

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

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

A For the **2020** calendar year, or tax year beginning and ending

B Check if applicable: <input 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 \$ 20,494,719.	
	City or town, state or province, country, and ZIP or foreign postal code 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
F Name and address of principal officer: TAMARA TORMOHLEN 455 GOLD RIVERS CT #515, BASALT, CO 81621		H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ ASPENCOMMUNITYFOUNDATION.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1982	M State of legal domicile: CO

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ASPEN COMMUNITY FOUNDATION BUILDS PHILANTHROPY AND SUPPORTS NONPROFIT ORGANIZATIONS BY		
	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)	20	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	20	
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	8	
	6 Total number of volunteers (estimate if necessary)	1	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0.	
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	10,579,409.	20,550,854.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	374,122.	-56,135.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	140,201.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,093,732.	20,494,719.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,087,488.	16,115,497.
	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)	1,066,689.	885,560.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 104,148.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	983,066.	679,243.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,137,243.	17,680,300.	
19 Revenue less expenses. Subtract line 18 from line 12	-1,043,511.	2,814,419.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 41,488,760.	End of Year 47,852,932.
	21 Total liabilities (Part X, line 26)	5,596,610.	5,896,015.
	22 Net assets or fund balances. Subtract line 21 from line 20	35,892,150.	41,956,917.

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
	TAMARA TORMOHLEN, EXECUTIVE DIRECTOR Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	PAUL J. BACKES, CPA		
	Firm's name ▶ MCMAHAN AND ASSOCIATES, L.L.C.	Firm's EIN ▶ 84-1509269	PTIN P00175605
	Firm's address ▶ P.O. BOX 5850 AVON, CO 81620	Phone no. (970) 845-8800	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response 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 No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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 \$ 16,442,234. including grants of \$ 15,570,672.) (Revenue \$) IN 2020, THE FOUNDATION MADE \$5,429,003 IN GRANTS WITHIN THE SERVICE AREA SPECIFICALLY TO RELIEVE THE EFFECTS OF COVID 19. ASPEN COMMUNITY FOUNDATION ALSO CONTINUED TO PROVIDE 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 \$ 898,971. including grants of \$ 544,825.) (Revenue \$) IN 2020 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 17,341,205.

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>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	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>		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>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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>	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>		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>		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>		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>	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>	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>	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>		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>		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>	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>		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>	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>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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>		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>		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>		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>		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>		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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>	X	

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, 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
7b	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:		
8a	The governing body?	X	
8b	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
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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?		

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAM ALEXANDER BOARD MEMBER	2.00	X						0.	0.	0.
(2) ROBERT BLATTBERG BOARD MEMBER	2.00	X						0.	0.	0.
(3) KILLEEN BRETTMANN BOARD MEMBER	2.00	X						0.	0.	0.
(4) REMONA BRULAND BOARD MEMBER	2.00	X						0.	0.	0.
(5) CONNIE CALAWAY BOARD MEMBER	2.00	X						0.	0.	0.
(6) SUSAN CROWN BOARD MEMBER	2.00	X						0.	0.	0.
(7) TONY DILUCIA BOARD MEMBER	2.00	X						0.	0.	0.
(8) BARBARA GOLD BOARD MEMBER	2.00	X						0.	0.	0.
(9) ALLEN GROSSMANN BOARD CHAIR	2.00			X				0.	0.	0.
(10) JEANIE HUMBLE BOARD MEMBER	2.00	X						0.	0.	0.
(11) RICHARD JELINEK BOARD MEMBER	2.00	X						0.	0.	0.
(12) MIKE KAPLAN TREASURER	2.00			X				0.	0.	0.
(13) ADAM LEWIS BOARD MEMBER	2.00	X						0.	0.	0.
(14) JAKE MASCOTTE BOARD MEMBER	2.00	X						0.	0.	0.
(15) MARIA MORROW BOARD MEMBER	2.00	X						0.	0.	0.
(16) MIKE MURRAY BOARD MEMBER	2.00	X						0.	0.	0.
(17) MARCIE MUSSER 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ROB PEW BOARD MEMBER	2.00	X						0.	0.	0.
(19) SUSANA SALAMUN BOARD MEMBER	2.00	X						0.	0.	0.
(20) CARRIE WELLS SECRETARY	2.00			X				0.	0.	0.
(21) TAMARA TORMOHLEN EXECUTIVE DIRECTOR	40.00				X			169,400.	0.	0.
(22) GRETCHEN BROGDEN PHILANTHROPY DIRECTOR	40.00					X		105,668.	0.	0.
(23) VALERIE CARLIN OPERATIONS AND RESOURCES DIRECTOR	40.00				X			105,019.	0.	0.
(24) HILDE HOTTENDORF FINANCE DIRECTOR	40.00				X			105,000.	0.	0.
1b Subtotal								485,087.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								485,087.	0.	0.

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 **4**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	20,550,854.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 5,079,599.				
	h Total. Add lines 1a-1f			20,550,854.			
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)		-56,135.	-56,135.			
	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			20,494,719.	-56,135.	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	15,665,909.	15,665,909.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	449,588.	449,588.		
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	885,560.	694,951.	120,944.	69,665.
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	3,112.	1,038.	1,037.	1,037.
b Legal	15,987.	11,135.	3,078.	1,774.
c Accounting	30,133.	18,838.	7,210.	4,085.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	183,573.	128,501.	55,072.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	11,050.	9,517.	840.	693.
12 Advertising and promotion	19,354.	15,612.	2,374.	1,368.
13 Office expenses	34,327.	25,304.	5,752.	3,271.
14 Information technology	49,311.	35,665.	8,659.	4,987.
15 Royalties				
16 Occupancy	23,460.	15,518.	5,039.	2,903.
17 Travel	969.	641.	208.	120.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,412.	8,412.		
20 Interest	30,386.	20,100.	6,527.	3,759.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	51,169.	33,847.	10,991.	6,331.
23 Insurance	6,900.	4,564.	1,482.	854.
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 CENSUS, GLENX	184,409.	184,409.		
b REPAIRS, MAINTENANCE AN	10,323.	6,829.	2,217.	1,277.
c ANNUAL REPORT	9,121.	6,033.	1,960.	1,128.
d UTILITIES	7,247.	4,794.	1,557.	896.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	17,680,300.	17,341,205.	234,947.	104,148.
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 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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,246,948.	1	4,346,550.
	2 Savings and temporary cash investments	191,327.	2	50,970.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	48,685.	4	102,879.
	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	14,311.	9	5,655.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,587,451.		
	b Less: accumulated depreciation	10b 326,970.	10c	1,260,481.
	11 Investments - publicly traded securities	19,892,336.	11	21,736,660.
	12 Investments - other securities. See Part IV, line 11	16,801,598.	12	20,349,737.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	41,488,760.	16	47,852,932.	
Liabilities	17 Accounts payable and accrued expenses	129,224.	17	114,581.
	18 Grants payable	1,425,478.	18	1,405,700.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	753,675.	23	703,378.
	24 Unsecured notes and loans payable to unrelated third parties		24	208,800.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,288,233.	25	3,463,556.
	26 Total liabilities. Add lines 17 through 25	5,596,610.	26	5,896,015.
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	35,803,873.	27	41,867,902.
	28 Net assets with donor restrictions	88,277.	28	89,015.
	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	35,892,150.	32	41,956,917.	
33 Total liabilities and net assets/fund balances	41,488,760.	33	47,852,932.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,494,719.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,680,300.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,814,419.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	35,892,150.
5	Net unrealized gains (losses) on investments	5	3,425,669.
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	-175,321.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	41,956,917.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

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

2020

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 or 990-EZ).)
- 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 in 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		
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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,946,595.	9,193,745.	7,359,139.	10,713,609.	20,550,855.	55,763,943.
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	7,946,595.	9,193,745.	7,359,139.	10,713,609.	20,550,855.	55,763,943.
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)						18,555,794.
6 Public support. Subtract line 5 from line 4.						37,208,149.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	7,946,595.	9,193,745.	7,359,139.	10,713,609.	20,550,855.	55,763,943.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	98,744.	160,059.	283,685.	374,122.	-56,134.	860,476.
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.)	44,035.	36,461.	52,371.	30,987.		163,854.
11 Total support. Add lines 7 through 10						56,788,458.
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 2020 (line 6, column (f), divided by line 11, column (f))	14	65.52 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	83.50 %
16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. 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 - 2019. 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"/>

Schedule A (Form 990 or 990-EZ) 2020

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

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part 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

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. 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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 in 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 in 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 in lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described in line 11a above?		
c	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		

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.		

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).		

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 in 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.		

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.			
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 in 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.		

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).		

Schedule A (Form 990 or 990-EZ) 2020

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 2020 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-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Schedule A (Form 990 or 990-EZ) 2020

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

ASPEN COMMUNITY FOUNDATION

Employer identification number

84-0829226

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization ASPEN COMMUNITY FOUNDATION	Employer identification number 84-0829226
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>452,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>510,401.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>900,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>1,431,561.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>1,731,853.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ASPEN COMMUNITY FOUNDATION	Employer identification number 84-0829226
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>745,496.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ <u>824,520.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ <u>416,779.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ <u>499,510.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ <u>925,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ <u>637,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ASPEN COMMUNITY FOUNDATION	Employer identification number 84-0829226
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u>	<div style="background-color: #e0e0e0; height: 100px; width: 100%;"></div>	\$ <u>515,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>14</u>	<div style="background-color: #e0e0e0; height: 100px; width: 100%;"></div>	\$ <u>620,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>15</u>	<div style="background-color: #e0e0e0; height: 100px; width: 100%;"></div>	\$ <u>2,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div style="background-color: #e0e0e0; height: 100px; width: 100%;"></div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div style="background-color: #e0e0e0; height: 100px; width: 100%;"></div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div style="background-color: #e0e0e0; height: 100px; width: 100%;"></div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ASPEN COMMUNITY FOUNDATION	Employer identification number 84-0829226
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	PUBLICLY TRADED STOCK	\$ 510,401.	07/28/20
5	PUBLICLY TRADED STOCK	\$ 1,381,561.	12/16/20
6	PUBLICLY TRADED STOCK	\$ 1,731,853.	12/04/20
7	PUBLICLY TRADED STOCK	\$ 745,496.	12/03/02
9	PUBLICLY TRADED STOCK	\$ 412,779.	05/08/20
10	PUBLICLY TRADED STOCK	\$ 497,510.	

Name of organization ASPEN COMMUNITY FOUNDATION	Employer identification number 84-0829226
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

2020

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	125	59
2 Aggregate value of contributions to (during year)	13,357,936.	7,192,919.
3 Aggregate value of grants from (during year)	9,160,150.	6,995,347.
4 Aggregate value at end of year	17,230,822.	24,726,095.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
- a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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

Schedule D (Form 990) 2020

032051 12-01-20

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	88,277.	75,704.	81,777.	71,394.	69,128.
b Contributions					
c Net investment earnings, gains, and losses	5,017.	12,573.	-5,257.	11,123.	2,948.
d Grants or scholarships					
e Other expenditures for facilities and programs	4,279.		-816.	-740.	-682.
f Administrative expenses					
g End of year balance	89,015.	88,277.	75,704.	81,777.	71,394.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment %
 - c 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?
- 3b
- 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.	133,333.	1,166,667.
c Leasehold improvements		20,384.	3,586.	16,798.
d Equipment		267,067.	190,051.	77,016.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 1,260,481.

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	5,174,622.	COST
(B) HEDGED EQUITY	6,566,911.	COST
(C) FIXED INCOME	4,500,000.	COST
(D) PRIVATE EQUITY	4,108,204.	COST
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	20,349,737.	

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	3,463,556.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	3,463,556.

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	23,429,104.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	3,425,669.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	17,191.	
e	Add lines 2a through 2d	2e		3,442,860.
3	Subtract line 2e from line 1	3		19,986,244.
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	184,395.	
b	Other (Describe in Part XIII.)	4b	324,080.	
c	Add lines 4a and 4b	4c		508,475.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		20,494,719.

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	17,364,337.
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		17,364,337.
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	184,395.	
b	Other (Describe in Part XIII.)	4b	131,568.	
c	Add lines 4a and 4b	4c		315,963.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		17,680,300.

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 17,191.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE
 AGENCY INCOME 324,080.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE

PART XII, LINE 4B - OTHER ADJUSTMENTS:

Part XIII Supplemental Information (continued)

AGENCY GRANTS 131,568.

INTERNAL AGENCY TRANSFERS

[Empty table grid with multiple rows for supplemental information]

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

2020

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
10TH MOUNTAIN DIVISION HUT ASSOCIATION - 1280 UTE AVENUE, SUITE 21 - ASPEN, CO 81611	74-2252484	501(C)(3)	10,000.	0.			UNRESTRICTED
81615 INC. P.O. BOX 6807 SNOWMASS VILLAGE, CO 81615	27-4003457	S CORP	8,500.	0.			COVID19 BUSINESS GRANT
A LITTLE HELP 2755 SOUTH LOCUST STREET, SUITE 220 DENVER, CO 80222	83-0494129	501(3)	14,500.	0.			ASSIST FAMILY AND SENIORS AFFECTED BY COVID19
A WAY OUT P.O. BOX 10825 ASPEN, CO 81612	46-1809899	501(C)(3)	44,950.	0.			FAMILY SERVICES - GENERAL SUPPORT
ACCESS AFTERSCHOOL P.O. BOX 819 CARBONDALE, CO 81623	20-0369318	501(C)(3)	18,500.	0.			YOUTH - GENERAL SUPPORT
ACTION IN AFRICA P.O. BOX 3853 ASPEN, CO 81612	27-3538518	501(C)(3)	6,000.	0.			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) 2020

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADVOCATE SAFEHOUSE PROJECT P.O. BOX 2036 GLENWOOD SPRINGS, CO 81602	84-1047611	501(C)(3)	19,000.	0.			FAMILY SERCIES - GENERAL SUPPORT
ALLIANCE FOR SUSTAINABLE COLORADO 1536 WYNKOOP STREET, SUITE 100 DENVER, CO 80202	42-1622670	501(C)(3)	50,000.	0.			UNRESTRICTED
ALPINE LEGAL SERVICES P.O. BOX 1890 GLENWOOD SPRINGS, CO 81602	84-1061991	501(C)(3)	160,499.	0.			COVID19 RELATED LEGAL AID AND GENERAL SUPPORT
AMANDA TANAKA APPAREL DBA RO + PERN BABY AND KIDS - 205 SOUTH MILL STREET, #221A - ASPEN, CO 81611	82-1201566	LLC	11,500.	0.			COVID19 RELATED BUSINESS GRANT
AMERICAN BRAIN FOUNDATION 201 CHICAGO AVENUE MINNEAPOLIS, MN 55415	41-1717098	501(C)(3)	50,000.	0.			HEALTH & WELLNESS
AMERICAN FRIENDS OF SENTEBALE FOUNDATION - 1675 BROADWAY, 20TH FLOOR - NEW YORK, NY 10019	26-4577639	501(C)(3)	97,500.	0.			GENERAL SUPPORT
AMERICAN FRIENDS OF SHEBA MEDICAL CENTER TEL HASHOMER - 575 MADISON AVENUE, SUITE 711 - NEW YORK, NY 10022	13-3733541	501(C)(3)	5,000.	0.			SUPPORT THE WIESEL HOSPICE&CHILDREN'S
AMERICAN INDIAN COLLEGE FUND 8333 GREENWOOD BOULEVARD DENVER, CO 80221	52-1573446	501(C)(3)	10,000.	0.			EDUCATION
ANDERSON RANCH ARTS CENTER P.O. BOX 5598 SNOWMASS VILLAGE, CO 81615	23-7267983	501(C)(3)	88,978.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASCENDIGO AUTISM SERVICES 818 INDUSTRY PLACE CARBONDALE, CO 81623	20-0940000	501(C)(3)	9,500.	0.			FAMILY SERVICES
ASPEN ART MUSEUM 637 EAST HYMAN AVENUE ASPEN, CO 81611	84-0746671	501(C)(3)	109,672.	0.			GENERAL SUPPORT
ASPEN CENTER FOR ENVIRONMENTAL STUDIES - 100 PUPPY SMITH STREET - ASPEN, CO 81611	23-7042291	501(C)(3)	149,100.	0.			GENERAL SUPPORT
ASPEN CHAPEL 77 MEADOWOOD DRIVE ASPEN, CO 81611	84-6059740	501(C)(3)	76,200.	0.			GENERAL SUPPORT
ASPEN COUNTRY DAY SCHOOL 85 COUNTRY DAY WAY ASPEN, CO 81611	23-7033239	501(C)(3)	16,000.	0.			EDUCATION - GENERAL SUPPORT
ASPEN EDUCATION FOUNDATION P.O. BOX 2200 ASPEN, CO 81612	84-1181681	501(C)(3)	152,227.	0.			EDUCATION - GENERAL SUPPORT
ASPEN FAMILY CONNECTIONS 235 HIGH SCHOOL ROAD ASPEN, CO 81611	84-6002890	501(C)(3)	310,232.	0.			FAMILY SERVICES - COVID19 RESPONSE
ASPEN FILM 110 EAST HALLAM STREET, STE.103 ASPEN, CO 81611	74-2483139	501(C)(3)	20,250.	0.			GENERAL SUPPORT
ASPEN GLOBAL CHANGE INSTITUTE 104 MIDLAND AVENUE, SUITE 205 BASALT, CO 81621	84-1305687	501(C)(3)	5,500.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASPEN HISTORICAL SOCIETY 620 WEST BLEEKER STREET ASPEN, CO 81611	84-6037756	501(C)(3)	68,975.	0.			GENERAL SUPPORT
ASPEN HOMELESS SHELTER 0405 CASTLE CREEK ROAD, STE.16 ASPEN, CO 81611	30-0566563	501(C)(3)	83,549.	0.			GENERAL SUPPORT
ASPEN HOPE CENTER P.O. BOX 1115 BASALT, CO 81621	27-3703825	501(C)(3)	139,500.	0.			GENERAL SUPPORT
ASPEN JEWISH CONGREGATION 77 MEADOWOOD DRIVE ASPEN, CO 81611	84-0723135	501(C)(3)	8,450.	0.			GENERAL SUPPORT
ASPEN JOURNALISM 1280 SOUTH UTE AVENUE, STE.4 ASPEN, CO 81611	35-2400162	501(C)(3)	6,000.	0.			GENERAL SUPPORT
ASPEN MUSIC FESTIVAL AND SCHOOL 225 MUSIC SCHOOL ROAD ASPEN, CO 81611	84-0445087	501(C)(3)	150,000.	0.			GENERAL SUPPORT
ASPEN PUBLIC RADIO 110 EAST HALLAM STREET, STE. 134 ASPEN, CO 81611	84-0884901	501(C)(3)	35,580.	0.			GENERAL SUPPORT
ASPEN SANTA FE BALLET 0245 SAGE WAY ASPEN, CO 81611	84-1150857	501(C)(3)	290,731.	0.			GENERAL SUPPORT
ASPEN SHAKTI SHALA 535 EAST HYMAN AVENUE ASPEN, CO 81611	564-59-3943	LLC	16,000.	0.			COVID19 BUSINESS GRANT

