTOR	2.00	X	\vdash	-	<u> </u>	-		0.	0.	0.	
MARK PEARSON	2 00	.	1						_	•	
DIRECTOR	2.00	A	-					0.	0.	0.	
KEN RANSFORD PRESIDENT	2.00	v		x				0.	0.	0	
					-						

Part VII Section A. Officers, Directors, Tr	<u>ustees, Key Er</u>	nplo	yee	s, aı	nd l	High	<u>est</u>	Compensated Employ	ees (continued)				
(A)	(B)			(C	•			(D)	(E)		(F)		
Name and title	Average							Reportable Reportab			stımate		
	hours per week (describe hours for related organizations in Schedule O)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	(W-2/1099-MISC)		amount of other compensation from the organization and related organizations		
			_			_							
	<u> </u>	ļ 				-	_						
	<u> </u>	<u>_</u> .					_			_			
			_			-							
			<u> </u>			_				_			
1b Sub-total						>		0.		0.		0.	
c Total from continuation sheets to Part \	/II, Section A							0.		0.		0.	
d Total (add lines 1b and 1c) 2 Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed al	bov	e) w	ho r			<u>, , </u>		0	
compensation from the organization				_							Yes	No	
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for			e, ke	y en	olqr	yee,	or h	nighest compensated ei	nployee on	3		X	
4 For any individual listed on line 1a, is the s and related organizations greater than \$15	•		-					•	the organization	4		Х	
5 Did any person listed on line 1a receive or	•					•	relat	ed organization or indiv	idual for services	_		37	
rendered to the organization? If "Yes," con Section B. Independent Contractors	mplete Schedu	ie J i	or s	<u>ucn</u>	per	son				5		X	
Complete this table for your five highest of the organization NONE	ompensated in	dep	ende	ent c	ont	ract	ors t	that received more than	\$100,000 of comp	ensation	from	_	
(A) Name and busines	s address							(B) Description of	services	Comp	(C) ensatio	n	
											<u> </u>		
		_		_									
					_	_							
													
Total number of independent contractors \$100,000 in compensation from the organ		not li	mite	d to		ose l	stec	d above) who received r	nore than		. 000		

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ASPEN CENTER FOR ENVIRONMENTAL Form 990 (2010) STUDIES ENDOWMENT FUND INC
Part VIII Statement of Revenue

		,			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इ	1 a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b					
s, g	С	Fundraising events	1c					
a git	d	Related organizations	1d					
S, III	е	Government grants (contributio	ns) <u>1e</u>					
rior Si	f	All other contributions, gifts, grants	, and		l			
혈		similar amounts not included above	1f					
E S	g	Noncash contributions included in lines 1	a-1f \$					
<u> </u>	h	Total. Add lines 1a-1f						
	_		Busin	ess Code				
g	2 a	·						
ه چ	b						_	
Sel	c							
e a	d	I						
Program Service Revenue	е	•						
ءَ ا	f	All other program service reven	ue					
\perp		Total. Add lines 2a-2f						
	3	Investment income (including d	ividends, interest, an	d				1
		other similar amounts)		>	12,616.			12,616.
	4	Income from investment of tax-	exempt bond procee	ds 🕨				
	5	Royalties	·····	•				
			(ı) Real (ıı) F	Personal				1
	6 a	Gross Rents						1
	t	Less rental expenses		_				
		Rental income or (loss)						
		Net rental income or (loss) F						
	7 a	Gross amount from sales of		Other				
		assets other than inventory	206907.					
	b	Less: cost or other basis	475600					
		and sales expenses	175692.					
		Gain or (loss)	31,215.		21 015	21 015		1
1		Net gain or (loss)			31,215.	31,215.		
ЭĽ	8 a	Gross income from fundraising	·					
		including \$						
Other Reve		contributions reported on line 1	· 1					
je		Part IV, line 18	a			,		
ᅗ		Less direct expenses	b					
		 Net income or (loss) from fundra Gross income from gaming act 						
	9 2	• •		ļ				
Į		Part IV, line 19 Less: direct expenses	a					
		Net income or (loss) from gamil						
- 1		Gross sales of inventory, less r						
	10 6	and allowances	a					
		Less: cost of goods sold	ь	_				
1		Net income or (loss) from sales						
t		Miscellaneous Revenue		ness Code				
l	11 8							
	ŀ							
}						1		
	•	d All other revenue						
	•	e Total. Add lines 11a-11d		•				
	12	Total revenue. See instructions.		•	43,831.	31,215.	0.	
03200	9 -10							Form 990 (2010)

