

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning and ending

| | | | |
|---|---|---|--|
| B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization ASPEN COMMUNITY FOUNDATION | | D Employer identification number 84-0829226 |
| | Doing business as | | E Telephone number (970) 925-9300 |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | |
| | 455 GOLD RIVERS COURT #515 | | G Gross receipts \$ 28,301,426. |
| | City or town, state or province, country, and ZIP or foreign postal code BASALT, CO 81621 | | |
| F Name and address of principal officer: ERICA SNOW 455 GOLD RIVERS CT #515, BASALT, CO 81621 | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶ | |

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ **ASPENCOMMUNITYFOUNDATION.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L Year of formation:** **1982** **M State of legal domicile:** **CO**

| Part I Summary | | Prior Year | Current Year |
|---|--|--|--|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: ASPEN COMMUNITY FOUNDATION BUILDS PHILANTHROPY AND SUPPORTS NONPROFIT ORGANIZATIONS BY | | |
| | 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) | 3 | 20 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 20 |
| | 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) | 5 | 14 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 0 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | 20,550,854. | 28,045,317. |
| | 9 Program service revenue (Part VIII, line 2g) | 0. | 0. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | -56,135. | 256,109. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0. | 0. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 20,494,719. | 28,301,426. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 16,115,497. | 16,967,791. |
| | 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) | 885,560. | 987,432. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 351,733. | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 679,243. | 829,529. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 17,680,300. | 18,784,752. | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 2,814,419. | 9,516,674. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year 47,852,932. | End of Year 62,511,754. |
| | 21 Total liabilities (Part X, line 26) | 5,896,015. | 5,705,889. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 41,956,917. | 56,805,865. |

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.

| | | | | | |
|---------------------------------------|---|--------------------------------|---------------------------------|---|--------------------------|
| Sign Here | Signature of officer | Date | | | |
| | ERICA SNOW, EXECUTIVE DIRECTOR Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name PAUL J. BACKES, CPA | Preparer's signature | Date | Check if self-employed <input type="checkbox"/> | PTIN P00175605 |
| | Firm's name ▶ MCMAHAN AND ASSOCIATES, L.L.C. | Firm's EIN ▶ 84-1509269 | Phone no. (970) 845-8800 | | |
| Firm's address ▶ P.O. BOX 5850 | | AVON, CO 81620 | | | |

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 or note to any line 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 PROBLEMS.

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 [X] 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 [X] 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 \$ 16,897,005. including grants of \$ 15,925,222.) (Revenue \$) IN 2021, THE FOUNDATION PROVIDED GRANTMAKING IN THREE AREAS; 1. THE FOUNDATION'S UNRESTRICTED GRANTMAKING FOR ESSENTIAL SERVICES BY NONPROFITS IN THE FOUNDATION'S SERVICE AREA, FUNDED BY AN ANNUAL FUNDRAISING DRIVE. 2. DONOR ADVISED FUND GRANTMAKING IS SUPPORTED FROM OVER 100 DONOR ADVISED FUND, MEETING THE PHILANTHROPIC GOALS OF THE FOUNDATION'S DONORS. 3. DESIGNATED AND SCHOLARSHIP FUNDS PROVIDE GRANTS FOR SPECIFIED PURPOSES IDENTIFIED BY THE FUND'S DESIGN AND ADMINISTERED BY THE FOUNDATION.

4b (Code:) (Expenses \$ 1,263,984. including grants of \$ 1,042,569.) (Revenue \$) IN 2021 THE FOUNDATION CONTINUED ITS CRADLE-TO-CAREER INITIATIVE, A COLLECTIVE IMPACT 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.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 18,160,989.

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)? <i>If "Yes," complete Schedule A</i> | 1 X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions | 2 X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | 3 | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | 4 | X |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> | 5 | X |
| 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? <i>If "Yes," complete Schedule D, Part I</i> | 6 X | |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | 7 | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | 8 | X |
| 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? <i>If "Yes," complete Schedule D, Part IV</i> | 9 | X |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> | 10 X | |
| 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? <i>If "Yes," complete Schedule D, Part VI</i> | 11a X | |
| b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | 11b X | |
| c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | 11c | X |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | 11d | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | 11e X | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | 11f | X |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | 12a X | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | 12b | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | 13 | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | 14b | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | 15 | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | 16 | X |
| 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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions | 17 | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | 18 | X |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | 19 | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | 20a | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 X | |

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and other IRS filings.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax filings, foreign accounts, and charitable contributions.

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

Check if Schedule O contains a response or note to any line 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 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 on Schedule O. | | |
| | 1a 20 | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | | |
| | 1b 20 | | |
| 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? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 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 on Schedule O | | X |

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? | | X |
| 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? | X | |
| b | Describe on 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 | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done | X | |
| 12c | | X | |
| 13 | Did the organization have a written whistleblower policy? | X | |
| 14 | Did the organization have a written document retention and destruction policy? | X | |
| 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 | X | |
| b | Other officers or key employees of the organization | X | |
| | If "Yes" to line 15a or 15b, describe the process on 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? | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |
| 16b | | | |

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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on 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, address, and telephone number of the person who possesses the organization's books and records **ASPEN COMMUNITY FOUNDATION - 970-925-9300**
455 GOLD RIVERS COURT, STE. 515, BASALT, CO 81621

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

Check if Schedule O contains a response or note to any line 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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 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/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (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) TAMARA TORMOHLEN EXECUTIVE DIRECTOR | 40.00 | | | X | | | 157,500. | 0. | 39,640. | |
| (2) VALERIE CARLIN CRADLE TO CAREER DIRECTOR | 40.00 | | | | X | | 112,160. | 0. | 18,858. | |
| (3) HILDE HOTTENDORF FINANCE DIRECTOR | 40.00 | | | X | | | 104,305. | 0. | 12,969. | |
| (4) PAM ALEXANDER BOARD MEMBER | 2.00 | X | | | | | 0. | 0. | 0. | |
| (5) ROBERT BLATTBERG BOARD MEMBER | 2.00 | X | | | | | 0. | 0. | 0. | |
| (6) YESENIA ARREOLA BOARD MEMBER | 2.00 | X | | | | | 0. | 0. | 0. | |
| (7) RAMONA BRULAND BOARD MEMBER | 2.00 | X | | | | | 0. | 0. | 0. | |
| (8) CONNIE CALAWAY BOARD MEMBER | 2.00 | X | | | | | 0. | 0. | 0. | |
| (9) SUSAN CROWN BOARD MEMBER | 2.00 | X | | | | | 0. | 0. | 0. | |
| (10) TONY DILUCIA BOARD MEMBER | 2.00 | X | | | | | 0. | 0. | 0. | |
| (11) BARBARA GOLD BOARD MEMBER | 2.00 | X | | | | | 0. | 0. | 0. | |
| (12) ALLEN GROSSMANN BOARD CHAIR | 2.00 | | | X | | | 0. | 0. | 0. | |
| (13) SAMUEL BERNAL BOARD MEMBER | 2.00 | X | | | | | 0. | 0. | 0. | |
| (14) CRAIG NAVIAS BOARD MEMBER | 2.00 | X | | | | | 0. | 0. | 0. | |
| (15) MIKE KAPLAN TREASURER | 2.00 | | | X | | | 0. | 0. | 0. | |
| (16) ADAM LEWIS BOARD MEMBER | 2.00 | X | | | | | 0. | 0. | 0. | |
| (17) JAKE MASCOTTE BOARD MEMBER | 2.00 | X | | | | | 0. | 0. | 0. | |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below 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/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (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 | | | |
| (18) MARIA MORROW BOARD MEMBER | 2.00 | X | | | | | | 0. | 0. | 0. |
| (19) MIKE MURRAY BOARD MEMBER | 2.00 | X | | | | | | 0. | 0. | 0. |
| (20) MARCIE MUSSER BOARD MEMBER | 2.00 | X | | | | | | 0. | 0. | 0. |
| (21) ROB PEW BOARD MEMBER | 2.00 | X | | | | | | 0. | 0. | 0. |
| (22) SUSANA SALAMUN BOARD MEMBER | 2.00 | X | | | | | | 0. | 0. | 0. |
| (23) CARRIE WELLS SECRETARY | 2.00 | | | X | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 373,965. | 0. | 71,467. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 373,965. | 0. | 71,467. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 4 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> | X | |
| 5 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> | | X |

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 |
|----------------------------------|--------------------------------|---------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

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 or note to any line in this Part VIII

| | | | (A) | (B) | (C) | (D) | |
|---|---|----------------------|----------------|------------------------------------|----------------------------|--|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 208,800. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 27,836,517. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ 9,384,510. | | | | |
| | h Total. Add lines 1a-1f | | 28,045,317. | | | | |
| Program Service Revenue | 2 a | 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) | | 256,109. | 256,109. | | | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | 6a | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | b Less: rental expenses | 6b | | | | | |
| | c Rental income or (loss) | 6c | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | | | | |
| | | | (ii) Other | | | | |
| | | | | | | | |
| | b Less: cost or other basis and sales expenses | 7b | | | | | |
| | c Gain or (loss) | 7c | | | | | |
| d Net gain or (loss) | | | | | | | |
| 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | | |
| | | | | | | | |
| | | | | | | | |
| b Less: direct expenses | 8b | | | | | | |
| c Net income or (loss) from fundraising events | | | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| | | | | | | | |
| | | | | | | | |
| b Less: direct expenses | 9b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| | | | | | | | |
| | | | | | | | |
| b Less: cost of goods sold | 10b | | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | 11 a | Business Code | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | | | | | |
| 12 Total revenue. See instructions | | | 28,301,426. | 256,109. | 0. | 0. | |

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 or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21 | 16,628,621. | 16,628,621. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 339,170. | 339,170. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | | | | |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 987,432. | 528,949. | 185,510. | 272,973. |
| 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 (nonemployees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 23,944. | 14,329. | 5,025. | 4,590. |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 333,076. | 333,076. | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 83,211. | 49,795. | 17,464. | 15,952. |
| 12 Advertising and promotion | 36,326. | 21,738. | 7,624. | 6,964. |
| 13 Office expenses | 64,959. | 38,873. | 13,633. | 12,453. |
| 14 Information technology | 51,073. | 30,563. | 10,719. | 9,791. |
| 15 Royalties | | | | |
| 16 Occupancy | | | | |
| 17 Travel | 3,429. | 2,052. | 720. | 657. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 6,961. | 6,961. | | |
| 20 Interest | 28,189. | 16,869. | 5,916. | 5,404. |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 51,560. | 30,855. | 10,821. | 9,884. |
| 23 Insurance | 7,622. | 4,561. | 1,600. | 1,461. |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a MISCELLANEOUS EXPENSE | 87,818. | 87,818. | | |
| b REPAIRS, MAINTENANCE AN | 14,784. | 14,784. | | |
| c UTILITIES | 5,199. | 5,199. | | |
| d REPAIRS AND MAINT. | 5,185. | | 5,185. | |
| e All other expenses | 26,193. | 6,776. | 7,813. | 11,604. |
| 25 Total functional expenses. Add lines 1 through 24e | 18,784,752. | 18,160,989. | 272,030. | 351,733. |
| 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 or note to any line in this Part X

| | | (A) | | (B) |
|--|--|-----------------------|-------------|-------------|
| | | Beginning of year | | End of year |
| Assets | 1 Cash - non-interest-bearing | 4,346,550. | 1 | 9,616,330. |
| | 2 Savings and temporary cash investments | 50,970. | 2 | 66,279. |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 102,879. | 4 | 61,609. |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 5,655. | 9 | 19,716. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 1,615,781. | | |
| | b Less: accumulated depreciation | 10b 378,530. | | |
| | 11 Investments - publicly traded securities | 1,260,481. | 10c | 1,237,251. |
| | 12 Investments - other securities. See Part IV, line 11 | 21,736,660. | 11 | 28,610,775. |
| | 13 Investments - program-related. See Part IV, line 11 | 20,349,737. | 12 | 22,899,794. |
| | 14 Intangible assets | | 13 | |
| | 15 Other assets. See Part IV, line 11 | | 14 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 47,852,932. | 15 | 62,511,754. | |
| 17 Accounts payable and accrued expenses | 114,581. | 16 | 62,511,754. | |
| 18 Grants payable | 1,405,700. | 17 | 139,315. | |
| 19 Deferred revenue | | 18 | 1,731,813. | |
| 20 Tax-exempt bond liabilities | | 19 | 118,118. | |
| 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 20 | | |
| 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 21 | | |
| 23 Secured mortgages and notes payable to unrelated third parties | 703,378. | 22 | | |
| 24 Unsecured notes and loans payable to unrelated third parties | 208,800. | 23 | 650,885. | |
| 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 | | 24 | 0. | |
| 26 Total liabilities. Add lines 17 through 25 | 3,463,556. | 25 | 3,065,758. | |
| | 5,896,015. | 26 | 5,705,889. | |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 41,867,902. | 27 | 56,607,290. |
| | 28 Net assets with donor restrictions | 89,015. | 28 | 198,575. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 41,956,917. | 32 | 56,805,865. |
| | 33 Total liabilities and net assets/fund balances | 47,852,932. | 33 | 62,511,754. |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

| | | | |
|----|--|----|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 28,301,426. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 18,784,752. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 9,516,674. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 41,956,917. |
| 5 | Net unrealized gains (losses) on investments | 5 | 4,934,475. |
| 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 on Schedule O) | 9 | 397,799. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 56,805,865. |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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 on Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | X |
| 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 | | | |
| 2b | Were the organization's financial statements audited by an independent accountant? | X | |
| 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 | | | |
| 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? | X | |
| If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | | |
| 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? | | X |
| 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 on Schedule O and describe any steps taken to undergo such audits | | |