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASPEN SNOWMASS NORDIC COUNCIL P.O. BOX 10815 ASPEN, CO 81612	84-0957449	501(C)(3)	5,000.	0.			GENERAL SUPPORT
ASPEN STRONG P.O. 8648 ASPEN, CO 81612	81-3353572	501(C)(3)	25,000.	0.			GENERAL SUPPORT
ASPEN VALLEY HOSPITAL 0401 CASTLE CREEK ROAD ASPEN, CO 81611	84-0720309	501(C)(3)	154,738.	0.			GENERAL COVID19 RELATED SUPPORT
ASPEN VALLEY LAND TRUST 320 MAIN STREET, SUITE 204 CARBONDALE, CO 81623	84-0574754	501(C)(3)	27,500.	0.			GENERAL SUPPORT
ASPEN VALLEY SKI & SNOWBOARD CLUB 300 AVSC DRIVE ASPEN, CO 81611	84-6042225	501(C)(3)	233,215.	0.			GENERAL SUPPORT
ASPEN WIENERSTUBE 351 MARKET STREET BASALT, CO 81621	82-3206339	S CORP	33,000.	0.			COVID19 BUSINESS GRANT
ASPEN WORDS 110 EAST HALLAM STREET, STE. 116 ASPEN, CO 81611	84-0399006	501(C)(3)	17,500.	0.			GENEWRAL SUPPORT
ASPEN YOUTH CENTER P.O. BOX 8266 ASPEN, CO 81612	74-2554280	501(C)(3)	92,699.	0.			YOUTH - GENERAL SUPPORT
BANDANA KIDS 107 SOUTH MILL STREET ASPEN, CO 81611	76-0745113	C CORP	25,000.	0.			COVID19 BUSINESS GRANT

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BANDERAS BAY CHARITIES 505 NORTH TOMAHAWK ISLAND DRIVE PORTLAND, OR 97217	47-4752247	501(C)(3)	5,000.	0.			GENERAL SUPPORT
BERKSHIRE SCHOOL 245 NORTH UNDERMOUNTAIN ROAD SHEFFIELD, MA 01257	04-2121313	501(C)(3)	5,000.	0.			GENERAL SUPPORT
BIG GREEN 1637 PEARL STREET, SUITE 201 BOULDER, CO 80302	27-5083595	501(C)(3)	50,000.	0.			GENERAL SUPPORT
BIONEERS 215 LINCOLN AVENUE, SUITE 202 SANTA FE, NM 87501	85-0432731	501(C)(3)	5,000.	0.			GENERAL SUPPORT
BIOPHILIA FOUNDATION 1201 PARSON ISLAND ROAD CHESTER, MD 21619	52-2199334	501(C)(3)	35,000.	0.			GENERAL SUPPORT
BLUE LAKE PRESCHOOL 0189 JW DRIVE, UNIT C CARBONDALE, CO 81623	84-1544750	501(C)(3)	11,000.	0.			EARLY CHILDHOOD ASSISTANCE
BOYS AND GIRLS CLUB OF THE PENINSULA - 401 PIERCE ROAD - MENLO PARK, CA 94025	94-1552134	501(C)(3)	5,000.	0.			GENERAL SUPPORT
BRIDGING BIONICS FOUNDATION P.O. BOX 3766 BASALT, CO 81621	46-2182977	501(C)(3)	32,400.	0.			GENERAL SUPPORT
CAPE BERNARD 101 EMMA ROAD, #52 BASALT, CO 81621	61-1888506	LLC	8,000.	0.			COVID 19 BUSINESS GRANT