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Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 8b, 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 U.S. See Part IV, line 21				· · · · · · · · · · · · · · · · · · ·
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)·				
а	Management		_		
b	Legal				
С	Accounting				
d	Lobbying				-
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees			 -	
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy .				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			 	
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)				
а	INVESTMENT ADVISOR FEES	8,053.	8,053.		
b					
С					
d					
е					
f	All other expenses				
25_	Total functional expenses. Add lines 1 through 24f	8,053.	8,053.	0.	0.
26	Joint costs. Check here If following SOP				
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Form 990 (2010) Part X Balance Sheet

STUDIES ENDOWMENT FUND INC

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Part .	X	Balance Sheet		(A) Beginning of year		(B) End of year
<u> </u>	1	Cash · non-interest-bearing		Dog.ii.ii.ig or year	1	Life of year
- 1	2	Savings and temporary cash investments		6,065.	2	6,065.
1		Pledges and grants receivable, net		0,003.	3	0,003
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, dir	actore truetage kay		-	
	J	employees, and highest compensated employee	• •			
		of Schedule L	S Complete Fait II		5	
	6	Receivables from other disqualified persons (as	defined under section		 	
	•	4958(f)(1)), persons described in section 4958(c)				
		employers and sponsoring organizations of section	· · · · · -			
		employees' beneficiary organizations (see instruc	, ,		6	
\$	7	Notes and loans receivable, net	5001137		7	
Assets	8	Inventories for sale or use			8	
7	9	Prepaid expenses and deferred charges			9	
	-	Land, buildings, and equipment cost or other	 		<u> </u>	
'		basis. Complete Part VI of Schedule D	10a			
	b	Less. accumulated depreciation	10b	1	10c	
1	1	Investments - publicly traded securities	, , , , , , , , , , , , , , , , , , , ,		11	
1	2	Investments - other securities See Part IV, line 1	6,043,147.	12	6,438,946	
1	3	Investments - program-related See Part IV, line 1		13		
1	4	Intangible assets			14	
1	5	Other assets See Part IV, line 11		20,796.	15	27,205
1	6	Total assets. Add lines 1 through 15 (must equa	6,070,008.	16	6,472,216	
1	7	Accounts payable and accrued expenses	1,680.		1,680	
1	8	Grants payable		20,333.		
1	9	Deferred revenue			19	
2	20	Tax-exempt bond liabilities			20	
စ္က 2	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21	
≝ 2	22	Payables to current and former officers, director	s, trustees, key employees,			
Liabilities		highest compensated employees, and disqualified	ed persons Complete Part II			
-		of Schedule L			22	
2	23	Secured mortgages and notes payable to unrela	ted third parties		23	
2	4	Unsecured notes and loans payable to unrelated	third parties		24	
2	25	Other liabilities Complete Part X of Schedule D			25	
2	26	Total liabilities. Add lines 17 through 25		22,013.	26	1,680
		Organizations that follow SFAS 117, check he	re 🕨 🗓 and complete			
Ses		lines 27 through 29, and lines 33 and 34.				
ğ 2	27	Unrestricted net assets		1,213,392.		1,213,392
E 2	28	Temporarily restricted net assets		4 004 600	28	
[2	29	Permanently restricted net assets	. \square	4,834,603.	29	5,257,144
준		Organizations that do not follow SFAS 117, ch	neck here			
o .	_	complete lines 30 through 34.			.	
set	30	Capital stock or trust principal, or current funds		30		
As 3	31	Paid-in or capital surplus, or land, building, or eq	•		31	
y	32	Retained earnings, endowment, accumulated in	come, or other funds	6 047 005	32	C 450 530
٥	33	Total net assets or fund balances		6,047,995.	33	6,470,536
	34	Total liabilities and net assets/fund balances		6,070,008.	34	6,472,216

