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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<h1>Return of Organization Exempt From Income Tax</h1> <p><b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b></p> <p>▶ The organization may have to use a copy of this return to satisfy state reporting requirements</p>	OMB No 1545-0047 <div>2012</div> <p><b>Open to Public Inspection</b></p>

**A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012**

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization ASPEN COMMUNITY FOUNDATION		<b>D</b> Employer identification number 84-0829226	
	Doing Business As			
	Number and street (or P O box if mail is not delivered to street address) 110 EAST HALLAM STREET NO 126	Room/suite	E Telephone number (970) 925-9300	
	City or town, state or country, and ZIP + 4 ASPEN, CO 81611			
			<b>G</b> Gross receipts \$ 17,769,356	
<b>F</b> Name and address of principal officer TAMARA TORMOHLN 110 EAST HALLAM STREET 126 ASPEN, CO 81611			<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)  <b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J</b> Website: ▶ ASPENCOMMUNITYFOUNDATION.ORG				
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation 1982	<b>M</b> State of legal domicile CO

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities ASPEN COMMUNITY FOUNDATION BUILDS PHILANTHROPY AND SUPPORTS NONPROFIT ORGANIZATIONS BY CONNECTING DONORS TO COMMUNITY NEEDS, BUILDING PERMANENT CHARITABLE FUNDS, AND BRINGING PEOPLE TOGETHER TO SOLVE COMMUNITY PROBLEMS			
	2 Check this box <input type="checkbox"/> 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)	19	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	19	
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	13	
6	Total number of volunteers (estimate if necessary)	0		
7a	Total unrelated business revenue from Part VIII, column (C), line 12	0		
7b	Net unrelated business taxable income from Form 990-T, line 34	0		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	5,337,496	14,110,799
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-893,471	3,509,795
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	38,118	117,443
			4,482,143	17,738,037
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	14,484,368	7,563,467
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	563,118	701,676
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 284,000		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	342,957	519,170
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	15,390,443	8,784,313
	19	Revenue less expenses Subtract line 18 from line 12	-10,908,300	8,953,724
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	32,756,804	39,335,155
	21	Total liabilities (Part X, line 26)	3,753,883	4,142,751
	22	Net assets or fund balances Subtract line 21 from line 20	29,002,921	35,192,404

## Part II Signature Block

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

<b>Sign Here</b>	*****			2013-07-22	
	Signature of officer			Date	
<b>Paid Preparer Use Only</b>	TAMARA TORMOHLN EXECUTIVE DIRECTOR				
	Type or print name and title				
	Print/Type preparer's name PAUL J BACKES CPA		Preparer's signature		Date
	Firm's name ▶ MCMAHAN AND ASSOCIATES LLC		Check <input type="checkbox"/> if self-employed		PTIN P00175605
	Firm's address ▶ PO BOX 5850 AVON, CO 81620		Firm's EIN ▶ 84-1509269		Phone no (970) 845-8800

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . ☒ Yes ☐ No

Part III

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

ASPEN COMMUNITY FOUNDATION BUILDS PHILANTHROPY AND SUPPORTS NONPROFIT ORGANIZATIONS BY CONNECTING DONORS TO COMMUNITY NEEDS, BUILDING PERMANENT CHARITABLE FUNDS, AND BRINGING PEOPLE TOGETHER TO SOLVE COMMUNITY NEEDS

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

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 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 \$ including grants of \$ ) (Revenue \$ )

ASPEN COMMUNITY FOUNDATION PROVIDES GRANTMAKING IN THREE AREAS, 1 THE FOUNDATION'S UNRESTRICTED GRANTMAKING FOR ESSENTIAL SERVICES NONPROFITS IN THE FOUNDATION'S SERVICE AREA AND IS FUNDED FROM AN ANNUAL FUNDRAISING DRIVE 2 DONOR ADVISED FUND GRANTMAKING IS SUPPORTED FROM OVER 100 DONOR ADVISED FUNDS TO MEET THE PHILANTHROPIC GOALS OF THE FOUNDATION'S DONORS 3 DESIGNATED AND SCHOLARSHIP FUNDS PROVIDE GRANTS FOR SPECIFIED PURPOSES IDENTIFIED BY THE FUND DESIGNS AND ADMINISTERED BY THE FOUNDATION

4b

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

IN 2012 THE FOUNDATION CONTINUED AND EXPANDED ITS CRADLE TO CAREER INITIATIVE, A PROJECT IN PARTNERSHIP WITH NONPROFITS, LOCAL GOVERNMENTS, SCHOOL DISTRICTS, CIVIC ORGANIZATIONS, DONORS AND BUSINESSES TOWARD ITS GOAL TO INCREASE AND ENRICH EDUCATIONAL OPPORTUNITIES FOR ALL CHILDREN FROM 0 - 18 TO BE PREPARED TO ENTER SCHOOL, TO BE SUCCESSFUL IN SCHOOL AND TO GRADUATE FROM SCHOOL PREPARED FOR COLLEGE AND CAREER THIS PROJECT WILL BE ONGOING INTO THE FOLLOWING YEARS

4c

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

DURING 2012, TRANSFERS OF TWO DONOR ADVISED FUNDS WERE MADE TO OTHER FOUNDATIONS, TALLING \$ 2,492,674 69, THESE GRANTS ARE PART OF THE TOTAL GRANT NUMBER, LINE 13 OF PART 1 AND LINE 1 OF PART IX

(Code ) (Expenses \$ 8,248,728 including grants of \$ 7,563,467 ) (Revenue \$ )

4d

Other program services (Describe in Schedule O )

(Expenses \$ 8,248,728 including grants of \$ 7,563,467 ) (Revenue \$ )



















4e

Total program service expenses

8,248,728

Form 990 (2012)

Part IV Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
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? <i>If "Yes," complete Schedule L, Part IV</i> . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . .	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		No
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	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)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822?		No
7d	If "Yes," indicate the number of Forms 8822 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		No
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
9a	Did the organization make any taxable distributions under section 4966?		No
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		No
10	<b>Section 501(c)(7) organizations.</b> Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	<b>Section 501(c)(12) organizations.</b> Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
13a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	19	
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	19	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	CO
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ASPEN COMMUNITY FOUNDATION 110 EAST HALLAM STREET STE 126 ASPEN, CO (970) 925-9300

Part VII

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SUSAN CROWN BOARD MEMBER	2 00	X						0	0	0
(2) MIKE KAPLAN TREASURER	2 00	X		X				0	0	0
(3) CARRIE WELLS BOARD MEMBER	2 00	X						0	0	0
(4) MARY SCANLAN BOARD MEMBER	2 00	X						0	0	0
(5) TONY DILUCIA BOARD MEMBER	2 00	X						0	0	0
(6) ADAM LEWIS BOARD MEMBER	5 00	X						0	0	0
(7) ALLEN GROSSMANN BOARD MEMBER	2 00	X						0	0	0
(8) JOAN ALTMAN BOARD MEMBER	2 00	X						0	0	0
(9) SALLY HANSEN BOARD MEMBER	2 00	X						0	0	0
(10) MARCIE MUSSER BOARD MEMBER	2 00	X						0	0	0
(11) BARBARA GOLD SECRETARY	2 00	X		X				0	0	0
(12) TOM VAN STRAATEN BOARD MEMBER	2 00	X						0	0	0
(13) PAM ALEXANDER BOARD MEMBER	2 00	X						0	0	0
(14) JUDY STEINBERG BOARD MEMBER	2 00	X						0	0	0
(15) KEITH LAMBERT BOARD MEMBER	2 00	X						0	0	0
(16) LAURIE MICHAELS CHAIR	2 00	X		X				0	0	0
(17) KAREN LORD VICE CHAIR	2 00	X		X				0	0	0



## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	130,000	0	0

**2** Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 1

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	No
<b>4</b>	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b>	No
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>	No

## **Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . .	1d	14,110,799			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f . . . . .		14,110,799			
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .					
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		3,509,795	3,509,795	
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties . . . . .					
6a		Gross rents	(i) Real (ii) Personal				
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss) . . . . .					
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss) . . . . .					
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . .					
b		Less direct expenses . . . . .					
c		Net income or (loss) from fundraising events . .		107,116			107,116
9a		Gross income from gaming activities See Part IV, line 19 . . . . .					
b		Less direct expenses . . . . .					
c		Net income or (loss) from gaming activities . .					
10a		Gross sales of inventory, less returns and allowances .					
b		Less cost of goods sold . . . . .					
c		Net income or (loss) from sales of inventory . .					
Miscellaneous Revenue		Business Code					
11a	OTHER INCOME	561000	10,327	10,327			
b							
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .		10,327				
12	Total revenue. See Instructions . . . . .		17,738,037	3,520,122	0	107,116	

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)

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

Do not include amounts reported on lines 6b, 7b, 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	7,563,467	7,563,467		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees . . . . .	701,676	329,225	185,819	186,632
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .				
9	Other employee benefits . . . . .				
10	Payroll taxes . . . . .				
11	Fees for services (non-employees)				
a	Management . . . . .				
b	Legal . . . . .				
c	Accounting . . . . .	22,835	10,714	6,047	6,074
d	Lobbying . . . . .				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees . . . . .				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .				
12	Advertising and promotion . . . . .				
13	Office expenses . . . . .	26,981	12,993	6,979	7,009
14	Information technology . . . . .	46,510	21,822	12,317	12,371
15	Royalties . . . . .				
16	Occupancy . . . . .	41,669	21,513	10,056	10,100
17	Travel . . . . .	18,617	14,807	1,901	1,909
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .				
20	Interest . . . . .				
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	21,240	9,966	5,625	5,649
23	Insurance . . . . .	4,446	3,570	437	439
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 O )				
a	GUS BUS	66,946	66,946		
b	BOOST DAYCAMP	50,000	50,000		
c	CCI-EVALUATION AND FACI	47,217	47,217		
d	DONOR CULTIVATION	16,262	9,766	3,241	3,255
e	All other expenses	156,447	86,722	19,163	50,562
25	Total functional expenses. Add lines 1 through 24e	8,784,313	8,248,728	251,585	284,000
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

☐

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			281,918	1	780,444
	2	Savings and temporary cash investments . . . . .				2	
	3	Pledges and grants receivable, net . . . . .			17,469	3	68,925
	4	Accounts receivable, net . . . . .				4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .			68,144	9	4,094
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	274,205	113,047	10c	112,356
	b	Less accumulated depreciation . . . . .	10b	161,849			
	11	Investments—publicly traded securities . . . . .			14,632,062	11	23,139,583
	12	Investments—other securities See Part IV, line 11 . . . . .			17,644,164	12	15,229,753
	13	Investments—program-related See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets See Part IV, line 11 . . . . .				15	
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			32,756,804	16	39,335,155	
Liabilities	17	Accounts payable and accrued expenses . . . . .			43,336	17	111,721
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .				19	
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .			3,710,547	25	4,031,030
	26	Total liabilities. Add lines 17 through 25 . . . . .			3,753,883	26	4,142,751
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .				27	35,125,540
	28	Temporarily restricted net assets . . . . .				28	16,864
	29	Permanently restricted net assets . . . . .				29	50,000
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			29,002,921	33	35,192,404
	34	Total liabilities and net assets/fund balances . . . . .			32,756,804	34	39,335,155

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	17,738,037
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	8,784,313
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	8,953,724
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	29,002,921
5	Net unrealized gains (losses) on investments . . . . .	5	-146,974
6	Donated services and use of facilities . . . . .	6	
7	Investment expenses . . . . .	7	
8	Prior period adjustments . . . . .	8	
9	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	-2,617,267
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	35,192,404

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	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		

SCHEDULE A  
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

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.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ASPEN COMMUNITY FOUNDATION

Employer identification number  
84-0829226

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8

☒

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that 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(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	5,399,382	4,369,255	4,269,040	5,337,496	11,685,846	31,061,019
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	5,399,382	4,369,255	4,269,040	5,337,496	11,685,846	31,061,019
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)						6,163,945
6 Public support. Subtract line 5 from line 4						24,897,074

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	5,399,382	4,369,255	4,269,040	5,337,496	11,685,846	31,061,019
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	563,905	155,269	118,569	65,372	71,734	974,849
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 )	21,474	-16,511	78,994	38,118	10,710	132,785
11	Total support (Add lines 7 through 10)						32,168,653
12	Gross receipts from related activities, etc (see instructions)					12	5,087
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here . . . . . ▶						

Section C. Computation of Public Support Percentage				
14	Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	<table><tr><td>14</td><td>77 400 %</td></tr></table>	14	77 400 %
14	77 400 %			
15	Public support percentage for 2011 Schedule A, Part II, line 14	<table><tr><td>15</td><td>76 700 %</td></tr></table>	15	76 700 %
15	76 700 %			
16a	<b>33 1/3% support test—2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b	<b>33 1/3% support test—2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a	<b>10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b	<b>10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		



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

Facts And Circumstances Test

Explanation

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization  
ASPEN COMMUNITY FOUNDATION

Employer identification number  
84-0829226

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	119	
2 Aggregate contributions to (during year)	10,254,458	
3 Aggregate grants from (during year)	4,003,784	
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 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) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

	Held at the End of the Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items  

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items  

a Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance . . . . .	62,311	67,879	63,694	55,265	
b Contributions . . . . .					
c Net investment earnings, gains, and losses	8,196	-2,568	4,185	11,429	
d Grants or scholarships . . . . .				-3,000	
e Other expenditures for facilities and programs . . . . .	-3,643	-3,000			
f Administrative expenses . . . . .					
g End of year balance . . . . .	66,864	62,311	67,879	63,694	

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations . . . . .

3a(i)

Yes

No

(ii) related organizations . . . . .

3a(ii)

Yes

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .	125,920		51,755	74,165
d Equipment . . . . .	148,285		110,094	38,191
e Other . . . . .				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				112,356

Schedule D (Form 990) 2012



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	15,136,532
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	-146,974
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	-2,454,531
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-2,601,505
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	17,738,037
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	17,738,037

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	8,947,049
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	162,736
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	162,736
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	8,784,313
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	8,784,313

**Part XIII Supplemental Information**

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

Identifier	Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS		AGENCY CONTRIBUTIONS -2,454,531
PART XII, LINE 2D - OTHER ADJUSTMENTS		AGENCY ACTIVITY 162,736

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.**

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

OMB No 1545-0047

# 2012

## Open to Public Inspection

Name of the organization  
ASPEN COMMUNITY FOUNDATION

Employer identification number

84-0829226

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations
- b** ☐ Internet and email solicitations
- c** ☐ Phone solicitations
- d** ☐ In-person solicitations
- e** ☐ Solicitation of non-government grants
- f** ☐ Solicitation of government grants
- g** ☐ Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total . . . . . ▶						

**3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		QUALITY OF LIFE CANCER FUND DINNER (event type)	FINAL STAGE CYCLING RECEPTION (event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts . . . .	71,985	66,450	138,435
	2	Less Contributions . .			
	3	Gross income (line 1 minus line 2) . . . .	71,985	66,450	138,435
Direct Expenses	4	Cash prizes . . . .			
	5	Noncash prizes . .			
	6	Rent/facility costs . .			
	7	Food and beverages .	10,705	20,614	31,319
	8	Entertainment . . . .			
	9	Other direct expenses .			
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			
	11	Net income summary Combine line 3, column (d), and line 10 . . . . . ▶			

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue . . . . .			
Direct Expenses	2	Cash prizes . . . . .			
	3	Non-cash prizes . . . .			
	4	Rent/facility costs . . . .			
	5	Other direct expenses . . .			
	6	<div>Yes No</div>	<div>Yes No</div>	<div>Yes No</div>	
	7	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶			

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . . 

Yes No

b If "No," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . 

Yes No

b If "Yes," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

**13** Indicate the percentage of gaming activity operated in



<b>a</b> The organization's facility	<b>13a</b>	
<b>b</b> An outside facility	<b>13b</b>	

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name  .....

Address  .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization  \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party  \$ \_\_\_\_\_


**c** If "Yes," enter name and address of the third party

Name  .....

Address  .....

**16** Gaming manager information

Name  .....


Gaming manager compensation  \$ .....

Description of services provided  .....

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year  \$ \_\_\_\_\_

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
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Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ASPEN COMMUNITY FOUNDATION

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

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

OMB No 1545-0047

2012

Open to Public  
Inspection

Employer identification number  
84-0829226

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .

▶

3

Enter total number of other organizations listed in the line 1 table . . . . .

▶

**Part III**

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

(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

Part IV Supplemental Information.		
Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information		
Identifier	Return Reference	Explanation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ACCESS ROARING FORK PO BOX 819 CARBONDALE,CO 81623	20-0369318	501(C)3	10,000				THE PURPOSE OF THIS GRANT IS TO INCREASE AFTERSCHOOL PROGRAMS AND SERVICES
ACCESS ROARING FORK PO BOX 819 CARBONDALE,CO 81623	20-0369318	501(C)3	6,500				TO SUPPORT BOOST SUMMER CAMP
AJUA2525 WALAMEDA AVE DENVER,CO 80219	73-1675486	501(C)3	5,000				THE PURPOSE OF THIS GRANT IS TO SUBSIDIZE THE APPLICATION FEES OF 10-20 DEFERRED ACTION FOR CHILDHOOD ARRIVALS APPLICANTS
AMERICAN CANCER SOCIETY6165 SOUTH RAINBOW LAS VEGAS,NV 89118	84-1316555	501(C)3	25,000				TO SUPPORT THE CANCER RESEARCH FUND, DESIGNATED FOR THE 2012 POSTDOCTORAL GRANT
AMERICAN CIVIL LIBERTIES UNION FOUNDARION125 BROAD STREET NEWYORK,NY 10004	23-7028224	501(C)3	15,000				TO SUPPORT GENERAL OPERATING EXPENSES
AMIGOS BRAVOSPO BOX 238 TAOS,NM 87571	85-0363268	501(C)3	5,500				TO SUPPORT THE STRATEGIC PLANNING MEETING
ANDERSON RANCH ARTS CENTERPO BOX 5598 SNOWMASS VILLAGE,CO 81615	23-7267983	501(C)3	5,000				THIS GRANT IS TO SPONSOR THE RESIDENT ARTIST SANFORD BIGGARS
ASPEN ART MUSEUM590 NORTH MILL STREET ASPEN,CO 81611	84-0746671	501(C)3	500,000				TO SUPPORT CONSTRUCTION OF THE NEW BUILDING
ASPEN ART MUSEUM590 NORTH MILL STREET ASPEN,CO 81611	84-0746671	501(C)3	45,200				THE PURPOSE OF THIS GRANT IS TO SUPPORT ART CRUSH AND WINE CRUSH AND NEW EXHIBITIONS
ASPEN ART MUSEUM590 NORTH MILL STREET ASPEN,CO 81611	84-0746671	501(C)3	10,000				TO SUPPORT THE NATIONAL COUNCIL
ASPEN ART MUSEUM590 NORTH MILL STREET ASPEN,CO 81611	84-0746671	501(C)3	50,000				TO SUPPORT THE ETKIN FAMILY DIGITAL MEDIA FUND
ASPEN ART MUSEUM590 NORTH MILL STREET ASPEN,CO 81611	84-0746671	501(C)3	5,000				THIS GRANT IS TO SUPPORT THE 2012 ASPEN ART MUSEUM SCHOLARSHIP FUND
ASPEN ART MUSEUM590 NORTH MILL STREET ASPEN,CO 81611	84-0746671	501(C)3	5,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
ASPEN CENTER FOR ENVIRONMENTAL STUDIES100 PUPPY SMITH STREET ASPEN,CO 81611	23-7042291	501(C)3	100,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
ASPEN CENTER FOR ENVIRONMENTAL STUDIES100 PUPPY SMITH STREET ASPEN 81611 UK	23-7042291	501(C)3	5,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
ASPEN COMMUNITY CHURCH200 EAST BLEEKER STREET ASPEN,CO 81611	84-0770976	501(C)3	10,000				TO SUPPORT THE GENERATION TO GENERATION CAPITAL CAMPAIGN ASSOCIATION OF YOUTH UNITED FEES OF 10-20 DEFERRED ACTIONIN ACTION)FOR CHILDHOOD ARRIVALS CARBONDALE, CO 81623 APPLICANTS
ASPEN COMMUNITY CHURCH200 EAST BLEEKER STREET ASPEN,CO 81611	84-0770976	501(C)3	100,000				THIS GRANT IS TO SUPPORT THE CAPITAL CAMPAIGN
ASPEN COMMUNITY SCHOOLPO BOX 336 WOODY CREEK,CO 81656	84-0613297	501(C)3	10,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
ASPEN COMMUNITY THEATREPO BOX 743 ASPEN,CO 81612	84-0701404	501(C)3	5,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
ASPEN COUNTRY DAY SCHOOL3 MUSIC SCHOOL ROAD ASPEN,CO 81611	23-7033239	501(C)3	5,000				THIS GRANT IS A CONTRIBUTION TO THE ANNUAL FUND
ASPEN COUNTRY DAY SCHOOL3 MUSIC SCHOOL ROAD ASPEN,CO 81611	23-7033239	501(C)3	38,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
ASPEN COUNTRY DAY SCHOOL3 MUSIC SCHOOL ROAD ASPEN,CO 81611	23-7033239	501(C)3	25,000				THIS GRANT IS A CONTRIBUTION TO THE ANNUAL FUND
ASPEN COUNTRY DAY SCHOOL3 MUSIC SCHOOL ROAD ASPEN,CO 81611	23-7033239	501(C)3	10,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
ASPEN EDUCATION FOUNDATIONPO BOX 2200 ASPEN,CO 81612	84-1181681	501(C)3	7,500				TO SUPPORT THE COLLEGE COUNSELOR
ASPEN EDUCATION FOUNDATIONPO BOX 2200 ASPEN,CO 81612	84-1181681	501(C)3	8,000				TO SUPPORT GENERAL OPERATING EXPENSES
ASPEN EDUCATION FOUNDATIONPO BOX 2200 ASPEN,CO 81612	84-1181681	501(C)3	20,000				TO SUPPORT THE BUILDING OF A VISUAL ARTS STUDIO AT ASPEN HIGH SCHOOL
ASPEN EDUCATION FOUNDATIONPO BOX 2200 ASPEN,CO 81612	84-1181681	501(C)3	15,000				EDUCATION
ASPEN EDUCATION FOUNDATIONPO BOX 2200 ASPEN,CO 81612	84-1181681	501(C)3	7,500				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
ASPEN FILM110 EAST HALLAM STREET ASPEN,CO 81611	74-2483139	501(C)3	5,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
ASPEN HIGH SCHOOL0235 HIGH SCHOOL ROAD ASPEN,CO 81611	84-6012220	501(C)3	8,000				TO SUPPORT THE PEARSTONE SCHOLARSHIP FUND

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ASPEN INSTITUTE1000 NORTH 3RD STREET ASPEN, CO 81611	84-0399006	501(C)3	5,000				TO SUPPORT GENERAL OPERATING EXPENSES
ASPEN INSTITUTE1000 NORTH 3RD STREET ASPEN, CO 81611	84-0399006	501(C)3	10,000				TO SUPPORT THE SOCIETY OF FELLOWS
ASPEN INSTITUTE1000 NORTH 3RD STREET ASPEN, CO 81611	84-0399006	501(C)3	5,000				TO SUPPORT THE SOCIETY OF FELLOWS
ASPEN INTERNATIONAL MOUNTAIN FOUNDATION PO BOX 0-3 ASPEN, CO 81612	47-0850496	501(C)3	5,000				TO SUPPORT GENERAL OPERATING EXPENSES
ASPEN JUNIOR HOCKEYPO BOX 3390 ASPEN, CO 81612	50-0143083	501(C)3	5,000				TO SUPPORT THE STIRLING CUPTO SUPPORT THE STIRLING CUP
ASPEN MUSIC FESTIVAL AND SCHOOL2 MUSIC SCHOOL ROAD ASPEN, CO 81611	84-0445087	501(C)3	7,000				THE PURPOSE OF THIS GRANT IS TO SUPPORT THE NATIONAL COUNCIL
ASPEN PUBLIC RADIO110 EAST HALLAM STREET ASPEN, CO 81611	84-0884901	501(C)3	7,500				THE PURPOSE OF THIS GRANT IS FOR GENERAL OPERATING SUPPORT
ASPEN SANTA FE BALLET 0245 SAGE WAY ASPEN, CO 81611	84-1150857	501(C)3	50,000				THIS GRANT CAN BE USED FOR ANYTHING THAT IS NEEDED
ASPEN SANTA FE BALLET 0245 SAGE WAY ASPEN, CO 81611	84-1150857	501(C)3	7,500				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
ASPEN SANTA FE BALLET 0245 SAGE WAY ASPEN, CO 81611	84-1150857	501(C)3	10,000				THIS GRANT IS TO UNDERWRITE THE TOURING OF THE ASFB IN HONOR OF A WARMOUR
ASPEN SANTA FE BALLET 0245 SAGE WAY ASPEN, CO 81611	84-1150857	501(C)3	22,500				TO SUPPORT GENERAL OPERATING EXPENSES
ASPEN SILVER CYCLING - CITY OF ASPEN130 S GALENA STREET ASPEN, CO 81611	98-0455700	501(C)3	23,468				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
ASPEN TREEPO BOX 8064 ASPEN, CO 81612	26-3468420	501(C)3	18,000				THIS GRANT IS TO SUPPORT THE VISIONARY MEMBER LEVEL
ASPEN VALLEY FOUNDATIONPO BOX 1639 ASPEN, CO 81612	84-0643721	501(C)3	25,000				THIS GRANT IS TO SUPPORT THE NURSES AT ASPEN VALLEY HOSPITAL
ASPEN VALLEY FOUNDATIONPO BOX 1639 ASPEN, CO 81612	84-0643721	501(C)3	5,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES OF THE HOPE CENTER
ASPEN VALLEY SKI & SNOWBOARD CLUB300 AVSC DRIVE ASPEN, CO 81611	84-6042225	501(C)3	10,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
ASPEN VALLEY SKI & SNOWBOARD CLUB300 AVSC DRIVE ASPEN, CO 81611	84-6042225	501(C)3	5,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
ASPEN VALLEY SKI & SNOWBOARD CLUB300 AVSC DRIVE ASPEN, CO 81611	84-6042225	501(C)3	10,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
ASPEN VALLEY SKI & SNOWBOARD CLUB300 AVSC DRIVE ASPEN, CO 81611	84-6042225	501(C)3	10,000				TO SUPPORT AVSC'S CAPITAL CAMPAIGN
ASPEN VALLEY SKI & SNOWBOARD CLUB300 AVSC DRIVE ASPEN, CO 81611	84-6042225	501(C)3	5,500				TO SUPPORT GENERAL OPERATING EXPENSES
ASPEN VALLEY SKI & SNOWBOARD CLUB300 AVSC DRIVE ASPEN, CO 81611	84-6042225	501(C)3	10,000				THIS GRANT IS FOR GENERAL OPERATING SUPPORT
ASPEN VALLEY SKI & SNOWBOARD CLUB300 AVSC DRIVE ASPEN, CO 81611	84-6042225	501(C)3	5,000				TO SUPPORT THE AJAX CUP
ASPEN VALLEY SKI & SNOWBOARD CLUB300 AVSC DRIVE ASPEN, CO 81611	84-6042225	501(C)3	5,000				TO SUPPORT THE AJAX CUP
ASPEN YOUTH CENTERPO BOX 8266 ASPEN, CO 81612	74-2554280	501(C)3	20,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
ASPEN YOUTH CENTERPO BOX 8266 ASPEN, CO 81612	74-2554280	501(C)3	5,000				THIS GRANT IS SUPPORT "SPELL WHAT?!"
BALLROOM MARFAPO BOX 1661 MARFA, TX 70843	20-0126402	501(C)3	5,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
BANK OF AMERICA CHARITABLE GIFT FUNDPO BOX 55850 BOSTON, MA 02205	04-6010342	501(C)3	13,065				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
BANK OF AMERICA CHARITABLE GIFT FUNDPO BOX 55850 BOSTON, MA 02205	04-6010342	501(C)3	6,000				TO TRANSFER FUNDS TO THE BANK OF AMERICA CHARITABLE GIFT FUND
BANK OF AMERICA CHARITABLE GIFT FUNDPO BOX 55850 BOSTON, MA 02205	04-6010342	501(C)3	23,540				TO TRANSFER FUNDS FROM THE CAROL DIBRELL FUND AT ASPEN COMMUNITY FOUNDATION TO THE BANK OF AMERICA CHARITABLE GIFT FUND
BIRTHRIGHT ISRAEL FOUNDATIONPO BOX 1784 NEW YORK, NY 10156	13-4092050	501(C)3	10,000				THIS GRANT IS FOR GENERAL OPERATING EXPENSES

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BLUE LAKE PRESCHOOL 0189 JW DRIVE CARBONDALE,CO 81623	84-1544750	501(C)3	5,000				THIS GRANT IS FOR GENERAL OPERATING EXPENSES
CANCER RESEARCH FUND OF DAMON RUNYON-WALTERONE EXCHANGE PLAZA 55 BROADWAY NEWYORK,NY 10006	13-1933825	501(C)3	10,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES AND IS MADE IN HONOR OF BEIRNE FAMILY
CARBONDALE COMMUNITY ACCESS RADIOPO BOX 1388 CARBONDALE,CO 81623	74-2224605	501(C)3	5,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
CENTENNIAL ELEMENTARY SCHOOL13200 WESTLAKE DRIVE BROOMFIELD,CO 80020	84-6000822	501(C)3	9,579				TO SUPPORT THE PURCHASE OF 31 IPADS
CENTER FOR REPRODUCTIVE RIGHTS 120 WALL STREET NEWYORK,NY 10005	13-3669731	501(C)3	5,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
CENTER FOR REPRODUCTIVE RIGHTS 120 WALL STREET NEWYORK,NY 10005	13-3669731	501(C)3	10,000				THIS GRANT IS FOR GENERAL OPERATING EXPENSES
CHALLENGE ASPENPO BOX 6639 SNOWMASS VILLAGE,CO 81615	84-1315910	501(C)3	5,000				TO SUPPORT RETURNING VETERANS
CHESHIRE PROJECT THE 950 ZENO ROAD LINCOLN,VT 05443	37-1497662	501(C)3	9,000				\$7,000 TO SUPPORT THE SIMONSEN THEATRE PROJECT AND \$2,000 TO SUPPORT THE ZENO MOUNTAIN FARM
CHILDREN'S HOSPITAL BOSTON1 AUTUMN STREET BOSTON,MA 02215	04-2774441	501(C)3	5,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES AND IS MADE IN THE HONOR OF JIM CALAWAY
CHILDREN'S HOSPITAL FOUNDATION13123 EAST 16TH AVENUE AURORA,CO 80045	84-0813462	501(C)3	5,000				THIS GRANT IS FOR GENERAL OPERATING EXPENSES
CHILDREN'S HOSPITAL FOUNDATION13123 EAST 16TH AVENUE AURORA,CO 80045	84-0813462	501(C)3	5,000				THIS GRANT IS FOR GENERAL OPERATING EXPENSES
CHRIS KLUG FOUNDATION 182 RIVERDOWN DRIVE ASPEN,CO 81611	84-1628444	501(C)3	10,000				\$100,000 THIS GRANT IS FOR GENERAL OPERATING EXPENSES
CHRIST EPISCOPAL CHURCH536 W NORTH STREET ASPEN,CO 81611	84-1543970	501(C)3	100,000				THIS GRANT IS FOR GENERAL OPERATING EXPENSES
COLORADO ANIMAL RESCUE2801 COUNTY ROAD 114 GLENWOOD SPRINGS,CO 81601	84-1208087	501(C)3	5,000				THIS GRANT IS FOR GENERAL OPERATING EXPENSES
COLORADO ANIMAL RESCUE2801 COUNTY ROAD 114 GLENWOOD SPRINGS,CO 81601	84-1208087	501(C)3	20,000				THIS GRANT IS FOR GENERAL OPERATING EXPENSES
COLORADO ANIMAL RESCUE2801 COUNTY ROAD 114 GLENWOOD SPRINGS,CO 81601	84-1208087	501(C)3	10,000				THIS GRANT IS MADE IN HONOR OF JIM CALLOWAY
CREATIVE CAPITAL FOUNDATION65 BLEECKER STREET NEWYORK,NY 10012	31-1605982	501(C)3	5,000				TO SUPPORT GENERAL OPERATING EXPENSES
CYSTIC FIBROSIS FOUNDATION6931 ARLINGTON ROAD BETHESDA,MD 20814	13-1930701	501(C)3	5,000				TO SUPPORT GENERAL OPERATING EXPENSES
DOCTORS WITHOUT BORDERS333 SEVENTH AVENUE NEWYORK,NY 10001	13-3433452	501(C)3	20,000				TO SUPPORT GENERAL OPERATING EXPENSES
EARTHBEAT CHOIR21 LAZY GLEN SNOWMASS,CO 81654	84-1540066	501(C)3	5,500				TO SUPPORT GENERAL OPERATING EXPENSES
EARTHBEAT CHOIR21 LAZY GLEN SNOWMASS,CO 81654	84-1540066	501(C)3	5,500				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
EARTHBEAT CHOIR21 LAZY GLEN SNOWMASS,CO 81654	84-1540066	501(C)3	5,500				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
EARTHBEAT CHOIR21 LAZY GLEN SNOWMASS,CO 81654	84-1540066	501(C)3	5,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
EARTHBEAT CHOIR21 LAZY GLEN21 LAZY GLEN SNOWMASS,CO 81654	84-1540066	501(C)3	5,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
EARTHBEAT CHOIR215 N GARMISCH STREET SNOWMASS,CO 81654	84-1540066	501(C)3	5,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
ENGLISH IN ACTIONPO BOX 4856 BASALT,CO 81621	26-1254643	501(C)3	25,000				THIS GRANT REPRESENTS YEAR TWO OF A THREE YEAR GRANT TO HELP ENGLISH IN ACTION ACHIEVE THEIR STRATEGIC GOALS OF INCREASING THE QUALITY OF THEIR PROGRAMMING AND THE NUMBER OF PEOPLE SERVED EACH YEAR 2013 FUNDING IS CONTINGENT ON AVAILABLE FUNDS AND ANNUAL
ENGLISH IN ACTIONPO BOX 4856 BASALT,CO 81621	26-1254643	501(C)3	5,000				THIS GRANT IS FOR GENERAL OPERATING SUPPORT
EUPHEMIA L HAYNES PUBLIC CHARTER SCHOOL 3600 GEORGIA AVENUE NW WASHINGTON,DC 20010	20-0295905	501(C)3	15,000				THIS GRANT IS FOR GENERAL OPERATING SUPPORT
EXTREME SPORTS CAMPPPO BOX 10729 ASPEN,CO 81612	20-0940000	501(C)3	5,000				THIS GRANT IS TO SUPPORT THE GUND FOR EMERGENCY SUPPORT SERVICES FOR FAMILIES AFFECTED BY AUTISM
EXTREME SPORTS CAMPPPO BOX 10729 ASPEN,CO 81612	20-0940000	501(C)3	5,000				THIS GRANT IS TO SUPPORT THE LIGHT IT UP BLUE EVENT

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FAMILY VISITOR PROGRAMS401 23RD STREET 204 GLENWOOD SPRINGS,CO 81601	84-1001484	501(C)3	5,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
FOOD BANK OF THE ROCKIES10700 EAST 45TH AVENUE DENVER,CO 80239	84-0772672	501(C)3	10,000				TO SUPPORT GENERAL OPERATING EXPENSES FOR THE WESTERN SLOPE
FOREST CONSERVANCY 1012 BROOKIE DRIVE CARBONDALE,CO 81623	84-1583104	501(C)3	14,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
FRIENDS OF THE ASPEN ANIMAL SHELTERPO BOX 985 ASPEN,CO 81612	84-1564816	501(C)3	6,000				TO SUPPORT "DANCING WITH THE DOGS" AND GENERAL OPERATING EXPENSES
FRIENDS OF THE ASPEN ANIMAL SHELTERPO BOX 985 ASPEN,CO 81612	84-1564816	501(C)3	5,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
GARFIELD SCHOOL DISTRICT NO RE-2839 WHITE RIVER AVENUE RIFLE,CO 81650	84-0525428	501(C)3	6,629				TO COVER OPERATING EXPENSES FOR GUS THE BUS FOR THE PERIOD 6/1-8/31/2012
GARFIELD SCHOOL DISTRICT NO RE-2839 WHITE RIVER AVENUE RIFLE,CO 81650	84-0525428	501(C)3	25,495				TO COVER OPERATING EXPENSES FOR GUS THE BUS FOR THE PERIOD 6/1-11/15/2012
GARFIELD SCHOOL DISTRICT NO RE-2839 WHITE RIVER AVENUE RIFLE,CO 81650	84-0525428	501(C)3	20,339				THE PURPOSE OF THIS GRANT IS FUNDING FOR GUS THE BUS
GEORGIA APPELLATE PRACTICE & EDUCATIONAL RESOURCE CENTER303 ELIZABETH STREET NE ATLANTA,GA 30307	58-1720864	501(C)3	5,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
GLENDA GREENWALDPO BOX 2055 ASPEN,CO 81612	27-0435998	501(C)3	5,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
GLOBAL GREEN2218 MAIN STREET 2ND FLOOR SANTA MONICA,CA 90405	77-0387124	501(C)3	5,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
GRAND VALLEY EDUCATIONAL FOUNDATIONPO BOX 682 PARACHUTE,CO 81635	84-1573995	501(C)3	10,000				THIS GRANT IS TO SUPPORT THE TEACHER OF THE YEAR AWARD
GRASSROOTS ASIAPPO BOX 6750 SNOWMASS VILLAGE,CO 81615	02-0700384	501(C)3	30,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
GREATER KANSAS CITY COMMUNITY FOUNDATION 1055 BROADWAY SUITE 130 KANSAS CITY,MO 64105	43-1152398	501(C)3	46,475				TO COMPLETE THE TRANSFER OF THE PRYOR DONOR ADVISED FUND
GREATER KANSAS CITY COMMUNITY FOUNDATION 1055 BROADWAY SUITE 130 KANSAS CITY,MO 64105	43-1152398	501(C)3	1,547,236				TO TRANSFER FUNDS TO THE GREATER KANSAS CITY COMMUNITY FOUNDATION
HAMMER MUSEUM OF ART AND CULTURAL CENTER AT UCLA10899 WILSHIRE BLVD LOS ANGELES,CA 90024	95-4217197	501(C)3	10,000				TO SUPPORT GENERAL OPERATING EXPENSES
HAMMER MUSEUM OF ART AND CULTURAL CENTER AT UCLA10899 WILSHIRE BLVD LOS ANGELES,CA 90024	95-4217197	501(C)3	111,000				TO SUPPORT THE MUSEUM'S ART ACQUISITION
HAMMER MUSEUM OF ART AND CULTURAL CENTER AT UCLA10899 WILSHIRE BLVD LOS ANGELES,CA 90024	95-4217197	501(C)3	142,500				THIS GRANT IS TO SUPPORT ART ACQUISITION
ISLAND PRESS1718 CONNECTICUT AVE NW WASHINGTON,DC 20009	94-2578166	501(C)3	20,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
JAZZ ASPEN SNOWMASS 110 EAST HALLAM STREET ASPEN,CO 81611	84-1220222	501(C)3	12,500				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
JAZZ ASPEN SNOWMASS 110 EAST HALLAM STREET ASPEN,CO 81611	84-1220222	501(C)3	10,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
LITTLETON PUBLIC SCHOOLS FOUNDATION 5776 SOUTH CROCKER STREET LITTLETON,CO 80120	84-1185005	501(C)3	12,866				TO FUND THE PURCHASE OF 34 IPADS FOR GODDARD MIDDLE SCHOOL
LIVESTRONG LANCE ARMSTRONG FOUNDATION 2201 EAST SIXTH STREET AUSTIN,TX 78702	74-2806618	501(C)3	5,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
MANITOU SPRINGS SCHOOL DISTRICT405 EL MONTE PLACE MANITOU SPRINGS,CO 80829	43-1152398	501(C)3	47,000				TO SUPPORT THE PURCHASE OF 120 IPADS
MASTERY FOUNDATION1 CHARLTON COURT SAN FRANCISCO,CO 94123	22-2616092	501(C)3	5,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES THE DONOR ADVISOR HAS ASKED FOR THE FOLLOWING NOTE TO BE INCLUDED "THIS DONATION IS MADE WITH TREMENDOUS GRATITUDE, LOVE AND ADMIRATION FOR BOTH CHRISTOPHER GATES AND TERRY BOOKMAN "
MILITARY RELIGIOUS FREEDOM FOUNDATION 13170-B CENTRAL AVENUE SE ALBUQUERQUE,NM 87123	20-3967302	501(C)3	10,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
MILITARY RELIGIOUS FREEDOM FOUNDATION 13170-B CENTRAL AVENUE SE ALBUQUERQUE,NM 87123	20-3967302	501(C)3	10,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
MILITARY RELIGIOUS FREEDOM FOUNDATION 13170-B CENTRAL AVENUE SE ALBUQUERQUE,NM 87123	20-3967302	501(C)3	6,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
MOUNTAIN VIEW ELEMENTARY SCHOOL 12401 PERRY ST BROOMFIELD,CO 80020	84-6000822	501(C)3	10,001				TO SUPPORT THE PURCHASE OF 29 IPADS
NATUREBRIDGE28 GEARY STREET SUITE 650 SAN FRANCISCO,CA 94108	94-2145930	501(C)3	8,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES

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NESHAMA CENTERPO BOX 8064 ASPEN,CO 81612	14-1964306	501(C)3	12,500				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
NYU LANGONE MEDICAL CENTERONE PARK AVENUE NEW YORK,NY 10016	13-5562308	501(C)3	5,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES AND IS MADE IN THE HONOR OF STEVEN MACK'S 40TH BIRTHDAY
OUR LADY OF ASSUMPTION SCHOOL 3169 TELEGRAPH ROAD VENTURA,CA 93003	94-1125118	501(C)3	5,000				TO SUPPORT THE PURCHASE OF NIN IPAD TABLETS FOR ALL OF THE CLASSROOM TEACHERS
OUR SCHOOL3126 S GRAND AVE GLENWOOD SPRINGS,CO 81601	84-1406053	501(C)3	5,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
PATHFINDERS PILLARS OF LIFE FOUNDATIONPO BOX 11799 ASPEN,CO 81612	20-1710899	501(C)3	10,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
PATHFINDERS PILLARS OF LIFE FOUNDATIONPO BOX 11799 ASPEN,CO 81612	20-1710899	501(C)3	24,545				TO SUPPORT THE ADMINSTRATIVE PROJECTS OF PATHFINDERS
PENN PARENTS FUND3451 WALNUT STREET PHILADELPHIA,PA 19104	23-1352685	501(C)3	25,000				THIS GRANT IS FOR GENERAL OPERATING SUPPORT
PHASE ONE256 26TH STREET SANTA MONICA,CA 80402	91-2129319	501(C)3	5,000				THIS GRANT IS MADE IN MEMORY OF TIA PALMERO RAVICH
PITKIN COUNTY FINANCE DEPARTMENT520 EAST MAIN STREET ASPEN,CO 81611	84-6000794	501(C)3	32,610				THE PURPOSE OF THIS GRANT IS TO SUPPORT THE SAVE A LIFE PITKIN COUNTY CAMPAIGN AND PURCHASE AED'S FOR THE COMMUNITY
PLANNED PARENTHOOD - DENVER OFFICE7155 EAST 38TH AVE DENVER,CO 80207	53-0204621	501(C)3	15,000				THIS GRANT IS FOR GENERAL OPERATING SUPPORT
PUBLIC COUNSEL OF THE ROCKIES1280 UTE AVENUE ASPEN,CO 81611	84-1510257	501(C)3	10,000				TO SUPPORT THE "GAGING INITIATIVE" FOR THE ROARING FORK WATERSHED
RESPONSEPO BOX 1340 ASPEN,CO 81612	74-2328814	501(C)3	5,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
RIVER CENTER OF NEW CASTLE INCPO BOX 272 NEW CASTLE,CO 81647	27-3837160	501(C)3	5,000				TO SUPPORT THE KIDS TOTES FOR HOPE PROGRAM FOR THE REMAINING SCHOOL YEAR 2011-2012
ROARING FORK PUBLIC EDUCATION FOUNDATION PO BOX 1275 CARBONDALE,CO 81623	04-3760602	501(C)3	7,000				THIS GRANT IS TO SUPPORT CONTINUED DEVELOPMENT OF THE PUBLIC EDUCATION FOUNDATION
ROARING FORK SCHOOL HEALTH CENTERS151 E COTTONWOOD DRIVE BASALT,CO 81621	84-1321485	501(C)3	10,000				THIS GRANT IS TO SUPPORT THE EXPANSION OF MENTAL HEALTH SERVICES IN THE BASALT PUBLIC SCHOOLS
ROARING FORK VALLEY EARLY LEARNING FOUNDATIONPO BOX 2533 GLENWOOD SPRINGS,CO 81602	55-0873041	501(C)3	9,000				THE PURPOSE OF THIS GRANT IS FOR GENERAL OPERATING SUPPORT THIS GRANT REPRESENTS YEAR TWO OF A THREE-YEAR GRANT COMMITMENT
ROCKY MOUNTAIN INSTITUTE1739 SNOWMASS CREEK ROAD SNOWMASS,CO 81654	74-2244146	501(C)3	5,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
ROCKY MOUNTAIN INSTITUTE1739 SNOWMASS CREEK ROAD SNOWMASS,CO 81654	74-2244146	501(C)3	10,000				THE PURPOSE OF THIS GRANT IS TO SUPPORT SERVICES FOR LATINA WOMEN AND CHILDREN
ROOM TO READ111 SUTTER STREET SAN FRANCISCO,CO 94104	91-2003533	501(C)3	5,000				TO SUPPORT THE "KATIE & JOHN SHOW" EVENT IN ASPEN ON 7/3/12
SHINING STARS FOUNDATIONPO BOX 1308 ASPEN,CO 81612	84-1526586	501(C)3	10,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
SNOWMASS VILLAGE COMMUNITY FUNDPO BOX 5490 SNOWMASS VILLAGE,CO 81615	84-1198541	501(C)3	15,000				TO DEVELOP A STRATEGIC PLAN TO MARKET AND PROMOTE THE SNOWMASTADON FIND IN SNOWMASS VILLAGE AS DEFINED IN THE 10-3-12 LETTER FROM JOHN MCCARTER TO JIM CROWN
SONORAN INSTITUTE44 EAST BROADWAY BOULEVARD TUCSON,AZ 85701	86-0684610	501(C)3	10,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
SOUTHERN POVERTY LAW CENTER400 WASHINGTON AVENUE MONTGOMERY,AL 36104	63-0598743	501(C)3	7,500				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
SPELLBINDERSPO BOX 1986 BASALT,CO 81621	84-1157832	501(C)3	5,000				THIS GRANT IS TO SUPPORT THE CIRCLE OF ENCHANTMENT
SUCCESS BEYOND THE CLASSROOM FOUNDATION 5575 WEST BROAD STREET COLOMBUS,OH 43228	27-1503654	501(C)3	10,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
SUSTAINABLE SETTINGS 6107 HIGHWAY 133 CARBONDALE,CO 81623	84-1610236	501(C)3	10,000				TO SUPPORT GENERAL OPERATING EXPENSES
TEACHERS ACROSS BORDERS100 N EIGHTH STREET 3 ASPEN,CO 81612	80-0007455	501(C)3	5,000				THE PURPOSE OF THIS GRANT IS FOR THE SIEM REAP PROGRAM OR DISCRETIONARY FUNDS AT THE ADVICE OF KATHY KLUG
THE BUDDY PROGRAM110 EAST HALLAM STREET ASPEN,CO 81611	74-2594693	501(C)3	10,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
THE CLEVELAND FOUNDATION1422 EUCLID AVENUE SUITE CLEVELAND,OH 44115	34-0714588	501(C)3	10,000				TO SUPPORT THE JONATHAN LEWIS FUND
THE DENVER FOUNDATION 55 MADISON STREET DENVER,CO 80203	84-6048381	501(C)3	898,964				TO TRANSFER TO THE WALLACE FAMILY FUND AT THE DENVER FOUNDATION

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THE ENVIRONMENT FOUNDATIONPO BOX 1248 ASPEN,CO 81612	84-1428863	501(C)3	8,869				THE PURPOSE OF THIS GRANT IS TO MATCH EMPLOYEE CONTRIBUTIONS TO THE ENVIRONMENT FOUNDATION FOR GRANTMAKING
THE ENVIRONMENT FOUNDATIONPO BOX 1248 ASPEN,CO 81612	84-1428863	501(C)3	41,131				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
THE ENVIRONMENT FOUNDATIONPO BOX 1248 ASPEN,CO 81612	84-1428863	501(C)3	41,131				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
THE HAWN FOUNDATION PO BOX 4220 BASALT,CO 81621	20-0653982	501(C)3	25,000				THIS GRANT IS TO SUPPORT MINDUP
THEATRE ASPEN110 EAST HALLAM ASPEN,CO 81611	74-2319032	501(C)3	5,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
THEATRE ASPEN110 EAST HALLAM SUITE 103 ASPEN,CO 81611	74-2319032	501(C)3	5,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
THREE GENERATIONS1133 BROADWAY NEWYORK,NY 10010	20-8688513	501(C)3	6,000				THIS GRANT IS TO HELP THE ONGOING WORK OF THE FOUNDATION
THUNDER RIVER THEATRE COPMPANY67 PROMENADE CARBONDALE,CO 81623	84-1546404	501(C)3	10,362				THIS GRANT REPRESENTS 5% OF THE 12 QUARTER ROLLING BALANCE
TOUCHSTONES DISCUSSION PROJECTPO BOX 2329 ANNAPOLIS,MD 21404	52-2009938	501(C)3	5,000				THIS GRANT IS FOR BUILDING LEARNING SKILLS THROUGH THE POWER OF READING AND DISCUSSION
US SKI & SNOWBOARD TEAM FOUNDATION1 VICTORY LANE PARK CITY,UT 84060	84-6030639	501(C)3	24,850				THIS GRANT IS TO SUPPORT COMMUNITY EVENTS TIED TO THE 2011 ASPEN WINTERNAIONAL THESE INCLUDE A FIREWORKS DISPLAY ON SATURDAY OF THE EVENT AND THE TASTE OF WINTERNAIONAL
ULI FOUNDATION1025 THOMAS JEFFERSON WASHINGTON,DC 20007	23-7133957	501(C)3	10,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
UNION OF CONCERNED SCIENTISTSTWO BRATTLE SQUARE CAMBRIDGE,MA 02238	04-2535767	501(C)3	15,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
UNITED JEWISH APPEALPO BOX 8590 ASPEN,CO 81612	37-1418235	501(C)3	5,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
UNITED NEGRO COLLEGE FUNDPO BOX 10444 FAIRFAX,VA 10444	13-1624241	501(C)3	20,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
UNITED WAY OF GREATER KANSAS CITY1080 WASHINGTON STREET KANSAS CITY,MO 64105	44-0545812	501(C)3	500,000				THIS GRANT IS TO SUPPORT THE WILLIAM JEWELL COLLEGE
VALLEY VIEWHOSPITAL FOUNDATIONPO BOX 1970 GLENWOOD SPRINGS,CO 81602	73-1664673	501(C)3	25,000				TO SPONSOR "RALLY THE VALLEY"
VALLEY VIEWHOSPITAL FOUNDATIONPO BOX 1970 GLENWOOD SPRINGS,CO 81602	73-1664673	501(C)3	100,000				TO SUPPORT THE NEW CANCER CENTER
WAPIYAPI910 16TH STREET SUITE 226 DENVER,CO 80202	84-1475930	501(C)3	5,000				THIS GRANT IS TO SUPPORT THE JULY 22 ASPEN RIDE
WAPIYAPI910 16TH STREET SUITE 226 DENVER,CO 80202	84-1475930	501(C)3	5,000				THIS GRANT IS TO SUPPORT THE JULY 22 ASPEN RIDE
WAPIYAPI910 16TH STREET SUITE 226 DENVER,CO 80202	84-1475930	501(C)3	5,000				THIS GRANT IS TO SUPPORT THE JULY 22 ASPEN RIDE
WE-CYCLEPO BOX 360 ASPEN,CO 81611	36-4679302	501(C)3	5,000				TO SPONSOR FIVE BIKES
WHITNEY MUSEUM OF AMERICAN ART945 MADISON AVE NEWYORK,NY 10021	13-1789318	501(C)3	25,000				IN SUPPORT OF THE EXHIBITION, JAY DEFEO A RETROSPECTIVE
WILDERNESS WORKSHOP PO BOX 1442 CARBONDALE,CO 81623	74-1900412	501(C)3	5,000				TO SUPPORT GENERAL OPERATING EXPENSES
WORD ABOVE THE STREET 424 BEDFORD AVENUE BROOKLYN,NY 11249	27-2615074	501(C)3	25,000				THIS GRANT IS TO SUPPORT THE WATER TANK PROJECT
WORLD MUSIC PRODUCTIONS - AFROPOP WORLDWIDE688 UNION STREET BROOKLYN,NY 11215	52-1490194	501(C)3	8,000				TO SUPPORT GENERAL OPERATING EXPENSES
YAMPAH MOUNTAIN HIGH SCHOOL TEEN PARENT PROGRAM695 RED MOUNTAIN DRIVE GLENWOOD SPRINGS,CO 81601	84-0602408	501(C)3	6,000				TO PROVIDE BREAKFAST FOOD FOR STUDENTS FROM JANUARY-MAY 2013
YMCA OF GREATER SAINT PAUL2125 EAST HENNEPIN AVENUE MINNEAPOLIS,MN 55413	41-0693932	501(C)3	12,500				THIS GRANT IS FOR GENERAL OPERATING SUPPORT
YOUR FRIENDS FOR LIFEPO BOX 4035 ASPEN,CO 81612	26-2537702	501(C)3	5,000				THIS GRANT IS FOR GENERAL OPERATING SUPPORT
YOUTHZONE803 SCHOOL STREET GLENWOOD SPRINGS,CO 81601	84-0712993	501(C)3	6,000				THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES
	74-1900412						



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**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.**  
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2012****Open to Public  
Inspection**Name of the organization  
ASPEN COMMUNITY FOUNDATION**Employer identification number**

84-0829226

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	REVIEW RETURN IN MEETINGS PRIOR TO FILING
	FORM 990, PART VI, SECTION B, LINE 12C	REGULAR MEETINGS/REPORTS
	FORM 990, PART VI, SECTION B, LINE 15	INDUSTRY DATA
	FORM 990, PART VI, SECTION C, LINE 19	UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	AGENCY GRANTS -2,617,267
	PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR