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DLN: 93493227033992

 $_{\text{Form}}990$ 

Department of the Treasury

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

Open to Public

	2014				Inspection				
A Forthe B Check If a	2011 calendar year, or tax year beginning 01-01-2011  C Name of organization	and ending 12-31-20	1	D Employer ide	ntification number				
Address ch	nange ASPEN COMMONITY FOUNDATION			84-082922					
— Name cha	Doing Business As nge			E Telephone nu					
_ Initial retu	rn Number and street (or P O box if mail is not delivere	ed to street address) Room/s	suite	(970) 925-9					
Terminate	110 EAST HALLAM STREET NO 126			<b>G</b> Gross receipts s	\$ 4,482,143				
_ Amended		I	_						
Application	ASPEN, CO 81611								
	F Name and address of principal officer			a group return					
	TAMARA TORMOHLEN 110 EAST HALLAM STREET 126		affiliat	es?	┌ Yes				
	ASPEN,CO 81611			affiliates include					
Tax-exen	npt status	4947(a)(1) or			(see instructions)				
-	⇒: ► ASPENCOMMUNITYFOUNDATION ORG	+5+7(d)(1) 01   327	H(c) Group	exemption nui	mber <b>F</b>				
			1	1					
	ganization Corporation Trust Association Other		<b>L</b> Year of form	nation 1982 <b>M</b>	State of legal domicile CC				
Part I	Summary  Briefly describe the organization's mission or most sign	nificant activities							
Governance	CONNECTING DONORS TO COMMUNITY NEEDS, B TOGETHER TO SOLVE COMMUNITY PROBLEMS SI NONPROFITS, PROVIDING CRITICAL AND EMERGE CHILDCARE ACCESS IN OUR COMMUNITY	GNIFICANT ACTIVITIENCY SERVICES AND	ES IN 2011 IN HELPING TO M	CLUDE GRANT AINTAIN AFF	FMAKING TO ORDABLE				
	Check this box 🔰 if the organization discontinued its								
ii   3	Number of voting members of the governing body (Part Number of independent voting members of the governir			3	16 16				
	Total number of individuals employed in calendar year			5	10				
-	Total number of volunteers (estimate if necessary) .			6	20				
7a	Total unrelated business revenue from Part VIII, colur	mn (C), line 12		7a	0				
	Net unrelated business taxable income from Form 990	-T, line 34		7b	0				
			Prior		Current Year				
<b>8</b>	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	·	4,269,040	5,337,496					
Bayenue 10	Investment income (Part VIII, olumn (A), lines 3,4		192,752	-893,471					
#   11	Other revenue (Part VIII, column (A), lines 5, 6d, 8d			78,994	38,118				
12	Total revenue—add lines 8 through 11 (must equal P		ne	4,540,786	4,482,143				
13	12)			3,753,510	14,484,368				
14	Benefits paid to or for members (Part IX, column (A)			0	0				
္ဌာ 15	Salaries, other compensation, employee benefits (Pa	art IX, column (A), lines		F22 007	E62 110				
EXD Holass	5-10) Professional fundraising fees (Part IX, column (A), li	ne 11e)		533,887	563,118				
출   P	Total fundraising expenses (Part IX, column (D), line 25) \(\bigsim 219\),				0				
<u>ا 17</u>	Other expenses (Part IX, column (A), lines 11a-11c			280,669	342,957				
18	Total expenses Add lines 13-17 (must equal Part I	X, column (A), line 25)		4,568,066	15,390,443				
19	Revenue less expenses Subtract line 18 from line 1	2		-27,280	-10,908,300				
ම් දි ම්			Beginning Ye		End of Year				
Fund Basances 70 71 72	Total assets (Part X, line 16)			41,371,109	32,756,804				
문표 물길 21	Total liabilities (Part X, line 26)			8,878,580	3,753,883				
	Net assets or fund balances Subtract line 21 from li	ne 20	:	32,492,529	29,002,921				
Part II	Signature Block								
	lties of perjury, I declare that I have examined this return, and belief, it is true, correct, and complete. Declaration of								
	*****			2-08-14					
Sign	Signature of officer		Dat	e					
Here	TAMARA TORMOHLEN EXECUTIVE DIRECTOR Type or print name and title								
Paid	Preparer's signature PAUL J BACKES CPA	Date	Check if self-	Preparer's taxpay (see instructions) P00175605	ver identification number				
Preparer's			<u> </u>						
Use Only	If self-employed), address, and ZIP + 4 PO BOX 5850			EIN • 84-15092	69 				
				Phone no 🕨 (97	70) 045 0000				

Form	n 990 (2	2011)				Page <b>2</b>
Par	t III	Statement of Program S Check if Schedule O contains a			I	
1	Briefl	y describe the organization's mi	ssion			
DON	ORST	MMUNITY FOUNDATION BUIL O COMMUNITY NEEDS, BUILD TY PROBLEMS				
2		e organization undertake any si ior Form 990 or 990-EZ?				┌ Yes ┌ No
	If "Ye	s," describe these new services	on Schedule O			
3	servic	e organization cease conducting		nt changes in how it c	onducts, any program	┌ Yes ┌ No
	If "Ye	s," describe these changes on S	chedule O			
4	expen	tibe the organization's program s ses Section 501(c)(3) and 501 and allocations to others, the t	. (c)(4) organizations	s and section 4947(a	)(1) trusts are required to r	eport the amount of
4a	(Code	e ) (Expenses \$		including grants of \$	) (Revenue \$	)
	NONP SUPP	I COMMUNITY FOUNDATION PROVIDES ROFITS IN THE FOUNDATION'S SERVIC DRTED FROM OVER 100 DONOR ADVISI S PROVIDE GRANTS FOR SPECIFIED PU	E AREA AND IS FUNDED ED FUNDS TO MEET THE	FROM AN ANNUAL FUNDS PHILANTHROPIC GOALS O	RAISING DRIVE 2 DONOR ADVISED OF THE FOUNDATION'S DONORS 3	FUND GRANTMAKING IS  B DESIGNATED AND SCHOLARSHIP
4b	(Code	e ) (Expenses \$		including grants of \$	) (Revenue \$	\
40	IN 20 SCHO EDUC	11 THE FOUNDATION EMBARKED ON A OL DISTRICTS, CIVIC ORGANIZATIONS, ATIONAL AND ENRICHMENT OPPORTUN UATE FROM SCHOOL PREPARED FOR C	CRADLE TO CAREER INI DONORS AND BUSINES: ITTIES FOR ALL CHILDRE	TIATIVE THE PROJECT IS SES THE GOAL IS TO ENL N AGED 0 18 TO BE PREPA	A PARTNERSHIP WITH NON-PROF IST THE COMMUNITY IN A COORD ARED TO ENTER SCHOOL, TO BE S	INATED EFFORT TO INCREASE UCCESSFUL IN SCHOOL AND TO
4c	(Code	e ) (Expenses \$		including grants of \$	) (Revenue \$	1
~	DURI	NG 2011, TRANSFERS OF ORGANIZATIONSFERS ARE PART OF THE TOTAL GRANT	N FUNDS WERE MADE T	O ASPEN ART MUSEUM AI	ND ASPEN ART MUSEUM FOUNDAT	TION TOTALLING \$ 7,779,700 THESE
	(Code	e ) (Expenses \$	14,851,858	ıncludıng grants of \$	) (Revenue \$	)
		(D.	Cabadala O )			
4d		er program services (Describe i enses \$ 14,851,858	n Schedule O ) including grants o	of\$	) (Revenue \$	)
4e	Tota	I program service expenses▶\$	14 851 85	8		

Part IV (	Checklist	of Rea	uired	Schedu	les
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	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I$	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure $98-19$ ? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		Νo
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		Νo
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule $H$	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			1
		28a		N o
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>99</b> 0	(2011)

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V $\cdot$ . $$ . $\cdot$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ . $$ .			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	<b>1a</b> 21			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	<b>1b</b> 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		.,	
_	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note: Tithe compatible to and 20 to greater than 200 years may be required to a file (and materials)	2b	Yes	
	<b>Note.</b> 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	3a		No
L	year?	3b		
		30		
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 or securities			
	account)?	4a		Νo
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? $\cdot$ .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
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	6a		Νo
L	organization solicit any contributions that were not tax deductible?			
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
	services provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			NI a
	file Form 8282?	<b>7</b> c		No_
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	_		
	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		Νo
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	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			
b	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
_	year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization			
	allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
_	the states in which the organization is needed to issue qualified health plans			
С	Enter the aggregate amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O.	14b		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management						
			Yes	No			
4_							
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						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No			
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was						
5	filed?  5 Did the organization become aware during the year of a significant diversion of the organization's assets? .						
6	Did the organization have members or stockholders?	6		Νo			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?	8a	Yes				
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes				
9							
Se	ection B. Policies (This Section B requests information about policies not required by the Internal	_					
	venue Code.)						
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		No			
b	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes				
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes				
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes				
13	Did the organization have a written whistleblower policy?	13	Yes				
14	Did the organization have a written document retention and destruction policy?	14	Yes				
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	Yes				
b	Other officers or key employees of the organization	15b	Yes				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its						
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b					
Se	ection C. Disclosure						
17							

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available.

✓ Own website ✓ Another's website ✓ Upon request

(970)925-9300

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ASPEN COMMUNITY FOUNDATION
  110 EAST HALLAM STREET STE 126
  ASPEN,CO 81611

# <u>Part VII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

◆ 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 hours per week (describe hours	Position more unles an	on (d e thai	C) o no n one son er ar	t che e box is bo nd a stee)	eck x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
(1) PAMELA ALEXANDER BOARD MEMBER	2 00	х						0	0	0
(2) SUSAN CROWN BOARD MEMBER	2 00	х						0	0	0
(3) RJ GALLAGHER BOARD MEMBER	2 00	х						0	0	0
(4) BARBARA GOLD BOARD MEMBER	2 00	х						0	0	0
(5) MIKE KAPLAN TREASURER	2 00	х		Х				0	0	0
(6) KEITH LAMBERT BOARD MEMBER	5 00	х						0	0	0
(7) KAREN LORD SECRETARY	2 00	х		Х				0	0	0
(8) LAURIE MICHAELS PRESIDENT	2 00	х		Х				0	0	0
(9) FRED PRYOR BOARD MEMBER	2 00	х						0	0	0
(10) JAY SANDRICH BOARD MEMBER	2 00	Х						0	0	0
(11) DANIEL SHAW BOARD MEMBER	2 00	х						0	0	0
(12) JUDITH ZEE STEINBURG BOARD MEMBER	2 00	х						0	0	0
(13) GEORGE STRANAHAN BOARD MEMBER	2 00	х						0	0	0
(14) THOMAS VANSTRATTEN BOARD MEMBER	2 00	х						0	0	0
(15) BILL WALLACE BOARD MEMBER	2 00	х						0	0	0
(16) CARRIE WELLS VICE CHAIR	2 00	х		Х				0	0	0
(17) TAMARA TORMOHLEN EXECUTIVE DIRECTOR	40 00				х	х		130,000	0	0

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

	<b>(A)</b> Name and Title	ne and Title A verage hours per week (describe		director/trustee)						( <b>D)</b> ortable ensation m the ation (W- 9-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	compensati from the		ated f other sation the on and
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		reiati organiza	
1b	Sub-Total							<u> </u>						
	Total from continuation sheets to Total (add lines 1b and 1c).		CION A	• •	•	•	_	1		130,000		0		0
2	Total number of individuals (inclusive state of the state	uding but not lin				ted	above	) who	receive	d more tha	an			
3	Did the organization list any <b>form</b> on line 1a? <i>If</i> "Yes," complete Sch								r highes	t compens	ated employee	3	Yes	No No
4	For any individual listed on line 1 organization and related organization.											4		No
5	Did any person listed on line 1a services rendered to the organization	ation? <i>If</i> "Yes," (									or individual for •	5		No
<u>Se</u>	Complete this table for your five \$100,000 of compensation from or within the organization's tax yo	highest comper the organizatio												
		(A) ne and business add	dress							Desc	(B) ription of services		(C Comper	
												=		
	Fotal number of independent conti \$100,000 of compensation from t			ot lın	nıted	l to	those	liste	d above)	who recei	ved more than			

Pait v		Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
##	1a	Federated campaigns 1a					
듄	ь	Membership dues 1b					
ಕ್ರ€	c	Fundraising events 1c					
ts ra	d	Related organizations 1d	5,337,496				
ਰਵ		<u> </u>					
<u> </u>	e						ļ
율끏	f	All other contributions, gifts, grants, and <b>1f</b> similar amounts not included above —					
₹	g	Noncash contributions included in					
돹픚		lines 1a-1f \$					
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a-1f	▶	5,337,496			
as a		В	usiness Code				
Ĕ	2a						
- A-6	ь						
ŽĔ							
Š	C						
<u> </u>	d						
É	e						
Program Serwce Revenue	f	All other program service revenue					
ج		Total. Add lines 2a-2f	<u>.</u>				
	g 3						
		Investment income (including dividends, and other similar amounts)	H	-893,471	-893,471		
	4	Income from investment of tax-exempt bond proce	<u> </u>	333,112	030,2		
	5		<b>-</b>				
	•	Royalties	(II) Personal				
	6a	Gross rents	(II) Personal				
	ь	Less rental					
	"	expenses					
	C	Rental income or (loss)					
	d	Net rental income or (loss)					
		(ı) Securities	(II) Other				
	7a	Gross amount from sales of					
		assets other					
	ь	than inventory Less cost or					
		other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)	▶				
	8a	Gross income from fundraising					
<u> </u>		events (not including					
듄		\$of contributions reported on line 1c)					
Š		See Part IV, line 18					
Œ		a					
Other Revenue	ь	Less direct expenses b					
5	c	Net income or (loss) from fundraising eve	nts ►				
	9a	Gross income from gaming activities	Ī				
		See Part IV, line 19					
	۱.	a					
	b	Less direct expenses b	<u> </u>				
	C	Net income or (loss) from gaming activitie	es •				
	10a	Gross sales of inventory, less returns and allowances .					
	ь	Less cost of goods sold b					
	c c	Net income or (loss) from sales of invento	ory ►				
			usiness Code				
	11a	OTHER INCOME	561000	38,118	38,118		
	ь						
	d	All other revenue					
	e e	Total. Add lines 11a-11d					
		IOLAI, MUU IIIIES II a-IIU	· · ·	38,118			
	12	<b>Total revenue.</b> See Instructions	. ▶[	4,482,143	-855,353	0	0

3

5

6

7

#### Part IX Statement of Functional Expenses

combined educational campaign and fundraising solicitation

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) Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 14,484,368 14,484,368 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 563,118 241,267 173,758 148,093 key employees . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . Other employee benefits . . . . . . 10 Fees for services (non-employees) 11 Management . . . . . Legal . . . . . . . . . 22,170 Accounting . . . . . . . 22,170 Lobbying . . . . . . . . . . . . Professional fundraising See Part IV, line 17 . . Investment management fees . . . . . . 5,600 4,115 802 683 g Advertising and promotion . . . 32,180 32,180 12 Office expenses . . . . 76,167 48,397 13 17,367 10,403 33,026 14,150 10,190 14 Information technology . . . . . 8,686 15 Royalties . . 16 37,412 16,029 11,544 9,839 12,853 5,507 3,966 17 3,380 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials . . . . . 19 Conferences, conventions, and meetings . . . . 20 21 Payments to affiliates . . . . 22 Depreciation, depletion, and amortization . . . . 18,700 8,012 5,770 4,918 23 4,028 1,726 1,243 1,059 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 O) **BOOST DAYCAMP** 42,302 42,302 CRADLE TO CAREER 25,468 12,734 5,603 7,131 DONOR CULTIVATION 12,178 12,178 QUALITY OF LIFE 10,881 10,881 d е All other expenses 9,992 4,281 3,083 2,628 25 Total functional expenses. Add lines 1 through 24f 15,390,443 14,851,858 318,706 219,879 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

Pa	irt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		688,441	1	281,918
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		22,719	3	17,469
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, highest compensated employees Complete Part II of				
		Schedule L		5		
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of				
76		Schedule L			6	
Assets	7	Notes and loans receivable, net			7	
8	8	Inventories for sale or use			8	
⋖	9	Prepaid expenses and deferred charges		74,025	9	68,144
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	253,655	5		
	ь	Less accumulated depreciation	<b>10b</b> 140,608	92,158	10c	113,047
	11	Investments—publicly traded securities		19,469,652	11	14,632,062
	12	Investments—other securities See Part IV, line 11		21,024,114	12	17,644,164
	13	Investments—program-related See Part IV, line 11			13	_
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		41,371,109	16	32,756,804
	17	Accounts payable and accrued expenses .		31,846	17	43,336
	18	Grants payable		15,459	18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
10	21	Escrow or custodial account liability Complete Part IV of Schedule	D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
аp		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties .			24	
	25	Other liabilities (including federal income tax, payables to related and other liabilities not included on lines 17-24) Complete Part		8,831,275	25	2 710 547
		D		8,878,580		3,710,547
	26	Total liabilities. Add lines 17 through 25		8,878,380	26	3,753,883
Ce S		Organizations that follow SFAS 117, check here ▶ ☐ and complet through 29, and lines 33 and 34.	ete lines 2/			
an B	27	Unrestricted net assets			27	
<u>е</u>	28	Temporarily restricted net assets			28	
Ξ	29	Permanently restricted net assets			29	
or Fund Balances		Organizations that do not follow SFAS 117, check here ► 🔽 and lines 30 through 34.	l complete			
	30	Capital stock or trust principal, or current funds		0	30	0
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .		0	31	0
	32	Retained earnings, endowment, accumulated income, or other fun	ds	2,952,648	32	-3,489,608
ĕŧ	33	Total net assets or fund balances		32,492,529	33	29,002,921
_	34	Total liabilities and net assets/fund balances		41.371.109	34	32 756 804

Ра	Check if Schedule O contains a response to any question in this Part XI	•		. [고	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,4	182,143
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses Subtract line 2 from line 1	3		-10,9	908,300
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		32,4	192,529
5	Other changes in net assets or fund balances (explain in Schedule O)	5		7,4	118,692
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		29,0	002,92
Pai	Tt XII Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII		-	୮	
1	Accounting method used to prepare the Form 990 Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
С	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain Schedule O		<b>2</b> c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	ıssued			
	☐ Separate basis ☐ Both consolidated and separated basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ne	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

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**Employer identification number** 

OMB No 1545-0047

Inspection

### **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization ASPEN COMMUNITY FOUNDATION

Department of the Treasury Internal Revenue Service

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

**Public Charity Status and Public Support** 

4947(a)(1) nonexempt charitable trust.

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

84-0829226

Pa	rt I	Reas	<u>on for Pu</u>	blic Charity Sta	<b>tus</b> (All org	ganızatıons	must comp	olete this p	art.) See ın	structions	
he d	organiz	zation is	not a privat	te foundation becaus	eitis (Forl	ınes 1 throu	gh 11, check	only one bo	x )		
1	$\vdash$	A churc	h, conventi	on of churches, or as	ssociation of	churches <b>s</b>	ection 170(b	)(1)(A)(i).			
2	$\Gamma$	A schoo	ol described	in <b>section 170(b)(1</b>	L <b>)(A)(ii).</b> (At	tach Schedu	ıle E)				
3	Г	A hospi	ital or a coo	perative hospital se	rvice organiz	atıon descri	bed in <b>sectio</b>	n 170(b)(1)	(A)(iii).		
4	Γ			h organization operat ity, and state	ted in conjun	ction with a	hospital desc	cribed in <b>sec</b>	tion 170(b)(	1)(A)(iii). E	nter the
5	г	An orga	anization on	erated for the benefi	t of a college	or universit	v owned or o	nerated by a	government	al unit desc	 ribed in
-	•	_	•	(A)(iv). (Complete P	_	or university	., omica or o	perated by a	government	ar ame acce	mbea m
6	Γ	A feder	al, state, or	local government or	government	al unit desc	rıbed ın <b>secti</b>	on 170(b)(1	)(A)(v).		
7	Γ	describ	ed ın	at normally receives		ıl part of ıts	support from	a governme	ntal unit or fr	om the gene	eral public
	<u> </u>			(A)(vi) (Complete P		<b>4</b> ) (	l-t- Dt II				
8	<u>                                     </u>			described in <b>section</b>						h h <b>6</b>	
9	ı			at normally receives							
				ities related to its ex							
				oss investment inco						tax) from bu	sinesses
	_			ganızatıon after June 							
LO	<u> </u>			ganızed and operated							
l1	ļ	one or r	more public	ganized and operated ly supported organiz bes the type of supp <b>b</b> Type I	ations descri porting organi	ıbed ın sectı ızatıon and o	on 509(a)(1)	) or section ! s 11e throug	509(a)(2) Se gh 11h	ee section 5	
e	Г	other th	-	ox, I certify that the on managers and otl	_		•			-	•
f				received a written de	etermination	from the IR:	S that it is a <sup>-</sup>	Type I, Type	II or Type I	II supportir	ng organization,
		check t									Γ
g				2006, has the organi	ization accep	ted any gift	or contribution	on from any	of the		
			g persons? rson who di	rectly or indirectly c	ontrols, eithe	eralone orto	ogether with p	persons des	cribed in (ii)		Yes No
		and (III)	below, the	governing body of th	e the suppor	ted organiza	ition?			11g	(i)
		(ii) a fa	mily membe	er of a person descri	bed in (i) abo	ve?				11g	(ii)
		(iii) a 3	5% control	led entity of a perso	n described i	ın (ı) or (ıı) a	bove?			11g(	(iii)
h		Provide	the followi	ng information about	the supporte	ed organizati	ion(s)				<del>- ' ' - '</del>
(i) Name of supported organization		of ted	d EIN lines 1- 9 above vour governing		on in ed in rning	(v) Did you notify the organization in col (i) of your support?		(vi) Is the organizati col (i) orga	ion in anized	( <b>vii)</b> A mount of support?	
				(see instructions))	Yes	No	Yes	No	Yes	No	1
ota							1	1	1	1	1

instructions

Support Schedule for Organizations Described in IRC 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	e organization f	fails to qualify u	nder the tests I	<u>ısted below, ple</u>	ase cor	nplete F	Part III.)
	ection A. Public Support		_	Г			Т	
Cale	endar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	<b>(e)</b> 20	011	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	12,937,170	5,399,382	4,369,255	4,269,040	5	,337,496	32,312,343
_	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities							
3	furnished by a governmental unit to the organization without charge							
4	<b>Total.</b> Add lines 1 through 3	12,937,170	5,399,382	4,369,255	4,269,040	5	,337,496	32,312,343
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							6,124,484
6	(f) <b>Public Support.</b> Subtract line 5							
	from line 4							26,187,859
	ection B. Total Support							
Cale	endar year (or fiscal year	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	( <b>d)</b> 2010	<b>(e)</b> 20	11	<b>(f)</b> Total
7	beginning in) A mounts from line 4	12,937,170	5,399,382	4,369,255	4,269,040		337,496	32,312,343
8	Gross income from interest,	12,557,170	3,333,302	1,505,255	1,203,010		337,130	32,312,313
0	dividends, payments received on securities loans, rents, royalties and income from similar sources	782,689	563,905	155,269	118,569		65,372	1,685,804
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
LO	Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets	21,474	21,474	-16,511	78,994		38,118	143,549
	Total support (Add lines 7 through 10)							34,141,696
12	Gross receipts from related activiti					12		5,087
13	First Five Years If the Form 990 is check this box and stop here ection C. Computation of Pub			thırd, fourth, or fı	fth tax year as a 5	501(c)(3	) organız	ation, ▶/
<u> </u>	Public Support Percentage for 2013			11 column (f))		14		76 700 %
15	Public Support Percentage for 2010	-		(.//		15		77 240 %
	33 1/3% support test—2011. If the	ŕ	•	on line 13 and h	ine 14 is 33 1/20%		check +I	
b	and stop here. The organization qua 33 1/3% support test—2010. If the box and stop here. The organization 10%-facts-and-circumstances test-is 10% or more, and if the organization Part IV how the organization meeorganization	alifies as a public organization did n qualifies as a pi — <b>2011.</b> If the org tion meets the "f	ly supported organ not check the box ublicly supported of anization did not c acts and circumst	nization k on line 13 or 16 organization theck a box on lin ances" test, chec	a, and line 15 is 3 e 13, 16a, or 16b ck this box and <b>st</b> e	33 1/3% of and line	or more, o 14 Explain	check this
ь 18	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ Explain in Part IV how the organiza supported organization <b>Private Foundation</b> If the organizat instructions	nization meets th tion meets the "f	e "facts and circu acts and circumst	mstances" test, c ances" test The	heck this box and organization quali	d <b>stop he</b> fies as a	re. publicly	<b>▶</b> □

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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 year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 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, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

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

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

**▶**[

Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

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### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Financial Statements** 

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

	e of the organization N COMMUNITY FOUNDATION		Emp	loyer ident if icat	ion numbei	r
[			84-0	0829226		
Par	Organizations Maintaining Donor A organization answered "Yes" to Form 99	90, Part IV, line 6.				
		(a) Donor advised funds	(	<b>(b)</b> Funds and o	ther accour	nts
-	Total number at end of year	117				
,	Aggregate contributions to (during year)	3,465,338				
,	Aggregate grants from (during year)	5,049,549				
,	Aggregate value at end of year					
	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		or advi	sed	✓ Yes	┌ No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber conferring impermissible private benefit				✓ Yes	┌ No
ari	Conservation Easements. Complete	ıf the organization answered "Yes" to	Form	n 990, Part IV	, line 7.	
	Purpose(s) of conservation easements held by the o Preservation of land for public use (e g , recreat Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual	on or pleasure)  Preservation of an Preservation of a c	ertified	d historic struct	-	
	easement on the last day of the tax year	Г	I			
1	Total number of conservation easements	-		Held at the	end of the	Year
		<u> </u>	2a			
	Total acreage restricted by conservation easements	<b>-</b>	2b			
	Number of conservation easements on a certified his	· · · -	2c			
l	Number of conservation easements included in (c) a	cquired after 8/17/06	2d			
	Number of conservation easements modified, transfe the taxable year • Number of states where property subject to conserv			e organization e	dillig	
	Does the organization have a written policy regardin enforcement of the conservation easements it holds		ling of	violations, and	┌ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easeme	ents di	uring the year 🛌		
	A mount of expenses incurred in monitoring, inspecti  \$ \$	ng, and enforcing conservation easements	durıng	the year		
	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sect	tion		┌ Yes	┌ No
	In Part XIV, describe how the organization reports on balance sheet, and include, if applicable, the text of the organization's accounting for conservation eases	the footnote to the organization's financial				
	Organizations Maintaining Collection Complete if the organization answered	ons of Art, Historical Treasures, o	or Oth	ner Similar <i>A</i>	\ssets.	
	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fil	116, not to report in its revenue statemer for public exhibition, education or researc	h ın fu			,
_	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item:	public exhibition, education, or research in				
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
	(ii) Assets included in Form 990, Part X			<u> </u>		
	If the organization received or held works of art, hist		r finan			
	following amounts required to be reported under SFA	S 116 relating to these items				
3	Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$		

**b** Assets included in Form 990, Part X

Part	Organizations Maintaining Co	<u>llections of Art</u>	<u>, His</u>	toric	al Treasi	ures, or C	tne	r Sillillar AS	<u>sets</u>	(cont	inued)
	Using the organization's accession and other items (check all that apply)	records, check and	y of th	ne follo	owing that a	re a signific	ant u	se of its collec	ion		
а	Public exhibition		d	Γ	Loan or exc	hange prog	rams				
b	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
	Provide a description of the organization's co Part XIV	llections and expla	ın hov	v they	further the	organızatıor	ı's ex	kempt purpose	n		
	During the year, did the organization solicit of assets to be sold to raise funds rather than t								┌ Yes	sГ	- No
Part	Part IV, line 9, or reported an an					n answere	d "Y	es" to Form 9	90,		
	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	forco	ontributions	or other ass	ets r		┌ Yes	<b>s</b> Г	- No
b	If "Yes," explain the arrangement in Part XI\	/ and complete the	follow	ıng ta	ble	Г					
_	Do anno a balanca					}	1.	An	nount		
_	Beginning balance					}	1c 1d				
	Additions during the year					}					
_	Distributions during the year					}	1e				
	Ending balance	005	<b>.</b>			L	1f				<del>-</del>
	Did the organization include an amount on Fo		e 21?						☐ Yes	5	No
	If "Yes," explain the arrangement in Part XIV				1 1157 11 1						
Par	t V Endowment Funds. Complete	f the organizatioi (a)Current Year		were Prior Y		Form 990 wo Years Back		T IV, line 10. Three Years Back	<b>(a)</b> For	ır Voor	rs Back
1a	Beginning of year balance	67,879	(0)	JEHOL I	63,694	55,26	_	Tillee Tears back	(e)i o	ai ieai	15 Dack
	Contributions	,			,	,					
	Investment earnings or losses	-2,568			4,185	11,42	.9				
	Grants or scholarships	,			,	-3,00	_				
e	Other expenditures for facilities and programs	-3,000									
	Administrative expenses										
g	End of year balance	62,311			67,879	63,69	4				
2	Provide the estimated percentage of the yea	r end balance held :	as								
	Board designated or quasi-endowment 🕨										
	Permanent endowment -										
c ·	Term endowment ►										
	Are there endowment funds not in the posses	ssion of the organiz	ation t	that a	re held and	admınıstere	d for	the			
	organization by								Y	es I	No
	(i) unrelated organizations			•			•	3a(		<del>-   '</del>	N o
	(ii) related organizations						•	3a(		<u> </u>	No_
	If "Yes" to 3a(II), are the related organization	•					•	3	<u> </u>		
	Describe in Part XIV the intended uses of th										
Part	VI Land, Buildings, and Equipme	nt. See Form 99	0, Pa								
	Description of property				) Cost or other is (investment			(c) Accumulated depreciation	(d	) Book	value
<b>1a</b> L	and		•						_		
<b>b</b> B	uildings		•						+		
	easehold improvements			1	119,76	56		45,7	43		74,023
<b>c</b> L				-	•						
	quipment				133,88	39		94,8	65		39,024
<b>d</b> E <b>e</b> O	quipment	<u> </u>			,			94,8	65		39,024

Part VII Investments—Other Securities. Sec	<u> Form 990, Part X, line 12.</u>	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
(3)Other (A)ABSOLUTE RETURN	8,084,915	С
(B) HEDGED EQUITY	6,201,083	С
(C) FIXED INCOME	1,945,167	C
(D) PRIVATE EQUITY	495,313	C
(E) REAL ASSETS	917,686	C
(L) NEAL ASSETS	917,000	C
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	17,644,164	
Part VIII Investments—Program Related. S	ee Form 990, Part X, line 13	
(a) Description of investment type	(b) Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	<b>F</b>	
Part IX Other Assets. See Form 990, Part X,		43.5
(a) Descri	ription	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line		
Part X Other Liabilities. See Form 990, Part		·
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes	1 2 2 2 2 2 2 2	
FUND HELD AS AGENCY ENDOWMENTS ORGANIZATION FUND TRANSFERS PAYABLE	1,266,889 2,443,658	
S. C.	2,113,636	
	+	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	3,710,547	

otal revenue (Form 990, Part VIII, column (A), line 12)		
	1	4,482,143
otal expenses (Form 990, Part IX, column (A), line 25)	2	15,390,443
excess or (deficit) for the year Subtract line 2 from line 1	3	-10,908,300
let unrealized gains (losses) on investments	4	
Oonated services and use of facilities	5	
nvestment expenses	6	
rior period adjustments	7	
Other (Describe in Part XIV )	8	7,418,692
· · · · · · · · · · · · · · · · · · ·	9	7,418,692
	10	-3,489,608
, , , , , , , , , , , , , , , , , , , ,	er Retu	
	1	3,798,891
Amounts included on line 1 but not on Form 990, Part VIII, line 12		
Net unrealized gains on investments 2a		
Donated services and use of facilities		
Recoveries of prior year grants		
Other (Describe in Part XIV)		
Add lines <b>2a</b> through <b>2d</b>	2e	-683,252
Subtract line <b>2e</b> from line <b>1</b>	3	4,482,143
Amounts included on Form 990, Part VIII, line 12, but not on line 1		
Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Other (Describe in Part XIV)		
Add lines <b>4a</b> and <b>4b</b>	4c	0
	5	4,482,143
	per Re	
	1	7,288,499
1 1		
Other losses		
Other (Describe in Part XIV) 2d -8,101,944		
Add lines <b>2a</b> through <b>2d</b>	2e	-8,101,944
Subtract line <b>2e</b> from line <b>1</b>	3	15,390,443
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		
Other (Describe in Part XIV)		
Add lines <b>4a</b> and <b>4b</b>	4c	0
	5	15,390,443
	Excess or (deficit) for the year Subtract line 2 from line 1  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments  Dother (Describe in Part XIV)  Total adjustments (net) Add lines 4 - 8  Excess or (deficit) for the year per financial statements. Combine lines 3 and 9  XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Total revenue, gains, and other support per audited financial statements.  Amounts included on line 1 but not on Form 990, Part VIII, line 12  Net unrealized gains on investments.  Donated services and use of facilities.  Donated services and use of facilities.  Donated services and use of facilities.  Dother (Describe in Part XIV)  Add lines 2a through 2d  Cuther (Describe in Part XIV)  Add lines 2a through 4b  Add lines 4a and 4b  Cuther (Describe in Part XIV)  Add lines 4a and 4b  Cuther (Describe in Part XIV)  Add lines 4a and 4b  Cuther (Describe in Part XIV)  Add lines 4a and 4b  Cuther (Describe in Part XIV)  Add lines 4a and 4b  Cuther (Describe in Part XIV)  Add lines 4a and 4b  Cuther (Describe in Part XIV)  Add lines 4a and 4b  Cuther (Describe in Part XIV)  Add lines 4a and 4b  Cuther (Describe in Part XIV)  Add lines 4a and 4b  Cuther (Describe in Part XIV)  Add lines 4a and 4b  Cuther (Describe in Part XIV)  Add lines 4a and 4b  Cuther (Describe in Part XIV)  Add lines 4a and 4b  Cuther (Describe in Part XIV)  Add lines 4a and 4b  Cuther (Describe in Part XIV)  Add lines 4a and 4b  Cuther (Describe in Part XIV)  Add lines 4a and 4b  Cuther (Describe in Part XIV)  Add lines 4a and 4b  Cuther (Describe in Part XIV)  Add lines 4a and 4b  Cuther (Describe in Part XIV)  Add lines 4a and 4b  Cuther (Describe in Part XIV)  Add lines 4a and 4b  Cuther (Describe in Part XIV)  Add lines 4a and 4b  Cuther (Describe in Part XIV)  Add lines 4a and 4b  Cuther (Describe in Part XIV)  Add lines 4a and 4b  Cuther (Describe in Part XIV)  Add lines 4a and 4b  Cuther (Describe in Part XIV)  Add l	Second   S

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
PART XI, LINE 8 - OTHER ADJUSTMENTS		AGENCY FUNDS 7,418,692
PART XII, LINE 2D - OTHER ADJUSTMENTS		AGENCY CONTRIBUTIONS AND AGENCY NET INVESTMENT INCOME
PART XIII, LINE 2D - OTHER ADJUSTMENTS		AGENCY GRANTS AGENCY ADMINISTRATION FEES

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

(Form 990)

Department of the Treasury

Schedule I

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

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

OMB No 1545-0047

DLN: 93493227033992

Internal Revenue Service			- Attach to Form 550			Employer identification	Inspection on number
ASPEN COMMUNITY FOUNDATION	I					84-0829226	
Part I General Information	on on Grants and	l Assistance				1	
<ol> <li>Does the organization maintain the selection criteria used to average to average the selection criteria used to average the selection criteria used to average the selection criteria used to average the selection of the selection criteria used to average the selection criteria used to average the selection criteria.</li> <li>Does the organization maintain the selection criteria used to average the selection criteria.</li> <li>Does the organization criteria used to average the selection criteria used to average the selection criteria used to average the selection criteria.</li> <li>Does the organization criteria used to average the selection criteria.</li> <li>Does the organization criteria used to average the selection criteria.</li> <li>Does the organization criteria used to average the selection criteria.</li> <li>Does the organization criteria used to average the selection criteria.</li> <li>Does the organization criteria used to average the selection criteria.</li> <li>Does the organization criteria used to average the selection criteria.</li> <li>Does the organization criteria used to average the selection criteria.</li> <li>Does the organization criteria used to average the selection criteria.</li> <li>Does the organization criteria used to average the selection criteria.</li> <li>Does the organization criteria used to average the selection criteria used to average the sel</li></ol>	ward the grants or as ation's procedures fo ssistance to Go de 21 for any recip	sistance? or monitoring the use o vernments and O lient that received n	f grant funds in the Unite rganizations in the nore than \$5,000. Ch	ed States  United States. Coneck this box if no one	nplete if the orgai	nization answered "Y d more than \$5,000.	. Use
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
See Addıtıonal Data Table							
							_
2 Enter total number of section 5	     01(c)(3) and govern	<u> </u>	ed in the line 1 table .			▶	
3 Enter total number of other orga	anızatıons lısted ın th	ie line 1 table				▶  ̄	

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistanc

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier Return Reference

Explanation

Schedule I (Form 990) 2011

Software ID: **Software Version:** 

**EIN:** 84-0829226

Name: ASPEN COMMUNITY FOUNDATION

(a) Name and address of organization or government	( <b>b</b> ) EIN			(e) A mount of non-cash assistance	I	_	(h) Purpose of grant or assistance
ACCESS ROARING FORKPO BOX 819 CARBONDALE,CO 81623	20- 0369318	501(C)3	5,500		other)		THIS GRANT IS TO FUND HEALTHY SNACKS FOR STUDENTS ENROLLED IN THE SECOND SHIFT PROGRAM AT THE GLENWOOD SPRINGS MIDDLE SCHOOL FOR THE SCHOOL YEAR 2011/2012 SPRINGS MIDDLE SCHOOL FOR THE SCHOOL YEAR 2011/2012 PLEASETHIS GRANT IS TO FUND HEALTHYSNACKS FOR STUDENTS ENROLLEDIN THE SECOND SHIFT PROGRAMAT THE GLENWOODSPRINGS MIDDLE SCHOOL FOR THESCHOOL YEAR 2011/2012 PLEASE
ACCESS ROARING FORKPO BOX 819 CARBONDALE, CO 81623	20- 0369318	501(C)3	29,334				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES FOR THE AFTERSCHOOL PROGRAM
ACCESS ROARING FORKPO BOX 819 CARBONDALE,CO 81623	20- 0369318	501(C)3	14,667				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES FOR THE AFTERSCHOOL PROGRAM
ACCESS ROARING FORKPO BOX 819 CARBONDALE,CO 81623	20- 0369318	501(C)3	14,667				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES FOR THE AFTERSCHOOL PROGRAM
ACCESS ROARING FORKPO BOX 819 CARBONDALE,CO 81623	20- 0369318	501(C)3	32,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES FOR THE AFTERSCHOOL PROGRAM
ACCESS ROARING FORKPO BOX 819 CARBONDALE,CO 81623	20- 0369318	501(C)3	14,667				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES FOR THE AFTERSCHOOL PROGRAM
ADVOCATE SAFEHOUSE PROJECT PO BOX 2036 GLENWOOD SPRINGS, CO 81602	84- 1047611	501(C)3	25,000				THE PURPOSE OF THIS GRANT IS FOR GENERAL OPERATING SUPPORT
ALLIANCE FOR SUSTAINABLE COLORADO1536 WYNKOOP STREET B500 DENVER,CO 80202	42- 1622670	501(C)3	55,000				THIS GRANT IS FOR GENERAL SUPPORT AND NO REPORTS ARE REQUIRED
ALPINE LEGAL SERVICESPO BOX 1890 GLENWOOD SPRINGS, CO 81602	84- 1061991	501(C)3	5,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
ALPINE LEGAL SERVICESPO BOX 1890 GLENWOOD SPRINGS, CO 81602	84- 1061991	501(C)3	35,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
AMERICAN ACADEMY OF PSYCHOTHERAPISTS 605 POOLE DRIVE GARNER, NC 27529	58- 1456523	501(C)3	12,000				THE PURPOSE OF THIS GRANT IS TO SUPPORT THE SCHOLARSHIP FUND
AMERICAN CIVIL LIBERTIES UNION FOUNDATION125 BROAD STREET 18TH FLOOR NEW YORK, NY 10004	23- 7028224	501(C)3	10,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
AMERICAN CIVIL LIBERTIES UNION FOUNDATION125 BROAD STREET 18TH FLOOR NEW YORK, NY 10004	23- 7028224	501(C)3	15,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
AMERICAN ENTERPRISE INSTITUTE1150 SEVENTEENTH STREET NW WASHINGTON, DC 20036	53- 0218495	501(C)3	5,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES AND IS MADE IN HONOR OF MARTY FELDSTEIN
AMERICAN SCHOOL IN LONDON FOUNDATION ONE WAVERLY PLACE LONDON NW80NP UK	13- 6258480	501(C)3	5,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
ASPEN BRAIN FORUM FOUNDATIONPO BOX 2055 ASPEN,CO 81612	27- 0435998	501(C)3	5,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
ASPEN BRAIN FORUM FOUNDATIONPO BOX 2055 ASPEN,CO 81612	27- 0435998	501(C)3	5,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
ASPEN BRAIN FORUM FOUNDATIONPO BOX 2055 ASPEN,CO 81612 ASPEN CENTER FOR ENVIRONMENTAL	27- 0435998	501(C)3	5,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES THIS GRANT IS TO
STUDIES100 PUPPY SMITH STREET ASPEN,CO 81611	23- 7042291	501(C)3	25,000				FULFILL THE MATCHING OP
ASPEN CENTER FOR ENVIRONMENTAL STUDIES100 PUPPY SMITH STREET ASPEN,CO 81611	23- 7042291	501(C)3	5,000				THIS GRANT IS TO SUPPORT THE TRIPLE MATCHING OPPORTUNITY AND GENERAL OPERATING EXPENSES

Form 990,Schedule 1	<u>, Part II, G</u>	ants and Ot	her Assista	nce to Gove	rnments an	d Organizati	ons in the United S
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASPEN CENTER FOR ENVIRONMENTAL STUDIES100 PUPPY SMITH STREET ASPEN,CO 81611	23- 7042291	501(C)3	5,000				THIS GRANT IS FOR GENERAL OPERATING EXPENSES
ASPEN COUNTRY DAY SCHOOL3 MUSIC SCHOOL ROAD ASPEN,CO 81611	23- 7033239	501(C)3	10,000				THIS GRANT IS FOR GENERAL OPERATING SUPPORT
ASPEN COUNTRY DAY SCHOOL3 MUSIC SCHOOL ROAD ASPEN,CO 81611	23- 7033239	501(C)3	5,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
ASPEN EDUCATION FOUNDATIONPO BOX 2200 ASPEN,CO 81612	84- 1181681	501(C)3	5,000				THIS GRANT IS TO SUPPORT THE UNDERWRITING OF FLAMING-A- GO-GO
ASPEN EDUCATION FOUNDATIONPO BOX 2200 ASPEN,CO 81612	84- 1181681	501(C)3	9,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
ASPEN EDUCATION FOUNDATIONPO BOX 2200 ASPEN,CO 81612	84- 1181681	501(C)3	5,000				THIS GRANT IS TO SUPPORT THE COLLEGE COUNSELING PROGRAM
ASPEN EDUCATION FOUNDATIONPO BOX 2200 ASPEN,CO 81612	84- 1181681	501(C)3	5,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
ASPEN EDUCATION FOUNDATIONPO BOX 2200 ASPEN,CO 81612	84- 1181681	501(C)3	40,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
ASPEN EDUCATION FOUNDATIONPO BOX 2200 ASPEN,CO 81612	84- 1181681	501(C)3	10,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
ASPEN EDUCATION FOUNDATIONPO BOX 2200 ASPEN,CO 81612	84- 1181681	501(C)3	5,000				THIS GRANT IS TO SUPPORT KATHY KLUG AND THE COLLEGE COUNSELORS AT ASPEN HIGH SCHOOL
ASPEN INSTITUTE 1000 NORTH 3RD STREET ASPEN,CO 81611	84- 0399006	501(C)3	5,000				THIS GRANT IS TO SUPPORT THE SOCRATES SOCIETY
ASPEN MUSIC FESTIVAL AND SCHOOL2 MUSIC SCHOOL ROAD ASPEN,CO 81611	84- 0445087	501(C)3	8,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
ASPEN MUSIC FESTIVAL AND SCHOOL2 MUSIC SCHOOL ROAD ASPEN,CO 81611	84- 0445087	501(C)3	25,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
ASPEN SANTA FE BALLET0245 SAGE WAY ASPEN,CO 81611	84- 1150857	501(C)3	25,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
ASPEN SANTA FE BALLET0245 SAGE WAY ASPEN,CO 81611	84- 1150857	501(C)3	26,771				THIS GRANT IS TO REFLECT THE 2011 ENDOWMENT DRAW
ASPEN SANTA FE BALLET0245 SAGE WAY ASPEN,CO 81611	84- 1150857	501(C)3	15,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES AND IS MADE IN CELEBRATION OF 15 YEARS
ASPEN SANTA FE BALLET0245 SAGE WAY ASPEN,CO 81612	84- 1150857	501(C)3	50,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
ASPEN SANTA FE BALLET0245 SAGE WAY ASPEN,CO 81611	84- 1150857	501(C)3	30,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
ASPEN SANTA FE BALLET0245 SAGE WAY ASPEN,CO 81611	84- 1150857	501(C)3	8,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
ASPEN SANTA FE BALLET0245 SAGE WAY ASPEN,CO 81611	84- 1150857	501(C)3	5,000				THIS GRANT IS FOR GENERAL OPERATING SUPPORT

Form 990,Schedule	I, Part II, G	rants and Ot	her Assista	nce to Gove	rnments and	d Organizatio	ns in the United S
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASPEN SCHOOL DISTRICT0235 HIGH SCHOOL ROAD ASPEN,CO 81611	84- 6002890	501(C)3	10,000				THIS GRANT IS TO FUND THE IPAD TECHNOLOGY INTEGRATION PLAN
ASPEN TREEPO BOX 8064 ASPEN,CO 81612	26- 3468420	501(C)3	15,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
ASPEN VALLEY LAND TRUST320 MAIN STREET SUITE 204 CARBONDALE,CO 81623	84- 0574754	501(C)3	5,000				THE GRANT IS TO SUPPORT THE ASPEN VALLEY LAND TRUST LAND DANCE AND TRUSTEE DONATION
ASPEN VALLEY MEDICAL FOUNDATIONPO BOX 1639 ASPEN,CO 81612	84- 0643721	501(C)3	5,000				THIS GRANT IS TO SUPPORT THE ASPEN HOPE CENTER AND IS MADE IN MEMORY OF COURTNEY CAVE
ASPEN VALLEY MEDICAL FOUNDATIONPO BOX 1639 ASPEN,CO 81612	84- 0643721	501(C)3	25,000				THIS GRANT IS TO SUPPORT THE NURSES AT ASPEN VALLEY HOSPITAL
ASPEN VALLEY SKI & SNOWBOARD CLUB 300 AVSC DRIVE ASPEN,CO 81611	84- 6042225	501(C)3	10,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
ASPEN VALLEY SKI & SNO WBO ARD CLUB 300 AVSC DRIVE ASPEN, CO 81611	84- 6042225	501(C)3	10,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
ASPEN VALLEY SKI & SNOWBOARD CLUB 300 AVSC DRIVE ASPEN,CO 81611	84- 6042225	501(C)3	7,500				THE PURPOSE OF THIS GRANT IS TO PROVIDE FUNDING FOR AVSC OUTEACH PROGRAMS
ASPEN VALLEY SKI & SNOWBOARD CLUB 300 AVSC DRIVE ASPEN,CO 81611	84- 6042225	501(C)3	5,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
ASPEN VALLEY SKI & SNOWBOARD CLUB 300 AVSC DRIVE ASPEN,CO 81611	84- 6042225	501(C)3	10,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
ASPEN VALLEY SKI & SNOWBOARD CLUB 300 AVSC DRIVE ASPEN,CO 81611	84- 6042225	501(C)3	5,000				THIS GRANT IS FOR GENERAL OPERATING SUPPORT
ASPEN VALLEY SKI & SNOWBOARD CLUB 300 AVSC DRIVE ASPEN,CO 81611	84- 6042225	501(C)3	7,000				THIS GRANT IS FOR GENERAL OPERATING EXPENSES
ASPEN YOUTH CENTERPO BOX 8266 ASPEN,CO 81612	74- 2554280	501(C)3	20,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
BALLROOM MARFA 108 EAST SAN ANTONIO STREET MARFA,TX 70843	20- 0126402	501(C)3	5,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
BALLROOM MARFA 108 EAST SAN ANTONIO STREET MARFA,TX 70843	20- 0126402	501(C)3	10,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
BALTIMORE SCHOOL FOR THE ARTS FOUNDATION INC712 CATHEDRAL STREET BALTIMORE, MD 21201	52- 1174284	501(C)3	8,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
BEST FRIENDS ANIMAL SANCTUARY5001 ANGEL CANYON ROAD KANAB,UT 84741	23- 7147797	501(C)3	5,000				THIS GRANT IS FOR GENERAL OPERATING COSTS
BIONEERS1607 PASEO DE PERALTA 3 SANTA FE,NM 87501	85- 0432731	501(C)3	15,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
BIONEERS1607 PASEO DE PERALTA 3 SANTA FE,NM 87501	85- 0432731	501(C)3	35,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
CENTER FOR REPRODUCTIVE RIGHTS120 WALL STREET NEW YORK, NY 10005	13- 3669731	501(C)3	5,000				THIS GRANT IS FOR GENERAL OPERATING COSTS

## orm 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

Form 990,Schedule	I, Part II, G	Grants and C	ther Assist	ance to Gov	ernments a	nd Organizat	ions in the United S
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR REPRODUCTIVE RIGHTS120 WALL STREET NEW YORK, NY 10005	13- 3669731	501(C)3	10,000				THIS GRANT IS FOR GENERAL OPERATING EXPENSES
CHALLENGE ASPEN PO BOX 6639 SNOWMASS VILLAGE,CO 81615	84- 1315910	501(C)3	6,000				THIS GRANT IS TO SUPPORT NEW EQUIPMENT FOR DISABLES SKIERS
CHALLENGE ASPEN PO BOX 6639 SNOWMASS VILLAGE,CO 81615	84- 1315910	501(C)3	5,000				THIS GRANT IS FOR RETURNING VETERANS
CHILD FOUNDATION CHARITY930 WASHINGTON AVENUE SUITE 206 MIAMI BEACH, FL 33139	20- 8227151	501(C)3	10,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
CHILDHELP RIVER BRIDGE CENTER520 21ST STREET GLENWOOD SPRINGS, CO 81601	95- 2884608	501(C)3	5,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
CHILDREN'S HOSPITAL FOUNDATION13123 EAST 16TH AVENUE BOX 045 AURORA,CO 80045	0813462	501(C)3	5,000				THIS GRANT IS FOR GENERAL OPERATING SUPORT
CHRIST EPISCOPAL CHURCH536 W NORTH STREET ASPEN,CO 81611	84- 1543970	501(C)3	100,000				THE PURPOSE OF THIS GRANT IS AS A BUILDING GIFT
CLYFFORD STILL MUSEUM201 WEST COLFAX AVE DEPARTMENT 1007 1007 DENVER,CO 81202	86- 1147083	501(C)3	10,000				THIS GRANT IS TO SUPPORT THE CAPITAL CAMPAIGN
COLORADO ANIMAL RESCUE2801 COUNTY ROAD 114 GLENWOOD SPRINGS, CO 81601	84- 1208087	501(C)3	20,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES AND IS MADE IN THE HONOR OF JIM CALAWAY
COLORADO ANIMAL RESCUE2801 COUNTY ROAD 114 GLENWOOD SPRINGS, CO 81601	84- 1208087	501(C)3	10,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING AND CAPITAL EXPENSES
COLORADO ANIMAL RESCUE2801 COUNTY ROAD 114 GLENWOOD SPRINGS, CO 81601	84- 1208087	501(C)3	5,000				THIS GRANT IS FOR GENERAL OPERATING EXPENSES
COLORADO BREAST CANCER COALITIONPO BOX 2328 ENGLEWOOD CO, CO 80150	84- 1287046	501(C)3	5,000				THIS GRANT IS FOR THE COLORADO BREAST CANCER AWARENESS TOUR OR SKI BUMPS FIGHT LUMPS
COLORADO ROCKY MOUNTAIN SCHOOL1493 COUNTY ROAD 106 CARBONDALE,CO 81623	84- 0425174	501(C)3	10,000				THIS GRANT IS TO SUPPORT THE ANNUAL FUND
COLORADO WEST REGIONAL MENTAL HEALTH0405 CASTLE CREEK RD 9 ASPEN,CO 81611	84- 0625890	501(C)3	30,000				THE PURPOSE OF THIS REQUEST IS TO PROVIDE ASPEN COUNSELING CENTER SERVICES TO UNINSURED AND SPANISH SPEAKING INDIVIDUALS
COLUMBINE HOME HEALTH INC927 COOPER AVE GLENWOOD SPRINGS, CO 81601	84- 1405085	501(C)3	35,000				THE PURPOSE OF THIS GRANT IS FOR GENERAL OPERATING EXPENSES
COMPASSPO BOX 336 WOODY CREEK,CO 81656	84- 0613297	501(C)3	15,000				THIS GRANT IS TO SUPPORT ASPEN COMMUNITY SCHOOL
CREATIVE CAPITAL FOUNDATION65 BLEECKER STREET NEW YORK, NY 10012	31- 1605982	501(C)3	5,000				NO PURPOSE SPECIFIED
DE LA SALLE EDUCATION CENTERPO BOX 871317 KANSAS CITY, MO 64187	43- 0971728	501(C)3	5,000				THIS GRANT IS TO HONOR AND RECOGNIZE TOM M DEACY AND HIS HARD WORK AND CONTINUED DEDICATION TO THIS ORGANIZATION
DENVER MUSEUM OF NATURE & SCIENCE2001 COLORADO BLVD DENVER,CO 80205	84- 0518447	501(C)3	242,623				THE PURPOSE OF THIS GRANT IS FOR THE SNOWMASTODON PROJECT
DIGITAL ARTS FOUNDATION ASPEN AIRPORT BUSINESS CENTER BUILDING 210 STE A ASPEN, CO 81611	68- 0551584	501(C)3	17,000				THIS GRANT IS FOR GENERAL OPERATING EXPENSES

Form 990,Schedule	I, Part II, G	Frants and O	ther Assist	ance to Gove	ernments ar	d Organizati	ons in the United S
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DISABLED SPORTS USA451 HUNGERFORD DRIVE SUITE 100 ROCKVILLE, MD 20850	94- 6174016	501(C)3	6,000				THIS GRANT IS TO SUPPORT THE PURCHASE OF NEW EQUIPMENT FOR DISABLES SKIERS AND SCHOLARSHIPS FOR NEW TEACHERS
DOCTORS WITHOUT BORDERS333 SEVENTH AVENUE 2ND FLOOR NEW YORK, NY 10001	13- 3433452	501(C)3	20,000				THIS GRANT IS FOR GENERAL OPERATING EXPENSES
DUMOND CONSERVANCY FOR PRIMATES & TROPICAL FOREST 14805 SW 216TH STREET MIAMI,FL 33170	65- 0201636	501(C)3	10,000				THIS GRANT IS TO SUPPORT DISABLES CHILDREN THERAPIES
EARLY LEARNING CENTER215 N GARMISCH STREET ASPEN,CO 81611	84- 1160185	501(C)3	10,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
EARLY LEARNING CENTER215 N GARMISCH STREET ASPEN,CO 81611	84- 1160185	501(C)3	5,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES THIS GRANT IS
EARTHJUSTICE426 17TH STREET 6TH FLOOR OAKLAND, CA 94612	84- 1730465	501(C)3	15,000				TO SUPPORT GENERAL OPERATING EXPENSES AND MEET A CHALLENGE GRANT
EMERGENCY MEDICAL TRAUMA ADVISORY COUNCIL0401 CASTLE CREEK RD ASPEN,CO 81611	83- 0353877	501(C)3	12,000				THE PURPOSE OF THIS GRANT IS TO PURCHASE AED UNITS FOR PITKIN COUNTY
EMERGENCY MEDICAL TRAUMA ADVISORY COUNCIL0401 CASTLE CREEK RD ASPEN,CO 81611	83- 0353877	501(C)3	5,000				THIS GRANT IS FOR GENERAL OPERATING SUPPORT
ENGLISH IN ACTIONPO BOX 4856 BASALT,CO 81621	26- 1254643	501(C)3	5,000				THIS GRANT IS FOR GENERAL OPERATING EXPENSES
ENGLISH IN ACTIONPO BOX 4856 BASALT,CO 81621	26- 1254643	501(C)3	15,000				THIS GRANT IS FOR GENERAL OPERATING COSTS
EXECUTIVE SERVICE CORPS 0250 SAGE WAY ASPEN,CO 81611	20- 2590242	501(C)3	10,000				THE PURPOSE OF THIS GRANT IS TO UNDERWITE THE COSTS OF CONSULTING FOR NONPROFIT CLIENTS AND TO SUPPORT THE DEVELOPMENT OF TWO NONPROFIT "COHORT" GROUPS
FAMILY VISITOR PROGRAMS401 23RD STREET 204 GLENWOOD SPRINGS, CO 81601	84- 1001484	501(C)3	5,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES AND TO SUSTAIN PROGRAMMING
FAMILY VISITOR PROGRAMS401 23RD STREET 204 GLENWOOD SPRINGS, CO 81601	84- 1001484	501(C)3	30,000				THE PURPOSE OF THIS GRANT IS TO SUPPORT THE AGENCY'S HOME VISITOR PROGRAM
FEEDING SOUTH FLORIDA 5850 NW 32 AVENUE MIAMI, FL 33142	59- 2097520	501(C)3	5,000				GENERAL FUNDING
FIRST UNITED METHODIST CHURCHPO BOX 7 GLENWOOD SPRINGS, CO 81602	87- 1218245	501(C)3	6,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
FOOD BANK OF THE ROCKIES10700 EAST 45TH AVENUE DENVER,CO 80239	84- 0772672	501(C)3	10,000				THIS GRANT IS TO SUPPORT THE WESTERN SLOPE PROGRAMS
FOR THE FORESTPO BOX 1325 ASPEN, CO 81612	84- 1583104	501(C)3	9,200				THIS GRANT IS TO SUPPORT THE FORESTS AT RISK SYMPOSIUM
FOR THE FORESTPO BOX 1325 ASPEN, CO 81612	84- 1583104	501(C)3	5,000				THIS GRANT IS SUPPORT GENERAL OPERATING EXPENSES
FOREST CONSERVANCY 1012 BROOKIE DRIVE CARBONDALE,CO 81623	84- 1583104	501(C)3	11,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
FRIENDS OF THE ASPEN ANIMAL SHELTERPO BOX 985 ASPEN,CO 81612	84- 1564816	501(C)3	5,000				THIS GRANT IS FOR GENERAL OPERATING COSTS

## orm 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

Form 990,Schedule	I, Part II,	Grants and (	Other Assist	tance to Gov	ernments a	nd Organiza	tions in the United S
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GARCES MEMORIAL CATHOLIC HIGH SCHOOL2800 LOMA LINDA BAKERSFIELD, CA 93305	94- 1347028	501(C)3	10,100				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
GARFIELD COUNTY PUBLIC LIBRARY FOUNDATION207 EAST AVENUE RIFLE, CO 81650	84- 1459567	501(C)3	5,000				THE PURPOSE OF THIS GRANT IS TO SUPPORT THE SUMMER READING PROGRAM
GLOBAL GREEN 2218 MAIN STREET 2ND FLOOR SANTA MONICA, CA 90405	77- 0387124	501(C)3	5,000				THIS GRANT IS TO SUPPORT THE 15TH ANNUAL USA MILLENIUM AWARDS AS AN EVENT COMMITTEE MEMBER
GO4THEGOAL FOUNDATIONPO BOX 433 HOHOKUS,NJ 07423	20- 5065314	501(C)3	5,000				THIS GRANT IS TO SUPPORT BRIN BERGE AND THE TWIRLING FOR TOTS EVENT
GRAND VALLEY CENTER FOR FAMILY LEARNING 100 E SECOND STREET PARACHUTE, CO 81635	94- 6001236	501(C)3	6,000				THE PURPOSE OF THIS GRANT IS TO SUPPORT THE COMPLETION OF THE PLAYGROUND
GRAND VALLEY EDUCATIONAL FOUNDATION251 NORTH PARACHUTE AVENUE PARACHUTE,CO 81635	84- 1573995	501(C)3	10,000				THIS GRANT IS TO SUPPORT THE TEACHER OF THE YEAR AWARD
GREATER MIAMI JEWISH FEDERATION4200 BISCAYNE BLVD MIAMI,FL 33131	59- 0624404	501(C)3	20,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
GUGGENHEIM MUSEUM1071 FIFTH AVENUE NEW YORK, NY 10128	13- 5562233	501(C)3	5,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
HAMMER MUSEUM OF ART AND CULTURAL CENTER AT UCLA10899 WILSHIRE BLVD LOS ANGELES, CA 90024	95- 4217197	501(C)3	100,000				THIS GRANT IS TO SUPPORT THE DIRECTOR'S FEES
HAMMER MUSEUM OF ART AND CULTURAL CENTER AT UCLA10899 WILSHIRE BLVD LOS ANGELES, CA 90024	95- 4217197	501(C)3	15,000				THIS GRANT IS FOR THE PURCHASE OF ART
HOFFMAN INSTITUTE FOUNDATION1299 FOURTH STREET 6TH FLOOR SAN RAFAEL, CA 94901	33- 0627187	501(C)3	9,200				THIS GRANT IS TO SUPPORT THE MICHAEL GUALTIERI MEMORIAL FUND
ISLAND PRESS 1718 CONNECTICUT AVE NW SUITE 300 WASHINGTON, DC 20009	94- 2578166	501(C)3	15,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
JACKSON MEMORIAL FOUNDATION901 NW 17TH STREET G MIAMI,FL 33136	65- 0077727	501(C)3	300,000				THIS GRANT IS TO SUPPORT THYROID AND NEUROENDOCRINE TUMORS
JAZZ ASPEN SNO WMASS110 EAST HALLAM STREET SUITE 104 ASPEN,CO 81611	84- 1220222	501(C)3	12,500				THIS GRANT IS TO SUPPORT THE "WOMEN IN JAZZ" HIGHLIGHTED AT JAZZ ASPEN SNOWMASS "DOWNSTAIRS AT THE NELL" WINTER SERIES
JAZZ ASPEN SNO WMASS110 EAST HALLAM STREET SUITE 104 ASPEN,CO 81611	84- 1220222	501(C)3	10,000				AS DISCUSSED WITH JIM H, AS HE SEE'S NEED
JAZZ ASPEN SNOWMASS110 EAST HALLAM STREET ASPEN,CO 81611	84- 1220222	501(C)3	10,006				THIS GRANT IS TO SUPPORT THE BIG DANCE
LIFT-UPPO BOX 1928 RIFLE,CO 81650	84- 0896081	501(C)3	10,000				THIS GRANT IS TO SUPPORT THE MOST PRESSING NEEDS
LIVESTRONG LANCE ARMSTRONG FOUNDATION2201 EAST SIXTH STREET AUSTIN,TX 78702	74- 2806618	501(C)3	5,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
MASTERS OF FOXHOUNDS ASSOCIATIONPO BOX 363 MILLWOOD, VA 22646	54- 1999846	501(C)3	25,000				THIS GRANT IS TO SUPPORT THE EDUCATIONAL FOUNDATION
MICHIGAN STATE UNIVERSITY300 SPARTAN WAY EAST LANSING,MI 48824	38- 6005984	501(C)3	5,000				THIS GRANT IS TO SUPPORT THE JEAN P SCHULTZ ENDOWED ONCOLOGY RESEARCH FUND

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ini 990,3cheuule 1, Part 11, C	siants and other Assistance to do	verninents and Organizations in the officed States

(a) Name and address of organization or government	( <b>b)</b> EIN		ı	I	ı	d Organizati (g) Description of non-cash assistance	
MILITARY RELIGIOUS FREEDOM FOUNDATION13170- B CENTRAL AVENUE SE ALBUQUERQUE,NM 87123	20- 3967302	501(C)3	10,000		otile!)		THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
MILITARY RELIGIOUS FREEDOM FOUNDATION13170- B CENTRAL AVENUE SE ALBUQUERQUE, NM 87123	20- 3967302	501(C)3	10,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
MOUNTAIN RESCUE ASPEN630 W MAIN ST ASPEN,CO 81611	84- 6042237	501(C)3	5,000				THIS GRANT IS TO SUPPORT THE MOST PRESSING NEEDS
MOUNTAIN RESCUE ASPEN630 W MAIN ST ASPEN,CO 81611	84- 6042237	501(C)3	5,000				THIS GRANT IS TO UNDERWRITE FIRST RESPONDERS TRAINING COURSES FOR MEMBERS
MOUNTAIN VALLEY DEVELOPMENTAL SERVICESPO BOX 338 GLENWOOD SPRINGS,CO 81602	84- 0687930	501(C)3	25,000				THE PURPOSE OF THIS GRANT IS TO PROVIDE FUNDING FOR A NEW AGENCY ROOF REQUIRED BEFORE INSTALLING A NEW SOLAR ELECTRIC SYSTEM
MUSEUM OF CONTEMPORARY ART - CHICAGO220 EAST CHICAGO AVENUE CHICAGO,IL 60611	36- 6154098	501(C)3	135,000				THIS GRANT IS TO SUPPORT THE ARTS WITH ACQUISITION FUNDS
NATUREBRIDGE28 GEARY ST STE 650 SAN FRANCISCO,CA 94108	94- 2145930	501(C)3	8,000				THIS GRANT IS FOR GENERAL OPERATING SUPPORT
OUR LADY OF ASSUMPTION SCHOOL3169 TELEGRAPH ROAD VENTURA,CA 93003	94- 1125118	501(C)3	6,000				THIS PURPOSE OF THIS GRANT IS TO PURCHASE FIVE APPLE COMPUTERS FOR THE SCHOOL
PATHFINDERS PILLARS OF LIFE FOUNDATIONPO BOX 11799 ASPEN, CO 81612	20- 1710899	501(C)3	65,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
PATHFINDERS PILLARS OF LIFE FOUNDATIONPO BOX 11799 ASPEN, CO 81612	20- 1710899	501(C)3	5,000				THIS GRANT IS TO SUPPORT ARCHER BISHOP AND GENERAL OPERATING EXPENSES
PLANNED PARENTHOOD - DENVER OFFICE 7155 EAST 38TH AVE DENVER,CO 80207	53- 0204621	501(C)3	15,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
PRECOLLEGIATE PROGRAM1405 GRAND AVENUE GLENWOOD SPRINGS,CO 81601	84- 6012220	501(C)3	5,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES \$5,000 IS TO BE DIRECTED TO THE 2011-2012 SCHOOL YEAR
PRECOLLEGIATE PROGRAM1405 GRAND AVENUE GLENWOOD SPRINGS,CO 81601	84- 6012220	501(C)3	20,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
PRECOLLEGIATE PROGRAM1405 GRAND AVENUE GLENWOOD SPRINGS,CO 81601	84- 6012220	501(C)3	5,000				THIS GRANT IS TO SUPPORT GENERAL OPERATIONS OF THE PRECOLLEGIATE PRO GRAM
PRECOLLEGIATE PROGRAM1405 GRAND AVENUE GLENWOOD SPRINGS,CO 81601	84- 6012220	501(C)3	5,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES AND IS MADE POSSIBLE BY JULIANE HEYMAN
PRECOLLEGIATE PROGRAM1405 GRAND AVENUE GLENWOOD SPRINGS,CO 81601	84- 6012220	501(C)3	5,000				THIS GRANT IS FOR THE GENERAL OPERATING EXPENSES
PRECOLLEGIATE PROGRAM1405 GRAND AVENUE GLENWOOD SPRINGS,CO 81601	84- 6012220	501(C)3	5,000				THIS GRANT IS FOR THE PRECOLLEGIATE PROGRAM'S STANDARDIZED TEST PREPARATION PROGRAM
RESPONSEPO BOX 1340 ASPEN,CO 81612	74- 2328814	501(C)3	35,000				THE PURPOSE OF THIS GRANT IS TO SUPPORT SERVICES FOR LATINA WOMEN AND CHILDREN HALF OF THIS
RESURRECTION OF OUR LORD CATHOLIC CHURCH 112 FELL STREET SAVANNAH, GA 31415		501(C)3	5,000				GRANT IS TO SUPPORT THE CHURCH'S BUILDING FUND AND THE OTHER HALF IS TO SUPPORT THE COMMUNITY DEVELOPMENT FUND THIS IS MADE IN HONOR OF MATHEW FORET MASCOTTE
ROARING FORK PUBLIC EDUCATION FOUNDATIONPO BOX 1275 CARBONDALE,CO 81623	04- 3760602	501(C)3	7,000				THIS GRANT IS TO SUPPORT CONTINUED DEVELOPMENT OF THE PUBLIC EDUCATION FOUNDATION

## rm 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

Form 990,Schedule						_	T
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ROARING FORK VALLEY EARLY LEARNING FUNDPO BOX 2533 GLENWOOD SPRINGS,CO 81602	55- 0873041	501(C)3	12,000				THE PURPOSE OF THIS GRANT IS TO SUPPORT THE RAISING A READER PROGRAM THIS GRANT IS A THREE- YEAR GRANT WITH DECLINING FUNDING (\$12,000/ \$\$9,000/\$6,750) SUBSEQUENT YEARS FUNDING IS CONTINGENT ON ACF'S AVAILABLE FUNDS AND PERIODIC PROGRESS REPORTS FROM
SLOW MONEY320 WASHINGTON ST 4TH FLOOR BROOKLINE, MA 02445	26- 4282320	501(C)3	12,500				RFVELF THIS GRANT IS TO SUPPORT THE SOIL TRUST
SOUTHEASTERN ENVIRONMENTAL EDUCATION ALLIANCE63 UNION STREET NEW BEDFORD, MA 02740	57- 1005003	501(C)3	30,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
SOUTHERN POVERTY LAW CENTER400 WASHINGTON AVENUE MONTGOMERY,AL 36104	63- 0598743	501(C)3	7,500				THIS GRANT IS FOR GENERAL OPERATING SUPPORT
SPELLBINDERSPO BOX 1986 BASALT,CO 81621	84- 1157832	501(C)3	5,000				THIS GRANT IS TO SUPPORT THE CIRCLE OF ENCHANTMENT
SUSAN G KOMEN FOUNDATIONPO BOX 4810 ASPEN,CO 81612	84- 1528592	501(C)3	5,000				THE PURPOSE OF THIS GRANT IS TO SUPPORT GENERAL OPERATING AND ENCOURAGE ASPEN SKIING COMPANY EMPLOYEES TO PARTICIPATE IN RIDE FOR THE CURE
SUSTAINABLE SETTINGS6107 HIGHWAY 133 CARBONDALE,CO 81623	84- 1610236	501(C)3	85,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES AND THE EFFORTS TO FIND OTHER MAJOR DONORS
TEACHERS ACROSS BORDERS100 N EIGHTH STREET 3 ASPEN,CO 81612	80- 0007455	501(C)3	5,000				THE PURPOSE OF THIS GRANT IS FOR THE SIEM REAP PROGRAM OR DISCRETIONARY FUNDS AT THE ADVICE OF KATHY KLUG
THE ALLIANCE FOR CLIMATE PROTECTION901 EAST STREET NW WASHINGTON, DC 20004	87- 0745629	501(C)3	50,000				THIS GRANT IS TO SUPPORT THE CLIMATE REALITY PROJECT
THE ASPEN HOMELESS SHELTER PO BOX 1639 ASPEN,CO 81612	30- 0566563	501(C)3	5,000				THIS GRANT IS TO SUPPORT THE EVENING HOT MEAL AT THE SHELTER FOR THE PERIOD DECEMBER 1, 2011 TO MARCH 31, 2012
THE BAUM FOUNDATIONPO BOX 475027 SAN FRANCISCO,CA 94147	87- 0692753	501(C)3	5,000				THIS GRANT IS FOR GENERAL OPERATING SUPPORT
THE BUDDY PROGRAM110 EAST HALLAM STREET SUITE 125 ASPEN,CO 81611	74- 2594693	501(C)3	15,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
THE BUDDY PROGRAM110 EAST HALLAM STREET SUITE 125 ASPEN,CO 81611	74- 2594693	501(C)3	5,000				THE RECOMMENDATION OF KAREN LORD AND IS TO SUPPORT EXPERIENTIAL PROGRAMS
THE CLEVELAND FOUNDATION1422 EUCLID AVENUE SUITE 1300 CLEVELAND,OH 44115	34- 0714588	501(C)3	10,000				THIS GRANT IS TO SUPPORT THE JONATHAN LEWIS FUND
THE ENVIRONMENT FOUNDATIONPO BOX 1248 ASPEN,CO 81612	84- 1428863	501(C)3	40,378				THIS GRANT IS TO SUPPORT COMMUNITY GRANTMAKING EFFORTS
THE ENVIRONMENT FOUNDATIONPO BOX 1248 ASPEN,CO 81612	84- 1428863	501(C)3	50,000				THE PURPOSE OF THIS GRANT IS FOR MATCHING FUNDS PER PRIOR AGREEMENTS WITH ACF TO MATCH
THE ENVIRONMENT FOUNDATIONPO BOX 1248 ASPEN,CO 81612	84- 1428863	501(C)3	24,621				EMPLOYEE  THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES  THIS GRANT IS TO
THE MANAUS FUND PO BOX 2026 CARBONDALE,CO 81623	20- 2710588	501(C)3	166,000				THIS GRANT IS TO SUPPORT THE BASALT COMMUNITY CAMPUS
THE MANAUS FUND PO BOX 2026 CARBONDALE, CO 81623	20- 2710588	501(C)3	100,000				THIS GRANT IS TO SUPPORT THE BASALT COMMUNITY CAMPUS PROJECT
THE RIGHT DOOR 0405 CASTLE CREEK ROAD SUITE 1 ASPEN,CO 81612	77- 0650593	501(C)3	10,000				THIS GRANT IS FOR GENERAL SUPPORT