Form **990** (2010)

-orm	990 (2010) · STUDIES ENDOWMENT FUND INC	01-07	24451	Pag	ge 12
Pa	rt XI .Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
				_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>31.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>8,0</u>	<u>53.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	3	<u>5,7</u>	<u>78.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,04	7 <u>,9</u>	<u>95.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5	38	6,7	64.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	6,47	0,5	<u>37.</u>
Pa	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			l
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
b	Were the organization's financial statements audited by an independent accountant?		2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audit		i	
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

Department of the Treasury Internal Revenue Service 4947(a)(1) nonexempt charitable trust.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ASPEN CENTER FOR ENVIRONMENTAL STUDIES ENDOWMENT FUND INC

Employer identification number 01-0724451

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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a X Type i b Type II c ____ Type III - Functionally integrated d ____ Type III - Other 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) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. Nο the governing body of the supported organization? X 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) Х (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) X h Provide the following information about the supported organization(s) (iii) Type of (vi) Is the (i) Name of supported (iv) Is the organization (v) Did you notify the (ii) EIN (vii) Amount of organization organizátion in col. in col. (i) listed in your organization in col. organization (i) organized in the support (described on lines 1-9 laovernina document? (i) of your support? above or IRC section (see instructions)) Yes Yes Yes ASPEN CENTER FOR ENVIRON 23-704229111A X X X 0.

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

Schedule A (Form 990 or 990-EZ) 2010

Total

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)

Sec	tion A. Public Support						
Cale	ndar 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 any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge]			
4	Total, Add lines 1 through 3						
	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)						
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4		(0) = 00.	(0) = 00	(4) 2 000	(6) 25 15	17.000
8	Gross income from interest,						
	dividends, payments received on			}			
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
J	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
10	or loss from the sale of capital					}	
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						,
	Gross receipts from related activities,	etc (see instructi			<u> </u>	12	
	First five years. If the Form 990 is for	•	•	rd fourth or fifth t	ay year as a sectio		
	organization, check this box and stop	•	o mot, 0000ma, tm	. a, 10artin, or man	ax year as a coone	001(0)(0)	
Sec	ction C. Computation of Publ	c Support Pe	rcentage	**. <u></u>			
	Public support percentage for 2010 (I			column (f))		14	%
	Public support percentage from 2009			("		15	%
16a	33 1/3% support test - 2010.If the o	roanization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n		
	stop here. The organization qualifies	-				•	ightharpoons
b	33 1/3% support test - 2009.If the o	rganization did no	t check a box on l	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	-				·	ightharpoons
17a	10% -facts-and-circumstances tes	•			e 13, 16a, or 16b. a	and line 14 is 10%	or more,
	and if the organization meets the "fac	_					•
	meets the "facts-and-circumstances"			•	•		
b	10% -facts-and-circumstances tes	-	•		•	17a, and line 15 is	10% or
_	more, and if the organization meets the	_				•	
	organization meets the "facts-and-circ				•		ightharpoons
18	Private foundation. If the organization						s 🕨

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.)

Se	ction A. Public Support	olow, please com	pioto i dictiry			• • • • • • • • • • • • • • • • • • • •	
Cale	ndar 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 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 organ- ization'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						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ł	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						
•	Add lines 7a and 7b	-					
	Public support (Subtract line 7c from line 6)						
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6	(-)	, , , , , , , , , , , , , , , , , , , ,			10/2.5.0	(1) 1010.
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	e Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	r the organization'	s first second the	rd fourth or fifth +	ay year as a soct	on 501/c)/3) crass:	eation
•	check this box and stop here	J. gamzanon	ot, 3000Hu, till	, 100101, 01 11101 1	un your as a scott	on our (c)(o) organiz	.a.ion,
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2010 (I			column (f))		15	%
16			=	\ <i>''</i>		16	%
Se	ction D. Computation of Inves						
17	Investment income percentage for 20	10 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
	Investment income percentage from			.,,		18	%
19	33 1/3% support tests - 2010. If the	organization did	not check the box	on line 14, and line	e 15 is more than		
	more than 33 1/3%, check this box a						ightharpoons
ŧ	33 1/3% support tests - 2009. If the						and
	line 18 is not more than 33 1/3%, che	eck this box and s	top here. The org	anızatıon qualıfıes	as a publicly sup	ported organization	▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ir	structions	▶□