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALLIE'S BACKYARD FOUNDATION 191 UNIVERSITY BOULEVARD, #828 DENVER, CO 80206	45-2859472	501(C)(3)	5,500.	0.			GENERAL SUPPORT
CAMPUS ELECTION ENGAGEMENT PROJECT 615 NORTH PEARL STREET GRANVILLE, OH 43023	85-0634102	501(C)(3)	51,000.	0.			SUPPORT CAMPUS ELECTION ENGAGEMENT PROJECT
CAPITOL CREEK BREWERY 371 MARKET STREET BASALT, CO 81621	81-1155466	S CORP	8,000.	0.			COVID19 BUSINESS GRANT
CARBONDALE ARTS P.O. BOX 175 CARBONDALE, CO 81623	84-0729842	501(C)(3)	26,000.	0.			GENERAL SUPPORT
CARBONDALE COMMUNITY SCHOOL P.O. BOX 365 CARBONDALE, CO 81623	84-0613297	501(C)(3)	7,000.	0.			GENERAL SUPPORT
CASA OF THE NINTH P.O. BOX 3004 GLENWOOD SPRINGS, CO 81602	45-2663126	501(C)(3)	5,000.	0.			COVID19 BUSINESS SUPPORT
CATHOLIC CHARITIES, WESTERN SLOPE 1004 GRAND AVENUE GLENWOOD SPRINGS, CO 81601	84-0686679	501(C)(3)	334,000.	0.			SUPPORT OF ECONOMIC ASSISTANCE
CEDAR MESA ANIMAL CLINIC MILL CREEK ANIMAL HOSPITAL - 125 EAST 300 SOUTH - MOAB, UT 84532	83-1965599	501(C)(3)	45,000.	0.			GENERAL SUPPORT
CELEBRATE THE BEAT NATIONAL DANCE INSTITUTE - 3087 TEJON STREET, UNIT A - DENVER, CO 80211	20-0670553	501(C)(3)	5,500.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR PREVENTION AND TREATMENT OF DISEASE THROUGH NUTRITION - 3988 CRYSTAL BRIDGE DRIVE - CARBONDALE, CO 81623	47-1805672	501(C)(3)	15,000.	0.			GENERAL SUPPORT
CENTER FOR REPRODUCTIVE RIGHTS 199 WATER STREET NEW YORK, NY 10038	13-3669731	501(C)(3)	5,000.	0.			GENERAL SUPPORT
CHABAD JEWISH COMMUNITY CENTER 435 WEST MAIN STREET ASPEN, CO 81611	22-3787221	501(C)(3)	5,000.	0.			GENERAL SUPPORT
CHALLENGE ASPEN P.O. BOX 6639 SNOWMASS VILLAGE, CO 81615	84-1315910	501(C)(3)	17,500.	0.			GENERAL SUPPORT
CHAPMAN UNIVERSITY ONE UNIVERSITY DRIVE ORANGE, CA 92866	95-1643992	501(C)(3)	151,617.	0.			GENERAL SUPPORT
CHEETAH CONSERVATION FUND P.O. BOX 2496 ALEXANDRIA, VA 22314	31-1726923	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CHILDREN'S HOSPITAL COLORADO FOUNDATION - 13123 EAST 16TH AVENUE, B)45 - AURORA, CO 80045	84-0813462	501(C)(3)	101,000.	0.			GENERAL SUPPORT
CHRIS KLUG FOUNDATION P.O. BOX 64 ASPEN, CO 81612	84-1628444	501(C)(3)	7,000.	0.			GENERAL SUPPORT
COLORADO ANIMAL RESCUE COLORADO MOUNTAIN COLLEGE - 802 GRAND AVENUE - GLENWOOD SPRINGS, CO 81601	84-1208087	501(C)(3)	11,724.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO ROCKY MOUNTAIN SCHOOL 500 HOLDEN WAY CARBONDALE, CO 81623	84-0425174	501(C)(3)	12,000.	0.			GENERAL SUPPORT
COLORADO STATE UNIVERSITY FOUNDATION - P.O. BOX 1870 - PORT COLLINS, CO 805221870	23-7098397	501(C)(3)	252,119.	0.			GENERAL SUPPORT
CONGREGATION BETH AM 26790 ARASTRADERO ROAD LOS ALTOS HILLS, CA 94022	94-1450202	501(C)(3)	20,000.	0.			GENERAL SUPPORT
CONSERVATION FUND 1942 BROADWAY, SUITE 323 BOULDER, CO 80302	52-1388917	501(C)(3)	5,000.	0.			GENERAL SUPPORT
CONSERVATION INTERNATIONAL 2011 CRYSTAL DRIVE, SUITE 500 ARLINGTON, VA 22202	52-1497470	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CROSSROADS CHURCH OF ASPEN 726 WEST FRANCIS STREET ASPEN, CO 81611	84-0724383	501(C)(3)	5,000.	0.			GENERAL SUPPORT
DEMOCRACY NOW 207 WEST 25TH STREET, 11TH FLOOR NEW YORK, NY 10001	01-0708733	501(C)(3)	10,000.	0.			GENERAL SUPPORT
DENVER KIDS 1617 SOUTH ACOMA STREET, 2ND FLOOR DENVER, CO 80223	84-1244211	501(C)(3)	12,000.	0.			EDUCATION SUPPORT
DESTINATION: HOME 3180 NEWBERRY DRIVE, SUITE 200 SAN JOSE, CA 95118	82-3353174	501(C)(3)	15,000.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIA ART FOUNDATION 535 WEST 22ND STREET, 4TH FLOOR NEW YORK, NY 10010	23-7397946	501(C)(3)	100,000.	0.			GENERAL SUPPORT
DOMESTIC AND FOREIGN MISSIONARY SOCIETY OF THE PROTESTANT EPISCOPAL CHURCH - 815 SECOND AVENUE - NEW YORK, NY 10017	13-5562208	501(C)(3)	5,000.	0.			GENERAL SUPPORT
DREPUNG LOSELING MONASTERY P.O. BOX 191931 ATLANTA, GA 31119	58-1953690	501(C)(3)	35,000.	0.			GENERAL SUPPORT
EARLY CHILDHOOD NETWORK 1317 GRAND AVENUE, SUITE 125 GLENWOOD SPRINGS, CO 81601	27-1447905	501(C)(3)	67,500.	0.			EARLY CHILDHOOD - GENERAL SUPPORT
ECOFLIGHT 307 AABC, SUITE L ASPEN, CO 81611	80-0012615	501(C)(3)	5,000.	0.			GENERAL SUPPORT
EMPOWERS AFRICA 2 BEEKMAN PLACE, SUITE 18B NEW YORK, NY 10022	32-0403737	501(C)(3)	5,000.	0.			GENERAL SUPPORT
ENGLISH IN ACTION P.O. BOX 4856 BASALT, CO 81621	26-1254643	501(C)(3)	71,000.	0.			GENERAL SUPPORT
EQUAL JUSTICE INITIATIVE 122 COMMERCE STREET MONTGOMERY, AL 36104	63-1135091	501(C)(3)	50,500.	0.			SUPPORT EQUAL JUSTICE INITIATIVE
EQUALITY NOW 125 MAIDEN LANE, 9TH FLOOR, STE. B NEW YORK, NY 10038	13-3660566	501(C)(3)	50,000.	0.			SUPPORT CIVIC ENHANCEMENT

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY INDEPENDENCE CENTER 663 13TH STREET, #200 OAKLAND, CA 94612	02-0784790	501(C)(3)	10,000.	0.			COVID19 RESPONSE SUPPORT
FAMILY RESOURCE CENTER OF THE ROARING FORK SCHOOLS - 400 SOPRIS AVENUE - CARBONDALE, CO 81623	84-6012220	501(C)(3)	336,750.	0.			ECONOMIC ASSISTANCE SUPPORT
FAMILY VISITOR PROGRAMS P.O. BOX 1845 GLENWOOD SPRINGS, CO 81602	84-1001484	501(C)(3)	57,699.	0.			GENERAL SUPPORT
FARMS WORK WONDERS P.O. BOX 517 WARDENSVILLE, WV 26851	81-1634113	501(C)(3)	900,000.	0.			GENERAL SUPPORT
FISHER ISLAND DAY SCHOOL 2 FISHER ISLAND DRIVE MIAMI BEACH, FL 33109	06-1650070	501(C)(3)	50,000.	0.			EDUCATION GENERAL SUPPORT
FLEX FITNESS GROUP DBA HIGHER TERRAIN ASPEN - 42 MINING STOCK PARKWAY, UNIT 107 - ASPEN, CO 81611	83-1878208	LLC-S	11,000.	0.			COVID19 BUSINESS GRANT
FOCUSEDKIDS 140 RIVER OAKS LANE BASALT, CO 81621	81-4090184	501(C)(3)	328,065.	0.			ECONOMIC ASSISTANCE SUPPORT
FOOD BANK OF THE ROCKIES P.O. BOX 416 PALISADE, CO 81526	84-0772672	501(C)(3)	358,778.	0.			GENERAL SUPPORT
FORDHAM UNIVERSITY 45 COLUMBUS AVENUE, 8TH FLOOR NEW YORK, NY 10023	13-1740451	501(C)(3)	100,000.	0.			EDUCATION 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOREST CONSERVANCY 1012 BROOKIE DRIVE CARBONDALE, CO 81623	84-1583104	501(C)(3)	36,250.	0.			GENERAL SUPPORT
FOUNTAIN HOUSE 425 WEST 47TH STREET NEW YORK, NY 10036	13-1624009	501(C)(3)	15,000.	0.			GENERAL SUPPORT
FREE RANGE KITCHEN 283 SUNFLOWER LOOP CARBONDALE, CO 81623	81-4125376	LLC-S	8,000.	0.			COVID19 BUSINESS SUPPORT
FRESH LIFELINES FOR YOUTH 568 VALLEY WAY, BUILDING 4 MILPITAS, CA 95035	52-2234595	501(C)(3)	5,000.	0.			GENERAL SUPPORT
FRIDAY HARBOR FOOD BANK P.O. BOX 1642 FRIDAY HARBOR, WA 98250	91-1197629	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FRIENDS OF THE ASPEN ANIMAL SHELTER - 101 ANIMAL SHELTER ROAD - ASPEN, CO 81611	84-1564816	501(C)(3)	11,850.	0.			GENERAL SUPPORT
FULL CIRCLE ASPEN 117 SOUTH SPRING STREET, STE.101 ASPEN, CO 81611	46-4943844	LLC	11,000.	0.			COVID19 BUSINESS GRANT
GARFIELD COUNTY ANIMAL WELFARE FOUNDATION - P.O. BOX 1375 - RIFLE, CO 81650	84-1500637	501(C)(3)	55,000.	0.			GENERAL SUPPORT
GARFIELD COUNTY HUMAN SERVICES 195 WEST 14TH STREET RIFLE, CO 81650	84-0594277	501(C)(3)	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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GARFIELD COUNTY SCHOOL DISTRICT 16 P.O. BOX 68 PARACHUTE, CO 81635	84-6001236	501(C)(3)	249,500.	0.			SUPPORT THE FAMILY RESOURCE CENTER, COALITION FOR FAMILIES, COVID19 SUPPORT
GARFIELD COUNTY SCHOOL DISTRICT 16 P.O. BOX 68 PARACHUTE, CO 81635	84-6001236	501(C)(3)	10,000.	0.			SUPPORT THE POSTHIGHSCHOOL SUCCESS PROGRAM
GIDEON HAUNSER JEWISH DAY SCHOOL 450 SAN ANTONIO ROAD PALO ALTO, CA 94306	77-0245931	501(C)(3)	10,000.	0.			SUPPORT THE PHILANTHROPY FUND
GLEZ BROTHERS DBA CC CAFE 104 MIDLAND AVENUE, #101 BASALT, CO 81621	83-0936871	S CORP	29,000.	0.			COVID19 BUSINESS GRANTS
GLOBAL LIVINGSTON INSTITUTE 3001 BRIGHTON BOULEVARD, STE.2662 DENVER, CO 80216	45-4683531	501(C)(3)	11,111.	0.			GENERAL SUPPORT
GLOBAL WARMING MITIGATION PROJECT P.O. BOX 7774 ASPEN, CO 81612	82-3056808	5013	50,000.	0.			KEBLING CIURVE PRIZE PROJECT SUPPORT
GRAND RIVER HOSPITAL DISTRICT MEMORIAL TRUST - 501 AIRPORT ROAD - RIFLE, CO 81650	84-0736594	501(C)(3)	15,000.	0.			COVID19 SUPPORT
GRAND RIVER MEALS ON WHEELS P.O. BOX 912 RIFLE, CO 81650	84-0513889	501(C)(3)	40,000.	0.			COVID19 SUPPORT
GRASSROOTS ASIA P.O. BOX 560 SOMERSET, CO 81434	02-0700384	501(C)(3)	15,000.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GROWING YEARS SCHOOL 151 SCHOOL STREET BASALT, CO 81621	84-1477810	501(C)(3)	10,000.	0.			GENERAL SUPPORT
GROWING YEARS SCHOOL 151 SCHOOL STREET BASALT, CO 81621	84-1477810	501(C)(3)	18,500.	0.			GENERAL SUPPORT
GRUB THAI 518 WEST MAIN STREET, APT. B204 ASPEN, CO 81611	83-2448249	S CORP	25,000.	0.			COVID19 BUSINESS GRANT
HAMMER MUSEUM OF ART AND CULTURAL CENTER AT UCLA - 10899 WILSHIRE BOULEVARD - LOS ANGELES, CA 90024	95-4217197	501(C)(3)	633,700.	0.			GENERAL SUPPORT
HARVARD BUSINESS SCHOOL SOLDIERS FIELD BOSTON, MA 02163	04-2103580	501(C)(3)	5,887.	0.			SUPPORT THE LEADING CHANGE PROGRAM
HARVEST FOR HUNGER P.O. BOX 5953 SNOWMASS VILLAGE, CO 81615	85-2031161	501(C)(3)	11,000.	0.			COVID19 SUPPORT
HEALTHY ALL TOGETHER 1450 EAST VALLEY ROAD BASALT, CO 81623	83-2502790	501(C)(3)	28,500.	0.			GENERAL SUPPORT
HEATHER'S SAVORY PIES AND TAPAS BAR - P.O. BOX 4852 - BASALT, CO 81621	35-2444910	LLC-P	8,000.	0.			COVID19 BUSINESS GRANT
HEIRLOOMS P.O. BOX 2135 BASALT, CO 81621	20-5017065	LLC-S	25,000.	0.			COVID19 BUSINESS GRANT

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 1901 GRAND AVENUE, SUITE 206 GLENWOOD SPRINGS, CO 81601	26-3651313	501(C)(3)	9,850.	0.			GENERAL SUPPORT
HOSPICE OF SAN JUAN P.O. BOX 1271 FRIDAY HARBOR, WA 98250	94-3187972	501(C)(3)	5,000.	0.			GENERAL SUPPORT
HOTCHKISS SCHOOL 11 INTERLAKEN ROAD LAKEVILLE, CT 06039	06-0647018	501(C)(3)	150,000.	0.			SUPPORT THE LEARNING CENTER
IDEO.ORG 444 SPEAR STREET, SUITE 213 SAN FRANCISCO, CA 94105	27-3755556	501(C)(3)	150,000.	0.			SUPPORT CIVIC ENHANCEMENT
INCLINE MANAGEMENT 555 EAST DURANT AVENUE ASPEN, CO 81611	71-0981306	LLC-P	25,000.	0.			COVID19 BUSINESS GRANT
INDEPENDENCE PASS FOUNDATION P.O. BOX 1700 ASPEN, CO 81612	84-1133782	501(C)(3)	15,706.	0.			GENERAL SUPPORT
INSTITUTE OF CURRENT WORLD AFFAIRS 1818 N STREET NW, SUITE 460 WASHINGTON, DC 20036	13-1621044	501(C)(3)	15,000.	0.			GENERAL SUPPORT
ISLAND PRESS 2000 M STREET NORTHWEST, STE.650 WASHINGTON, DC 20036	94-2578166	501(C)(3)	5,000.	0.			GENERAL SUPPORT
JAZZ ASPEN SNOWMASS 110 EAST HALLAM STREET, STE. 104 ASPEN, CO 81611	84-1220222	501(C)(3)	56,900.	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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JEAN-ROBERT'S GYM 720 EAST HYMAN AVENUE, STE. 303 ASPEN, CO 81611	84-1159311	S-CORP	25,000.	0.			COVID19 BUSINESS SUPPORT
JEWISH FAMILY AND CHILDREN'S SERVICES - P.O. BOX 159004 - SAN FRANCISCO, CA 94115	94-1156528	501(C)(3)	25,000.	0.			GENERAL SUPPORT
JEWISH FAMILY AND CHILDREN'S SERVICES OF GREATER PHILADELPHIA - 2100 ARCH STREET, 5TH FLOOR - PHILADELPHIA, PA 19013	23-1352026	501(C)(3)	5,000.	0.			GENERAL SUPPORT
JEWISH HOME AND SENIOR LIVING FOUNDATION - 302 SILVER AVENUE - SAN FRANCISCO, CA 94112	02-0724278	501(C)(3)	10,000.	0.			GENERAL SUPPORT
JEWISHCOLORADO 300 SOUTH DAHLIA STREET, STE. 300 DENVER, CO 80246	01-0831698	501(C)(3)	21,000.	0.			GENERAL SUPPORT
JOONAS GROUP P.O. BOX 8616 ASPEN, CO 81612	83-4609144	LLC-P	16,000.	0.			COVID19 BUSINESS GRANT
JUDAISM YOUR WAY 950 SOUTH CHERRY STREET, STE. 310 DENVER, CO 80246	46-0517841	5013	5,000.	0.			GENERAL SUPPORT
KALIS ASPEN 525 EAST COOPER AVENUE ASPEN, CO 81611	47-5589705	LLC	25,000.	0.			COVID 19 BUSINESS GRANT
KINO BORDER INITIATIVE P.O. BOX 159 NOGALES, AZ 85628	26-3623357	501(C)(3)	5,000.	0.			SUPPORTING CIVIC ENHANCEMENT

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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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KISS THE GROUND 2658 GRIFFITH PARK BLVD.#414 LOS ANGELES, CA 90039	46-4507696	5013	25,000.	0.			GENERAL SUPPORT
KRABLOONIK P.O. BOX 5517 SNOWMASS VILLAGE, CO 81615	84-0866015	S CORP	20,000.	0.			COVID19 BUSINESS GRANT
LATINO COMMUNITY FOUNDATION OF COLORADO - 2250 SOUTH ONEIDA STREET, STE. 102 - DENVER, CO 80224	84-0920862	5013	35,000.	0.			SUPPORTING VOCES UNIDAS DE LAS MONTANAS
LGBTQ CENTER 1522 EAST MISHAWAKA AVENUE SOUTH BEND, IN 46615	20-3906347	501(C)(3)	5,000.	0.			GENERAL SUPPORT
LIPE INTER-FAITH TEAM P.O. BOX 1928 RIPLE, CO 81650	84-0896081	501(C)(3)	320,750.	0.			SUPPORT OF AREA FOOD DISTRIBUTION
LITERACY OUTREACH 1127 SCHOOL STREET GLENWOOD SPRINGS, CO 81601	26-4713475	501(C)(3)	12,000.	0.			GENERAL SUPPORT
LOCAL COFFEE HOUSE 614 EAST COOPER AVENUE ASPEN, CO 81611	82-4006942	LLC	25,000.	0.			COVID19 BUSINESS GRANT
LOURIE CENTER FOR INFANTS 820 WEST DIAMOND AVENUE GAITHERSBURG, MD 20878	52-1255870	501(C)(3)	7,500.	0.			GENERAL SUPPORT
LUCKY DAY ANIMAL RESCUE OF COLORADO - P.O. BOX 8856 - ASPEN, CO 81612	45-3508032	501(C)(3)	22,750.	0.			GENERAL SUPPORT

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LUNAMEZZA DBA MEZZALUNA 624 EAST COOPER AVENUE ASPEN, CO 81611	84-1038418	LLC-P	13,500.	0.			COVID19 BUSINESS GRANT
MANAUS P.O. BOX 2026 CARBONDALE, CO 81623	20-2710588	501(C)(3)	608,000.	0.			GENERAL SUPPORT
MARSHALL DIRECT FUND P.O. BOX 4477 ASPEN, CO 81612	35-2308730	501(C)(3)	10,000.	0.			GENERAL SUPPORT
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA STREET, SUITE 540 BOSTON, MA 02114	04-1564655	501(C)(3)	25,000.	0.			GENERAL SUPPORT
MC ASPEN 401 EAST COOPER AVENUE ASPEN, CO 81611	82-4353825	LLC-P	16,000.	0.			COVID19 BUSINESS GRANT
MERCY CORPS P.O. BOX 80020 PRESCOTT, AZ 863049801	91-1148123	501(C)(3)	12,500.	0.			GENERAL SUPPORT
MEZZALUNA 941 EAST VALLEY ROAD BASALT, CO 81621	81-3033260	LLC-P	21,500.	0.			COVID19 BUSINESS GRANT
MIDDLE COLORADO WATERSHED COUNCIL 200 LIONS PARK CIRCLE RIFLE, CO 81650	46-4352983	501(C)(3)	5,000.	0.			GENERAL SUPPORT
MIND SPRINGS HEALTH 715 HORIZON DRIVE, SUITE 225 GRAND JUNCTION, CO 81506	84-0625890	501(C)(3)	38,250.	0.			GENERAL SUPPORT

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MISSISSIPPI CENTER FOR JUSTICE P.O. BOX 1023 JACKSON, MS 392151023	13-4203234	501(C)(3)	10,000.	0.			GENERAL SUPPORT
MOD'S THAI HOUSE 88 SUMMIT LOOP, APT. D1 CARBONDALE, CO 81623	651-40-9764	LLC-C	8,000.	0.			COVID19 BUSINESS GRANT
MOUNT SOPRIS MONTESSORI SCHOOL 879 EUCLID AVENUE CARBONDALE, CO 81623	84-0864777	501(C)(3)	11,000.	0.			GENERAL SUPPORT
MOUNTAIN FAMILY HEALTH CENTER 2700 GILSTRAP COURT, SUITE 230 GLENWOOD SPRINGS, CO 81601	84-0742145	501(C)(3)	484,675.	0.			GENERAL SUPPORT
MOUNTAIN RESCUE ASPEN 37925 HIGHWAY 82 ASPEN, CO 81611	84-6042237	501(C)(3)	11,350.	0.			GENERAL SUPPORT
MOUNTAIN VALLEY DEV. SERVICES P.O. BOX 338 GLENWOOD SPRINGS, CO 81602	84-0687930	501(C)(3)	11,000.	0.			GENERAL SUPPORT
MUSIC THERAPY OF THE ROCKIES P.O. BOX 3536 ASPEN, CO 81612	83-1795782	501(C)(3)	5,000.	0.			GENERAL SUPPORT
NARAL PRO-CHOICE WASHINGTON FOUNDATION - 811 1ST AVENUE, SUITE 675 - SEATTLE, WA 98104	91-1353222	501(C)(3)	10,000.	0.			FOR ENDOWMENT
NARAL PRO-CHOICE WASHINGTON FOUNDATION - 811 1ST AVENUE, SUITE 675 - SEATTLE, WA 98104	91-1353222	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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NATIONAL MUSEUM OF POLO & HALL OF FAME - 9011 LAKE WORTH ROAD - LAKE WORTH, FL 33467	36-3308567	501(C)(3)	12,000.	0.			GENERAL SUPPORT
NATURE CONSERVANCY 2424 SPRUCE STREET BOULDER, CO 80302	53-0242652	501(C)(3)	5,000.	0.			GENERAL SUPPORT
NESHAMA CENTER P.O. BOX 8064 ASPEN, CO 81612	14-1964306	501(C)(3)	15,300.	0.			GENERAL SUPPORT
NEW YORK UNIVERSITY 547 LAGUARDIA PLACE NEW YORK, NY 10012	13-556-2308	501(C)(3)	62,500.	0.			SUPPORT OF SCHOLARSHIPS
NORTHWESTERN UNIVERSITY FEINBERG SCHOOL OF MEDICINE - 420 EAST SUPERIOR STREET, 9TH FLOOR - CHICAGO, IL 60611	36-2167817	501(C)(3)	5,000.	0.			GENERAL SUPPORT
OCEANA 1025 CONNECTICUT AVENUE, NW, SUITE WASHINGTON, DC 20036	51-0401308	501(C)(3)	50,000.	0.			GENERAL SUPPORT
OSHEMAN FAMILY JEWISH COMM.CTR. 3921 FABIAN WAY PALO ALTO, CA 94303	77-0185734	501(C)(3)	25,000.	0.			GENERAL SUPPORT
OTTERBEIN UNIVERSITY 1 SOUTH GROVE STREET WESTERVILLE, OH 43081	31-4379532	501(C)(3)	20,000.	0.			EDUCATION SUPPORT
OUR SCHOOL 3126 SOUTH GRAND AVENUE GLENWOOD SPRINGS, CO 81601	84-1406053	501(C)(3)	11,000.	0.			GENERAL SUPPORT

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PACIFIC RIDGE SCHOOL 6269 EL FUERTE STREET CARLSBAD, CA 92009	86-1061606	501(C)(3)	5,000.	0.			EDUCATION SUPPORT
PATCHES O'HOULLIHAN DBA NEW BELGIUM RANGER STATION - P.O. BOX 17108 - SNOWMASS VILLAGE, CO 81615	45-5383593	S-CORP	16,000.	0.			COVID19 BUSINESS GRANT
PATHFINDERS P.O. BOX 11799 ASPEN, CO 81612	20-1710899	501(C)(3)	51,100.	0.			GENERAL SUPPORT
PENINSULA LIBRARY FOUNDATION P.O. BOX 292 PENINSULA, OH 44264	34-1751216	501(C)(3)	10,000.	0.			GENERAL SUPPORT
PERFORMA 100 WEST 23RD STREET, FLOOR 5 NEW YORK, NY 10011	20-1286572	501(C)(3)	10,000.	0.			GENERAL SUPPORT
PHILANTHROPY COLORADO P.O. BOX 48149 DENVER, CO 80204	71-0947313	501(C)(3)	10,000.	0.			GENERAL SUPPORT
PITKIN COUNTY 530 EAST MAIN STREET, SUITE 304 ASPEN, CO 81611	84-6000794	501(C)(3)	430,000.	0.			COVID19 ECONOMIC ASSISTANCE PROGRAMS
PITKIN COUNTY LIBRARY 120 NORTH MILL STREET ASPEN, CO 81611	84-6000794	501(C)(3)	8,500.	0.			GENERAL SUPPORT
PIVOTAL 75 EAST SANTA CLARA STREET, STE.145 SAN JOSE, CA 95113	77-0166138	501(C)(3)	5,000.	0.			GENERAL SUPPORT

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PLANNED PARENTHOOD FEDERATION OF AMERICA - 123 WILLIAM STREET, 10TH FLOOR - NEW YORK, NY 10038	13-0204621	501(C)(3)	31,000.	0.			GENERAL SUPPORT
PLANNED PARENTHOOD OF THE ROCKY MOUNTAINS - 50923 HIGHWAY 6 - GLENWOOD SPRINGS, CO 81601	84-0404253	501(C)(3)	31,500.	0.			GENERAL SUPPORT
PLANNED PARENTHOOD OF THE ROCKY MOUNTAINS - 7155 EAST 38TH AVENUE - DENVER, CO 80207	84-0404253	501(C)(3)	138,100.	0.			GENERAL SUPPORT
POLO TRAINING FOUNDATION 852 EAST ROAD LOXAHATCHEE GROVES, FL 33470	36-2605713	501(C)(3)	8,000.	0.			GENERAL SUPPORT
PROTECT OUR WINTERS 4676 BROADWAY STREET BOULDER, CO 80304	20-8474909	501(C)(3)	41,000.	0.			GENERAL SUPPORT
PUNTE DE LA COSTA SUR 620 NORTH STREET PESCADERO, CA 94060	37-1484262	501(C)(3)	10,000.	0.			GENERAL SUPPORT
RAISING A READER ASPEN TO PARACHUTE - P.O. BOX 2533 - GLENWOOD SPRINGS, CO 81602	55-0873041	501(C)(3)	33,199.	0.			GENERAL SUPPORT
RANSOM EVERGLADES SCHOOL 3575 MAIN HIGHWAY COCONUT GROVE, FL 33133	59-0659070	501(C)(3)	50,000.	0.			SUPPORT EDUCATIONAL INITIATIVES
REDSTONE ART FOUNDATION 28 CRYSTAL PARK DRIVE REDSTONE, CO 81623	01-0690878	501(C)(3)	8,000.	0.			GENERAL SUPPORT

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RES IPSA 505 EAST HYMAN AVENUE ASPEN, CO 81611	46-3611113	LLC-P	11,000.	0.			COVID19 BUSINESS SUPPORT
RESPONSE 0405 CASTLE CREEK ROAD, STE.203 ASPEN, CO 81611	74-2328814	501(C)(3)	27,350.	0.			FAMILY SERVICES SUPPORT
RIVER BRIDGE REGIONAL CENTER 520 21ST STREET GLENWOOD SPRINGS, CO 81601	45-5464778	501(C)(3)	22,000.	0.			FAMILY SERVICES SUPPORT
RIVER CENTER OF NEW CASTLE P.O. BOX 272 NEW CASTLE, CO 81647	27-3837160	501(C)(3)	184,699.	0.			COVID19 COMMUNITY SUPPORT
ROARING FORK MOUNTAIN BIKE ASSOC. P.O. BOX 2635 ASPEN, CO 81612	77-0204066	501(C)(3)	25,500.	0.			GENERAL SUPPORT
ROARING FORK OUTDOOR VOLUNTEERS P.O. BOX 1341 BASALT, CO 81621	84-1302819	501(C)(3)	6,656.	0.			ENVIRONMENTAL SUPPORT
ROARING FORK PICKLEBALL ASSOC. P.O. BOX 1544 CARBONDALE, CO 81623	81-2677261	501(C)(3)	5,000.	0.			GENERAL SUPPORT
ROARING FORK SCHOOL DISTRICT RE-1 1405 GRAND AVENUE GLENWOOD SPRINGS, CO 81601	84-6012220	501(C)(3)	12,000.	0.			PRECOLLEGIATE PROGRAM SUPPORT
ROARING FORK SCHOOL DISTRICT RE-1 1405 GRAND AVENUE GLENWOOD SPRINGS, CO 81601	84-6012220	501(C)(3)	28,529.	0.			POST HIGH SCHOOL SUCCESS PROGRAM SUPPORT

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ROARING FORK SCHOOL DISTRICT RE-1 1405 GRAND AVENUE GLENWOOD SPRINGS, CO 81601	84-6012220	501(C)(3)	5,000.	0.			INTERNET HOTSPOT SUPPORT
ROCKEFELLER PHILANTHROPY ADVISORS 6 WEST 48TH STREET, 10TH FLOOR NEW YORK, NY 10036	13-3615533	501(C)(3)	10,000.	0.			SUPPORT ART FOR JUSTICE FUND
ROCKY MOUNTAIN INSTITUTE 22830 TWO RIVERS ROAD BASALT, CO 81621	74-2244146	501(C)(3)	6,700.	0.			GENERAL SUPPORT
ROOM TO READ 465 CALIFORNIA STREET, STE. 1000 SAN FRANCISCO, CA 94104	91-2003533	501(C)(3)	10,250.	0.			GENERAL SUPPORT
SAGOME INC. DBA L'HOSTARIA RISTORANTE - 620 EAST HYMAN AVENUE - ASPEN, CO 81611	84-1355305	S-CORP	25,000.	0.			COVID19 BUSINESS SUPPORT
SEEDS OF AFRICA 110 EAST 25TH STREET NEW YORK, NY 10010	35-2262033	501(C)(3)	5,000.	0.			GENERAL SUPPORT
SENIOR HOUSING OPTIONS 72 SIPRELLE DRIVE BATTEMENT MESA, CO 81635	84-0820084	501(C)(3)	15,000.	0.			COVID19 SUPPORT
SENIOR MATTERS P.O. BOX 991 CARBONDALE, CO 81623	26-0534007	501(C)(3)	87,000.	0.			COVID19 SUPPORT
SERVICE YEAR EXCHANGE 1400 I STREET NW, #900 WASHINGTON, DC 20005	47-4970343	501(C)(3)	100,000.	0.			SERVE AMERICA TOGETHER CAMPAIGN

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SERVICES IMMIGRANT RIGHTS AND EDUCATION NETWORK (SIREN) - 1425 KOLL CIRCLE, NO. 109 - SAN JOSE, CA 95112	77-0487468	501(C)(3)	5,000.	0.			GENERAL SUPPORT
SHANGHAI FOOD & BEVERAGE DBA LITTLE OLLIES - 308 SOUTH HUNTER STREET - ASPEN, CO 81611	84-1283885	S-CORP	25,000.	0.			COVID19 BUSINESS SUPPORT
SMILING GOAT RANCH 271 WILLOW LANE CARBONDALE, CO 81623	47-2019316	501(C)(3)	6,000.	0.			FAMILY SERVICES
ST. FRANCIS CENTER OF REDWOOD CITY 151 BUCKINGHAM AVENUE REDWOOD CITY, CA 94063	44-3052056	501(C)(3)	5,000.	0.			GENERAL SUPPORT
STEPPING STONES 1010 GARFIELD AVENUE CARBONDALE, CO 81623	46-4740539	501(C)(3)	116,000.	0.			GENERAL SUPPORT
SUMMIT54 625 EAST MAIN STREET, SUITE 102B-11 ASPEN, CO 81611	27-2978700	501(C)(3)	81,500.	0.			COVID19 GENERAL SUPPORT
SUSIE'S OF ASPEN 600 EST MAIN STREET ASPEN, CO 81611	84-1183781	S-CORP	25,000.	0.			COVI19 BUSINESS GRANT
SUSTAINABLE SETTINGS 6107 HIGHWAY 133 CARBONDALE, CO 81623	84-1610236	501(C)(3)	6,000.	0.			GENERAL SUPPORT
THE 2 FORKS CLUB P.O. BOX 1147 CARBONDALE, CO 81623	46-4162607	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.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ART BASE 99 MIDLAND SPUR BASALT, CO 81621	20-1188479	501(C)(3)	29,000.	0.			GENERAL SUPPORT.
THE ARTS CAMPUS AT WILLIAMS 360 MARKET STREET BASALT, CO 81621	47-3091347	501(C)(3)	48,400.	0.			GENERAL SUPPORT
THE ASPEN INSTITUTE 1000 NORTH 3RD STREET ASPEN, CO 81611	84-0399006	501(C)(3)	163,500.	0.			GENERAL SUPPORT
THE BETTER ANGELS SOCIETY 5185 MACARTHUR BOULEVARD, STE.570 WASHINGTON, DC 20016	45-4587107	501(C)(3)	5,000.	0.			GENERAL SUPPORT
THE BRICK PONY PUB P.O. BOX 4009 BASALT, CO 81621	45-2432348	LLC	8,000.	0.			COVID19 BUSINESS GRANT
THE BUDDY PROGRAM 110 EAST HALLAM STREET, STE. 125 ASPEN, CO 81611	74-2594693	501(C)(3)	37,000.	0.			GENERAL SUPPORT
THE CLIMATE REALITY PROJECT 555 11TH STREET NORTHWEST, SUITE 600 WASHINGTON, DC 20004	87-0745629	501(C)(3)	5,000.	0.			GENERAL SUPPORT
THE CREPE SHACK 305 F AABC ASPEN, CO 81611	83-2331784	LLC	25,000.	0.			COVID19 BUSINESS GRANT
THE ENVIRONMENT FOUNDATION ASPEN SKIING COMPANY - P.O. BOX 1248 - ASPEN, CO 81612	84-1428863	501(C)(3)	77,725.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE EPILEPSY FOUNDATION 8301 PROFESSIONAL PLACE LANDOVER, MD 20785	52-0856660	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE EXPLORATORIUM PIER 17, SUITE 100 SAN FRANCISCO, CA 94111	94-1696494	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE FARM COLLABORATIVE P.O. BOX 8064 ASPEN, CO 81612	26-3468420	501(C)(3)	184,500.	0.			GENERAL SUPPORT
THE GABRIEL FOUNDATION 39520 COUNTY ROAD 13 ELIZABETH, CO 80107	84-1396085	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE HAWN FOUNDATION 220 26TH STREET, SUITE 203 SANTA MONICA, CA 90402	20-0653982	501(C)(3)	50,000.	0.			GENERAL SUPPORT
THE LEUKEMIA & LYMPHOMA SOCIETY 3 INTERNATIONAL DRIVE, STE. 200 RYE BROOK, NY 10573	13-5644916	501(C)(3)	5,000.	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 MARYLAND FOOD BANK 2200 HALETHORPE FARMS ROAD SW BALTIMORE, MD 21227	52-1135690	501(C)(3)	25,000.	0.			GENERAL SUPPORT
THE MUSEUM OF MODERN ART 11 WEST 53 STREET NEW YORK, NY 10019	13-1624100	501(C)(3)	45,000.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY P.O. BOX 2964 GLENWOOD SPRINGS, CO 81602	94-1156347	501(C)(3)	294,250.	0.			COVID19 SUPPORT
THE SEATTLE AQUARIUM SOCIETY 1483 ALASKAN WAY SEATTLE, WA 98101	91-1189249	501(C)(3)	5,000.	0.			GENERAL SUPPORT
THE THINKING PROJECT INSTITUTE 2842 ELIOT STREET DENVER, CO 80211	82-2269798	501(C)(3)	50,000.	0.			GENERAL SUPPORT
THE TIPSY TROUT 227 HAWK LANE BASALT, CO 81621	83-1273133	S-CORP	8,000.	0.			COVID19 BUSINESS GRANT
THE WHOLE EMPANADA 409 AABC, UNIT D ASPEN, CO 81611	45-5461592	LLC	8,000.	0.			COVID19 BUSINESS GRANT
THEATRE ASPEN 110 EAST HALLAM STREET, STE. 126 ASPEN, CO 81611	74-2319032	501(C)(3)	110,360.	0.			GENERAL SUPPORT
THUNDER RIVER THEATRE COMPANY 67 PROMENADE CARBONDALE, CO 81623	84-1546404	501(C)(3)	15,750.	0.			GENERAL SUPPORT
TIDES FOUNDATION P.O. BOX 399389 SAN FRANCISCO, CA 94139	51-0198509	501(C)(3)	52,500.	0.			GENERAL SUPPORT
TOUCHSTONES DISCUSSION PROJECT P.O. BOX 2329 ANNAPOLIS, MD 214042329	52-2009938	501(C)(3)	5,000.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOWN HALL FOUNDATION 123 WEST 43RD STREET NEW YORK, NY 10036	23-7296167	501(C)(3)	5,000.	0.			GENERAL SUPPORT
ULI FOUNDATION P.O. BOX 418374 BOSTON, MA 02241	23-7133957	501(C)(3)	120,000.	0.			ESTABLISHMENT OF BRUCE E. STKIN CONNECTIONS FUND
UNCLE BOB FOUNDATION GARFIELD COUNTY HOUSING AUTHORITY - 1430 RAILROAD AVENUE, SUITE F - RIFLE, CO 81650	84-1312086	501(C)(3)	101,000.	0.			ESTABLISHMENT OF LANDLORD-TENANT RELIEF FUND
UNCLE BOB FOUNDATION GARFIELD COUNTY HOUSING AUTHORITY - 1430 RAILROAD AVENUE, SUITE F - RIFLE, CO 81650	84-1312086	501(C)(3)	24,000.	0.			GLENWOOD SPRINGS CARES ACT FUNDING
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, STB. 300 DENVER, CO 80246	37-1418235	501(C)(3)	8,500.	0.			GENERAL SUPPORT
UNIVERSITY OF CALIFORNIA PRESS FOUNDATION - 155 GRAND AVENUE, SUITE 400 - OAKLAND, CA 94612	94-2682969	501(C)(3)	5,000.	0.			GENERAL SUPPORT
UNIVERSITY OF CHICAGO 1126 EAST 59TH STREET CHICAGO, IL 60615	36-2177139	501(C)(3)	20,000.	0.			SUPPORTING SOCIAL SCIENCES DIVISION
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS - 13001 E. 17TH PLACE, STE. WG112 - AURORA, CO 80045	84-6000555	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.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF COLORADO FOUNDATION P.O. BOX 17126 DENVER, CO 80217	84-6049811	501(C)(3)	25,000.	0.			SYMPSIUM SERIES SUPPORT
UNIVERSITY OF SANTA MONICA 2107 WILSHIRE BOULEVARD SANTA MONICA, CA 90403	51-0207234	501(C)(3)	5,000.	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
URBAN LAND INSTITUTE 2001 L STREET NW, STE. 200 WASHINGTON, DC 20036	53-0159845	501(C)(3)	25,000.	0.			GENERAL SUPPORT
USA CYCLING 210 USA CYCLING POINT, STE. 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	501(C)(3)	10,000.	0.			SUPPORTING THE SCHOOL OF DRAMATIC ARTS
UTAH FILM CENTER 50 WEST 300 SOUTH, SUITE 1125 SALT LAKE CITY, UT 84101	75-3077559	501(C)(3)	12,000.	0.			GENERAL SUPPORT
VALLEY SETTLEMENT 1901 GRAND AVENUE, SUITE 206 GLENWOOD SPRINGS, CO 81601	81-2401368	501(C)(3)	471,916.	0.			GENERAL COVID19 SUPPORT
VALLEY VIEW HOSPITAL FOUNDATION P.O. BOX 1970 GLENWOOD SPRINGS, CO 81602	73-1664673	501(C)(3)	62,572.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VILLAGE LIQUORS OF SNOWMASS P.O. BOX 5899 SNOWMASS VILLAGE, CO 81615	47-0874916	S-CORP	11,000.	0.			COVID19 BUSINESS GRANT
VILLANOVA UNIVERSITY 800 LANCASTER AVENUE VILLANOVA, PA 19085	23-1352688	501(C)(3)	50,000.	0.			SCHOLARSHIP SUPPORT
VOCES UNIDAS DE LAS MONTATAS P.O. BOX 3157 GLENWOOD SPRINGS, CO 81602	85-0993139	501(C)(3)	77,000.	0.			GENERAL SUPPORT
VOICES 520 SOUTH THIRD STREET, #24A CARBONDALE, CO 81623	81-3931536	501(C)(3)	65,100.	0.			GENERAL SUPPORT
VOICES OF CHANGE ANIMAL LEAGUE 6393 SOUTH WEST 52ND STREET OCALA, FL 34474	47-3165668	501(C)(3)	5,000.	0.			GENERAL SUPPORT
VOTER PARTICIPATION CENTER 1707 L STREET NW, #950 WASHINGTON, DC 20036	55-0889748	501(C)(3)	5,000.	0.			GENERAL SUPPORT
WE CYCLE P.O. BOX 360 ASPEN, CO 81612	36-4679302	501(C)(3)	5,000.	0.			GENERAL SUPPORT
WESTERN RESOURCE ADVOCATES 2260 BASELINE ROAD, SUITE 200 BOULDER, CO 80302	84-1113831	501(C)(3)	8,500.	0.			GENERAL SUPPORT
WESTERN SLOPE VETERANS COALITION P.O. BOX 3185 GLENWOOD SPRINGS, CO 81602	81-1898048	501(C)(3)	13,500.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHEDCO 50 EAST 168TH STREET BRONX, NY 10452	11-2099604	501(C)(3)	5,000.	0.			COVID19 RELIEF
WHITNEY MUSEUM OF AMERICAN ART 99 GANSEVOORT STREET NEW YORK, NY 10014	13-1789318	501(C)(3)	20,000.	0.			GENERAL SUPPORT
WILDERNESS WORKSHOP P.O. BOX 1442 CARBONDALE, CO 81623	74-1900412	501(C)(3)	24,750.	0.			GENERAL SUPPORT
WILDWOOD SCHOOL P.O. BOX 9290 ASPEN, CO 81612	84-0616743	501(C)(3)	11,000.	0.			GENERAL SUPPORT
WINDWALKERS EQUINE P.O. BOX 504 CARBONDALE, CO 81623	38-3716992	501(C)(3)	5,500.	0.			GENERAL SUPPORT
WOMEN'S BEAN PROJECT 3201 CURTIS STREET DENVER, CO 80205	84-1144973	501(C)(3)	5,000.	0.			GENERAL SUPPORT
WORLD DREAM FOUNDATION 9903 SANTA MONICA BLVD., STE. 155 BEVERLY HILLS, CA 90212	83-2210796	501(C)(3)	50,000.	0.			GENERAL SUPPORT
YAMPAH MOUNTAIN HIGH SCHOOL 695 RED MOUNTAIN DRIVE GLENWOOD SPRINGS, CO 81601	84-0602408	501(C)(3)	21,000.	0.			GENERAL SUPPORT
YOUTHENTITY P.O. BOX 1989 CARBONDALE, CO 81623	84-1601705	501(C)(3)	105,199.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTHZONE 413 NINTH STREET GLENWOOD SPRINGS, CO 81601	84-0712993	501(C)(3)	37,699.	0.			GENERAL SUPPORT
ASPEN VALLEY HOSPITAL FOUNDATION 0401 CASTLE CREEK ROAD ASPEN, CO 81611	84-0720309	501(3)	80,000.	0.			GENERAL COVID19 RELATED SUPPORT + HEALTH ALLIANCE

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.	92	195,313.	0.		
HEALTH AND WELLNESS - MENTAL HEALTH	116	81,775.	0.		
EDUCATION - SCHOLARSHIPS	119	172,500.	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

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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) 2020

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 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 TORMOHLN EXECUTIVE DIRECTOR	(i)	169,400.	0.	0.	0.	0.	169,400.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) GRETCHEN BROGDEN PHILANTHROPY DIRECTOR	(i)	105,668.	0.	0.	0.	0.	105,668.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Multiple horizontal lines provided for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

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.

Open to Public
Inspection

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	17	5,079,599	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) 2020

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.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

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	-91,045.
AGENCY GRANTS	132,389.
AGENCY INVESTMENT INCOME	-233,032.
AGENCY ADMINISTRATIVE FEES	16,367.
AGENCY INTERFUND	
TOTAL TO FORM 990, PART XI, LINE 9	-175,321.

FORM 990, PART XII, LINE 2C:

NO CHANGES HAVE BEEN MADE FROM THE PRIOR YEAR.

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

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

Multiple horizontal lines for additional information or reporting details.