rm 990 Schedule T	Part II. Grants and Other	Assistance to Govern	ments and Organizations i	n the United States
ini 990,3chedule 1,	Part 11, Grants and Other	Assistance to dovern	ilients and Organizations i	ii tile ollited states

		I					tions in the United S
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THEATRE ASPEN 110 EAST HALLAM SUITE 103 ASPEN,CO 81611	74- 2319032	501(C)3	7,250		othery		THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
THEATRE ASPEN 110 EAST HALLAM SUITE 103 ASPEN,CO 81611	74- 2319032	501(C)3	5,125				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
THEATRE ASPEN 110 EAST HALLAM SUITE 103 ASPEN,CO 81611	74- 2319032	501(C)3	5,000				THIS GRANT IS FOR GENERAL OPERATING COSTS
THIRD STREET CENTER520 SOUTH THIRD STREET CARBONDALE,CO 81623	80- 0206000	501(C)3	5,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
THREE GENERATIONS 1123 BROADWAY SUITE 710 NEW YORK, NY 10010	20- 8688513	501(C)3	6,000				THIS GRANT IS TO HELP THE ONGOING WORK OF THE FOUNDATION
TOUCHSTONES DISCUSSION PROJECTPO BOX 2329 ANNAPOLIS,MD 21404	52- 2009938	501(C)3	5,000				THIS GRANT IS FOR BUILDING LEARNING SKILLS THROUGH THE POWER OF READING AND DISCUSSION
US SKI & SNO WBO ARD TEAM FOUNDATION1 VICTORY LANE PARK CITY, UT 84060	84- 6030639	501(C)3	16,698				THIS GRANT IS TO SUPPORT COMMUNITY EVENTS TIED TO THE 2010 ASPEN WINTERNATIONAL THESE INCLUDE A FIREWORKS DISPLAY ON SATURDAY OF THE EVENT AND THE
UCLA DIVISION OF DIGESTIVE DISEASES-UCLA FOUNDATION100 MEDICAL PLAZA SUITE 265 LOS ANGELES, CA 90095	95- 2250801	501(C)3	25,000				WINTERNATIONAL  THE PURPOSE OF THIS GRANT IS TO SUPPORT CURRENT EXPENDITURE NEEDS OF UNIVERSITY OF CALIFORNIA, LOS ANGELES DIVISION OF DIGESTIVE DISEASES THIS GRANT IS FOR GENERAL OPERATING
ULI FOUNDATION 1025 THOMAS JEFFERSON STREET NW SUITE 500 WASHINGTON, DC 20007	23- 7133957	501(C)3	10,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
UNION OF CONCERNED SCIENTISTSTWO BRATTLE SQUARE CAMBIRIDGE, MA 02238	04- 2535767	501(C)3	15,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
UNITED NEGRO COLLEGE FUNDPO BOX 10444 FAIRFAX, VA 22031	13- 1624241	501(C)3	20,000				THIS GRANT IS FOR GENERAL OPERATING EXPENSES
UNITED STATES ARTISTS5757 WILSHIRE BLVD SUITE 580 LOS ANGELES, CA 90036	22- 3903993	501(C)3	25,000				THIS GRANT IS TO SUPPORT ONE USA FELLOW
VALLEY VIEW HOSPITAL FOUNDATIONPO BOX 1970 GLENWOOD SPRINGS, CO 81602	73- 1664673	501(C)3	100,000				THIS GRANT IS TO SUPPORT THE NEW CANCER CENTER
VALLEY VIEW HOSPITAL FOUNDATIONPO BOX 1970 GLENWOOD SPRINGS, CO 81602	73- 1664673	501(C)3	150,000				THIS GRANT IS FOR THE NEW CANCER CENTER
WESTERN COLORADO PRESCHOOL COOPERATIVEPO BOX 2026 CARBONDALE,CO 81623	20- 2710588	501(C)3	60,000				THIS GRANT IS TO SUPPORT THE OPERATIONS OF THE WESTERN COLORADO PRESCHOOL COOPERATIVE THIS GRANT WILL BE DISTRIBUTED AS FOLOWS \$30,000 NOW AND \$30,000 UPON COMPLETION OF THE CO-OP'S PLANNING PROCESS
WESTERN COLORADO PRESCHOOL COOPERATIVEPO BOX 2026 CARBONDALE,CO 81623	20- 2710588	501(C)3	5,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES FOR THE WESTERN COLORADO PRESCHOOL COOPERATIVE
WHITNEY MUSEUM OF AMERICAN ART 945 MADISON AVE NEW YORK, NY 10021	13- 1789318	501(C)3	25,000				THIS GRANT IS IN SUPPORT OF THE 2012 WHITNEY BIENNIAL
WILDERNESS WORKSHOPPO BOX 1442 CARBONDALE,CO 81623	74- 1900412	501(C)3	5,000				THIS GRANT IS FOR GENERAL OPERATING SUPPORT
WILDERNESS WORKSHOPPO BOX 1442 CARBONDALE,CO 81623	74- 1900412	501(C)3	5,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
WILDERNESS WORKSHOPPO BOX 1442 CARBONDALE,CO 81623	74- 1900412	501(C)3	5,000				THIS GRANT IS TO SUPPORT THE HIDDEN GEMS CAMPAIGN

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILDERNESS WORKSHOPPO BOX 1442 CARBONDALE,CO 81623	74- 1900412	501(C)3	5,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
WILDWOOD SCHOOLPO BOX 9290 ASPEN,CO 81612	84- 0616743	501(C)3	7,000				THIS PURPOSE OF THIS GRANT IS FOR TUITION ASSISTANCE FOR COLORADO PRESCHOOL PROGRAM CHILDREN DURING THE SCHOOL YEAR AND FOR THE SUMMER
WINDWALKERS EQUINE ASSISTED LEARNING AND THERAPY CENTER PO BOX 504 CARBONDALE,CO 81623	38- 3716992	501(C)3	5,000				THIS GRANT IS FOR GENERAL OPERATING COSTS
WITTE MUSEUM 3801 BROADWAY SAN ANTONIO,TX 78209	74- 1400537	501(C)3	75,822				THIS GRANT IS TO SUPPORT THE JESSICA CATTO GARDENS
WYLY COMMUNITY ART CENTER99 MIDLAND AVENUE BASALT,CO 81621	20- 1188479	501(C)3	5,000				THIS GRANT IS FOR GENERAL OPERATING SUPPORT
YMCA OF GREATER SAINT PAUL2125 EAST HENNEPIN AVENUE MINNEAPOLIS, MN 55413	41- 0693932		12,500				THIS GRANT IS TO SUPPORT CAMP SCHOLARSHIPS THROUGH THE WIDJI GENERAL ENDOWMENT FUND
ROARING FORK FAMILY RESOURCE CENTERSPO BOX 1833 CARBONDALE,CO 81623	84- 6012220	501(C)3	31,000				THE PURPOSE OF THIS GRANT IS FOR GENERAL OPERATING EXPENSES AND DIRECT ASSISTANCE
YOUR FRIENDS FOR LIFEPO BOX 4035 ASPEN,CO 81612	26- 2537702	501(C)3	5,000				THIS GRANT IS TO SUPPORT THE YOUTH BANK
YOUTHENTITYPO BOX 1989 CARBONDALE,CO 81623	84- 1601705	501(C)3	6,000				THIS GRANT IS TO SUPPORT THE YOUTH BANK
YOUTHENTITYPO BOX 1989 CARBONDALE,CO 81623	84- 1601705	501(C)3	15,000				THE PURPOSE OF THIS GRANT IS TO PROVIDE GENERAL OPERATING SUPPORT

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As Filed Data -

DLN: 93493227033992

OMB No 1545-0047

2011

Open to Public Inspection

### 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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization ASPEN COMMUNITY FOUNDATION

Employer identification number

84-0829226

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	REVIEW RETURN IN MEETINGS PRIOR TO FILING
	FORM 990, PART VI, SECTION B, LINE 12C	REGULAR MEETINGS/REPORTS
	FORM 990, PART VI, SECTION B, LINE 15	INDUSTRY DATA
	FORM 990, PART VI, SECTION C, LINE 19	UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	AGENCY FUNDS 7,418,692 TOTAL TO FORM 990, PART XI, LINE 5 7,418,692

#### **Additional Data**

Software ID: Software Version:

**EIN:** 84-0829226

Name: ASPEN COMMUNITY FOUNDATION

#### Form 990, Special Condition Description:

	Special Condition Description							
Form 990, Part	Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)							
4d. Other progran	n services							
(Code	) (Expenses \$	14,851,858 including grants of \$	) (Revenue \$	)				