SCHEDULE D

Department of the Treasury

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2010
Open to Public Inspection

Name of the organization

ASPEN CENTER FOR ENVIRONMENTAL STUDIES ENDOWMENT FUND INC

Employer identification number 01-0724451

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 」Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 year > Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (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, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

		ENDOWMENT				01-07		Page 2
Par	t III Organizations Maintaining C	<u>follections of Ar</u>	t <u>, Historical Tr</u>	easures, or Oth	<u>er Simil</u>	ar Asse	ts (contini	ued)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a s	significant	use of its	collection	items
	(check all that apply).							
а	Public exhibition	d	Loan or excl	nange programs				
b	Scholarly research	е	Other			_		
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization's exe	empt purp	ose in Pari	t XIV	
5	During the year, did the organization solicit o							
	to be sold to raise funds rather than to be ma	aintained as part of ti	he organization's co	ellection?			Yes	☐ No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pal	gements. Comple			Form 990), Part IV, I	ine 9, or	
	Is the organization an agent, trustee, custod		ary for contribution	s or other assets no	t included			
	on Form 990, Part X?		,			Г	Yes	☐ No
h	If "Yes," explain the arrangement in Part XIV	and complete the fol	llowing table:					
-	in too, explain the arrangement in valid in	and complete the for					Amount	
С	Beginning balance				1c		741104114	
	Additions during the year				1d			
	Distributions during the year							
e 4	Ending balance				1e 1f			
0-	Did the organization include an amount on F	orm 000 Bort V line	010		<u> </u>	<u>-</u> -	Yes	No
	If "Yes," explain the arrangement in Part XIV	· · · · · · · · · · · · · · · · · · ·	217			L	_ res	NO
Par			owored "Vee" to Ee	rm 000. Port IV line	10			
<u> </u>	Endownient ands. Complete						(-) Four.	book
	D. sinning of week belongs	(a) Current year	(b) Prior year	(c) Two years back	(a) Three	years back	(e) Four y	ears back
1a	Beginning of year balance	6,047,995.	6,166,538,	5,619,344.				
b	Contributions	0.	70,810.	113,439.	 			
С	Net investment earnings, gains, and losses	430,594.	98,184,	671,329.				
d	Grants or scholarships	0,	244,000.	200,000.	 			
е	Other expenditures for facilities							
	and programs	8,053,	33,932.	30,892.				
f	Administrative expenses	0.	9,605,	6,682,				
g	End of year balance	6,470,536,	6,047,995	6,166,538.				
2	Provide the estimated percentage of the year		S.					
а	Board designated or quasi-endowment	18.80	_%					
b	Permanent endowment ► 81.20	%						
		%						
За	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered for	the organi	zation	_	
	by.						\	Yes No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(ıi)	X
b	If "Yes" to 3a(ii), are the related organization	s listed as required o	n Schedule R?				3b	
4	Describe in Part XIV the intended uses of the	e organization's endo	wment funds				-	
Par	t VI Land, Buildings, and Equipn	nent. See Form 990), Part X, line 10					
	Description of investment	(a) Cost or or basis (investing			Accumulat epreciation		(d) Book	value
1a	Land							
	Buildings							
	Leasehold improvements			 -				
	Equipment							
	Other							
	. Add lines 1a through 1e. (Column (d) must e	equal Form 990 Part	X. column (B) line	10(c))			_	0.
		uit		<u> </u>				<u>~</u>

