

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

2011

Open to Public

Department of the Treasury
Internal Revenue Service

benefit trust or private foundation)

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

10/01, 2011, and ending 09/30, 20 12 A For the 2011 calendar year, or tax year beginning D Employer identification number C Name of organization B Check if applicable ASPEN ART MUSEUM FOUNDATION 84-1515243 Address change Doing Business As E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 590 N MILL STREET (970) 925-8050 initial return City or town, state or country, and ZIP + 4 Amended ASPEN, CO 81611 G Gross receipts \$ 2,572,822. return Application pending H(a) Is this a group return for F Name and address of principal officer JONATHAN LEE, PRESIDENT Yes 590 N. MILL ST ASPEN, CO 91611 H(b) Are all affiliates included? If "No." attach a list (see instructions) Tax-exempt status X | 501(c)(3) 501(c) ((insert no) 4947(a)(1) or 527 Website: ► N/A H(c) Group exemption number СО L Year of formation 1999 M State of legal domicile Form of organization | X | Corporation Other > Association Summary Part I Briefly describe the organization's mission or most significant activities THE ESTABLISHMENT AND MAINTENANCE OF AN ENDOWMENT FUND EXCLUSIVELY Governance THE USE OF THE ASPEN ART MUSEUM. If the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) <u>9.</u> Number of independent voting members of the governing body (Part VI, line 1b) 70 5 Total number of individuals employed in calendar year 2011 (Part V. line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 6 0 7a Total unrelated business revenue from Part VIII, column (C), line b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 1,065,204 8 Contributions and grants (Part VIII, line 1h) 2,525,428. 9 Program service revenue (Part VIII, line 2g) 12 14,394. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7,0) 1,119,361 -15,465. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 2,184,577 2,524,357. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1,766,144 3,379,898. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ō 16a Professional fundraising fees (Part IX, column (A), line 11e) ·耐食器 45 图154 **b** Total fundraising expenses (Part IX, column (D), line 25) 27,607 22,198. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,402,096. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,793,751 390,826 -877,739. 19 Revenue less expenses Subtract line 18 from line 12. Beginning of Current Year End of Year 8,362,680. 20 Total assets (Part X, line 16) 9,039,823 21 2,000 7,004. Total liabilities (Part X, line 26) 9,037,823. 8,355,676. 22 Net assets or fund balances. Subtract line 21 from line 20, Part II Signature Block Under penalties of perjury. Ldeclar that Thave examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declarating of preparer other than officer) is based on all information of which preparer has any knowledge Sign Here Type or print name and title Date Print/Type preparer's name Préparer's signature Check Paid P00841439 DOREEN B. MERZ self-employed Preparer Firm's name STOCKMAN KAST RYAN & CO, LLP 84-1509584 Firm's EIN ▶ **Use Only** 719-630-1186 Firm's address > 102 N. CASCADE AVENUE, SUITE 400 COLORADO SPRINGS, CO 80903 X Yes May the IRS discuss this return with the preparer shown above? (see instructions) No

SOUNDE JUNE 20 20

1

For Paperwork Reduction Act Notice, see the separate Instructions.

For	n 990 (2311) Page 2
Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission THE ESTABLISHMENT AND MAINTENANCE OF AN ENDOWMENT FUND EXCLUSIVELY FOR THE USE OF THE ASPEN ART MUSEUM.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code)(Expenses \$ 3,379,898. including grants of \$ 3,379,898.)(Revenue \$) ESTABLISH AND MAINTAIN AN ENDOWMENT FUND EXCLUSIVELY FOR THE BENEFIT OF THE ASPEN ART MUSEUM, A NONPROFIT ORGANIZATION.
4 b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$including grants of \$) (Revenue \$)
4 d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)
4 e	Total program service expenses ▶ 3,379,898.

Part	Checklist of Required Schedules		1	
٠,	·		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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		v
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C,			
	Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<u>X</u> _
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		X
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 V	10	Х	
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, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_	X
f	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	Х	
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		X
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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	ļ	X
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 United States? If "Yes," complete Schedule F, Parts II and IV	15		X
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 United States? If "Yes," complete Schedule F, Parts III and IV	16	 	Х
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 (see instructions)	17		X
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			İ
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20Ь		<u> </u>

Form 9	990 (2011)		1	Page 4
Par	V Checklist of Required Schedules (continued)			
	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	<u> </u>
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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			l
	organization's current and former officers, directors, trustees, key employees, and highest compensated			1
	employees? If "Yes," complete Schedule J	23		_ X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		<u></u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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		X
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		X
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			1
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	_	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			ĺ
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	_29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			ĺ
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			ĺ
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
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	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
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		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			l
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
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		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2011)

ASPEN ART MUSEUM FOUNDATION 84-1515243 Form 990 (2Q11) Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response to any question in this Part V............ X c Did the organization comply with backup withholding rules for reportable payments to vendors and 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 | 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? **b** If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c 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 b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7 a c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7е

Х Х Х Х Х Х Х Х e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . Х f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7h h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966?........... 9a Section 501(c)(7) organizations. Enter: Section 501(c)(12) organizations. Enter: Gross income from other sources (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year _____ | 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Form 990 (2011) 1E1040 1 000 2368DE P091 5/9/2013 10:58:42 AM V 11-6.5

Form 9	90 (2011) ASPEN ART MUSEUM FOUNDATION 84-151	5243	- 1	Page 6
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b b "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change O. See instructions.			
	Check if Schedule O contains a response to any question in this Part VI			
Secti	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are			
	material differences in voting rights among members of the governing body, or if the governing body]		
	delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
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		Χ
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	:		
	the year by the following		v	
	The governing body?	8a	<u>X</u>	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			х
Casti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9 Cada	·····	^
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	·) Yes	No
40	Did the constant as here because here have been seen (flate 0)	10a	163	X
	Did the organization have local chapters, branches, or affiliates?	IVa		-
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
11-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990	114		
	Did the organization have a written conflict of interest policy? <i>If "No,"</i> go to line 13	12a		х
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	124		
	rise to conflicts?	12b		
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		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		х
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		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1		
	with a taxable entity during the year?	16a		X
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		<u> </u>
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶_NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 9	501(c)	(3)s o	nly)
	available for public inspection. Indicate how you made these available. Check all that apply.		-	
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	f inte	est p	olicy,
	and financial statements available to the public during the tax year.		·	
20	State the name, physical address, and telephone number of the person who possesses the books and records of t	he		
	Organization ►THE FOUNDATION 590 N. MILL ST ASPEN, CO 91611 970-925-8050			

Form 990 (2011) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- · List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees; highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (describe hours for	box,	unles	Pos heck ss pe	erson	e than o	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	_
ATTACHMENT 1	related organizations in Schedule O)	individual trustee or director		Key employee Officer Institutional trustee Individual trustee		Former Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	_
(1) JONATHAN LEE PRESIDENT	2.00	x		х				o	0		0
VICE PRESIDENT	2.00	х		х				0	0		_ _0
(3) DOMENICO DE SOLE SECRETARY	2.00	x		x				0	0		0
(4) SUSAN MARX TREASURER	2.00	х		х				0	0		_ _0
(5) DANNY HOLTZ MEMBER	2.00	х						o	0		0
(6) CHARLES BALBACH MEMBER	2.00	x						0	0		0
(7) JOHN PHELAN MEMBER	2.00	х						0	0		0
(8) PAUL SCHORR MEMBER	2.00	x						0	0		0
(9) LARRY MARX MEMBER	2.00	х						0	0		_0
(10)											_
											_
_(12)											
											_
											_
								·		Fe 990 (2044	-

Form 990 (2011)

Section A.

	_
_	o

Part VII Section A. Officers, Directors, Tru	istees, Ke	y Em	plo	yee	es,	and F	ligi	nest Compensat	ed Emplo	yees (c	ontinued)
. (A) Name and title	(B) Average hours per week (describe	rage Position (s per (do not check more than of box, unless person is both					an	(D) Reportable compensation from the	(E) Reportable compensation f related organizations	on from ed	(F) Estimated amount of other compensation
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		from the organization and related organizations
											 -
											, <u></u>
	-										
								<u> </u>			
1b Sub-total							* * *	0		0	0 0
2 Total number of individuals (including but not reportable compensation from the organization)	limited to t		iste				o re	ceived more than	\$100,000	of	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schede 4 For any individual listed on line 1a, is the organization and related organizations grain dividual.	<i>ule J for suc</i> sum of rep eater than	ch ind oortab \$15	<i>ividi</i> le c 0,0	ual com 00?	 per	· · · sation "Yes"	 nar ;" (nd other compens	ation from	the	Yes No
individual	accrue co	mpen	sati	on 1	fron	any	uni	related organization	 on or indiv	 idual	4 X
for services rendered to the organization? If "Y Section B. Independent Contractors	es," comple	te Sch	edu	ile J	for	such	per:	son		<u> </u>	5 X
 Complete this table for your five highest com- compensation from the organization Report of year. 	pensated i	ndepe on for	the	ent o	con	tracto lar ye	rs t ar e	hat received more inding with or with	than \$100 nin the orga	0,000 c anizatio	of n's tax
(A) Name and business add	iress							(B) Description of se	rvices	C	(C) compensation
	-								-		
2 Total number of independent contractors (ii							-				

Par	t VIII	Statement of Rever	nue					
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribu	1b 1c					
ribution Other S	f	All other contributions, gifts, gran	its,	2,525,428.				
Cont and (g	Noncash contributions included i						
	h	Total. Add lines 1a-1f	<u> </u>	Business Code	2,525,428.			
Program Service Revenue	2a				<u> </u>	-		
/ice	b							
Sen	ď							
am	e							
Progr	f g	All other program service rev Total. Add lines 2a-2f			0			
	3	Investment income (includin	g dividends, intere		•			
		other similar amounts)		_ '	14,394.			14,394.
	4	Income from investment of t			0			
	5	Royalties · · · · · · · · · ·	(i) Real	(ii) Personal	J			
	6a	Gross rents	23,000.					
	Ь	Less rental expenses	48,465.					
	С	Rental income or (loss)	-25,465.			,		
	d	Net rental income or (loss) .			-25,465.			-25,465.
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		,		, ,*
	ь	Less cost or other basis						
	c	and sales expenses	9	·		۶		*{/
	d	Net gain or (loss)			0			
ne	8a	Gross income from fundra	-		•			
Other Revenu		events (not including \$ of contributions reported on				,		
æ		See Part IV, line 18	·					
更	ь	Less direct expenses	ь			,		
ŏ	c	Net income or (loss) from fur	-	<u></u> ▶	0			1
	9a	Gross income from gaming a See Part IV, line 19	а				•	,
	b c	Less. direct expenses Net income or (loss) from ga			رَّ ، قَرِ بَا	an and an and an	,	
	10a	Gross sales of inventoreturns and allowances	ory, less		** * * * * * * * * * * * * * * * * * *	- ,' ·	1 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3	,
	ь	Less: cost of goods sold			,			
	С	Net income or (loss) from sal Miscellaneous Reven	les of inventory	▶ Business Code	0			ļ ; — ,
	44.	PAYMENT FROM ASPEN ART MU		900099	10,000.			10,000.
	11a b	I ROFI ROFER ART BU		700077	10,000.			10,000.
	"							
	d	All other revenue						
	e	Total. Add lines 11a-11d .			10,000.			
	12	Total revenue. See instruction	ons	<u></u> ▶	2,524,357.			-1,071.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a resp	onse to any question i	n this Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
•	organizations in the United States See Part IV, line 21.	3,379,898.	3,379,898.		
2	Grants and other assistance to individuals in				 -
-	the United States. See Part IV, line 22	o			
3	Grants and other assistance to governments,				
•	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0		··	
-					
5	Compensation of current officers, directors, trustees, and key employees	o			
_					
6	Compensation not included above, to disqualified			· ·	
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	o			
~		<u> </u>			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include section	0			
Λ	401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10 11	Payroll taxes				•
	Management	o			
	Legal	7,500.		7,500.	
	Accounting	1,000.		1,000.	
d	Lobbying	0			
	Professional fundraising services See Part IV, line 17	0			
	Investment management fees	13,646.		13,646.	
g	Other	0			· · · · · · · · · · · · · · · · · · ·
12	Advertising and promotion	0			
13	Office expenses	52.	,	52.	
14	Information technology	0		***	
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	0			
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule ()				
а					
b					
C			. <u>-</u>		
d	All other commence	-			-
_	All other expenses Add lines 1 through 24	3,402,096.	3,379,898.	22,198.	
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	3,302,030.	3,379,090.	22,190.	
_ =	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ If				
	following SOP 98-2 (ASC 958-720)	0			

1E1052 1 000

Form **990** (2011)

_	·	Balance Sheet				Page II
Fal	t X	Dalance Sheet		(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		Q	1	0
- 1	2	Savings and temporary cash investments	[25,469.	2	34,417.
-	3	Pledges and grants receivable, net	[2,499,369.	3	2,164,797.
	4	Accounts receivable, net	[q	4	5,000.
	5	Receivables from current and former officers, directors, trus	tees, key			
		employees, and highest compensated employees Complete	Part II of			
	6	Schedule L Receivables from other disqualified persons (as defined under 4958(f)(1)), persons described in section 4958(c)(3)(B), and comployers and sponsoring organizations of section 501(c)(9) employees' beneficiary organizations (see instructions)	ntributing voluntary		6	0
, g	7	Notes and loans receivable, net		q	7	0
Assets	8	Inventories for sale or use	[a	8	0
	9	Prepaid expenses and deferred charges		Q	9	0
	10a	Land, buildings, and equipment cost or				•
- 1		other basis Complete Part VI of Schedule D 10a 1,	18,360.			
ŀ	b	Less accumulated depreciation	30,289.	1,116,030.		1,088,071.
İ	11	Investments - publicly traded securities		5,398,955.	11	5,070,395.
	12	Investments - other securities See Part IV, line 11		Q	12	0
1	13	Investments - program-related See Part IV, line 11		0	13	0
	14	Intangible assets	Г	0	14	C
l	15	Other assets See Part IV, line 11		O	15	C
	16	Total assets. Add lines 1 through 15 (must equal line 34)		9,039,823.		8,362,680.
\neg	17	Accounts payable and accrued expenses		2,000.	17	7,004.
	18	Grants payable		0	18	Ô
	19	Deferred revenue	[0	19	0
	20	Tax-exempt bond liabilities		0	20	0
g	21	Escrow or custodial account liability Complete Part IV of So	hedule D	O	21	0
Ĕ	22	Payables to current and former officers, directors, trus	ees, key			
Liabilities		employees, highest compensated employees, and disqualified	persons.			
=		Complete Part II of Schedule L		0	22	C
i	23	Secured mortgages and notes payable to unrelated third parties .		0	23	C
	24	Unsecured notes and loans payable to unrelated third parties	[O	24	0
	25	Other liabilities (including federal income tax, payables to related	third			
- 1		parties, and other liabilities not included on lines 17-24) Complet	e Part X			
		of Schedule D			25	0
	26	Total liabilities. Add lines 17 through 25		2,000.	26	7,004.
88		Organizations that follow SFAS 117, check here ► X and colines 27 through 29, and lines 33 and 34.	omplete			
auc	27	Unrestricted net assets		667,813.	27	908,198.
Bal	28	Temporarily restricted net assets		44,245.	28	86,285.
힏	29	Permanently restricted net assets	[8,325,765.	29	7,361,193.
or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ complete lines 30 through 34.	and			
	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
۲	32	Retained earnings, endowment, accumulated income, or other ful	nds		32	
Net	33	Total net assets or fund balances		9,037,823.		8,355,676.
_	34	Total liabilities and net assets/fund balances		9,039,823.		8,362,680.
_	 -			<u> </u>		Form 990 (2011)

Form **990** (2011)

FOIL	1 990 (2011)		Pa	age 12
Pa	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI		[X]	
1	Total revenue (must equal Part VIII, column (A), line 12)	2,5	24,	357.
2	Total expenses (must equal Part IX, column (A), line 25)	3,4	02,	096.
3	Revenue less expenses Subtract line 2 from line 1	-8	77,	739.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	9,0	37,	823.
5	Other changes in net assets or fund balances (explain in Schedule O)	1	95,	592.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,			
	column (B))	8,3	55,	676.
Pa	rt XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII		х	-
			Yes	No
1	Accounting method used to prepare the Form 990 Cash _X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2 c	Х	1
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a separate basis, consolidated basis, or both			
	Separate basis X Consolidated basis Both consolidated and separate basis			1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			1
	the Single Audit Act and OMB Circular A-133?	3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3 b		

Form **990** (2011)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Open to Public Inspection

ASPEN ART MUSEUM FOUNDATION Part Reson for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A chock oldescribed in section 170(b)(1)(A)(iii). A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A modical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit describe section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II) A norganization that normally receives a substantial part of its support from contributions, membership fees, and receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% support from gross investment income and unrelated business taxable income (less section 511 tax) from busin acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part II) An organization organized and operated exclusively for the benefit of to perform the functions of, or to carry ou purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See se 509(a)(1) or section 509(a)(2). If the organization organized and operated	
The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(1)(a)(i). A school described in section 170(b)(1)(A)(ii), (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii), A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter hospitals name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit describes section 170(b)(1)(A)(iii). Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(vi). Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% support from gross investment income and unrelated business taxable income (less section 511 tax) from busing acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See se 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a [X] per II or more than foundation managers and other than one or more publicly supported organizations described in section 509(a)(2). If If the organization exceptive that the organization is no	
A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A school described in section 170(b)(1)(A)(iii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Ente hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit describe section 170(b)(1)(A)(iii). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general green described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33:13% of its support from contributions, membership fees, and receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33:13% support from gross investment income and unrelated business taxable income (ses section 509(a)(4). An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively to the benefit of, to perform the functions of, or to carry ou purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See se 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a	
A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit describ section 170(b)(1)(A)(iii). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) An organization that normally receives a substantial part of its support from a governmental unit or from the general process of the section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33:13 % of its support from contributions, membership fees, and receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33:13% support from gross investment income and unrelated business taxable income (less section 511 tax) from busine acquired by the organization adoperated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry our purposes of one or more publicly supported organizations described in section 509(a)(1) resection 509(a)(2). See \$509(a)(3). (Complete Part III) A norganization organized and operated exclusively to test for public safety. See section \$509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry our purposes of one or more publicly supported organization and complete lines 11e through 11h a X Type II b Type III c Type III - Functionally integrated d Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disquer persons other than foundation managers and othe	
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit describe section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general process of a community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% support from gross investment income and unrelated business taxable income (less section 511 tax) from busing acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of to perform the functions of, or to carry our purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See see 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a IX Type II b Type III c Type III - Functionally integrated d Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disque persons other than foundation managers and other than one or more publicly supported organizations described in secondary organization received a written determination from the IRS that it is a Type I, Type III or Type III 119(ii) Type III org	
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit describ section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general process of the section 170(b)(1)(A)(vi). (Complete Part II) A community frust described in section 170(b)(1)(A)(vi). (Complete Part II) A community frust described in section 170(b)(1)(A)(vi). (Complete Part II) A norganization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3 % support from goss investment income and unrelated business taxable income (less section 511 tax) from busing acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry ou purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See se 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a X Type II b Type II c Type III - Functionally integrated d Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disquered organization received a written determination from the IRS that it is a Type I, Type III or Type III supporting organization, heack this box. Gince August 17, 2006, has the organization accepted any gift or contribut	
hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit describs section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general process described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% support from gross investment income and unrelated business taxable income (less section 511 tax) from busing acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively to test for public safety. See section 509(a)(2). An organization organized and operated exclusively to test for public safety. See section 509(a)(2). An organization organized and operated exclusively to test for public safety. See section 509(a)(2). An organization organized and operated exclusively to test for public safety. See section 509(a)(2). An organization organized and operated exclusively to test for public safety. See section 509(a)(2). An organization organized and operated exclusively to test for public safety. See section 509(a)(2). An organization organized and operated exclusively to test for public safety. See section 509(a)(2). By cluster in the functions of the functions of the fun	
An organization operated for the benefit of a college or university owned or operated by a governmental unit describs section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A norganization that normally receives a substantial part of its support from a governmental unit or from the general process of the described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% support from gross investment income and unrelated business taxable income (less section 511 tax) from busine acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry our purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a X Type I b Type II c Type III - Cherry III - Functionally integrated d Type III - Other experiments of the organization received a written determination from the IRS that it is a Type I, Type III, or Type III supporting organization, check this box. g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (ii) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization organization organization organization organization about the supported organizatio	the
section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general process of the section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% support from gross investment income and unrelated business taxable income (less section 511 tax) from busine acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry our purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See see 509(a)(1) or section 509(a)(2). See see 509(a)(1) or section 509(a)(1) or section 509(a)(1) or section 509(a)(1) or section 509(a)(1) or section 509(a)(2). By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disquered persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type III or Type III supporting organization, check this box. Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (i) above? (iii) A family member of a person described in (i) or (ii) above?	
An organization that normally receives a substantial part of its support from a governmental unit or from the general processor described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3 % support from gross investment income and unrelated business taxable income (less section 511 tax) from busine acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry ou purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See se 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a	∌d in
described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3 % support from gross investment income and unrelated business taxable income (less section 511 tax) from busine acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry our purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See se 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a	
A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) A norganization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% support from gross investment income and unrelated business taxable income (less section 511 tax) from busing acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10	ublic
An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% support from gross investment income and unrelated business taxable income (less section 511 tax) from busine acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10	
receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% support from gross investment income and unrelated business taxable income (less section 511 tax) from busing acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10	11055
support from gross investment income and unrelated business taxable income (less section 511 tax) from busines acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry our purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See see 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a X Type I b Type II c Type III - Functionally integrated d Type III - Other eX. By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disquered persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type III, or Type III supporting organization, check this box. Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (iii) A family member of a person described in (i) above? (iii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) above? (iii) Name of supported organization about the supported organization (s) (iii) stien in your governing organization (s) (v) is the organization in the U.S.? Yes No Yes No Yes No (vi) Amounted support.	-
acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry our purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See se 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a	
An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry our purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See se 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a X Type I b Type III c Type III - Functionally integrated d Type III - Other eX By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disquare persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) above? (iii) A 35% controlled entity of a person described organization organization in coi (i) organization in coi (i) organization in coi (i) organization organization in coi (i) organization in coi (i) organization in coi (i) organization organization organization organization organization in coi (i) organization in coi (i) organization in coi (i) organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization	0000
An organization organized and operated exclusively for the benefit of to perform the functions of, or to carry our purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See se 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a X Type I b Type II c Type III - Functionally integrated d Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disquared persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type III, or Type III supporting organization, check this box. Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (iii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) of above? (iii) A member of a person described in (i) above? (iii) A member of a person described in (i) above? (iii) I as 5% controlled entity of a person described in (i) organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organiz	
purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See se 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a	t the
509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a X Type I b Type III c Type III - Functionally integrated d Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disquare persons other than foundation managers and other than one or more publicly supported organizations described in set 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (i) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (iii) Name of supported organization about the supported organization (see instructions)) (ii) Name of supported organization about the supported organization (see instructions)) (iii) Name of supported organization about the supported organization (see instructions)) (iv) Is the organization organization organization in col (i) organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organiza	
By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disquare persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (iii) Name of supported organization (iv) Is the organization organization organization in coi (i) organization in coi (i) organization in coi (i) organization in coi (i) organization in coi (i) organization in coi (i) organization in coi (i) organization organization organization in coi (i) organization in coi (i) organization in coi (i) organization in coi (i) organization organization organization organization in coi (i) organization in coi (i) organization in coi (i) organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization or	
persons other than foundation managers and other than one or more publicly supported organizations described in set 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (ii) Name of supported organization about the supported organization (described on lines 1-9 above or IRC section (see instructions)) (iii) Film (iii) Type of organization (see instructions)) (iv) Is the organization in col. (i) organization (oi. (i) organization in col. (i) organization in col. (i) organization in col. (i) organization in the U.S ? Yes No Yes No Yes No	
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization (described on lines 1-9 above or IRC section (see instructions)) (iii) Name of supported organization (see instructions)) (iii) Isted in your support? (iv) Did you notify the organization in col (i) of your support? (vii) Amount organization in col (i) organization in col (i) organization in col (i) organization in the U.S? Yes No Yes No Yes No	lified
If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (i) and (ii) below, the governing body of the supported organization? (iii) A family member of a person described in (i) above? (iiii) A 35% controlled entity of a person described in (i) or (ii) above? (ii) Name of supported organization (described on lines 1-9 above or IRC section (see instructions)) (iii) Type of organization (v) Did you notify the organization in col (i) of organization in col (i) of organization in col (i) organization in the U.S? Yes No Yes No Yes No	ction
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (iii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization((described on lines 1-9 above or IRC section (see instructions)) (iii) Name of supported organization (described in (i) or (ii) above? (iii) Name of supported organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization organization (i) organization organization (i) organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization orga	
Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (ii) Name of supported organization about the supported organization (some organization (described on lines 1-9 above or IRC section (see instructions)) (iii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization in col (i) of your support? Yes No Yes No Yes No	
following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(ii) h Provide the following information about the supported organization (s) (ii) Name of supported organization (iii) EIN (iii) Type of organization (following generation (in col. (i) organization in col. (i)	
(ii) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (iii) A family member of a person described in (i) above? (iiii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(ii) 11g(iii)	
and (iii) below, the governing body of the supported organization? (iii) A family member of a person described in (i) above? (iiii) A 35% controlled entity of a person described in (i) or (ii) above? (ii) Name of supported organization about the supported organization (s) (iii) EIN (iii) Type of organization (iii) Isted organization (see instructions)) (iv) Is the organization in col (i) of your support? (vi) Is the organization in col (i) of your support? (vii) Amount organization in col (i) of your support? Yes No Yes No Yes No	
(iii) A family member of a person described in (i) above? (iiii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s) (i) Name of supported organization (described on lines 1-9 above or IRC section (see instructions)) (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iii) EIN (iiii) Type of organization (co. (i) issted in your governing document? (v) Did you notify the organization in col (i) of your support? (vi) Is the organization in col (i) of your support? (vii) Amount of your support? (viii) Amount of your support? (vii) Amount of your support? (viii) Amount of your support?	No
(iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s) (i) Name of supported organization (iii) EIN (iiii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization in col (i) of your support? (v) Did you notify the organization in col (i) of your support? (vi) Is the organization in col (i) of your support? Yes No Yes No Yes No	X
h Provide the following information about the supported organization(s) (ii) Name of supported organization (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization in col (i) of your support? (vi) Is the organization in col (i) of your support? (vi) Is the organization in col (i) of your support? Yes No Yes No Yes No	X
(ii) Name of supported organization (described on lines 1-9 above or IRC section (see instructions)) (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization (the organization in col (i) of your support? (v) Did you notify the organization in col (i) of your support? (vi) Is the organization in col (i) of your support? (vi) Is the organization in col (i) of your support? (vi) Is the organization in col (i) of your support? (vi) Is the organization in col (i) of your support? (vi) Is the organization in col (i) of your support? (vi) Is the organization in col (i) of your support? (vi) Is the organization in col (i) of your support?	X
organization (described on lines 1-9 above or IRC section (see instructions)) (see instructions) organization in col (i) isted in your governing document? Yes No Yes No Yes No	
above or IRC section (see instructions)) above or IRC section (see instructions) above or IRC section (i) listed in your governing your support? above or IRC section (i) listed in your governing your support? above or IRC section (i) listed in your governing your support? above or IRC section (i) listed in your governing your support? above or IRC section (i) listed in your governing your support? above or IRC section (i) listed in your governing your support? above or IRC section (i) listed in your governing your governing your support? Above or IRC section (ii) of your support? Above or IRC section (ii) of your support? Above or IRC section (ii) of your support? Above or IRC section (ii) of your support? Above or IRC section (ii) of your support? Above or IRC section (ii) of your support? Above or IRC section (ii) of your support? Above or IRC section (ii) of your support? Above or IRC section (ii) of your support? Above or IRC section (ii) of your support? Above or IRC section (ii) of your support? Above or IRC section (ii) of your support? Above or IRC section (ii) of your support? Above or IRC section (ii) of your support? Above or IRC section (iii) of your support (iii) of your support (iii) of your support (iii) of your support (iii) of your support (iii) of your support (iii) of your support (iii) of your support (iii) of your support (iii) of your support (iii) of your support (iii) of your support (iii) of your support (iii) of your support (iii) of your support (iii) of your support (iii) of your support (iii) of your support (iii) of your support (iii) of your support (iii) of your support (iii) of your support (iii) of you	i
Yes No Yes No	
(A) _{ATTACHMENT 1}	
(B)	
(C)	
(D)	
(E)	
Total 3,389,8	98 -
For Paperwork Reduction Act Notice, see the Instructions for Schedule A (Form 990 or 990-E	

Schedule A (Form 990 or 990-EZ) 2011

_		
	חבי	-

Par	. (Complete only if you chec Part III. If the organization i	ked the box or	n line 5, 7, or 8	of Part I or if	the organizat	on failed to qu	A)(vi) alify under
Sect	ion A. Public Support			_			
Caler	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						-
6	Public support. Subtract line 5 from line 4.	L					
	tion B. Total Support	4-1 2007	#1,0000	(-) 0000	415 0040		
Caler	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		5.1 . 200 - 2 Y QQ .				
11	Total support. Add lines 7 through 10	Mark Comment	1.1.20.380.450.17		is committee	\$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 mg \$1.5 m	
12	Gross receipts from related activities, etc. (see instructions) .				12	
13	First five years. If the Form 990 is organization, check this box and stop here	·	<u> </u>	nd, third, fourth,	or fifth tax ye	ar as a section	501(c)(3) ▶
	tion C. Computation of Public Sup						
14	Public support percentage for 2011 (I						%
15	Public support percentage from 2010						%
16a	331/3% support test - 2011. If the	-					. —
.	this box and stop here. The organizat 331/3% support test - 2010. If the			-			
D	check this box and stop here. The org	_					
172	10%-facts-and-circumstances test -	-					
174	10% or more, and if the organization						
	Part IV how the organization meets						
	organization			_	· ·		▶
b	10%-facts-and-circumstances test -						and line
_	15 is 10% or more, and if the org						
	Explain in Part IV how the organization						-
	supported organization				•	•	. ,
18	Private foundation. If the organization	did not check a	a box on line 13	, 16a, 16b, 17a	, or 17b, check	this box and see	
	instructions	<u> </u>		<u> </u>			
					S	chedule A (Form 9	90 or 990-EZ) 2011

Part III	Support Schedule	for Orga	nizations	Described	in Section	509(a)(2)
----------	------------------	----------	-----------	-----------	------------	------	-----	----

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

		any anaor are	teete noted by	siow, picaso o	emplete r art i	<u>, </u>	
<u>Sec</u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants ")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the		ľ				
	organization's tax-exempt purpose		1				
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the				<u> </u>		
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities		ļ- · · · · · · ·				
•	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5			İ		 	
	Amounts included on lines 1, 2, and 3		-			 	
, a	received from disqualified persons						
b	Amounts included on lines 2 and 3	<u> </u>	 			 	
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
_	or 1% of the amount on line 13 for the year		 	 			
8 8	Add lines 7a and 7b				-		
•	· · · · · · · · · · · · · · · · · · ·						
	tion R. Total Support			ļ	<u> </u>		L
	tion B. Total Support	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(0) 2011	(6 Total
_	ndar year (or fiscal year beginning in)	(4) 2007	(5) 2006	(0, 2009	(4) 2010	(e) 2011	(f) Total
9 10a	Amounts from line 6						
.04	payments received on securities loans,						
	rents, royalties and income from similar						
	sources		· · · · · · · · · · · · · · · · · · ·	 			
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)	-					
13	Total support. (Add lines 9, 10c, 11,]		
	and 12.)					<u> </u>	
14	First five years. If the Form 990 is for						
	organization, check this box and stop here .	. .	<u> </u>	<u> </u>	<u></u> .	<u> </u>	<u> ▶</u>
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2011 (line 8,	, column (f) divid	ed by line 13, colu	mn (f))		15	%
16	Public support percentage from 2010 Sche					16	%
Sec	tion D. Computation of Investmen					-	
17	Investment income percentage for 2011 (lin			13, column (fi)		17	%
18	Investment income percentage from 2010					18	%
	331/3% support tests - 2011. If the org						
. J u	17 is not more than 331/3%, check thi						
.	331/3% support tests - 2010. If the orga						
IJ	-						
20	line 18 is not more than 331/3%, check			•	•	• • • • • •	

Schedule A (Form 990 or 990-EZ) 2011

Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12 Also complete this part for any additional information. (See

				ATTACH	IMENT 1	
SCHEDULE A, PART I - INFORMATION ABOUT	SUPPORTED	ORGANIZATI	ONS			
		(III) TYPE OF	(IV)	(V)	(VI)	(VII) AMOUNT OF
(1) NAME OF SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION	YES NO	YES NO	YES NO	SUPPORT
ASPEN ART MUSEUM	84-0746671	07	x	х	x	3,389,898.
TOTAL AMERICA OF GUIDADE						
TOTAL AMOUNT OF SUPPORT						3,389,898.

SCHEDULE D (Form 990)

Supplemental Financial Statements

201

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

► Attach to Form 990. ► See separate instructions. Inspect

Employer identification number

ASE	PEN ART MUSEUM FOUNDATION	84-1515243
Pai	Organizations Maintaining Donor Advised Funds or Other Similar Funds or A organization answered "Yes" to Form 990, Part IV, line 6.	Accounts. Complete if the
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in d	lonor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any o	
	conferring impermissible private benefit?	• •
Pa		rm 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	·
	Preservation of land for public use (e.g., recreation or education)	an historically important land area
	, , , , , , , , , , , , , , , , , , , ,	a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	the form of a conservation
	easement on the last day of the tax year	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b		2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	}
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	ted by the organization during the
	tax year ▶	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, han	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation ease	ments during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easement	ts during the year
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sec	tion 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and	expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financia	Il statements that describes the
	organization's accounting for conservation easements.	
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Other Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	Similar Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reworks of art, historical treasures, or other similar assets held for public exhibition, educations and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	evenue statement and balance sheet
	public service, provide, in Part XIV, the text of the footnote to its financial statements that desc	cribes these items.
Ь	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its re-	
	works of art, historical treasures, or other similar assets held for public exhibition, educa-	
	public service, provide the following amounts relating to these items.	
	(i) Revenues included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as	• • • • • • • • • • • • • • • • • • • •
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	 \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011

1,088,071.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

d Equipment

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

JSA 1E1270 1 000

Schedule D (Form 990) 2011

Schedul	e D (Form 990) 2011			Page 4
Part :	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Stateme	nts		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	ı		2,524,357.
2		2		3,402,096.
3		3		-877,739.
4		1		314,152.
5		5		<u> </u>
6		5		
7		7		
8	Other (Describe in Part XIV)	-		-118,560.
9	Total adjustments (net). Add lines 4 through 8	-		195,592.
10		0		-682,147.
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Retui			
1	Total revenue, gains, and other support per audited financial statements		1	2,768,414.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	 	•	
a	Net unrealized gains on investments 2a 314,152			
b	Donated services and use of facilities 2b	1		
c	Recoveries of prior year grants 2c	┪		
d	Other (Describe in Part XIV) 2d -118,560	┪		
-	Add lines 2a through 2d	-		195,592.
3	Add lines 2a through 2d Subtract line 2e from line 1		e	2,572,822.
_	Amounts included on Form 990, Part VIII, line 12, but not on line 1	\vdash	3	2,312,022.
4	, · · · · · · · · · · · · · · · · · · ·			
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) 4a -48, 465	-{	- 1	
b	· · · · · · · · · · · · · · · · · · ·	┥ .	.	40 465
	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12)		lc	-48,465.
5			5	2,524,357.
	Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret Total expenses and losses per audited financial statements	urr	<u>. </u>	3,450,561.
1		\vdash	1	3,430,361.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		ĺ	
a	Donated services and use of facilities 2a	4		
b	Prior year adjustments 2b	-		
c	Other losses 2c	4		
d	Other (Describe in Part XIV) 2d 48,465	┥		40 465
е	Aud lines 2a tillough 2u	\vdash	?e	48,465.
3	Subtract line 2e from line 1	\vdash	3	3,402,096.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4		
b	Other (Describe in Part XIV)	4		
	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	4	lc	
5			5	3,402,096.
	XIV Supplemental Information			
Comp	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part Inne 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complet	IV,	lines	1b and 2b,
	lditional information	e u	iis pa	irt to provide
SEE	PAGE 5			
				000\ CC44

Part XIV Supplemental Information (continued)

SCHEDULE D SUPPLEMENTAL INFORMATION

SCHEDULE D PART V LINE 4

ENDOWMENT FUND EARNINGS ARE EITHER RESTRICTED OR UNRESTRICTED BASED ON THE DONOR'S REQUEST. RESTRICTED FUNDS INCLUDE EXHIBITION COSTS, LECTURE SERIES, DIRECTOR COSTS, LATIN AMERICA ART OUTREACH, ROOF DECK SCULPTURES, AND PUBLICATIONS. THE UNRESTRICTED ENDOWMENT FUND ALLOWS EARNINGS TO BE USED FOR GENERAL MUSEUM PURPOSES.