Form 990 (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

| | |
|---|---|
| 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 12, 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 (Form 990).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
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| | | | | | | |
| 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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|------------|------------|-------------|-------------|-------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 9,193,745. | 7,359,139. | 10,713,609. | 20,550,855. | 27,836,517. | 75,653,865. |
| 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 | 9,193,745. | 7,359,139. | 10,713,609. | 20,550,855. | 27,836,517. | 75,653,865. |
| 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) | | | | | | 13,235,718. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 62,418,147. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|------------|------------|-------------|-------------|-------------|--------------------------|
| 7 Amounts from line 4 | 9,193,745. | 7,359,139. | 10,713,609. | 20,550,855. | 27,836,517. | 75,653,865. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ... | 160,059. | 283,685. | 374,122. | -56,134. | 256,050. | 1,017,782. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on ... | | 185. | | | | 185. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 36,461. | 52,371. | 30,987. | | 209,716. | 329,535. |
| 11 Total support. Add lines 7 through 10 | | | | | | 77,001,367. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))..... | 14 | 81.06 % |
| 15 Public support percentage from 2020 Schedule A, Part II, line 14 | 15 | 65.52 % |
| 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on 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 VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. 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; 19b 33 1/3% support tests - 2020. 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 Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? | | |
| b A family member of a person described on line 11a above? | | |
| c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI . | | |
| 11a | | |
| 11b | | |
| 11c | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | | |
| 1 | | |
| 2 | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | | |
| 1 | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | |
| 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | | |
| 1 | | |
| 2 | | |
| 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | | |
|---|--|-----|----|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | | |
| 2 Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | | | |
| b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | | | |
| 3 Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI . | | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | | | |
| 2a | | | |
| 2b | | | |
| 3a | | | |
| 3b | | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|----------------------------------|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | | Current Year |
|---------------------------|--|--------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) | 5 |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8 |
| 9 | Distributable amount for 2021 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2021 | (iii) Distributable Amount for 2021 |
|---|---|--|---|
| 1 | Distributable amount for 2021 from Section C, line 6 | | |
| 2 | Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. | | |
| 3 | Excess distributions carryover, if any, to 2021 | | |
| a | From 2016 | | |
| b | From 2017 | | |
| c | From 2018 | | |
| d | From 2019 | | |
| e | From 2020 | | |
| f | Total of lines 3a through 3e | | |
| g | Applied to underdistributions of prior years | | |
| h | Applied to 2021 distributable amount | | |
| i | Carryover from 2016 not applied (see instructions) | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | |
| 4 | Distributions for 2021 from Section D, line 7: \$ | | |
| a | Applied to underdistributions of prior years | | |
| b | Applied to 2021 distributable amount | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | |
| 5 | Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | |
| 6 | Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | |
| 7 | Excess distributions carryover to 2022. Add lines 3j and 4c. | | |
| 8 | Breakdown of line 7: | | |
| a | Excess from 2017 | | |
| b | Excess from 2018 | | |
| c | Excess from 2019 | | |
| d | Excess from 2020 | | |
| e | Excess from 2021 | | |

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

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" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values for contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for held easements at the end of the tax year, and yes/no questions about monitoring and reporting.

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

Form with questions (1a, 1b, 2) regarding art and historical treasures, including checkboxes for reporting and dollar amount fields for revenue and assets.

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 make 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 program
 - 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" on 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:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 89,015. | 88,277. | 75,704. | 81,777. | 71,394. |
| b Contributions | 100,000. | | | | |
| c Net investment earnings, gains, and losses | 9,560. | 5,017. | 12,573. | -5,257. | 11,123. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | 4,279. | | -816. | -740. |
| f Administrative expenses | | | | | |
| g End of year balance | 198,575. | 89,015. | 88,277. | 75,704. | 81,777. |

- 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 100.0000 %
 - c Term endowment _____ %
- The percentages on 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:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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 | | 1,300,000. | 166,666. | 1,133,334. |
| c Leasehold improvements | | 43,028. | 5,624. | 37,404. |
| d Equipment | | 272,753. | 206,240. | 66,513. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 1,237,251. |

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|--------------------|---|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) ABSOLUTE RETURN | 7,483,130. | END-OF-YEAR MARKET VALUE |
| (B) HEDGED EQUITY | 7,500,515. | END-OF-YEAR MARKET VALUE |
| (C) FIXED INCOME | 3,999,140. | END-OF-YEAR MARKET VALUE |
| (D) PRIVATE EQUITY | 3,917,009. | END-OF-YEAR MARKET VALUE |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 22,899,794. | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | |

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|-------------------|
| (1) Federal income taxes | |
| (2) AGENCY FUNDS HELD FOR OTHERS | 3,065,758. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 3,065,758. |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | |
|----------|--|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 32,412,839. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | 4,934,475. |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 15,751. |
| e | Add lines 2a through 2d | 2e | 4,950,226. |
| 3 | Subtract line 2e from line 1 | 3 | 27,462,613. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 333,076. |
| b | Other (Describe in Part XIII.) | 4b | 505,737. |
| c | Add lines 4a and 4b | 4c | 838,813. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 28,301,426. |

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | |
|----------|---|-----------|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 17,563,891. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | 0. |
| 3 | Subtract line 2e from line 1 | 3 | 17,563,891. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 333,076. |
| b | Other (Describe in Part XIII.) | 4b | 887,785. |
| c | Add lines 4a and 4b | 4c | 1,220,861. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 18,784,752. |

Part XIII Supplemental Information.

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.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INTERNAL ADMINISTRATIVE FEE 15,751.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY INCOME 505,737.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY GRANTS 887,785.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **ASPEN COMMUNITY FOUNDATION** 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|---------------------------------|---|--|--|---|
| OLD SNOWMASS INC. DBA OLD SNOWMASS MARKET - P.O. BOX 147 - SNOWMASS VILLAGE, CO 81615 | 83-3100233 | | 7,500. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |
| 10TH MOUNTAIN DIVISION HUT ASSOCIATION - 1280 UTE AVENUE, SUITE 21 - ASPEN, CO 81611 | 74-2252484 | 501(C)(3) | 10,000. | 0. | | | THIS GRANT IS UNRESTRICTED. |
| 7908 ASPEN LLC 415 EAST HYMAN AVENUE ASPEN, CO 81611 | 82-3165999 | | 25,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |
| A WAY OUT P.O. BOX 10825 ASPEN, CO 81612 | 46-1809899 | 501(C)(3) | 123,450. | 0. | | | THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT. |
| ABA SNOWMASS P.O. BOX G2 SNOWMASS VILLAGE, CO 81615 | 61-1899760 | | 20,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS ROUND 2 |
| ACADEMY FOR GLOBAL CITIZENSHIP CHARTER SCHOOL - 4647 W 47TH ST - CHICAGO, IL 60632 | 11-3748466 | | 12,500. | 0. | | | THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT. |

- 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 ▶ _____

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

Schedule I (Form 990) 2021

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| ACCESS AFTERSCHOOL P.O. BOX 819 CARBONDALE, CO 81623 | 20-0369318 | 501(C)(3) | 24,250. | 0. | | | THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT. |
| ACTION IN AFRICA P.O. BOX 3853 ASPEN, CO 81612 | 27-3538518 | | 6,500. | 0. | | | THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT. |
| ADVOCATE SAFEHOUSE PROJECT P.O. BOX 2036 GLENWOOD SPRINGS, CO 81602 | 84-1047611 | 501(C)(3) | 20,750. | 0. | | | THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT. |
| AKA'ULA CAT GARDEN P.O. BOX 82 KUALAPUU, HI 96757 | 85-2314245 | | 10,000. | 0. | | | TO SUPPORT THE MOST PRESSING NEEDS. |
| ALICE LLOYD COLLEGE 100 PURPOSE ROAD PIPPA PASSES, KY 41844 | 61-0492351 | | 6,000. | 0. | | | THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT. |
| ALLIANCE FOR SUSTAINABLE COLORADO 1536 WYNKOOP STREET, SUITE 100 DENVER, CO 80202 | 42-1622670 | 501(C)(3) | 80,000. | 0. | | | THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT. |
| ALOU DBA THE RED SPA 205 SOUTH MILL STREET, SUITE 223 ASPEN, CO 81611 | 27-0235329 | | 8,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANT |
| ALPINE LEGAL SERVICES P.O. BOX 1890 GLENWOOD SPRINGS, CO 81602 | 84-1061991 | 501(C)(3) | 145,250. | 0. | | | GENERAL OPERATING SUPPORT |
| AMERICAN ACADEMY OF PSYCHOTHERAPISTS PSYCHOTHERAPISTS - 1450 WESTERN AVENUE, SUITE 101 - ALBANY, NY 12203 | 58-1456523 | 501(C)(3) | 12,000. | 0. | | | THE PURPOSE OF THIS GRANT IS TO SUPPORT THE SCHOLARSHIP FUND. |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| AMERICAN BRAIN FOUNDATION 201 CHICAGO AVENUE MINNEAPOLIS, MN 55415 | 41-1717098 | | 50,000. | 0. | | | THIS GRANT IS UNRESTRICTED. |
| AMERICAN FRIENDS OF SENTEBALE FOUNDATION C/O SKP LLP - 1675 BROADWAY, 20TH FLOOR - NEW YORK, NY 10019 | 26-4577639 | | 150,000. | 0. | | | THIS GRANT IS UNRESTRICTED. |
| AMERICAN FRIENDS OF THE HEBREW UNIVERSITY - 199 WATER ST, 11TH FL - NEW YORK, NY 10038 | 13-1568923 | | 25,000. | 0. | | | THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT. |
| AMERICAN INDIAN COLLEGE FUND 8333 GREENWOOD BOULEVARD DENVER, CO 80221 | 52-1573446 | | 10,000. | 0. | | | THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT. |
| AMERICAN RED CROSS P.O. BOX 37839 BOONE, IA 50037 | 53-0196605 | 501(C)(3) | 7,000. | 0. | | | THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT. |
| AMERICAS FOUNDATION OF THE SERPENTINE GALLERIES - P.O. BOX 1510 - NEW YORK, NY 10150 | 47-2264962 | | 15,000. | 0. | | | THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT. |
| ANDERSON RANCH ARTS CENTER P.O. BOX 5598 SNOWMASS VILLAGE, CO 81615 | 23-7267983 | 501(C)(3) | 112,000. | 0. | | | THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT. |
| ANIMAL PROTECTION SOCIETY OF FRIDAY HARBOR - P.O. BOX 1355 - FRIDAY HARBOR, WA 98250 | 91-1717047 | | 10,000. | 0. | | | TO SUPPORT THE MOST PRESSING NEEDS. |
| ANNIE MCINTOSH, MA, LPC 487 MORRISON STREET CARBONDALE, CO 81623 | 46-3847987 | | 7,500. | 0. | | | MENTAL HEALTH SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|--------------------------------------|
| ART OF FITNESS P.O. BOX 1913 ASPEN, CO 81612 | 20-2605201 | | 7,500. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |
| ASCENDIGO AUTISM SERVICES 818 INDUSTRY PLACE CARBONDALE, CO 81623 | 20-0940000 | 501(C)(3) | 12,700. | 0. | | | FAMILY SERVICES |
| ASPEN ALPINE GUIDES P.O. BOX 659 ASPEN, CO 81612 | 84-1078474 | | 7,500. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |
| ASPEN ART MUSEUM 637 EAST HYMAN AVENUE ASPEN, CO 81611 | 84-0746671 | 501(C)(3) | 609,600. | 0. | | | GENERAL SUPPORT |
| ASPEN CAMP FOR THE DEAF AND HARD OF HEARING - 4862 SNOWMASS CREEK ROAD - SNOWMASS, CO 81654 | 23-7006963 | 501(C)(3) | 9,000. | 0. | | | FAMILY SERVICES |
| ASPEN CENTER FOR ENVIRONMENTAL STUDIES - 100 PUPPY SMITH STREET - ASPEN, CO 81611 | 23-7042291 | 501(C)(3) | 123,700. | 0. | | | GENERAL SUPPORT |
| ASPEN CHAPEL 77 MEADOWOOD DRIVE ASPEN, CO 81611 | 84-6059740 | 501(C)(3) | 66,700. | 0. | | | GENERAL SUPPORT |
| ASPEN COMMUNITY THEATRE P.O. BOX 743 ASPEN, CO 81612 | 84-0701404 | 501(C)(3) | 6,245. | 0. | | | GENERAL SUPPORT |
| ASPEN COUNTRY DAY SCHOOL 85 COUNTRY DAY WAY ASPEN, CO 81611 | 23-7033239 | 501(C)(3) | 11,000. | 0. | | | EDUCATION - GENERAL SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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| ASPEN ECOLUX DBA ASPEN TRANSPORTATION CO. - P.O. BOX 3467 - ASPEN, CO 81612 | 82-2104031 | | 18,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |
| ASPEN EDUCATION FOUNDATION P.O. BOX 2200 ASPEN, CO 81612 | 84-1181681 | 501(C)(3) | 209,000. | 0. | | | EDUCATION - GENERAL SUPPORT |
| ASPEN FAMILY CONNECTIONS 235 HIGH SCHOOL ROAD ASPEN, CO 81611 | 84-6002890 | | 391,500. | 0. | | | FAMILY SERVICES - COVID19 RESPONSE |
| ASPEN FILM 110 EAST HALLAM STREET, SUITE 103 ASPEN, CO 81611 | 74-2483139 | 501(C)(3) | 96,400. | 0. | | | GENERAL SUPPORT |
| ASPEN FIRE PROTECTION DISTRICT 420 EAST HOPKINS AVENUE ASPEN, CO 81611 | 84-6014460 | 501(C)(3) | 10,000. | 0. | | | WILDFIRE COMMUNITY ACTION FUND |
| ASPEN GYMNASTICS P.O. BOX 12064 ASPEN, CO 81612 | 05-0598331 | | 10,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |
| ASPEN HISTORICAL SOCIETY 620 WEST BLEEKER STREET ASPEN, CO 81611 | 84-6037756 | 501(C)(3) | 71,750. | 0. | | | GENERAL SUPPORT |
| ASPEN HOMELESS SHELTER 0405 CASTLE CREEK ROAD, SUITE 16 ASPEN, CO 81611 | 30-0566563 | 501(C)(3) | 69,750. | 0. | | | GENERAL SUPPORT |
| ASPEN HOPE CENTER P.O. BOX 1115 BASALT, CO 81621 | 27-3703825 | 501(C)(3) | 99,500. | 0. | | | GENERAL SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|-------------------------------------|
| ASPEN JEWISH CONGREGATION 77 MEADOWOOD DRIVE ASPEN, CO 81611 | 84-0723135 | 501(C)(3) | 14,600. | 0. | | | GENERAL SUPPORT |
| ASPEN JOURNALISM 1280 SOUTH UTE AVENUE, SUITE 4 ASPEN, CO 81611 | 35-2400162 | | 7,500. | 0. | | | GENERAL SUPPORT |
| ASPEN JUNIOR HOCKEY P.O. BOX 3390 ASPEN, CO 81612 | 50-0143083 | 501(C)(3) | 22,931. | 0. | | | GENERAL SUPPORT |
| ASPEN MOUNTAIN TOTS 215 NORTH GARMISCH STREET ASPEN, CO 81611 | 27-3071047 | | 10,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANT |
| ASPEN MUSIC FESTIVAL AND SCHOOL 225 MUSIC SCHOOL ROAD ASPEN, CO 81611 | 84-0445087 | 501(C)(3) | 82,050. | 0. | | | GENERAL SUPPORT |
| ASPEN PUBLIC RADIO 110 EAST HALLAM STREET, SUITE 134 ASPEN, CO 81611 | 84-0884901 | 501(C)(3) | 38,080. | 0. | | | GENERAL SUPPORT |
| ASPEN REPROGRAPHIC 120 EAST MAIN STREET, SUITE 300 ASPEN, CO 81611 | 46-0886135 | | 10,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANT |
| ASPEN SANTA FE BALLET 0245 SAGE WAY ASPEN, CO 81611 | 84-1150857 | 501(C)(3) | 927,457. | 0. | | | GENERAL SUPPORT |
| ASPEN SCHOOL DISTRICT 0235 HIGH SCHOOL ROAD ASPEN, CO 81611 | 84-6002890 | 501(C)(3) | 10,000. | 0. | | | GENERAL SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| ASPEN SPORTS MEDICINE 616 EAST HYMAN AVENUE, SUITE 100 ASPEN, CO 81611 | 45-4305355 | | 10,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANT |
| ASPEN STRONG P.O. 8648 ASPEN, CO 81612 | 81-3353572 | | 31,000. | 0. | | | GENERAL SUPPORT |
| ASPEN VALLEY HOSPITAL 0401 CASTLE CREEK ROAD ASPEN, CO 81611 | 84-0720309 | 501(C)(3) | 41,148. | 0. | | | GENERAL SUPPORT |
| ASPEN VALLEY HOSPITAL FOUNDATION 0401 CASTLE CREEK ROAD ASPEN, CO 81611 | 46-0865487 | 501(C)(3) | 39,100. | 0. | | | GENERAL SUPPORT |
| ASPEN VALLEY LAND TRUST 320 MAIN STREET, SUITE 204 CARBONDALE, CO 81623 | 84-0574754 | 501(C)(3) | 21,500. | 0. | | | GENERAL SUPPORT |
| ASPEN VALLEY SKI & SNOWBOARD CLUB 300 AVSC DRIVE ASPEN, CO 81611 | 84-6042225 | 501(C)(3) | 213,607. | 0. | | | GENERAL SUPPORT |
| ASPEN WHOLESALE BAKERY DBA ASPEN CATERERS AND PARTY RENTALS - 300 AABC, SUITE E - ASPEN, CO 81611 | 84-0819592 | | 15,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANT |
| ASPEN WORDS 110 EAST HALLAM STREET, SUITE 116 ASPEN, CO 81611 | 84-0399006 | 501(C)(3) | 35,000. | 0. | | | GENERAL SUPPORT |
| ASPEN YOUTH CENTER P.O. BOX 8266 ASPEN, CO 81612 | 74-2554280 | 501(C)(3) | 63,000. | 0. | | | YOUTH - GENERAL SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| AUBIN PICTURES P.O. BOX 214 NEW YORK, NY 10012 | 13-3912334 | | 10,000. | 0. | | | GENERAL SUPPORT |
| BANDANA KIDS 107 SOUTH MILL STREET ASPEN, CO 81611 | 76-0745113 | | 10,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANT |
| BARWEST GROUP DBA ESCOBAR 426 EAST HYMAN AVENUE ASPEN, CO 81611 | 27-4360299 | | 15,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANT |
| BAZELON CENTER FOR MENTAL HEALTH LAW - 1090 VERMONT AVENUE, NW, SUITE 220 - WASHINGTON, DC 20005 | 23-7268143 | | 20,000. | 0. | | | GENERAL SUPPORT |
| BIG HOSS GRILL P.O. BOX 5698 SNOWMASS VILLAGE, CO 81615 | 20-4957562 | | 10,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANT |
| BIOPHILIA FOUNDATION 1201 PARSON ISLAND ROAD CHESTER, MD 21619 | 52-2199334 | | 20,000. | 0. | | | GENERAL SUPPORT |
| BLUE LAKE PRESCHOOL 0189 JW DRIVE, UNIT C CARBONDALE, CO 81623 | 84-1544750 | 501(C)(3) | 56,000. | 0. | | | EARLY CHILDHOOD ASSISTANCE |
| BRIDGING BIONICS FOUNDATION P.O. BOX 3766 BASALT, CO 81621 | 46-2182977 | | 26,000. | 0. | | | GENERAL SUPPORT |
| C.A.R.E. FOR CYCLING 6363 NORTH SWAN ROAD, SUITE 151 TUCSON, AZ 85718 | 27-4797792 | 501(C)(3) | 7,000. | 0. | | | GENERAL SUPPORT |

Schedule I (Form 990)

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| CAMPO DE FIORI P.O. BOX 1848 BASALT, CO 81621 | 84-1270379 | | 20,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANT |
| CAMPUS ELECTION ENGAGEMENT PROJECT 615 NORTH PEARL STREET GRANVILLE, OH 43023 | 85-0634102 | | 52,500. | 0. | | | GENERAL SUPPORT |
| CARBONDALE ARTS P.O. BOX 175 CARBONDALE, CO 81623 | 84-0729842 | 501(C)(3) | 11,500. | 0. | | | GENERAL SUPPORT |
| CASA OF THE NINTH P.O. BOX 3004 GLENWOOD SPRINGS, CO 81602 | 45-2663126 | 501(C)(3) | 10,250. | 0. | | | GENERAL SUPPORT |
| CATHOLIC CHARITIES, WESTERN SLOPE 1004 GRAND AVENUE GLENWOOD SPRINGS, CO 81601 | 84-0686679 | 501(C)(3) | 218,000. | 0. | | | SUPPORT OF ECONOMIC ASSISTANCE |
| CENTER FOR DISASTER PHILANTHROPY ONE THOMAS CIRCLE NW, SUITE 700 WASHINGTON, DC 20005 | | | 30,000. | 0. | | | DISASTER RESPONSE PLANNING |
| CENTER FOR PREVENTION AND TREATMENT OF DISEASE THROUGH NUTRITION - 3988 CRYSTAL BRIDGE DRIVE - CARBONDALE, CO 81623 | 47-1805672 | | 27,000. | 0. | | | GENERAL SUPPORT |
| CENTER FOR REPRODUCTIVE RIGHTS 199 WATER STREET NEW YORK, NY 10038 | 13-3669731 | 501(C)(3) | 45,000. | 0. | | | GENERAL SUPPORT |
| CHALLENGE ASPEN P.O. BOX 6639 SNOWMASS VILLAGE, CO 81615 | 84-1315910 | 501(C)(3) | 7,000. | 0. | | | GENERAL SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| CHAPMAN UNIVERSITY THE OFFICE OF THE DEAN OF THE WALLACE ALL FAITHS CHAPEL - ONE UNIVERSITY DRIVE - ORANGE, CA 92866 | 95-1643992 | | 150,000. | 0. | | | GENERAL SUPPORT |
| CHEETAH CONSERVATION FUND P.O. BOX 2496 ALEXANDRIA, VA 22314 | 31-1726923 | | 10,000. | 0. | | | GENERAL SUPPORT |
| CHILDREN'S HOSPITAL COLORADO FOUNDATION - 13123 EAST 16TH AVENUE, B045 - AURORA, CO 80045 | 84-0813462 | 501(C)(3) | 100,125. | 0. | | | GENERAL SUPPORT |
| CHRIS KLUG FOUNDATION P.O. BOX 64 ASPEN, CO 81612 | 84-1628444 | 501(C)(3) | 7,260. | 0. | | | GENERAL SUPPORT |
| CLUBHOUSE INTERNATIONAL 845 THIRD AVENUE, 6TH FLOOR NEW YORK, NY 10022 | 13-3778633 | | 20,000. | 0. | | | GENERAL SUPPORT |
| COLLEGE OUTREACH 0235 HIGH SCHOOL ROAD ASPEN, CO 81611 | 45-4755540 | | 45,000. | 0. | | | GENERAL SUPPORT |
| COLORADO ANIMAL RESCUE 2801 COUNTY ROAD 114 GLENWOOD SPRINGS, CO 81601 | 84-1208087 | 501(C)(3) | 125,300. | 0. | | | GENERAL SUPPORT |
| COLORADO IMMIGRANT RIGHTS COALITION - 2525 WEST ALAMEDA AVENUE, #300 - DENVER, CO 80219 | 84-1599036 | 501(C)(3) | 17,000. | 0. | | | GENERAL SUPPORT |
| COLORADO MOUNTAIN COLLEGE FOUNDATION - 802 GRAND AVENUE - GLENWOOD SPRINGS, CO 81601 | 74-2393418 | 501(C)(3) | 24,900. | 0. | | | GENERAL SUPPORT |

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| COLORADO NONPROFIT DEVELOPMENT CENTER - 789 SHERMAN STREET, SUITE 250 - DENVER, CO 80203 | 84-1493585 | 501(C)(3) | 25,000. | 0. | | | GENERAL SUPPORT |
| COLORADO OPEN LANDS 1546 COLE BOULEVARD, #200 GOLDEN, CO 80401 | 84-0866211 | 501(C)(3) | 10,000. | 0. | | | GENERAL SUPPORT |
| COLORADO STATE UNIVERSITY FOUNDATION - P.O. BOX 1870 - FORT COLLINS, CO 80522 | 23-7098397 | 501(C)(3) | 160,000. | 0. | | | GENERAL SUPPORT |
| COMMUNITY HEALTH INITIATIVES 1512 GRAND AVENUE, SUITE 115 GLENWOOD SPRINGS, CO 81601 | 20-2822332 | 501(C)(3) | 25,000. | 0. | | | GENERAL SUPPORT |
| COMMUNITY HEALTH SERVICES 0405 CASTLE CREEK ROAD, SUITE 201 ASPEN, CO 81611 | 84-0609057 | | 6,000. | 0. | | | GENERAL SUPPORT |
| COMPASS P.O. BOX 336 WOODY CREEK, CO 81656 | 84-0613297 | 501(C)(3) | 65,000. | 0. | | | MENTAL HEALTH GENERAL SUPPORT |
| CONSERVATION FUND 1942 BROADWAY, SUITE 323 BOULDER, CO 80302 | 52-1388917 | 501(C)(3) | 6,500. | 0. | | | GENERAL SUPPORT |
| CONSERVATION INTERNATIONAL 2011 CRYSTAL DRIVE, SUITE 500 ARLINGTON, VA 22202 | 52-1497470 | 501(C)(3) | 10,000. | 0. | | | GENERAL SUPPORT |
| CORPORATE TRANSPORTATION SPECIALISTS - P.O. BOX 2685 - ASPEN, CO 81612 | 20-4402333 | | 25,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANT |

Schedule I (Form 990)

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| COSECHA TEXTILES 95 RED DOG ROAD CARBONDALE, CO 81623 | 82-4102869 | | 10,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANT |
| DANA-FARBER CANCER INSTITUTE P.O. BOX 849168 BOSTON, MA 02284 | 04-2263040 | 501(C)(3) | 210,000. | 0. | | | GENERAL SUPPORT |
| DANCE INITIATIVE 76 SOUTH 4TH STREET CARBONDALE, CO 81623 | 81-1805989 | | 9,000. | 0. | | | GENERAL SUPPORT |
| DANCEASPEN 406 EAST HOPKINS AVENUE, UNIT D ASPEN, CO 81611 | 74-2328399 | 501(C)(3) | 12,000. | 0. | | | GENERAL SUPPORT |
| DELFINA HUERGO, LPC, LLC 518 WEST MAIN STREET, #A101 ASPEN, CO 81611 | 82-1825712 | | 11,760. | 0. | | | MENTAL HEALTH SERVICES |
| DEMOCRACY NOW 207 WEST 25TH STREET, 11TH FLOOR NEW YORK, NY 10001 | 01-0708733 | 501(C)(3) | 60,000. | 0. | | | GENERAL SUPPORT |
| DIA ART FOUNDATION 535 WEST 22ND STREET, 4TH FLOOR NEW YORK, NY 10010 | 23-7397946 | 501(C)(3) | 100,000. | 0. | | | GENERAL SUPPORT |
| DOCTORS WITHOUT BORDERS USA 40 RECTOR STREET, 16TH FLOOR NEW YORK, NY 10006 | 13-3433452 | 501(C)(3) | 40,250. | 0. | | | GENERAL SUPPORT |
| DREPUNG LOSELING MONASTERY P.O. BOX 191931 ATLANTA, GA 31119 | 58-1953690 | | 35,000. | 0. | | | GENERAL SUPPORT |

Schedule I (Form 990)

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| DUBRUL ENTERPRISES DBA MAJA DUBRUL JEWELRY - 325 EAST HOPKINS AVE - ASPEN, CO 81611 | 20-3759199 | | 7,500. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS ROUND 2 |
| EARLY CHILDHOOD NETWORK 1317 GRAND AVENUE, SUITE GLENWOOD SPRINGS, CO 81601 | 27-1447905 | 501(C)(3) | 104,500. | 0. | | | GENERAL SUPPORT |
| EATEN PATH DBA BOSQ 312 SOUTH MILL STREET ASPEN, CO 81611 | 81-1873266 | | 15,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS ROUND 2 |
| ECOFLIGHT 307 AABC, SUITE L ASPEN, CO 81611 | 80-0012615 | 501(C)(3) | 10,000. | 0. | | | GENERAL SUPPORT |
| ELK MOUNTAIN HOSPITALITY DBA ASPEN PUBLIC HOUSE - 328 EAST HYMAN AVENUE - ASPEN, CO 81611 | 82-4404871 | | 13,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |
| ELLINA 430 EAST HYMAN AVENUE ASPEN, CO 81611 | | | 10,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |
| ENGLISH IN ACTION P.O. BOX 4856 BASALT, CO 81621 | 26-1254643 | 501(C)(3) | 84,900. | 0. | | | GENERAL SUPPORT |
| EQUAL JUSTICE INITIATIVE 122 COMMERCE STREET MONTGOMERY, AL 36104 | 63-1135091 | | 55,500. | 0. | | | GENERAL SUPPORT |
| EQUALITY NOW 125 MAIDEN LANE, 9TH FLOOR, SUITE B NEW YORK, NY 10038 | 13-3660566 | | 50,000. | 0. | | | GENERAL SUPPORT |

Schedule I (Form 990)

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|--------------------------------------|
| ERIKSON INSTITUTE 451 NORTH LASALLE ST. CHICAGO, IL 60654 | 36-2593545 | | 25,000. | 0. | | | GENERAL SUPPORT |
| EXPLORE BOOKSELLERS 221 EAST MAIN STREET ASPEN, CO 81611 | 47-2715308 | | 25,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |
| FAITH IN INDIANA 1100 WEST 42ND STREET, SUITE 350 INDIANAPOLIS, IN 46208 | 45-2349567 | | 25,000. | 0. | | | GENERAL SUPPORT |
| FAMILY RESOURCE CENTER OF THE ROARING FORK SCHOOLS - 400 SOPRIS AVENUE - CARBONDALE, CO 81623 | 84-6012220 | 501(C)(3) | 183,350. | 0. | | | GENERAL SUPPORT |
| FAMILY VISITOR PROGRAMS P.O. BOX 1845 GLENWOOD SPRINGS, CO 81602 | 84-1001484 | 501(C)(3) | 103,000. | 0. | | | GENERAL SUPPORT |
| FARMS WORK WONDERS P.O. BOX 517 WARDENSVILLE, WV 26851 | 81-1634113 | | 500,000. | 0. | | | GENERAL SUPPORT |
| FILM FORUM, INC. 209 WEST HOUSTON STREET NEW YORK, NY 10014 | 51-0175953 | | 25,000. | 0. | | | GENERAL SUPPORT |
| FLEX FITNESS GROUP DBA HIGHER TERRAIN ASPEN - 42 MINING STOCK PARKWAY, UNIT 107 - ASPEN, CO 81611 | 83-1878208 | | 10,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |
| FOCUSEDKIDS 140 RIVER OAKS LANE BASALT, CO 81621 | 81-4090184 | | 51,000. | 0. | | | GENERAL SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|--------------------------------------|
| FOOD BANK OF THE ROCKIES P.O. BOX 416 PALISADE, CO 81526 | 84-0772672 | | 158,300. | 0. | | | GENERAL SUPPORT |
| FOREST CONSERVANCY 1012 BROOKIE DRIVE CARBONDALE, CO 81623 | 84-1583104 | 501(C)(3) | 36,750. | 0. | | | GENERAL SUPPORT |
| FOUNTAIN HOUSE 425 WEST 47TH STREET NEW YORK, NY 10036 | 13-1624009 | 501(C)(3) | 10,000. | 0. | | | GENERAL SUPPORT |
| FRENCH PASTRY CAFE & MORE 111 AABC, SUITE G ASPEN, CO 81611 | 85-2707521 | | 15,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |
| FRIENDS OF LIME KILN SOCIETY P. O. BOX 1361 FRIDAY HARBOR, WA 98250 | 45-5110521 | | 10,000. | 0. | | | GENERAL SUPPORT |
| FRIENDS OF THE ASPEN ANIMAL SHELTER - 101 ANIMAL SHELTER ROAD - ASPEN, CO 81611 | 84-1564816 | 501(C)(3) | 11,000. | 0. | | | GENERAL SUPPORT |
| FULL CIRCLE ASPEN SUITE 101 ASPEN, CO 81611 | 46-4943844 | | 18,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |
| GADEN SHARTSE CULTURAL FOUNDATION 3500 EAST 4TH STREET LONG BEACH, CA 90814 | 20-5126355 | | 25,000. | 0. | | | GENERAL SUPPORT |
| GARFIELD COUNTY ANIMAL WELFARE FOUNDATION - P.O. BOX 1375 - RIFLE, CO 81650 | 84-1500637 | 501(C)(3) | 55,500. | 0. | | | GENERAL SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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| GARFIELD COUNTY PUBLIC HEALTH 2014 BLAKE AVENUE GLENWOOD SPRINGS, CO 81601 | 98-0250111 | 501(C)(3) | 30,000. | 0. | | | GENERAL SUPPORT |
| GARFIELD COUNTY SCHOOL DISTRICT 16 P.O. BOX 68 PARACHUTE, CO 81635 | 84-6001236 | 501(C)(3) | 202,133. | 0. | | | EDUCATION GENERAL SUPPORT |
| GARFIELD SCHOOL DISTRICT RE-2 839 WHITE RIVER AVENUE RIFLE, CO 81650 | 84-0525428 | 501(C)(3) | 170,500. | 0. | | | EDUCATION GENERAL SUPPORT |
| GEORGETOWN UNIVERSITY GIFT PROCESSING DEPARTMENT NUMBER 0 WASHINGTON, DC 20073 | 53-0196603 | | 50,000. | 0. | | | EDUCATION GENERAL SUPPORT |
| GIBA INC. DBA ACQUOLINA 415 EAST MAIN STREET ASPEN, CO 81611 | 84-1600195 | | 25,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |
| GILLIOM & DOMINGOS LLC DBA EPICURE P.O. BOX 11452 ASPEN, CO 81612 | 84-1593317 | 501(C)(3) | 25,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |
| GLOBAL LIVINGSTON INSTITUTE 1031 33RD STREET, SUITE 235 DENVER, CO 80205 | 45-4683531 | | 70,000. | 0. | | | GENERAL SUPPORT |
| GLOBAL WARMING MITIGATION PROJECT P.O. BOX 7774 ASPEN, CO 81612 | 82-3056808 | | 50,000. | 0. | | | GENERAL SUPPORT |
| GLOBALGIVING FOUNDATION 1 THOMAS CIRCLE NW, SUITE 800 WASHINGTON, DC 20005 | 30-0108263 | | 15,000. | 0. | | | GENERAL SUPPORT |

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| GOOD PLUS FOUNDATION 306 WEST 37TH STREET, 8TH FLOOR NEW YORK, NY 10018 | 31-1777082 | | 25,000. | 0. | | | FAMILY SERVICES |
| GRASSROOTS ASIA P.O. BOX 560 SOMERSET, CO 81434 | 02-0700384 | 501(C)(3) | 15,000. | 0. | | | GENERAL SUPPORT |
| GROWING YEARS SCHOOL 151 SCHOOL STREET BASALT, CO 81621 | 84-1477810 | 501(C)(3) | 16,000. | 0. | | | GENERAL SUPPORT |
| GRUB THAI 518 WEST MAIN STREET, APT. B204 ASPEN, CO 81611 | 83-2448249 | | 10,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |
| HAMMER MUSEUM OF ART AND CULTURAL CENTER AT UCLA - 10899 WILSHIRE BOULEVARD - LOS ANGELES, CA 90024 | 95-4217197 | 501(C)(3) | 611,600. | 0. | | | GENERAL SUPPORT |
| HARVEST FOR HUNGER P.O. BOX 5953 SNOWMASS VILLAGE, CO 81615 | 85-2031161 | | 22,000. | 0. | | | GENERAL SUPPORT |
| HEALTHY ALL TOGETHER 1450 EAST VALLEY ROAD BASALT, CO 81623 | 83-2502790 | | 86,000. | 0. | | | ECONOMIC ASSISTANCE; GENERAL SUPPORT |
| HEBREW UNION COLLEGE - JEWISH INSTITUTE OF RELIGION - 3101 CLIFTON AVENUE - CINCINNATI, OH 45220 | 31-0537067 | | 100,000. | 0. | | | GENERAL SUPPORT |
| HIGHLANDS PIZZA COMPANY DBA HIGHLANDS ALEHOUSE - 133 PROSPECTOR ROAD, SUITE 4114B - ASPEN, CO 81611 | 26-3571827 | | 25,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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| HOMECARE AND HOSPICE OF THE VALLEY 823 GRAND AVENUE, #300 GLENWOOD SPRINGS, CO 81601 | 26-3651313 | 501(C)(3) | 7,250. | 0. | | | GENERAL SUPPORT |
| HOOTENANNY DBA BRUNELLESCHI'S 205 SOUTH MILL STREET, #225 ASPEN, CO 81611 | 20-4065173 | | 20,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |
| HOTCHKISS SCHOOL 11 INTERLAKEN ROAD LAKEVILLE, CT 06039 | 06-0647018 | | 150,000. | 0. | | | EDUCATION GENERAL SUPPORT |
| INCLINE MANAGEMENT 555 EAST DURANT AVENUE ASPEN, CO 81611 | 71-0981306 | | 10,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |
| INDEPENDENCE PASS FOUNDATION P.O. BOX 1700 ASPEN, CO 81612 | 84-1133782 | 501(C)(3) | 11,500. | 0. | | | GENERAL SUPPORT |
| INSTITUTE OF CURRENT WORLD AFFAIRS 1818 N STREET NW, SUITE 460 WASHINGTON, DC 20036 | 13-1621044 | | 15,000. | 0. | | | GENERAL SUPPORT |
| I PROFESSIONAL CENTER 520 EAST HYMAN AVENUE, SUITE 1 ASPEN, CO 81611 | 27-2097406 | | 20,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |
| JAZZ ASPEN SNOWMASS 110 EAST HALLAM STREET, SUITE 104 ASPEN, CO 81611 | 84-1220222 | 501(C)(3) | 578,501. | 0. | | | GENERAL SUPPORT |
| JOONAS GROUP P.O. BOX 8616 ASPEN, CO 81612 | 83-4609144 | | 20,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| JUDAISM YOUR WAY 950 SOUTH CHERRY STREET, SUITE 310 DENVER, CO 80246 | 46-0517841 | | 10,000. | 0. | | | GENERAL SUPPORT |
| K & A PIZZA 409 EAST HYMAN AVENUE ASPEN, CO 81611 | 84-1236877 | | 15,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |
| KALOS ASPEN 19 UTE PLACE ASPEN, CO 81611 | 84-1773235 | | 12,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |
| KARINA REDKO, D.D.S. P.O. BOX 5777 SNOWMASS VILLAGE, CO 81615 | 27-0010800 | | 7,500. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS ROUND 2 |
| KARIS 720 GRAND AVENUE GRAND JUNCTION, CO 81502 | 26-4600743 | | 34,000. | 0. | | | GENERAL SUPPORT |
| KIM'S SPA ASPEN 432 SOUTH SPRING STREET ASPEN, CO 81611 | 47-5309999 | | 7,500. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |
| KISS THE GROUND P.O. BOX 515381 PMB 63508 LOS ANGELES, CA 90051 | 46-4507696 | | 25,000. | 0. | | | GENERAL SUPPORT |
| KRISTA SWANSON, PHD 308 SOUTH GALENA, SUITE E ASPEN, CO 81611 | 20-2000789 | | 7,000. | 0. | | | MENTAL HEALTH SUPPORT |
| LA MEDICHI 959 CEDAR CREEK CARBONDALE, CO 81623 | 85-4176243 | | 54,180. | 0. | | | GENERAL SUPPORT |

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|--------------------------------------|
| LATHER SALON ASPEN 600 EAST MAIN STREET, SUITE 1 ASPEN, CO 81611 | 52-2388412 | | 15,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |
| LIFT-UP P.O. BOX 1928 RIFLE, CO 81650 | 84-0896081 | 501(C)(3) | 114,500. | 0. | | | GENERAL SUPPORT |
| LIQUIDATED DBA BASE CAMP BAR AND GRILL - P.O. BOX 6545 - SNOWMASS VILLAGE, CO 81615 | 27-1743514 | | 25,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |
| LITERACY OUTREACH 1127 SCHOOL STREET GLENWOOD SPRINGS, CO 81601 | 26-4713475 | 501(C)(3) | 16,000. | 0. | | | GENERAL SUPPORT |
| LITTLE MAMMOTH STEAKHOUSE P.O. BOX 5212 SNOWMASS VILLAGE, CO 81615 | 90-0827346 | | 15,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |
| LOCAL COFFEE HOUSE 614 EAST COOPER AVENUE ASPEN, CO 81611 | 82-4006942 | | 15,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |
| LUCKY DAY ANIMAL RESCUE OF COLORADO - P.O. BOX 8856 - ASPEN, CO 81612 | 45-3508032 | | 27,750. | 0. | | | GENERAL SUPPORT |
| M SALON 500 BLEEKER ASPEN, CO 81611 | 20-4345020 | | 10,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |
| MANAUS P.O. BOX 2026 CARBONDALE, CO 81623 | 20-2710588 | 501(C)(3) | 271,000. | 0. | | | GENERAL SUPPORT |

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| MC ASPEN 401 EAST COOPER AVENUE ASPEN, CO 81611 | 82-4353825 | | 12,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |
| MCQUEEN HOSPITALITY DBA MAWA'S KITCHEN - 305 AABC, SUITE F - ASPEN, CO 81611 | 20-5136934 | | 25,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |
| MERIDIAN INTERNATIONAL CENTER 1630 CRESCENT PLACE NW WASHINGTON, DC 20009 | 53-0259663 | | 10,000. | 0. | | | GENERAL SUPPORT |
| MICKY HOHL, LPC P.O. BOX 2701 BASALT, CO 81621 | 46-1661706 | | 8,820. | 0. | | | MENTAL HEALTH SUPPORT |
| MIDDLE COLORADO WATERSHED COUNCIL 200 LIONS PARK CIRCLE RIFLE, CO 81650 | 46-4352983 | 501(C)(3) | 7,500. | 0. | | | GENERAL SUPPORT |
| MIND SPRINGS HEALTH 715 HORIZON DRIVE, SUITE 225 GRAND JUNCTION, CO 81506 | 84-0625890 | 501(C)(3) | 9,500. | 0. | | | MENTAL HEALTH SUPPORT |
| MIRACLE HOUSE FOUNDATION 18119 PRAIRIE AVENUE, SUITE 104 TORRANCE, CA 90504 | 33-0279963 | | 6,000. | 0. | | | GENERAL SUPPORT |
| MOUNT SOPRIS MONTESSORI SCHOOL 879 EUCLID AVENUE CARBONDALE, CO 81623 | 84-0864777 | 501(C)(3) | 16,500. | 0. | | | GENERAL SUPPORT |
| MOUNTAIN FAMILY HEALTH CENTERS 2700 GILSTRAP COURT, #100 GLENWOOD SPRINGS, CO 81601 | 84-0742145 | 501(C)(3) | 315,750. | 0. | | | GENERAL SUPPORT |

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|-------------------------------------|
| MOUNTAIN RESCUE ASPEN 37925 HIGHWAY 82 ASPEN, CO 81611 | 84-6042237 | 501(C)(3) | 9,750. | 0. | | | GENERAL SUPPORT |
| MOUNTAIN TOWN VENTURES DBA STAPLETON SKI - 430 SOUTH SPRING STREET - ASPEN, CO 81611 | 27-3413720 | | 12,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANT |
| NARAL PRO-CHOICE WASHINGTON FOUNDATION - 811 1ST AVENUE, SUITE 675 - SEATTLE, WA 98104 | 91-1353222 | | 20,000. | 0. | | | GENERAL SUPPORT |
| NATIONAL CYBERSECURITY CENTER 3650 NORTH NEVADA AVENUE COLORADO SPRINGS, CO 80907 | 81-1162264 | | 10,000. | 0. | | | GENERAL SUPPORT |
| NATIONAL FOREST FOUNDATION BLDG 27, STE 3, FORT MISSOULA ROAD MISSOULA, MT 59804 | | | 20,000. | 0. | | | GENERAL SUPPORT |
| NATIONAL JEWISH HEALTH P.O. BOX 17169 DENVER, CO 80217 | 74-2044647 | 501(C)(3) | 20,000. | 0. | | | GENERAL SUPPORT |
| NATIONAL MUSEUM OF POLO & HALL OF FAME - 9011 LAKE WORTH ROAD - LAKE WORTH, FL 33467 | 36-3308567 | | 12,000. | 0. | | | GENERAL SUPPORT |
| NESHAMA CENTER P.O. BOX 8064 ASPEN, CO 81612 | 14-1964306 | 501(C)(3) | 15,800. | 0. | | | GENERAL SUPPORT |
| NEW YORK FOUNDATION FOR THE ARTS 20 JAY STREET, 7TH FLOOR BROOKLYN, NY 11201 | 23-7129564 | | 10,000. | 0. | | | GENERAL SUPPORT |

Schedule I (Form 990)

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| NORTH CAROLINA HILLEL 210 WEST CAMERON AVENUE CHAPEL HILL, NC 27516 | 56-6094521 | | 20,000. | 0. | | | GENERAL SUPPORT |
| NORTH OF NELL 555 EAST DURANT AVENUE ASPEN, CO 81611 | 84-0681684 | | 10,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |
| NORTHWESTERN UNIVERSITY FEINBERG SCHOOL OF MEDICINE - 420 EAST SUPERIOR STREET, RUBLOFF BLDG. 9TH FLOOR - CHICAGO, IL 60611 | 36-2167817 | | 30,000. | 0. | | | GENERAL SUPPORT |
| NORTHWESTERN UNIVERSITY KELLOGG SCHOOL OF MANAGEMENT - 1007 CHURCH STREET, SUITE 400 - EVANSTON, IL 60201 | 36-2167817 | | 25,000. | 0. | | | GENERAL SUPPORT |
| OPERATION UNDERGROUND RAILROAD 138 EAST 12300 S, SUITE C-149 DRAPER, UT 84020 | 46-3614979 | | 110,000. | 0. | | | GENERAL SUPPORT |
| OPTICAL OPTIONS OF ASPEN 520 EAST DURANT AVENUE, SUITE 203 ASPEN, CO 81611 | 20-5761732 | | 10,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |
| OTTERBEIN UNIVERSITY 1 SOUTH GROVE STREET WESTERVILLE, OH 43081 | 31-4379532 | | 20,000. | 0. | | | GENERAL SUPPORT |
| OUR SCHOOL 3126 SOUTH GRAND AVENUE GLENWOOD SPRINGS, CO 81601 | 84-1406053 | 501(C)(3) | 16,000. | 0. | | | GENERAL SUPPORT |
| OXFAM-AMERICA 226 CAUSEWAY STREET, 5TH FLOOR BOSTON, MA 02114 | 23-7069110 | 501(C)(3) | 10,000. | 0. | | | GENERAL SUPPORT |

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| PATCHES O'HOULLIHAN DBA NEW BELGIUM RANGER STATION - P.O. BOX 17108 - SNOWMASS VILLAGE, CO 81615 | 45-5383593 | | 15,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |
| PATHFINDERS P.O. BOX 11799 ASPEN, CO 81612 | 20-1710899 | 501(C)(3) | 24,500. | 0. | | | GENERAL SUPPORT |
| PB AND F DBA STUBBIE'S SPORTS BAR 0123 EMMA ROAD, #208 BASALT, CO 81621 | 84-1415657 | | 15,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |
| PE 101 COMPANY 500 EAST COOPER AVENUE ASPEN, CO 81611 | 84-1027355 | | 10,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |
| PENINSULA LIBRARY FOUNDATION P.O. BOX 292 PENINSULA, OH 44264 | 34-1751216 | | 10,000. | 0. | | | GENERAL SUPPORT |
| PERFORMA 100 WEST 23RD STREET, FLOOR 5 NEW YORK, NY 10011 | 20-1286572 | | 20,000. | 0. | | | GENERAL SUPPORT |
| PHILANTHROPY COLORADO P.O. BOX 48149 DENVER, CO 80204 | 71-0947313 | 501(C)(3) | 7,120. | 0. | | | MEMBERSHIP |
| PIERRE/FAMILLE 600 EAST COOPER AVENUE ASPEN, CO 81611 | 84-0913241 | | 7,500. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |
| PINONS 105 SOUTH MILL STREET ASPEN, CO 81611 | 84-1505403 | | 10,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |

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| PITKIN COUNTY 530 EAST MAIN STREET, SUITE 304 ASPEN, CO 81611 | 84-6000794 | 501(C)(3) | 48,000. | 0. | | | GENERAL SUPPORT |
| PITKIN COUNTY LIBRARY 120 NORTH MILL STREET ASPEN, CO 81611 | 84-6000794 | 501(C)(3) | 13,500. | 0. | | | GENERAL SUPPORT |
| PITKIN PORTAGE P.O. BOX 9380 ASPEN, CO 81612 | 45-5101714 | | 15,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |
| PLANNED PARENTHOOD FEDERATION OF AMERICA - 123 WILLIAM STREET, 10TH FLOOR - NEW YORK, NY 10038 | 53-0204621 | 501(C)(3) | 25,250. | 0. | | | GENERAL SUPPORT |
| PLANNED PARENTHOOD OF THE ROCKY MOUNTAINS - 7155 EAST 38TH AVENUE - DENVER, CO 80207 | 84-0404253 | 501(C)(3) | 205,500. | 0. | | | GENERAL SUPPORT |
| PLANNED PARENTHOOD OF THE ROCKY MOUNTAINS - 50923 HIGHWAY 6 - GLENWOOD SPRINGS, CO 81601 | 84-0404253 | 501(C)(3) | 27,750. | 0. | | | GENERAL SUPPORT |
| POLO TRAINING FOUNDATION 852 EAST ROAD LOXAHATCHEE GROVES, FL 33470 | 36-2605713 | | 8,000. | 0. | | | GENERAL SUPPORT |
| PRESIDIO GRADUATE SCHOOL 222 YALE AVENUE KENSINGTON, CA 94708 | 94-3185612 | | 125,000. | 0. | | | GENERAL SUPPORT |
| PROSTATE CANCER FOUNDATION 1250 FOURTH STREET SANTA MONICA, CA 90401 | 95-4418411 | | 20,000. | 0. | | | GENERAL SUPPORT |

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| RAISBECK AVIATION HIGH SCHOOL PTSA P.O. BOX 81222 SEATTLE, WA 98108 | 68-0594524 | | 50,000. | 0. | | | GENERAL SUPPORT |
| RAISING A READER ASPEN TO PARACHUTE - P.O. BOX 2533 - GLENWOOD SPRINGS, CO 81602 | 55-0873041 | 501(C)(3) | 36,654. | 0. | | | GENERAL SUPPORT |
| RANSOM EVERGLADES SCHOOL 3575 MAIN HIGHWAY COCONUT GROVE, FL 33133 | 59-0659070 | 501(C)(3) | 50,000. | 0. | | | GENERAL SUPPORT |
| REACH-OUT COLORADO P.O. BOX 1222 RIFLE, CO 81650 | 45-5370178 | 501(C)(3) | 15,000. | 0. | | | ECONOMIC ASSISTANCE |
| RECOVERY RESOURCES P.O. BOX 373 SNOWMASS, CO 81654 | 81-4075657 | | 9,000. | 0. | | | GENERAL SUPPORT |
| REEVOLUTION 181 PIER AVENUE SANTA MONICA, CA 90405 | 83-4613103 | | 10,000. | 0. | | | GENERAL SUPPORT |
| REGISTER2VOTE FUND C/O MELE BRENGARTH & ASSOCIATES LLC - P.O. BOX 15845 - WASHINGTON, DC 20003 | 84-2487707 | | 6,000. | 0. | | | GENERAL SUPPORT |
| RES IPSA 505 EAST HYMAN AVENUE ASPEN, CO 81611 | 46-3611113 | | 15,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |
| RESORT MANAGEMENT COMPANY P.O. BOX 5640 SNOWMASS VILLAGE, CO 81615 | 84-1166753 | | 15,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| RESPONSE 0405 CASTLE CREEK ROAD, SUITE 203 ASPEN, CO 81611 | 74-2328814 | 501(C)(3) | 33,250. | 0. | | | GENERAL SUPPORT |
| RIVER BRIDGE REGIONAL CENTER 520 21ST STREET GLENWOOD SPRINGS, CO 81601 | 45-5464778 | 501(C)(3) | 21,250. | 0. | | | GENERAL SUPPORT |
| RIVER CENTER OF NEW CASTLE P.O. BOX 272 NEW CASTLE, CO 81647 | 27-3837160 | 501(C)(3) | 121,500. | 0. | | | GENERAL SUPPORT |
| ROARING FORK CONSERVANCY P.O. BOX 3349 BASALT, CO 81621 | 84-1375379 | 501(C)(3) | 6,500. | 0. | | | GENERAL SUPPORT |
| ROARING FORK LEADERSHIP P.O. BOX 12095 ASPEN, CO 81612 | 84-1271821 | 501(C)(3) | 10,000. | 0. | | | GENERAL SUPPORT |
| ROARING FORK MOUNTAIN BIKE ASSOCIATION - P.O. BOX 2635 - ASPEN, CO 81612 | 46-5412595 | 501(C)(3) | 26,000. | 0. | | | GENERAL SUPPORT |
| ROARING FORK OUTDOOR VOLUNTEERS P.O. BOX 1341 BASALT, CO 81621 | 84-1302819 | 501(C)(3) | 10,250. | 0. | | | GENERAL SUPPORT |
| ROARING FORK PRECOLLEGIATE 400 SOPRIS AVENUE CARBONDALE, CO 81623 | 84-6012220 | 501(C)(3) | 21,250. | 0. | | | GENERAL SUPPORT |
| ROCKY MOUNTAIN INSTITUTE 22830 TWO RIVERS ROAD BASALT, CO 81621 | 74-2244146 | 501(C)(3) | 7,000. | 0. | | | GENERAL SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|--------------------------------------|
| ROOM TO READ 465 CALIFORNIA STREET, SUITE 1000 SAN FRANCISCO, CA 94104 | 91-2003533 | 501(C)(3) | 10,000. | 0. | | | GENERAL SUPPORT |
| SAGOME INC. DBA L'HOSTARIA RISTORANTE - 620 EAST HYMAN AVENUE - ASPEN, CO 81611 | 84-1355305 | | 25,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |
| SALON TULLIO DAY SPA & BOUTIQUE 525 EAST COOPER AVENUE ASPEN, CO 81611 | | | 10,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |
| SAM ELIMU CHARITY 233 S. 6TH STREET, #801 PHILADELPHIA, PA 19106 | 85-4162099 | | 7,500. | 0. | | | GENERAL SUPPORT |
| SAN JUAN ISLAND COMMUNITY FOUNDATION - P.O. BOX 1352 - FRIDAY HARBOR, WA 98250 | 91-1648730 | | 66,725. | 0. | | | GENERAL SUPPORT |
| SENIOR MATTERS P.O. BOX 991 CARBONDALE, CO 81623 | 26-0534007 | | 39,600. | 0. | | | GENERAL SUPPORT |
| SEVEN SEAS INVESTMENT DBA THE ANNABELLE INN - 1120 MICHIGAN AVENUE - WILMETTE, IL 60091 | 84-1522206 | | 20,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |
| SHANGHAI FOOD & BEVERAGE DBA LITTLE OLLIES - 308 SOUTH HUNTER STREET - ASPEN, CO 81611 | 84-1283885 | | 15,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |
| SLOW GROOVIN BBQ SNOWMASS 467 REDSTONE BOULEVARD CARBONDALE, CO 81623 | 81-4567755 | | 20,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| SNOWMASS SPORTS P.O. BOX 5255 SNOWMASS VILLAGE, CO 81615 | 84-1226227 | | 10,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |
| SNOWMASS WESTERN HERITAGE ASSOCIATION - P.O. BOX 5745 - SNOWMASS VILLAGE, CO 81615 | 90-0138524 | | 18,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |
| SOUTHEASTERN GUIDE DOGS 4210 77TH STREET EAST PALMETTO, FL 34221 | 59-2252352 | | 5,250. | 0. | | | GENERAL SUPPORT |
| SR3 SEALIFE RESPONSE, REHABILITATION AND RESEARCH - 2003 216TH STREET, SUITE #98811 - DES MOINES, WA 98198 | 45-1491069 | | 10,000. | 0. | | | GENERAL SUPPORT |
| ST. MORITZ LODGE 334 WEST HYMAN AVENUE ASPEN, CO 81611 | 90-0804885 | | 20,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |
| STEPPING STONES 1010 GARFIELD AVENUE CARBONDALE, CO 81623 | 46-4740539 | 501(C)(3) | 32,250. | 0. | | | GENERAL SUPPORT |
| STITCHWORKS 229 EAST MAIN STREET ASPEN, CO 81611 | 26-2872055 | | 7,500. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |
| SUMMIT54 625 EAST MAIN STREET, SUITE 102B-11 ASPEN, CO 81611 | 27-2978700 | 501(C)(3) | 141,250. | 0. | | | GENERAL SUPPORT |
| SUNDANCE INSTITUTE P.O. BOX 684429 PARK CITY, UT 84068 | 87-0361394 | | 20,000. | 0. | | | GENERAL SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|-------------|-------------------------------|--------------------------|----------------------------------|---|--|--------------------------------------|
| SUSIE'S OF ASPEN 600 EAST MAIN STREET ASPEN, CO 81611 | 84-1183781 | | 20,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |
| SUSTAINABLE DEVELOPMENT 1147 PRESERVE CIRCLE GOLDEN, CO 80401 | 45-2923331 | | 10,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |
| SUSTAINABLE SETTINGS 6107 HIGHWAY 133 CARBONDALE, CO 81623 | 84-1610236 | 501(C)(3) | 8,500. | 0. | | | GENERAL SUPPORT |
| TENPIN DBA SNOWMASS LANES AND LOUNGE - P.O. BOX 6022 - SNOWMASS VILLAGE, CO 81615 | 82-4345451 | | 10,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |
| THE ART BASE P.O. BOX 4300 BASALT, CO 81621 | 20-1188479 | 501(C)(3) | 16,000. | 0. | | | GENERAL SUPPORT |
| THE ARTS CAMPUS AT WILLITS 360 MARKET STREET BASALT, CO 81621 | 47-3091347 | | 40,000. | 0. | | | GENERAL SUPPORT |
| THE ASPEN BARBERSHOP 630 EAST HYMAN AVENUE, #002 ASPEN, CO 81611 | 453-69-0068 | | 10,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |
| THE ASPEN INSTITUTE 1000 NORTH 3RD STREET ASPEN, CO 81611 | 84-0399006 | 501(C)(3) | 166,060. | 0. | | | GENERAL SUPPORT |
| THE BOUTIQUE 02 ASPEN 605 EAST COOPER AVENUE ASPEN, CO 81611 | 81-1019789 | | 8,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| THE BRAHMA KUMARIS 15039 BRADDOCK ROAD CENTREVILLE, VA 20120 | 74-1946190 | | 10,000. | 0. | | | GENERAL SUPPORT |
| THE BUDDY PROGRAM 110 EAST HALLAM STREET, SUITE 125 ASPEN, CO 81611 | 74-2594693 | 501(C)(3) | 68,000. | 0. | | | GENERAL SUPPORT |
| ASPEN SKIING COMPANY P.O. BOX 1248 ASPEN, CO 81612 | 84-1428863 | 501(C)(3) | 61,693. | 0. | | | ASPEN SKIING ENVIRONMENT EMPLOYEE MATCH |
| THE EPILEPSY FOUNDATION 8301 PROFESSIONAL PLACE LANDOVER, MD 20785 | 52-0856660 | 501(C)(3) | 10,000. | 0. | | | GENERAL SUPPORT |
| THE FEMINIST INSTITUTE 1220 PARK AVENUE, ROOM SR7 NEW YORK, NY 10128 | 82-1159850 | | 25,000. | 0. | | | GENERAL SUPPORT |
| THE GOLDEN BOUGH 602 EAST COOPER AVENUE, #104 ASPEN, CO 81611 | 27-3237826 | | 7,500. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS ROUND 2 |
| THE HAWN FOUNDATION 220 26TH STREET, SUITE 203 SANTA MONICA, CA 90402 | 20-0653982 | 501(C)(3) | 50,000. | 0. | | | GENERAL SUPPORT |
| THE MANAGEMENT CENTER 1920 L STREET NW, SUITE 775 WASHINGTON, DC 20036 | 20-5197607 | 501(C)(3) | 110,000. | 0. | | | GENERAL SUPPORT |
| THE MUSEUM OF MODERN ART DEVELOPMENT - 11 WEST 53 STREET - NEW YORK, NY 10019 | 13-1624100 | | 70,000. | 0. | | | GENERAL SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|--------------------------------------|
| THE NATURE CONSERVANCY UTAH CHAPTER - 559 EAST SOUTH TEMPLE - SALT LAKE CITY, UT 84102 | 53-0242652 | 501(C)(3) | 6,000. | 0. | | | GENERAL SUPPORT |
| THE REGENTS OF UNIVERSITY OF CALIFORNIA - 10920 WILSHIRE BOULEVARD - LOS ANGELES, CA 90024 | 94-3067788 | | 8,000. | 0. | | | GENERAL SUPPORT |
| THE SALVATION ARMY P.O. BOX 2964 GLENWOOD SPRINGS, CO 81602 | 94-1156347 | 501(C)(3) | 135,000. | 0. | | | ECONOMIC ASSISTANCE |
| THE THINKING PROJECT INSTITUTE 2842 ELIOT STREET DENVER, CO 80211 | 82-2269798 | | 50,000. | 0. | | | GENERAL SUPPORT |
| THE VIMANA HOUSE 23300 TWO RIVERS ROAD, #36 BASALT, CO 81621 | 82-0596900 | | 10,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |
| THEATRE ASPEN 110 EAST HALLAM STREET, SUITE 126 ASPEN, CO 81611 | 74-2319032 | 501(C)(3) | 61,060. | 0. | | | GENERAL SUPPORT |
| THREE GENERATIONS 1133 BROADWAY, SUITE 310 NEW YORK, NY 10010 | 20-8688513 | 501(C)(3) | 10,000. | 0. | | | GENERAL SUPPORT |
| TIMELINE THEATRE COMPANY DEVELOPMENT DEPARTMENT - 615 WEST WELLINGTON AVENUE - CHICAGO, IL 60657 | 36-4197407 | | 50,000. | 0. | | | GENERAL SUPPORT |
| TOUCHSTONES DISCUSSION PROJECT P.O. BOX 2329 ANNAPOLIS, MD 21404 | 52-2009938 | 501(C)(3) | 7,500. | 0. | | | GENERAL SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| TREES, WATER & PEOPLE 633 REMINGTON STREET FORT COLLINS, CO 80524 | 84-1462044 | | 29,815. | 0. | | | GENERAL SUPPORT |
| ULTIMATE SALON 430 EAST HYMAN AVENUE ASPEN, CO 81611 | 90-0199548 | | 10,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS ROUND 2 |
| UNION OF CONCERNED SCIENTISTS TWO BRATTLE SQUARE, SUITE 6 CAMBRIDGE, MA 02138 | 04-2535767 | 501(C)(3) | 10,000. | 0. | | | GENERAL SUPPORT |
| UNITED JEWISH APPEAL 300 SOUTH DAHLIA STREET, SUITE 300 DENVER, CO 80246 | 37-1418235 | 501(C)(3) | 7,500. | 0. | | | GENERAL SUPPORT |
| UNITED NEGRO COLLEGE FUND 1805 7TH STREET NORTHWEST WASHINGTON, DC 20001 | 13-1624241 | 501(C)(3) | 40,000. | 0. | | | EDUCATION GENERAL SUPPORT |
| UNIVERSITY OF CHICAGO 1126 EAST 59TH STREET CHICAGO, IL 60615 | 36-2177139 | | 21,000. | 0. | | | GENERAL SUPPORT |
| UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS - 13001 EAST 17TH PLACE, SUITE WG112 - AURORA, CO 80045 | 84-6000555 | | 10,000. | 0. | | | GENERAL SUPPORT |
| UNIVERSITY OF COLORADO FOUNDATION P.O. BOX 17126 DENVER, CO 80217 | 84-6049811 | 501(C)(3) | 127,500. | 0. | | | GENERAL SUPPORT |
| UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE - 1501 NW 9TH AVENUE, SECOND FLOOR - MIAMI, FL 33136 | 59-0624458 | | 10,000. | 0. | | | GENERAL SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| UNIVERSITY OF MICHIGAN SCHOOL OF PUBLIC HEALTH - 1415 WASHINGTON HEIGHTS - ANN ARBOR, MI 48109 | 38-6006309 | 501(C)(3) | 20,000. | 0. | | | GENERAL SUPPORT |
| UNIVERSITY SCHOOL 2785 S.O.M. CENTER ROAD HUNTING VALLEY, OH 44022 | 34-0714720 | 501(C)(3) | 10,000. | 0. | | | GENERAL SUPPORT |
| UPROOT COLORADO (UPROOT) P.O. BOX 797 CARBONDALE, CO 81623 | 47-1180598 | | 10,000. | 0. | | | GENERAL SUPPORT |
| USA CYCLING 210 USA CYCLING POINT, SUITE 100 COLORADO SPRINGS, CO 80919 | 84-1284437 | 501(C)(3) | 10,000. | 0. | | | GENERAL SUPPORT |
| USC ADVANCEMENT GIFT SERVICES 1150 SOUTH OLIVE STREET, 25TH FLOOR LOS ANGELES, CA 90015 | 95-1642394 | | 15,000. | 0. | | | GENERAL SUPPORT |
| UTAH FILM CENTER 50 WEST 300 SOUTH, SUITE 1125 SALT LAKE CITY, UT 84101 | 75-3077559 | | 20,000. | 0. | | | GENERAL SUPPORT |
| UTE MOUNTAINEER 210 SOUTH GALENA STREET ASPEN, CO 81611 | 84-0827908 | | 10,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |
| VALLEY SETTLEMENT 1901 GRAND AVENUE, SUITE 206 GLENWOOD SPRINGS, CO 81601 | 81-2401368 | 501(C)(3) | 323,500. | 0. | | | GENERAL SUPPORT |
| VALLEY VIEW HOSPITAL FOUNDATION P.O. BOX 1970 GLENWOOD SPRINGS, CO 81602 | 73-1664673 | 501(C)(3) | 69,906. | 0. | | | GENERAL SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|--------------------------------------|
| VIRGINIA ATHLETICS FOUNDATION P.O. BOX 400833 CHARLOTTESVILLE, VA 22903 | 54-0517188 | | 502,500. | 0. | | | GENERAL SUPPORT |
| VIVALA, INC. DBA MI CHOLA 411 EAST MAIN STREET ASPEN, CO 81611 | 47-4744091 | | 25,000. | 0. | | | 2021 PITKIN COVID BUSINESS GRANTS |
| VOCES UNIDAS DE LAS MONTANAS P.O. BOX 3157 GLENWOOD SPRINGS, CO 81602 | 85-0993139 | | 38,000. | 0. | | | EMERGENCY ASSISTANCE/RESPONSE |
| VOICES 520 SOUTH THIRD STREET, #24A CARBONDALE, CO 81623 | 81-3931536 | | 30,000. | 0. | | | GENERAL SUPPORT |
| VOICES OF CHANGE ANIMAL LEAGUE 6393 SOUTH WEST 52ND STREET OCALA, FL 34474 | 47-3165668 | | 6,000. | 0. | | | GENERAL SUPPORT |
| WEST MOUNTAIN REGIONAL HEALTH ALLIANCE - P.O. BOX 1909 - GLENWOOD SPRINGS, CO 81602 | 47-2360654 | | 11,000. | 0. | | | GENERAL SUPPORT |
| WESTERN RESOURCE ADVOCATES 2260 BASELINE ROAD, SUITE 200 BOULDER, CO 80302 | 84-1113831 | 501(C)(3) | 18,500. | 0. | | | GENERAL SUPPORT |
| WHITNEY MUSEUM OF AMERICAN ART 99 GANSEVOORT STREET NEW YORK, NY 10014 | 13-1789318 | 501(C)(3) | 110,000. | 0. | | | GENERAL SUPPORT |
| WILDERNESS WORKSHOP P.O. BOX 1442 CARBONDALE, CO 81623 | 74-1900412 | 501(C)(3) | 30,500. | 0. | | | GENERAL SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| WORLD DREAM FOUNDATION 9903 SANTA MONICA BOULDVARD, SUITE BEVERLY HILLS, CA 90212 | 83-2210796 | | 50,000. | 0. | | | GENERAL SUPPORT |
| YAMPAH MOUNTAIN HIGH SCHOOL 695 RED MOUNTAIN DRIVE GLENWOOD SPRINGS, CO 81601 | 84-0602408 | 501(C)(3) | 15,000. | 0. | | | GENERAL SUPPORT |
| YOUTHENTITY P.O. BOX 1989 CARBONDALE, CO 81623 | 84-1601705 | 501(C)(3) | 20,000. | 0. | | | GENERAL SUPPORT |
| YOUTHZONE 413 NINTH STREET GLENWOOD SPRINGS, CO 81601 | 84-0712993 | 501(C)(3) | 49,500. | 0. | | | GENERAL SUPPORT |
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Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance |
|------------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| EMERGENCY ASSISTANCE AND RESPONSE. | 5 | 5,773. | 0. | | |
| HEALTH AND WELLNESS | 6 | 45,085. | 0. | | |
| EDUCATION | 2 | 36,000. | 0. | | |
| ANIMAL WELFARE | 1 | 2,000. | 0. | | |
| | | | | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization: **ASPEN COMMUNITY FOUNDATION**
 Employer identification number: **84-0829226**

Part I Questions Regarding Compensation

| | Yes | No |
|--|-----------|----------|
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) | | |
| b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | |
| 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee | | |
| 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | |
| a Receive a severance payment or change-of-control payment? | 4a | X |
| b Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | X |
| c Participate in or receive payment from an equity-based compensation arrangement? | 4c | X |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | |
| Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | |
| 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | |
| a The organization? | 5a | X |
| b Any related organization? | 5b | X |
| If "Yes" on line 5a or 5b, describe in Part III. | | |
| 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | |
| a The organization? | 6a | X |
| b Any related organization? | 6b | X |
| If "Yes" on line 6a or 6b, describe in Part III. | | |
| 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III | 7 | X |
| 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | X |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | |

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

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) TAMARA TORMOHLEN EXECUTIVE DIRECTOR | (i) | 157,500. | 0. | 0. | 17,500. | 22,140. | 197,140. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **ASPEN COMMUNITY FOUNDATION** Employer identification number **84-0829226**

| Part I Types of Property | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 25 | 9,384,510. | FAIR VALUE |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (_____) | | | | |
| 26 Other ▶ (_____) | | | | |
| 27 Other ▶ (_____) | | | | |
| 28 Other ▶ (_____) | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

| | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | X | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | X |
| b If "Yes," describe in Part II. | | |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

[Empty lines for supplemental information]

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

ASPEN COMMUNITY FOUNDATION

Employer identification number

84-0829226

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CONNECTING DONORS TO COMMUNITY NEEDS, BUILDING PERMANENT CHARITABLE
FUNDS AND BRINGING PEOPLE TOGETHER TO SOLVE COMMUNITY PROBLEMS.

FORM 990, PART VI, SECTION B, LINE 11B:

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.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

| | |
|------------------------------------|-----------|
| AGENCY CONTRIBUTIONS | -194,479. |
| AGENCY GRANTS | 887,786. |
| AGENCY INVESTMENT INCOME | -311,257. |
| AGENCY ADMINISTRATIVE FEES | 15,749. |
| TOTAL TO FORM 990, PART XI, LINE 9 | 397,799. |

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| | | |
|--|---|---|
| Type or print | Name of exempt organization or other filer, see instructions. ASPEN COMMUNITY FOUNDATION | Taxpayer identification number (TIN) 84-0829226 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. 455 GOLD RIVERS COURT #515 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. BASALT, CO 81621 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |
| Form 990-T (corporation) | 07 | | |

ASPEN COMMUNITY FOUNDATION

• The books are in the care of ▶ **455 GOLD RIVERS COURT, STE. 515 - BASALT, CO 81621**

Telephone No. ▶ **970-925-9300** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2021** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

| | | | |
|---|-----------|----|----|
| 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2021

For calendar year 2021 or other tax year beginning _____, and ending _____

▶ **Go to www.irs.gov/Form990T for instructions and the latest information.**
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for
501(c)(3) Organizations Only

| | | | |
|--|------------------------------|---|---|
| <p>A <input checked="" type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p> | <p>Print or Type</p> | <p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) ASPEN COMMUNITY FOUNDATION</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 455 GOLD RIVERS COURT #515</p> <p>City or town, state or province, country, and ZIP or foreign postal code BASALT, CO 81621</p> <p>C Book value of all assets at end of year ▶ 62,511,754.</p> | <p>D Employer identification number 84-0829226</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p> |
|--|------------------------------|---|---|

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶

J Enter the number of attached Schedules A (Form 990-T) ▶ **2**

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

L The books are in care of ▶ **ASPEN COMMUNITY FOUNDATION** Telephone number ▶ **970-925-9300**

Part I Total Unrelated Business Taxable Income

| | | |
|--|----|--------|
| 1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | 1 | 0. |
| 2 Reserved | 2 | |
| 3 Add lines 1 and 2 | 3 | |
| 4 Charitable contributions (see instructions for limitation rules) | 4 | 0. |
| 5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 | 5 | |
| 6 Deduction for net operating loss. See instructions | 6 | |
| 7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 | 7 | |
| 8 Specific deduction (generally \$1,000, but see instructions for exceptions) | 8 | 1,000. |
| 9 Trusts. Section 199A deduction. See instructions | 9 | |
| 10 Total deductions. Add lines 8 and 9 | 10 | 1,000. |
| 11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero | 11 | 0. |

Part II Tax Computation

| | | |
|---|---|----|
| 1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) | 1 | 0. |
| 2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) | 2 | |
| 3 Proxy tax. See instructions | 3 | |
| 4 Other tax amounts. See instructions | 4 | |
| 5 Alternative minimum tax (trusts only) | 5 | |
| 6 Tax on noncompliant facility income. See instructions | 6 | |
| 7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies | 7 | 0. |

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2021)

| | |
|---|-------------|
| Part III Tax and Payments | |
| 1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 1a |
| b Other credits (see instructions) | 1b |
| c General business credit. Attach Form 3800 (see instructions) | 1c |
| d Credit for prior year minimum tax (attach Form 8801 or 8827) | 1d |
| e Total credits. Add lines 1a through 1d | 1e |
| 2 Subtract line 1e from Part II, line 7 | 2 0. |
| 3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement) | 3 |
| 4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here | 4 0. |
| 5 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 | 5 0. |
| 6a Payments: A 2020 overpayment credited to 2021 | 6a |
| b 2021 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> | 6b |
| c Tax deposited with Form 8868 | 6c |
| d Foreign organizations: Tax paid or withheld at source (see instructions) | 6d |
| e Backup withholding (see instructions) | 6e |
| f Credit for small employer health insurance premiums (attach Form 8941) | 6f |
| g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total ▶ | 6g |
| 7 Total payments. Add lines 6a through 6g | 7 |
| 8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> | 8 |
| 9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed | 9 |
| 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid | 10 |
| 11 Enter the amount of line 10 you want: Credited to 2022 estimated tax ▶ Refunded ▶ | 11 |

| | | | |
|---|-----------------------------------|-----------|----------|
| Part IV Statements Regarding Certain Activities and Other Information (see instructions) | | | |
| 1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶ | Yes | No | |
| 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? | | | X |
| 3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ | | | |
| 4 Enter available pre-2018 NOL carryovers here ▶ \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4. | | | |
| 5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. | | | |
| Business Activity Code | Available post-2017 NOL carryover | | |
| 522291 | \$ 51,157. | | |
| \$ | \$ | | |
| 6a Did the organization change its method of accounting? (see instructions) | | | X |
| b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V | | | |

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

| | | | | | |
|-------------------------------|--|--------------------------|---------------------------|---|--|
| Sign Here | 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 taxpayer) is based on all information of which preparer has any knowledge. | | | | |
| | Signature of officer ▶ _____ | Date | EXECUTIVE DIRECTOR | Title | May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | PAUL J. BACKES, CPA | | | | P00175605 |
| | Firm's name ▶ MCAHAN AND ASSOCIATES, L.L.C. | Firm's EIN ▶ 84-1509269 | | | |
| | Firm's address ▶ P.O. BOX 5850 AVON, CO 81620 | Phone no. (970) 845-8800 | | | |

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1
OMB No. 1545-0047

2021

Open to Public Inspection for
501(c)(3) Organizations Only

| | |
|--|--|
| A Name of the organization ASPEN COMMUNITY FOUNDATION | B Employer identification number 84-0829226 |
| C Unrelated business activity code (see instructions) ▶ 522291 | D Sequence: 1 of 2 |

E Describe the unrelated trade or business ▶ **PARTNERSHIP INVESTMENT INCOME**

| Part I Unrelated Trade or Business Income | (A) Income | (B) Expenses | (C) Net |
|---|-------------------|--------------|---------|
| 1 a Gross receipts or sales | | | |
| b Less returns and allowances | | | |
| c Balance ▶ | 1c | | |
| 2 Cost of goods sold (Part III, line 8) | 2 | | |
| 3 Gross profit. Subtract line 2 from line 1c | 3 | | |
| 4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions | 4a 183. | | 183. |
| b Net gain (loss) (Form 4797) (attach Form 4797). See instructions | 4b | | |
| c Capital loss deduction for trusts | 4c | | |
| 5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 1 | 5 34,015. | | 34,015. |
| 6 Rent income (Part IV) | 6 | | |
| 7 Unrelated debt-financed income (Part V) | 7 | | |
| 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) | 8 | | |
| 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) | 9 | | |
| 10 Exploited exempt activity income (Part VIII) | 10 | | |
| 11 Advertising income (Part IX) | 11 | | |
| 12 Other income (see instructions; attach statement) | 12 | | |
| 13 Total. Combine lines 3 through 12 | 13 34,198. | | 34,198. |

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

| | | | |
|--|-----------|--|---------|
| 1 Compensation of officers, directors, and trustees (Part X) | 1 | | |
| 2 Salaries and wages | 2 | | |
| 3 Repairs and maintenance | 3 | | |
| 4 Bad debts | 4 | | |
| 5 Interest (attach statement). See instructions | 5 | | |
| 6 Taxes and licenses | 6 | | 449. |
| 7 Depreciation (attach Form 4562). See instructions | 7 | | |
| 8 Less depreciation claimed in Part III and elsewhere on return | 8a | | |
| 9 Depletion | 9 | | |
| 10 Contributions to deferred compensation plans | 10 | | |
| 11 Employee benefit programs | 11 | | |
| 12 Excess exempt expenses (Part VIII) | 12 | | |
| 13 Excess readership costs (Part IX) | 13 | | |
| 14 Other deductions (attach statement) | 14 | | |
| 15 Total deductions. Add lines 1 through 14 | 15 | | 449. |
| 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | 16 | | 33,749. |
| 17 Deduction for net operating loss. See instructions STATEMENT 2 | 17 | | 33,749. |
| 18 Unrelated business taxable income. Subtract line 17 from line 16 | 18 | | |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold Enter method of inventory valuation ▶

| | | |
|--|---|--|
| 1 Inventory at beginning of year | 1 | |
| 2 Purchases | 2 | |
| 3 Cost of labor | 3 | |
| 4 Additional section 263A costs (attach statement) | 4 | |
| 5 Other costs (attach statement) | 5 | |
| 6 Total. Add lines 1 through 5 | 6 | |
| 7 Inventory at end of year | 7 | |
| 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 | 8 | |
| 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

| | A | B | C | D |
|---|---|---|---|----|
| 2 Rent received or accrued | | | | |
| a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | | | | |
| b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | | | | |
| c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D | | | | |
| 3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ▶ | | | | 0. |
| 4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) | | | | |
| 5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ▶ | | | | 0. |

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

| | A | B | C | D |
|--|---|---|---|----|
| 2 Gross income from or allocable to debt-financed property | | | | |
| 3 Deductions directly connected with or allocable to debt-financed property | | | | |
| a Straight line depreciation (attach statement) | | | | |
| b Other deductions (attach statement) | | | | |
| c Total deductions (add lines 3a and 3b, columns A through D) | | | | |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) | | | | |
| 5 Average adjusted basis of or allocable to debt-financed property (attach statement) | | | | |
| 6 Divide line 4 by line 5 | % | % | % | % |
| 7 Gross income reportable. Multiply line 2 by line 6 | | | | |
| 8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ▶ | | | | 0. |
| 9 Allocable deductions. Multiply line 3c by line 6 | | | | |
| 10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ▶ | | | | 0. |
| 11 Total dividends-received deductions included in line 10 ▶ | | | | 0. |

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

| | | Exempt Controlled Organizations | | | |
|------------------------------------|---|---|--|---|--|
| 1. Name of controlled organization | 2. Employer identification number | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| Nonexempt Controlled Organizations | | | | | |
| 7. Taxable Income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 | |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| | | | Add columns 5 and 10. Enter here and on Part I, line 8, column (A) | Add columns 6 and 11. Enter here and on Part I, line 8, column (B) | |
| Totals | | | 0. | 0. | |

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add cols 3 and 4) |
|--------------------------|---------------------|---|----------------------------------|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | Add amounts in column 2. Enter here and on Part I, line 9, column (A) | | Add amounts in column 5. Enter here and on Part I, line 9, column (B) |
| Totals | | 0. | | 0. |

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| | | | |
|---|--|---|--|
| 1 | Description of exploited activity: _____ | | |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) | 2 | |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | 3 | |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 | 4 | |
| 5 | Gross income from activity that is not unrelated business income | 5 | |
| 6 | Expenses attributable to income entered on line 5 | 6 | |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | 7 | |

| FORM 990-T (A) | INCOME (LOSS) FROM PARTNERSHIPS | STATEMENT | 1 |
|--|---------------------------------|----------------------|---|
| DESCRIPTION | | NET INCOME OR (LOSS) | |
| PARTNERSHIP INVESTMENT - ORDINARY BUSINESS INCOME (LOSS) | | 8,038. | |
| PARTNERSHIP INVESTMENT - OTHER INCOME (LOSS) | | -230. | |
| PARTNERSHIP INCOME - ORDINARY BUSINESS INCOME (LOSS) | | 26,207. | |
| TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5 | | 34,015. | |

| FORM 990-T (A) | POST 2017 NOL SCHEDULE | STATEMENT | 2 |
|--------------------------|------------------------|-------------------------------|---|
| PRIOR YEAR POST 2017 NOL | NOL DEDUCTION | CARRYFORWARD OF POST 2017 NOL | |
| 0. | 33,749. | 0. | |

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2021

| | |
|---|---|
| Name ASPEN COMMUNITY FOUNDATION | Employer identification number 84-0829226 |
|---|---|

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

| Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less | | | | |
|--|----------------------------------|---------------------------------|---|--|
| See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b | | | | |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | | | | |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | -56. |
| 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 | | | 4 | |
| 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 | | | 5 | |
| 6 Unused capital loss carryover (attach computation) | | | 6 | () |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h | | | 7 | -56. |

| Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year | | | | |
|---|----------------------------------|---------------------------------|--|--|
| See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b | | | | |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | | | | |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | 239. |
| 11 Enter gain from Form 4797, line 7 or 9 | | | 11 | |
| 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 | | | 12 | |
| 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 | | | 13 | |
| 14 Capital gain distributions | | | 14 | |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h | | | 15 | 239. |

| Part III Summary of Parts I and II | | | | |
|--|--|--|----|------|
| 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) | | | 16 | |
| 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) | | | 17 | 183. |
| 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns | | | 18 | 183. |

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.
▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment
Sequence No. **12A**

Name(s) shown on return

Social security number or
taxpayer identification no.

ASPEN COMMUNITY FOUNDATION

84-0829226

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) | (e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions. | | (h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g) |
|--|--|---|---|----------------------------------|---|---|--------------------------------|--|
| | | | | | | (f) Code(s) | (g) Amount of adjustment | |
| | BREVET DIRECT LENDING - SHORT DURATION | | | | | | | -56. C |
| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶ | | | | | | | | -56. |

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

ASPEN COMMUNITY FOUNDATION

84-0829226

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) | (e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions. | | (h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g) |
|---|--|---|---|----------------------------------|---|---|--------------------------------|--|
| | | | | | | (f) Code(s) | (g) Amount of adjustment | |
| | BREVET DIRECT LENDING - SHORT DURATION | | | | | | | 239. C |
| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶ | | | | | | | | 239. |

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A Name of the organization ASPEN COMMUNITY FOUNDATION B Employer identification number 84-0829226 C Unrelated business activity code (see instructions) 522291 D Sequence: 2 of 2

E Describe the unrelated trade or business PARTNERSHIP INVESTMENT INCOME

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include 1a Gross receipts or sales, 2 Cost of goods sold, 3 Gross profit, 4a Capital gain net income, 5 Income (loss) from a partnership, 6 Rent income, 7 Unrelated debt-financed income, 8 Interest, annuities, royalties, and rents, 9 Investment income, 10 Exploited exempt activity income, 11 Advertising income, 12 Other income, 13 Total.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

Table with 3 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include 1 Compensation of officers, directors, and trustees, 2 Salaries and wages, 3 Repairs and maintenance, 4 Bad debts, 5 Interest, 6 Taxes and licenses, 7 Depreciation, 8 Less depreciation claimed, 9 Depletion, 10 Contributions to deferred compensation plans, 11 Employee benefit programs, 12 Excess exempt expenses, 13 Excess readership costs, 14 Other deductions, 15 Total deductions, 16 Unrelated business income before net operating loss deduction, 17 Deduction for net operating loss, 18 Unrelated business taxable income.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold Enter method of inventory valuation ▶

| | | |
|--|---|--|
| 1 Inventory at beginning of year | 1 | |
| 2 Purchases | 2 | |
| 3 Cost of labor | 3 | |
| 4 Additional section 263A costs (attach statement) | 4 | |
| 5 Other costs (attach statement) | 5 | |
| 6 Total. Add lines 1 through 5 | 6 | |
| 7 Inventory at end of year | 7 | |
| 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 | 8 | |
| 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

| | A | B | C | D |
|--|---|---|---|---|
| 2 Rent received or accrued | | | | |
| a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | | | | |
| b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | | | | |
| c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D | | | | |
| 3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ▶ 0. | | | | |
| 4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) | | | | |
| 5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ▶ 0. | | | | |

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

| | A | B | C | D |
|---|---|---|---|---|
| 2 Gross income from or allocable to debt-financed property | | | | |
| 3 Deductions directly connected with or allocable to debt-financed property | | | | |
| a Straight line depreciation (attach statement) | | | | |
| b Other deductions (attach statement) | | | | |
| c Total deductions (add lines 3a and 3b, columns A through D) | | | | |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) | | | | |
| 5 Average adjusted basis of or allocable to debt-financed property (attach statement) | | | | |
| 6 Divide line 4 by line 5 | % | % | % | % |
| 7 Gross income reportable. Multiply line 2 by line 6 | | | | |
| 8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ▶ 0. | | | | |
| 9 Allocable deductions. Multiply line 3c by line 6 | | | | |
| 10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ▶ 0. | | | | |
| 11 Total dividends-received deductions included in line 10 ▶ 0. | | | | |

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

| 1. Name of controlled organization | | 2. Employer identification number | Exempt Controlled Organizations | | | 6. Deductions directly connected with income in column 5 |
|------------------------------------|---|-------------------------------------|--|--|---|--|
| | | | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Nonexempt Controlled Organizations | | | | | | |
| 7. Taxable Income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 | | |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| | | | Add columns 5 and 10. Enter here and on Part I, line 8, column (A) | Add columns 6 and 11. Enter here and on Part I, line 8, column (B) | | |
| Totals | | | 0. | 0. | | |

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add cols 3 and 4) |
|--------------------------|---------------------|---|----------------------------------|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | Add amounts in column 2. Enter here and on Part I, line 9, column (A) | | Add amounts in column 5. Enter here and on Part I, line 9, column (B) |
| Totals | | 0. | | 0. |

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| | | | |
|---|--|---|--|
| 1 | Description of exploited activity: _____ | | |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) | 2 | |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | 3 | |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 | 4 | |
| 5 | Gross income from activity that is not unrelated business income | 5 | |
| 6 | Expenses attributable to income entered on line 5 | 6 | |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | 7 | |

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A B C D checkboxes

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns (A, B, C, D) for Gross advertising income. Total 0.

Table with 4 columns (A, B, C, D) for Direct advertising costs by periodical. Total 0.

Table with 4 columns (A, B, C, D) for Advertising gain (loss), Readership costs, Circulation income, Excess readership costs, and Excess readership costs allowed as a deduction. Total 0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business. Total 0.

Part XI Supplemental Information (see instructions)

Blank lines for supplemental information.

| 990-T SCH A | | POST-2017 NET OPERATING LOSS DEDUCTION | | STATEMENT | 3 |
|-----------------------------------|----------------|--|----------------|---------------------|---|
| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR | |
| 12/31/20 | 51,157. | 0. | 51,157. | 51,157. | |
| NOL CARRYOVER AVAILABLE THIS YEAR | | | 51,157. | 51,157. | |

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2021

| | |
|---|---|
| Name ASPEN COMMUNITY FOUNDATION | Employer identification number 84-0829226 |
|---|---|

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

| Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less | | | | |
|--|----------------------------------|---------------------------------|---|--|
| See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b | | | | |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | | | | |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | -56. |
| 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 | | | 4 | |
| 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 | | | 5 | |
| 6 Unused capital loss carryover (attach computation) | | | 6 | () |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h | | | 7 | -56. |

| Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year | | | | |
|---|----------------------------------|---------------------------------|--|--|
| See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b | | | | |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | | | | |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | 239. |
| 11 Enter gain from Form 4797, line 7 or 9 | | | 11 | |
| 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 | | | 12 | |
| 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 | | | 13 | |
| 14 Capital gain distributions | | | 14 | |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h | | | 15 | 239. |

| Part III Summary of Parts I and II | | | | |
|--|--|--|----|------|
| 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) | | | 16 | |
| 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) | | | 17 | 183. |
| 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns | | | 18 | 183. |

Note: If losses exceed gains, see *Capital Losses* in the instructions.

121051
12-17-21

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

ASPEN COMMUNITY FOUNDATION

84-0829226

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) | (e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions. | | (h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g) |
|---|--|---|---|----------------------------------|---|---|--------------------------------|--|
| | | | | | | (f) Code(s) | (g) Amount of adjustment | |
| | BREVET DIRECT LENDING - SHORT DURATION | | | | | | | 239. |
| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) | | | | | | | | 239. |

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.