Schedule D (Form 990) 2010

(a) Description of security or category (including name of security)	(b) Book value		ethod of valuation. nd-of-year market value
1) Financial derivatives			
2) Closely-held equity interests			
) Other			
(A) PORTFOLIO ACCOUNTS	6,438,946.	END-OF-YEAR	MARKET VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)	5 420 046		
otal (Col (b) must equal Form 990, Part X, col (B) line 12.)	6,438,946.		
Part VIII Investments - Program Related.	See Form 990, Part X, line 13		
(a) Description of investment type	(b) Book value		ethod of valuation nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
(9)			
(10)			
(10)			
otal (Col (b) must equal Form 990, Part X, col (B) line 13.) ► Part IX Other Assets. See Form 990, Part X, line	ne 15		(A) Darkinski
otal (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, line ((b) Book value
otal (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, line (1)	ne 15		(b) Book value
(10) total (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ Part X Other Assets. See Form 990, Part X, line (1) (2)	ne 15		(b) Book value
(10) otal (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, li (1) (2) (3)	ne 15		(b) Book value
(10) otal (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, line (1) (2)	ne 15		(b) Book value
(10) otal (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line (1) (2) (3) (4) (5)	ne 15		(b) Book value
(10) Otal (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, line (1)	ne 15		(b) Book value
(10) otal (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, line (1) (2) (3) (4) (5) (6) (7)	ne 15		(b) Book value
(10) otal (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, line (1) (2) (3) (4) (5) (6) (7) (8)	ne 15		(b) Book value
(10) otal (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, li (1) (2) (3) (4) (5) (6) (7) (8) (9)	ne 15		(b) Book value
(10) otal (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	ne 15 a) Description		(b) Book value
(10) otal (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, li (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) I	ne 15 a) Description		(b) Book value
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(10) Otal (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, col (B) (Part X Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes	ne 15 a) Description	(b) Amount	(b) Book value
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(10) otal (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, lin (1)	ne 15 a) Description	(b) Amount	(b) Book value
(10) Otal (Col (b) must equal Form 990, Part X, col (B) line 13.) Part X Other Assets. See Form 990, Part X, line (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, col (B) (Part X Other Liabilities. See Form 990, Part I. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (6) (7) (6) (7) (7) (8) (7) (8) (8) (9)	ne 15 a) Description	(b) Amount	(b) Book value
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(10) otal (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, line (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	ne 15 a) Description	(b) Amount	(b) Book value

	t XI. Reconciliation of Change in Net Assets from Form 990 to	Audi	+od	Einan	oial (0724451	Page 4
		Audi	leu	rman		State	mem	.5	
1	Total revenue (Form 990, Part VIII, column (A), line 12)				1				
2	Total expenses (Form 990, Part IX, column (A), line 25)				2			· 	
3	Excess or (deficit) for the year. Subtract line 2 from line 1				3				
4	Net unrealized gains (losses) on investments				4				
5	Donated services and use of facilities				5				
6	Investment expenses				6				
7	Prior period adjustments				7				
8	Other (Describe in Part XIV)				8				
9	Total adjustments (net). Add lines 4 through 8				9				
10 Dar	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and t XII Reconciliation of Revenue per Audited Financial Statement		/i+h	Pover	10	or D	<u> </u>		
	· · · · · · · · · · · · · · · · · · ·	ILO VI	VILI	nevei	iue t	ח ושל	l l	J	
1	Total revenue, gains, and other support per audited financial statements						1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	۔ م	1						
a	Net unrealized gains on investments Donated services and use of facilities	2a	+						
b		2b	+						
c C	Recoveries of prior year grants Other (Describe in Part XIV)	2c	+						
d e	Add lines 2a through 2d	2d					0-		
3	Subtract line 2e from line 1						2e		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						3		
a	Investment expenses not included on Form 990, Part VIII, line 7b	1 40	I						
b	Other (Describe in Part XIV.)	4a 4b	+]		
c	Add lines 4a and 4b	- 40					4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)						5	 .	
Pai	t XIII Reconciliation of Expenses per Audited Financial Stateme	nts \	Wit	h Expe	nses	per		rn	
1	Total expenses and losses per audited financial statements						1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.								
а	Donated services and use of facilities	2a							
b	Prior year adjustments	2b							
С	Other losses	2c							
d	Other (Describe in Part XIV.)	2d							
е	Add lines 2a through 2d						2e		
3	Subtract line 2e from line 1						3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:								
	Investment expenses not included on Form 990, Part VIII, line 7b	_4a	<u> </u>						
b	Other (Describe in Part XIV.)	4b							
C	Add lines 4a and 4b						4c		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)						5		
	t XIV Supplemental Information								
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,								4; Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compl								
PAI	RT V, LINE 4: ENDOWMENT FUNDS ARE FOR SUPPO	RT	OF	ASP	EN	CEN	TER	FOR	
ENT	TIDONMENTAL CHILDIES & FOLICALIS ODGANIES HT	·	T C		. .	3 7 3	ann.		. 50
EM/	<u> /IRONMENTAL STUDIES, A 501(C)(3) ORGANIZATI</u>	.ON	יור	<u>ÇATE</u>	ד ת	N A	SPE.	N COLORA	ADO.
				_					
		<u> </u>							
		_							