SCHEDULE D PART X LINE 2

THE ORGANIZATION BELIEVES THAT IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

SCHEDULE D PART XI, LINE 8

TRUE UP OF NET PRESENT VALUE OF PLEDGES RECEIVABLE 118,560

SCHEDULE D PART XI LINE 2D

TRUE UP OF NET PRESENT VALUE OF PLEDGES RECEIVABLE 118,560

SCHEDULE D PART XII LINE 4B

RENT EXPENSES: \$48,465

SCHEDULE D PART XIII LINE 2D

RENT EXPENSES: \$48,465

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047

ASPEN ART MUSEUM FOUNDATION

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

Open to Publi

Employer Identification number 84-1515243

Part General Information on Grants and Assistance	ind Assistance						
1 Does the organization maintain records to substantiate the	substantiate the	amount of the	grants or assistance	e, the grantees' e	amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and		[
	ints or assistance	7					X Yes No
 Describe in Part IV the organization's procedures for monitoring 	edures for mon	o esn eus gulo	Itoring the use of grant funds in the United States.	United States.			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes"	Governments	and Organiza	tions in the Unit	ed States. Comp	olete if the organiza	ation answered "Ye	-S-
to Form 990, Part IV, line 21, for any recipient Part II can be duplicated if additional space is ne	rany recipient nal space is ne	that received	more than \$5,00	0. Check this bo	x if no one recipier	that received more than \$5,000. Check this box if no one recipient received more than \$5,000 seded	an \$5,000. ▶ □
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
T ASPEN, CO 816	84-0746671	501(C)(3)	3, 379, 898.				BUILDING COSTS
(3)							
(5)							
(9)							
(7)							
(8)							
(6)							
(10)	- T						
(11)	; ;						
(12)							
2 Enter total number of section 501(c)(3) and government or	d government or	ganizations liste	ganizations listed in the line 1 table			•	
3 Enter total number of other organizations listed in the line 1 table	isted in the line	table					
For Paperwork Reduction Act Notice, see the	Instructions for	. Form 990.				Schedu	Schedule I (Form 990) (2011)

ASPEN ART MUSEUM FOUNDATION

Schedule I (Form 990) (2011)

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-						
~						
က						
4						
LO.						
9						
Part IV	Part IV Supplemental Information. Complete this part to	is part to pro	vide the informat	ion required in	Part I, line 2, and any	o provide the information required in Part I, line 2, and any other additional information

SCHEDULE I PART I LINE 2

ENDOWMENT DRAWS (GRANTS) MUST BE NO MORE THAN THE AMOUNT REPORTED BY THE

MUSEUM AS EXPENSES FOR THE DONOR DESIGNATION. REPORTS TO DONORS (IF

REQUIRED) AND MUSEUM FINANCIAL STATEMENTS ARE USED TO VERIFY GRANT

REQUESTS.

PAGE 28

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047
2011
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ASPEN ART MUSEUM FOUNDATION

Employer identification number 84-1515243

SCHEDULE O SUPPLEMENTAL INFORMATION

FORM 990, PART VI, LINE 11A

THE ORGANIZATION SENDS A DRAFT COPY OF THE REPORT TO THE ADMINISTRATIVE OFFICE OF THE MUSEUM FOR INITIAL REVIEW. THE ADMINISTRATIVE OFFICE REVIEWS THE 990, THEN SEND IT TO FOUNDATION BOARD MEMBERS FOR THEIR APPROVAL. AFTER RECEIVING APPROVAL, THE 990 IS FILED.

FORM 990, PART VI, LINE 19

THE ORGANIZING DOCUMENTS AND 990 FORMS ARE AVAILABLE TO THE PUBLIC BY REQUEST.

FORM 990, PART XI, LINE 2C

OVERSIGHT OF AUDIT: THE ORGANIZATION MADE NO CHANGES IN THE MANNER OF PROVIDING OVERSIGHT FOR THE AUDIT OF ITS FINANCIAL STATEMENTS BY AN INDEPENDENT ACCOUNTANT.

FORM 990, PART XI, LINE 5

UNREALIZED/REALIZED GAINS

\$314,152

NET PRESENT VALUE OF PLEDGES

\$-118,560

ATTACHMENT 1

FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

NAME AND TITLE

HOURS DEVOTED FOR RELATED ORGANIZATION

JONATHAN LEE
PRESIDENT
DOMENICO DE SOLE
SECRETARY

4.00

2.00

lame of the organization ASPEN ART MUSEUM FOUNDATION		Employer identification number 84-1515243
		ATTACHMENT 1 (CONT'D)
GUSAN MARX		
REASURER	2.00	
HARLES BALBACH		
IEMBER	2.00	
OHN PHELAN		
EMBER	4.00	
AUL SCHORR		
MEMBER	4.00	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► See separate instructions.

▶ Attach to Form 990.

OMB No 1545-0047

Employer identification number

84-1515243

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) ASPEN ART MUSEUM FOUNDATION Part I

(a) Name, address, and EIN of disregarded entity		(b) Primary activity	(c) Legal domicile (state or foreign county)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) 81611 PROPERTIES, LLC 45 590 N. MILL ST. ASPEN, CO 81611	5-2429880 R	RENT PROPERTY	00	33,000.	1,103,896.	SEE
(2)						
(3)						
(4)						
(5)						
(9)						
Identification of Related Tax-Exempt Organizations (one or more related tax-exempt organizations during the	(Complete if the tax year.)	(Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had he tax year.)	wered "Yes" to F	orm 990, Part IV	, line 34 becaus	e it had
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity?
						Yes No
(1) ASPEN ART MUSEUM 84-0746671 590 N. MILL STREET ASPEN, CO 81611	ART MUSEUM	00	501(C)(3)	LINE 7	N/A	×
(2)						
(3)						
(4)						
(5)						
(9)						
(7)						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

JSA 1E13071000 2368DE P091 5/9/2013

Schedule R (Form 990) 2011

ASPEN ART MUSEUM FOUNDATION

· Page 2 (k) Percentage ownership Percentage ownership (i) General or managing Yes No Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) partner? (g) Share of end-of-year assets Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (f) Share of total income (h) Disproportionale aflocations? Ŷ Yes (g) Share of end-of-year assets (e)
Type of entity
(C corp, S corp,
or trust) (f) Share of total income (d) Direct controlling entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (c)
Legal domicile
(state or
foreign country) (d)
Direct controlling
entity (b) Primary activity (c)
Legal
domicile
(state or
foreign (b) Primary activity (a)Name, address, and EIN of related organization (a) Name, address, and EIN related organization Schedule R (Form 990) 2011 Part III Part IV 5 S **6 €** 9 **2** <u>(5</u> 2 <u>ල</u> € ତ୍ର 9

1E13081000 2368DE P091 5/9/2013

V 11-6.5 10:58:42 A

PAGE 32

Schedule R (Form 990) 2011

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Schedule R (Form 990) 2011 Method of determining amount involved If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds **1** 2 19 10 19 **1** <u>=</u> 10 _ € Exchange of assets with related organization(s)................................. Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Amount involved During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Transaction type (a-r) € Performance of services or membership or fundraising solicitations for related organization(s) Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity Lease of facilities, equipment, or other assets from related organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Sale of assets to related organization(s) Sharing of paid employees with related organization(s)...... Other transfer of cash or property from related organization(s). Gift, grant, or capital contribution from related organization(s) Name of other organization Gift, grant, or capital contribution to related organization(s) Loans or loan guarantees to or for related organization(s) Ε _ o <u>a</u> æ Ω ပ v Φ **Б** ... ¥ σ (2) E (2) 3 3 (6)

Schedule R (Form 990) 2011

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.) Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partities injus	ganization see instri	uctions regardin	g exclusion for (Nestment	al mersult	2						
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income inso	o of come	(g) Share of end-of-year assets	(h) Disproportionate ellocations?		(I) Code V-UBI amount in box 20 of Schedule K-1	Gene man part	(J) General or managing partner?	(k) Percentage ownership
			section 512-514)	Yes No	9			Yes	õ	(200)	Yes	ů	
(1)													
(2)													
(3)													
(4)													· •
(5)													
(9)										:			
(7)			:										
(8)					_								
(9)													
(10)													
(11)													
(12)													
(13)											1		
(14)													
(15)													
[16]													
										Sche	elube	R (Form	Schedule R (Form 990) 2011

PAGE 34

Schedule R (Form 990) 2011

Page 5

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see

SCHEDULE R PART I LINE I COLUMN F

DIRECT CONTROLLING ENTITY: ASPEN ART MUSEUM FOUNDATION



(Rev January 2012)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Internal Revenue Service File a			separate ap	oplication for each return.				
 If you are filing for an Automatic 3-Month Extension, co 				only Part I and check th		<u> </u>		
 If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) 								
Do not comp	plete Part II ເ	ınless you have already been grar	nted an au	tomatic 3-month extens	sion on a previously file	ed Form 8868	3	
a corporation 8868 to reconstruction Return for	on required a quest an ext Transfers A	You can electronically file Form to file Form 990-T), or an addition tension of time to file any of the associated With Certain Personal details on the electronic filing of the	nal (not aut forms liste I Benefit (tomatic) 3-month extened in Part I or Part II w Contracts, which must	ision of time. You can ith the exception of F t be sent to the IRS	electronicall form 8870, I in paper fo	y file Form nformation ormat (see	
		-Month Extension of Time. On						
		to file Form 990-T and requesting				omplete		
Part I only							▶□	
		including 1120-C filers), partnersh	ips, REMIC	s, and trusts must use I	Form 7004 to request a	n extension o	of time	
to file incom			•	·	Enter filer's identify			
	Name of ex	cempt organization or other filer, see in						
Type or								
print	ASPEN A	ART MUSEUM FOUNDATION			X 84-15152	-1515243		
File by the due date for	Number, st	reet, and room or suite no. If a P.O. box	x, see instru	ctions	Social security number (SSN)			
filing your	590 N I	MILL				•		
return See instructions	See City, town or post office, state, and ZIP code For a foreign address, see instructions.							
ASPEN, CO 81611								
Enter the R	eturn code f	or the return that this application i	is for (file a	a separate application fo	or each return)		. 01	
Application			Return	Application `			Return	
ls For			Code	ls For			Code	
Form 990			01	Form 990-T (corporat	ation)		07	
Form 990-BL			02	Form 1041-A			08	
Form 990-E	Z		01	Form 4720			09	
Form 990-PF			04	Form 5227		·	10	
Form 990-T (sec. 401(a) or 408(a) trust)			05	Form 6069			11	
Form 990-T (trust other than above)			06	Form 8870			12	
Telephon If the org If this is f	ne No ▶ anization do for a Group I le group, ch	reare of ► THE FOUNDATION 970 925-8050 Does not have an office or place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain Place of Incertain P	— business ir ur digit Gro f it is for pa		(GEN)	. If th		
				aurad to file Form 000	T) outonsion of time			
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until05/15 _, 20_12 _, to file the exempt organization return for the organization named above The extension is for the organization's return for or calendar year 20 or tax year beginning 10/01 _, 2010 _, and ending 09/30 _, 20_11								
2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period								
3a If this	3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any							
nonrefundable credits. See instructions.								
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and								
estimated tax payments made. Include any prior year overpayment allowed as a credit 3b \$								
c Balance due. Subtract line 3b from line 3a Include			your paym	• •				
(Electronic Federal Tax Payment System) See instruc						3c \$		
Caution. If	you are go	ing to make an electronic fund v	vithdrawal	with this Form 8868,	see Form 8453-EO	and Form 8	879-EO for	
payment ins	structions.							
For Privacy	Act and Pape	rwork Reduction Act Notice see Instr	uctions			Form 8868	(Rev 1-2012)	

Form. 8868

(Rev January 2012)

Application for Extension of Time To File an **Exempt Organization Return**

OMB No. 1545-1709

File a separate application for each return. Internal Revenue Service If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed) A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print ASPEN ART MUSEUM FOUNDATION 84-1515243 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your return. See City, town or post office, state, and ZIP code For a foreign address, see instructions. instructions. ASPEN, CO 81611 **Application** Return Application Return ls For Code ls For Code 01 Form 990 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 80 Form 990-EZ 01 Form 4720 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 The books are in the care of ► THE FOUNDATION Telephone No. ▶ 970 925-8050 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 05/15 , 20 12 , to file the exempt organization return for the organization named above. The extension is for the organization's return for. calendar year 20 or ► X | tax year beginning 10/01 , 2010 , and ending 09/30 . 20 11 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax less any nonrefundable credits. See instructions. If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b|\$

payment instructions. For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

(Electronic Federal Tax Payment System). See instructions.

Form 8868 (Rev. 1-2012)

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS

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