A Section &

Schedule I (Form 990) (2010) Š Employer identification number × 01-0724451 OMB No 1545-0047 Open to Public 2010 Inspection (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed ame and address of organization (b) EIN (c) IRC section or government assistance assistance or government assistance or government assistance assistance other) 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▼ Attach to Form 990. ASPEN CENTER FOR ENVIRONMENTAL LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. STUDIES ENDOWMENT FUND INC Enter total number of section 501(c)(3) and government organizations Part I General Information on Grants and Assistance criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part II

£ 4 1 (12 4 4 4

STUDIES ENDOWMENT FUND INC

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Schedule I (Form 990) (2010)

Page 2

01-0724451

Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
					•
				. 1	
Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	e the information	required in Part I,	line 2, and any other	additional information	
		,			

Schedule I (Form 990) (2010)

032102 01-13-11

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.

2010
Open to Public Inspection

Name of the organization

ASPEN CENTER FOR ENVIRONMENTAL STUDIES ENDOWMENT FUND INC

Employer identification number 0.1 - 0.724451

STUDIES ENDOWMENT FUND INC 01-0724451
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
IN ASPEN, COLORADO.
FORM 990, PART VI, SECTION B, LINE 11: A DRAFT COPY OF THE FORM 990 IS
PROVIDED TO MEMBERS OF THE BOARD OF TRUSTEES AND IS REVIEWED AND APPROVED
PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE REQUIRED TO
CONTACT KEY STAFF OR BOARD MEMBERS IF THERE IS A CHANGE IN THEIR STATUS.
FORM 990, PART VI, SECTION C, LINE 19: ORGANIZATIONAL DOCUMENTS AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:
NET UNREALIZED GAINS ON INVESTMENTS: 386,764.

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

ightharpoons• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Chanties & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed) A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Name of exempt organization Type or Employer identification number ASPEN CENTER FOR ENVIRONMENTAL print STUDIES ENDOWMENT FUND INC 01-0724451 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your PO BOX 10931 return See City, town or post office, state, and ZIP code, For a foreign address, see instructions. instructions ASPEN, CO 81612 0 1 Enter the Return code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return is For Code is For Code_ Form 990 Form 990-T (corporation) 01 07 Form 990-BL 02 Form 1041-A 80 Form 990-EZ Form 4720 01 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 KATIE SCHWOERER The books are in the care of > 100 PUPPY SMITH STREET - ASPEN, CO 81611 Telephone No ► 970-925-5756 FAX No If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______ If this is for the whole group, check this If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until JUNE 15, 2012 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► ___ calendar year ____ or ► X tax year beginning OCT 1, 2011 , and ending OCT 31, 2011 If the tax year entered in line 1 is for less than 12 months, check reason. Initial return L___ Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions