

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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

# 2022

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2022** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization <b>ASPEN COMMUNITY FOUNDATION</b>		<b>D</b> Employer identification number <b>84-0829226</b>
	Doing business as		<b>E</b> Telephone number <b>(970) 925-9300</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>13,929,881.</b>
	<b>455 GOLD RIVERS COURT #515</b>		<b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code <b>BASALT, CO 81621</b>		<b>H(b)</b> Are all subordinates included? Yes No	If "No," attach a list. See instructions
<b>F</b> Name and address of principal officer: <b>ERICA SNOW</b> <b>455 GOLD RIVERS CT #515, BASALT, CO 81621</b>		<b>H(c)</b> Group exemption number	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527			
<b>J</b> Website: <b>ASPENCOMMUNITYFOUNDATION.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other			<b>L</b> Year of formation: <b>1982</b> <b>M</b> State of legal domicile: <b>CO</b>

<b>Part I Summary</b>		Prior Year	Current Year
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>ASPEN COMMUNITY FOUNDATION BUILDS PHILANTHROPY AND SUPPORTS NONPROFIT ORGANIZATIONS BY</b>		
	<b>2</b> Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>22</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>22</b>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>13</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>28,045,317.</b>	<b>13,784,554.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>39,700.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>256,109.</b>	<b>105,627.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0.</b>	<b>0.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>28,301,426.</b>	<b>13,929,881.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>16,967,791.</b>	<b>13,772,195.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>987,432.</b>	<b>1,211,125.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>372,936.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>829,529.</b>	<b>1,075,842.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>18,784,752.</b>	<b>16,059,162.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>9,516,674.</b>	<b>-2,129,281.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>62,511,754.</b>	<b>End of Year</b> <b>51,641,752.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>5,705,889.</b>	<b>3,709,635.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>56,805,865.</b>	<b>47,932,117.</b>

**Part II Signature Block**

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

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

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 \$ 14,165,158. including grants of \$ 12,615,567. ) (Revenue \$ 39,700. ) IN 2022, THE FOUNDATION PROVIDED GRANTMAKING IN THREE AREAS; 1. THE FOUNDATION'S UNRESTRICTED GRANTMAKING FOR ESSENTIAL SERVICES BY NONPROFITS IN THE FOUNDATION'S SERVICE AREA, FUNDED BY AN ANNUAL FUNDRAISING DRIVE. 2. DONOR ADVISED FUND GRANTMAKING IS SUPPORTED FROM OVER 100 DONOR ADVISED FUND, MEETING THE PHILANTHROPIC GOALS OF THE FOUNDATION'S DONORS. 3. DESIGNATED AND SCHOLARSHIP FUNDS PROVIDE GRANTS FOR SPECIFIED PURPOSES IDENTIFIED BY THE FUND'S DESIGN AND ADMINISTERED BY THE FOUNDATION.

4b (Code: ) (Expenses \$ 1,218,310. including grants of \$ 1,156,628. ) (Revenue \$ ) IN 2022, 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 15,383,468.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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> .....	<b>22</b> X	
<b>23</b> 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> .....	<b>23</b> X	
<b>24a</b> 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> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</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> .....	<b>25b</b>	X
<b>26</b> 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> .....	<b>26</b>	X
<b>27</b> 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> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> 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> .....	<b>32</b>	X
<b>33</b> 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> .....	<b>33</b>	X
<b>34</b> 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> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</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> .....	<b>35b</b>	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> 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> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	<b>38</b> 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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 25	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, 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
<b>1a</b>	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	22	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b	22	
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed CO
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**ASPEN COMMUNITY FOUNDATION - 970-925-9300**  
**455 GOLD RIVERS COURT, STE. 515, BASALT, CO 81621**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TAMARA TORMOHLN FORMER EXECUTIVE DIRECTOR	40.00						X	154,568.	0.	17,174.
(2) ERICA SNOW EXECUTIVE DIRECTOR	40.00			X				136,265.	0.	10,125.
(3) VALERIE CARLIN CRADLE TO CAREER DIRECTOR	40.00					X		118,658.	0.	14,666.
(4) ALLEN GROSSMANN BOARD CHAIR	2.00			X				0.	0.	0.
(5) BOB BLATTBERG TREASURER	2.00			X				0.	0.	0.
(6) MARIA MORROW SECRETARY	2.00			X				0.	0.	0.
(7) RAMONA BRULAND BOARD MEMBER	2.00	X						0.	0.	0.
(8) MIKE KAPLAN BOARD MEMBER	2.00	X						0.	0.	0.
(9) MARCIE MUSSER BOARD MEMBER	2.00	X						0.	0.	0.
(10) ROB PEW BOARD MEMBER	2.00	X						0.	0.	0.
(11) PAM ALEXANDER BOARD MEMBER	2.00	X						0.	0.	0.
(12) JILL ASCHKENASY BOARD MEMBER	2.00	X						0.	0.	0.
(13) SAMUEL BERNAL BOARD MEMBER	2.00	X						0.	0.	0.
(14) JEFF BLACK BOARD MEMBER	2.00	X						0.	0.	0.
(15) SUSAM CROWN BOARD MEMBER	2.00	X						0.	0.	0.
(16) JENNIFER ELLIOT BOARD MEMBER	2.00	X						0.	0.	0.
(17) BRUCE ETKIN BOARD MEMBER	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) BOBBI HAPGOOD BOARD MEMBER	2.00	X						0.	0.	0.
(19) GRADY LENKIN BOARD MEMBER	2.00	X						0.	0.	0.
(20) MELONY LEWIS BOARD MEMBER	2.00	X						0.	0.	0.
(21) SUSIE MERAZ BOARD MEMBER	2.00	X						0.	0.	0.
(22) MIKE MURRAY BOARD MEMBER	2.00	X						0.	0.	0.
(23) CRAIG NAVIAS BOARD MEMBER	2.00	X						0.	0.	0.
(24) SUSANA SALAMUN BOARD MEMBER	2.00	X						0.	0.	0.
(25) YESENIA SILVA ESTRADA BOARD MEMBER	2.00	X						0.	0.	0.
<b>1b Subtotal</b>								409,491.	0.	41,965.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								409,491.	0.	41,965.

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	13,784,554.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 3,063,717.				
	<b>h Total.</b> Add lines 1a-1f .....		13,784,554.				
<b>Program Service Revenue</b>	<b>2 a</b> STUDENT SCHOLARSHIP FUND	<b>Business Code</b>					
		611600	39,700.	39,700.			
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....		39,700.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		105,627.	105,627.			
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>					
	<b>c</b> Gain or (loss) .....	<b>7c</b>					
	<b>d</b> Net gain or (loss) .....						
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			13,929,881.	145,327.	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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	13,642,093.	13,642,093.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	130,102.	130,102.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	1,211,125.	749,913.	209,078.	252,134.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	25,930.	15,046.	4,938.	5,946.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	294,501.	294,501.		
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	194,013.	139,016.	26,081.	28,916.
<b>12</b> Advertising and promotion	31,544.	18,682.	5,835.	7,027.
<b>13</b> Office expenses	75,262.	43,686.	14,326.	17,250.
<b>14</b> Information technology	47,748.	27,707.	9,093.	10,948.
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel	10,649.	9,143.	683.	823.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	990.	990.		
<b>20</b> Interest	25,956.	15,061.	4,943.	5,952.
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	56,261.	32,647.	10,714.	12,900.
<b>23</b> Insurance	9,113.	5,288.	1,735.	2,090.
<b>24</b> 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.)				
<b>a MISCELLANEOUS EXPENSE</b>	223,018.	216,388.	1,879.	4,751.
<b>b CLASSROOM PROGRAMS</b>	26,088.	15,138.	4,968.	5,982.
<b>c DONOR CULTIVATION</b>	22,470.	9,325.	2,334.	10,811.
<b>d UTILITIES</b>	12,093.	7,017.	2,303.	2,773.
<b>e</b> All other expenses	20,206.	11,725.	3,848.	4,633.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	16,059,162.	15,383,468.	302,758.	372,936.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	9,616,330.	<b>1</b>	5,075,171.
	<b>2</b> Savings and temporary cash investments .....	66,279.	<b>2</b>	0.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	61,609.	<b>4</b>	25,477.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	19,716.	<b>9</b>	1,480.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,630,915.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 433,454.	<b>10c</b>	1,197,461.
	<b>11</b> Investments - publicly traded securities .....	28,610,775.	<b>11</b>	21,748,739.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	22,899,794.	<b>12</b>	23,593,424.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	62,511,754.	<b>16</b>	51,641,752.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	139,315.	<b>17</b>	126,915.
	<b>18</b> Grants payable .....	1,731,813.	<b>18</b>	324,225.
	<b>19</b> Deferred revenue .....	118,118.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	650,885.	<b>23</b>	596,158.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	3,065,758.	<b>25</b>	2,662,337.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	5,705,889.	<b>26</b>	3,709,635.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	56,607,290.	<b>27</b>	47,671,073.
	<b>28</b> Net assets with donor restrictions .....	198,575.	<b>28</b>	261,044.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	56,805,865.	<b>32</b>	47,932,117.
	<b>33</b> Total liabilities and net assets/fund balances .....	62,511,754.	<b>33</b>	51,641,752.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,929,881.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,059,162.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,129,281.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	56,805,865.
5	Net unrealized gains (losses) on investments	5	-7,147,889.
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	403,422.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	47,932,117.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		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 (2022)



**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	7359139.	10713609.	20550855.	27836517.	13784554.	80244674.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	7359139.	10713609.	20550855.	27836517.	13784554.	80244674.
<b>5</b> 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) .....						21863659.
<b>6 Public support.</b> Subtract line 5 from line 4.						58381015.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	7359139.	10713609.	20550855.	27836517.	13784554.	80244674.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	283,685.	374,122.	-56,134.	256,050.	105,627.	963,350.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	185.					185.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	52,371.	30,987.		209,716.	39,700.	332,774.
<b>11 Total support.</b> Add lines 7 through 10						81540983.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	71.60	%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	81.06	%
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

**Part 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** 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 - 2021.** 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 on line 12 of 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>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.</i>		
<b>2</b> 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? <i>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.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> 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? <i>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.</i>	Yes	No	
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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? <i>If "Yes" or "No" provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2022</b>	<b>(iii) Distributable Amount for 2022</b>
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
<b>e</b> Excess from 2022			

Schedule A (Form 990) 2022

**Part VI**

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

Horizontal lines for supplemental information input.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

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	122	49
2 Aggregate value of contributions to (during year)	11,193,748.	2,590,806.
3 Aggregate value of grants from (during year)	10,941,824.	2,830,370.
4 Aggregate value at end of year	26,905,014.	21,027,103.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.** Complete if the organization answered "Yes" 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	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	

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) 2022

**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	198,575.	89,015.	88,277.	75,704.	81,777.
b Contributions		100,000.			
c Net investment earnings, gains, and losses	-13,754.	9,560.	5,017.	12,573.	-5,257.
d Grants or scholarships					
e Other expenditures for facilities and programs	101,072.		4,279.		-816.
f Administrative expenses					
g End of year balance	83,749.	198,575.	89,015.	88,277.	75,704.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment 100 %
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,300,000.	200,000.	1,100,000.
c Leasehold improvements		59,328.	9,927.	49,401.
d Equipment		271,587.	223,527.	48,060.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,197,461.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) ABSOLUTE RETURN	7,376,705.	END-OF-YEAR MARKET VALUE
(B) HEDGED EQUITY	7,424,221.	END-OF-YEAR MARKET VALUE
(C) FIXED INCOME	4,809,599.	END-OF-YEAR MARKET VALUE
(D) PRIVATE EQUITY	3,982,899.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>23,593,424.</b>	

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (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	2,662,337.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>2,662,337.</b>

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	6,803,042.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-7,147,889.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	14,971.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-7,132,918.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	13,935,960.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	294,501.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-300,580.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-6,079.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	13,929,881.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	15,676,790.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	15,676,790.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	294,501.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	87,871.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	382,372.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	16,059,162.

**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 14,971.

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

AGENCY INCOME -300,580.

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

AGENCY GRANTS 87,871.





**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> 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.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
2 FORKS CLUB P.O. BOX 8064 ASPEN, CO 81612	46-4162607		10,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
3 GENERATIONS 1123 BROADWAY, SUITE 913 NEW YORK, NY 10010	20-8688513	501(C)(3)	10,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
5POINT FILM FESTIVAL P.O. BOX 355 CARBONDALE, CO 81623	38-3770309		25,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT AND MADE IN HONOR OF HAYDEN MICHAEL KENNEDY.
A WAY OUT P.O. BOX 1124 CARBONDALE, CO 81623	46-1809899	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
A WAY OUT P.O. BOX 1124 CARBONDALE, CO 81623	46-1809899	501(C)(3)	23,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table \_\_\_\_\_
- 3** Enter total number of other organizations listed in the line 1 table \_\_\_\_\_

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

Schedule I (Form 990) 2022

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABIGAIL ADAMS INSTITUTE 14 ARROW STREET SUITE G10 CAMBRIDGE, MA 02138	47-1496965		55,000.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT THE ARTHUR BROOKS PROGRAM ON HUMAN DIGNITY.
ACCESS AFTERSCHOOL P.O. BOX 819 CARBONDALE, CO 81623	20-0369318	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
ACTION IN AFRICA P.O. BOX 3853 ASPEN, CO 81612	27-3538518		17,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
ADVOCATE SAFEHOUSE PROJECT P.O. BOX 2036 GLENWOOD SPRINGS, CO 81602	84-1047611	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
ADVOCATE SAFEHOUSE PROJECT P.O. BOX 2036 GLENWOOD SPRINGS, CO 81602	84-1047611	501(C)(3)	6,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
ALLIANCE FOR SUSTAINABLE COLORADO 1536 WYNKOOP STREET, SUITE 100 DENVER, CO 80202	42-1622670	501(C)(3)	44,000.	0.			THIS GRANT IS UNRESTRICTED.
ALPINE LEGAL SERVICES P.O. BOX 1890 GLENWOOD SPRINGS, CO 81602	84-1061991	501(C)(3)	20,000.	0.			COVID ECONOMIC ASSISTANCE
ALPINE LEGAL SERVICES P.O. BOX 1890 GLENWOOD SPRINGS, CO 81602	84-1061991	501(C)(3)	20,000.	0.			ECONOMIC ASSISTANCE FOR PITKIN
ALPINE LEGAL SERVICES P.O. BOX 1890 GLENWOOD SPRINGS, CO 81602	84-1061991	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALPINE LEGAL SERVICES P.O. BOX 1890 GLENWOOD SPRINGS, CO 81602	84-1061991	501(C)(3)	8,250.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
AMERICAN ACADEMY OF PSYCHOTHERAPISTS - 1450 WESTERN AVENUE, SUITE 101 - ALBANY, NY 12203	58-1456523	501(C)(3)	6,000.	0.			THE PURPOSE OF THIS GRANT IS SUPPORT FOR SCHOLARSHIP FUND.
AMERICAN BRAIN FOUNDATION 201 CHICAGO AVENUE MINNEAPOLIS, MN 55415	41-1717098		50,000.	0.			THIS GRANT IS UNRESTRICTED.
AMERICAN FRIENDS OF SENTEBALE FOUNDATION, C/O SKP LLP - 1675 BROADWAY, 20TH FLOOR - NEW YORK, NY 10019	26-4577639		25,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
AMERICAN INDIAN COLLEGE FUND 8333 GREENWOOD BOULEVARD DENVER, CO 80221	52-1573446		20,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
AMERICAS FOUNDATION OF THE SERPENTINE GALLERIES - P.O. BOX 1510 - NEW YORK, NY 10150	47-2264962		15,000.	0.			THIS GRANT IS UNRESTRICTED.
ANDERSON RANCH ARTS CENTER P.O. BOX 5598 SNOWMASS VILLAGE, CO 81615	23-7267983	501(C)(3)	57,500.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
ANDERSON RANCH ARTS CENTER P.O. BOX 5598 SNOWMASS VILLAGE, CO 81615	23-7267983	501(C)(3)	9,200.	0.			THIS GRANT IS TO SUPPORT THE TAX DEDUCTIBLE PORTION OF HALF A TABLE FOR THE REC DINNER. THE
ANDERSON RANCH ARTS CENTER P.O. BOX 5598 SNOWMASS VILLAGE, CO 81615	23-7267983	501(C)(3)	10,000.	0.			THIS GRANT IS UNRESTRICTED.

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APPALACHIAN VOICES 589 WEST KING STREET BOONE, NC 28607	56-2049956	501(C)(3)	10,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
ARC OF THE CENTRAL MOUNTAINS 817 COLORADO AVENUE, #304A GLENWOOD SPRINGS, CO 81601	81-4190750		10,000.	0.			EXPAND POSTSECONDARY RESOURCES AND SUPPORT
ASCENDIGO AUTISM SERVICES 818 INDUSTRY PLACE CARBONDALE, CO 81623	20-0940000	501(C)(3)	6,500.	0.			THE PURPOSE OF THIS GRANT IS FOR ASCENDIGO BLUE ASPEN VIP LOUNGE SPONSORSHIP.
ASPEN ART MUSEUM 637 EAST HYMAN AVENUE ASPEN, CO 81611	84-0746671	501(C)(3)	433,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
ASPEN ART MUSEUM 637 EAST HYMAN AVENUE ASPEN, CO 81611	84-0746671	501(C)(3)	5,800.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT ART CRUSH.
ASPEN ART MUSEUM 637 EAST HYMAN AVENUE ASPEN, CO 81611	84-0746671	501(C)(3)	196,300.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT FY23 NATIONAL COUNCIL DUES (\$37,300) AND ARTCRUSH
ASPEN ART MUSEUM 637 EAST HYMAN AVENUE ASPEN, CO 81611	84-0746671	501(C)(3)	24,950.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT FY23 TRUSTEE MEMBERSHIP.
ASPEN ART MUSEUM 637 EAST HYMAN AVENUE ASPEN, CO 81611	84-0746671	501(C)(3)	30,000.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT THE ENDOWMENT FOR THE CAPITAL CAMPAIGN.
ASPEN ART MUSEUM 637 EAST HYMAN AVENUE ASPEN, CO 81611	84-0746671	501(C)(3)	12,500.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT THE NATIONAL COUNCIL.

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASPEN ART MUSEUM 637 EAST HYMAN AVENUE ASPEN, CO 81611	84-0746671	501(C)(3)	67,500.	0.			THIS GRANT IS UNRESTRICTED.
ASPEN CENTER FOR ENVIRONMENTAL STUDIES - 100 PUPPY SMITH STREET - ASPEN, CO 81611	23-7042291	501(C)(3)	20,000.	0.			SUPPORT ACES ED PROGRAM
ASPEN CENTER FOR ENVIRONMENTAL STUDIES - 100 PUPPY SMITH STREET - ASPEN, CO 81611	23-7042291	501(C)(3)	141,700.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
ASPEN CENTER FOR ENVIRONMENTAL STUDIES - 100 PUPPY SMITH STREET - ASPEN, CO 81611	23-7042291	501(C)(3)	10,000.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT ENVIRONMENTAL EDUCATION FROM BASALT TO RIFLE.
ASPEN CENTER FOR ENVIRONMENTAL STUDIES - 100 PUPPY SMITH STREET - ASPEN, CO 81611	23-7042291	501(C)(3)	13,500.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT THE SUMMER BENEFIT THROUGH A GOLDEN EAGLE TABLE.
ASPEN CENTER FOR ENVIRONMENTAL STUDIES - 100 PUPPY SMITH STREET - ASPEN, CO 81611	23-7042291	501(C)(3)	10,000.	0.			YOUTH IN NATURE
ASPEN CHAPEL 77 MEADOWOOD DRIVE ASPEN, CO 81611	84-6059740	501(C)(3)	37,500.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
ASPEN CHAPEL 77 MEADOWOOD DRIVE ASPEN, CO 81611	84-6059740	501(C)(3)	25,000.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT THE CHAPEL'S ENGLISH TEA PARTY.
ASPEN CHAPEL 77 MEADOWOOD DRIVE ASPEN, CO 81611	84-6059740	501(C)(3)	15,100.	0.			THIS GRANT IS UNRESTRICTED.

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASPEN COMMUNITY THEATRE P.O. BOX 743 ASPEN, CO 81612	84-0701404	501(C)(3)	6,100.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
ASPEN COUNTRY DAY SCHOOL 85 COUNTRY DAY WAY ASPEN, CO 81611	23-7033239	501(C)(3)	6,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
ASPEN COUNTRY DAY SCHOOL 85 COUNTRY DAY WAY ASPEN, CO 81611	23-7033239	501(C)(3)	8,500.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT THE BLUE-GREEN NIGHT LIVE AUCTION.
ASPEN EDUCATION FOUNDATION P.O. BOX 2200 ASPEN, CO 81612	84-1181681	501(C)(3)	176,300.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
ASPEN EDUCATION FOUNDATION P.O. BOX 2200 ASPEN, CO 81612	84-1181681	501(C)(3)	10,000.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT ASPEN FAMILY CONNECTIONS' HOLIDAY GRANTS.
ASPEN FAMILY CONNECTIONS 235 HIGH SCHOOL ROAD ASPEN, CO 81611	84-6002890		29,000.	0.			ECONOMIC ASSISTANCE FOR PITKIN
ASPEN FAMILY CONNECTIONS 235 HIGH SCHOOL ROAD ASPEN, CO 81611	84-6002890		20,000.	0.			GENERAL OPERATING SUPPORT
ASPEN FAMILY CONNECTIONS 235 HIGH SCHOOL ROAD ASPEN, CO 81611	84-6002890		11,500.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT ASPEN FAMILY CONNECTIONS.
ASPEN FILM 110 EAST HALLAM STREET, SUITE 103 ASPEN, CO 81611	74-2483139	501(C)(3)	10,450.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.

Schedule I (Form 990)

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

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ASPEN FILM 110 EAST HALLAM STREET, SUITE 103 ASPEN, CO 81611	74-2483139	501(C)(3)	20,800.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT FILMFEST AT THE PATRON AUTEUR LEVEL.
ASPEN FILM 110 EAST HALLAM STREET, SUITE 103 ASPEN, CO 81611	74-2483139	501(C)(3)	30,000.	0.			THIS GRANT IS UNRESTRICTED.
ASPEN HISTORICAL SOCIETY 620 WEST BLEEKER STREET ASPEN, CO 81611	84-6037756	501(C)(3)	107,750.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
ASPEN HOPE CENTER P.O. BOX 1115 BASALT, CO 81621	27-3703825	501(C)(3)	24,500.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
ASPEN HOPE CENTER P.O. BOX 1115 BASALT, CO 81621	27-3703825	501(C)(3)	60,000.	0.			THIS GRANT IS UNRESTRICTED.
ASPEN HOPE CENTER P.O. BOX 1115 BASALT, CO 81621	27-3703825	501(C)(3)	15,000.	0.			TO HIRE A GARFIELD COUNTY PROGRAM DIRECTOR
ASPEN INTERNATIONAL MOUNTAIN FOUNDATION (AIMF) - P.O. BOX 1122 - ASPEN, CO 81612	47-0850496	501(C)(3)	20,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
ASPEN JEWISH CONGREGATION 77 MEADOWOOD DRIVE ASPEN, CO 81611	84-0723135	501(C)(3)	10,036.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
ASPEN JOURNALISM 1280 SOUTH UTE AVENUE, SUITE 4 ASPEN, CO 81611	35-2400162		7,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASPEN JUNIOR HOCKEY P.O. BOX 3390 ASPEN, CO 81612	50-0143083	501(C)(3)	24,136.	0.			THIS REPRESENTS AN ANNUAL DRAW FROM THE ASPEN JUNIOR HOCKEY ENDOWMENT FUND.
ASPEN MUSIC FESTIVAL AND SCHOOL 225 MUSIC SCHOOL ROAD ASPEN, CO 81611	84-0445087	501(C)(3)	105,500.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
ASPEN MUSIC FESTIVAL AND SCHOOL 225 MUSIC SCHOOL ROAD ASPEN, CO 81611	84-0445087	501(C)(3)	10,000.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT STUDENT SCHOLARSHIPS.
ASPEN MUSIC FESTIVAL AND SCHOOL 225 MUSIC SCHOOL ROAD ASPEN, CO 81611	84-0445087	501(C)(3)	11,000.	0.			THIS GRANT IS UNRESTRICTED.
ASPEN PUBLIC RADIO 110 EAST HALLAM STREET, SUITE 134 ASPEN, CO 81611	84-0884901	501(C)(3)	36,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
ASPEN SANTA FE BALLET 0245 SAGE WAY ASPEN, CO 81611	84-1150857	501(C)(3)	15,000.	0.			SUPPORT BALLET FOLKLORICO
ASPEN SANTA FE BALLET 0245 SAGE WAY ASPEN, CO 81611	84-1150857	501(C)(3)	56,750.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
ASPEN SANTA FE BALLET 0245 SAGE WAY ASPEN, CO 81611	84-1150857	501(C)(3)	60,226.	0.			THIS GRANT IS UNRESTRICTED.
ASPEN STRONG P.O. BOX 8648 ASPEN, CO 81612	81-3353572		60,000.	0.			MENTAL HEALTH FUND FINANCIAL ASSISTANCE

Schedule I (Form 990)

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

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ASPEN TIBET P.O. BOX 10505 ASPEN, CO 81612	47-4723075		7,500.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
ASPEN VALLEY HOSPITAL FOUNDATION 0401 CASTLE CREEK ROAD ASPEN, CO 81611	46-0865487	501(C)(3)	21,000.	0.			SUPPORT THE VALLEY HEALTH ALLIANCE
ASPEN VALLEY HOSPITAL FOUNDATION 0401 CASTLE CREEK ROAD ASPEN, CO 81611	46-0865487	501(C)(3)	7,050.	0.			THE PURPOSE OF THE GRANT IS TO SUPPORT THE 2022 SUMMER POLO EVENT.
ASPEN VALLEY HOSPITAL FOUNDATION 0401 CASTLE CREEK ROAD ASPEN, CO 81611	46-0865487	501(C)(3)	60,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
ASPEN VALLEY HOSPITAL FOUNDATION 0401 CASTLE CREEK ROAD ASPEN, CO 81611	46-0865487	501(C)(3)	16,000.	0.			THIS GRANT IS UNRESTRICTED.
ASPEN VALLEY LAND TRUST 320 MAIN STREET, SUITE 204 CARBONDALE, CO 81623	84-0574754	501(C)(3)	26,250.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
ASPEN VALLEY LAND TRUST 320 MAIN STREET, SUITE 204 CARBONDALE, CO 81623	84-0574754	501(C)(3)	10,000.	0.			YOUTH IN NATURE
ASPEN VALLEY SKI & SNOWBOARD CLUB 300 AVSC DRIVE ASPEN, CO 81611	84-6042225	501(C)(3)	15,000.	0.			FINANCIAL AID FOR YOUTH IN YEAR-ROUND PROGRAMS
ASPEN VALLEY SKI & SNOWBOARD CLUB 300 AVSC DRIVE ASPEN, CO 81611	84-6042225	501(C)(3)	153,500.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.

Schedule I (Form 990)

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

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ASPEN VALLEY SKI & SNOWBOARD CLUB 300 AVSC DRIVE ASPEN, CO 81611	84-6042225	501(C)(3)	10,000.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT THE AJAX CUP.
ASPEN WORDS 110 EAST HALLAM STREET, SUITE 116 ASPEN, CO 81611	84-0399006	501(C)(3)	10,333.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
ASPEN WORDS 110 EAST HALLAM STREET, SUITE 116 ASPEN, CO 81611	84-0399006	501(C)(3)	10,000.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT THE BOOK BALL.
ASPEN WORDS 110 EAST HALLAM STREET, SUITE 116 ASPEN, CO 81611	84-0399006	501(C)(3)	10,000.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT THE PADDLE RAISE AT YOUR BENEFIT.
ASPEN YOUTH CENTER P.O. BOX 8266 ASPEN, CO 81612	74-2554280	501(C)(3)	10,000.	0.			\$5,000 OF THIS GRANT IS TO SUPPORT HEALTHY FOOD FOR THE COOKING PROGRAM, TOP CHEF. \$5,000 IS TO
ASPEN YOUTH CENTER P.O. BOX 8266 ASPEN, CO 81612	74-2554280	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
ASPEN YOUTH CENTER P.O. BOX 8266 ASPEN, CO 81612	74-2554280	501(C)(3)	32,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
ASPEN YOUTH CENTER P.O. BOX 8266 ASPEN, CO 81612	74-2554280	501(C)(3)	10,000.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT ACADEMIC, BEHAVIORAL AND MENTAL HEALTH SUPPORT SERVICES.
ATTITUDES & ATTIRE WORLD TRADE CENTER, 2050 N. STEMMONS FREEWAY, MAIL UNIT 102, SUITE 181 - DAL	75-2574836		10,000.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT AT THE PLATINUM LEVEL.

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG GREEN 11001 WEST 120TH AVENUE, SUITE 400 BROOMFIELD, CO 80021	27-5083595		47,000.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT A TABLE FOR THE BIG GREEN GALA.
BLUE LAKE PRESCHOOL 0189 JW DRIVE, UNIT C CARBONDALE, CO 81623	84-1544750	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT
BLUE LAKE PRESCHOOL 0189 JW DRIVE, UNIT C CARBONDALE, CO 81623	84-1544750	501(C)(3)	25,000.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT THE GROWING TOGETHER CAPITAL CAMPAIGN FOR CHILDCARE CAPACITY,
BRIDGING BIONICS FOUNDATION P.O. BOX 3766 BASALT, CO 81621	46-2182977		16,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
BRIDGING BIONICS FOUNDATION P.O. BOX 3766 BASALT, CO 81621	46-2182977		25,000.	0.			THIS GRANT IS UNRESTRICTED.
CARBONDALE ARTS P.O. BOX 175 CARBONDALE, CO 81623	84-0729842	501(C)(3)	10,000.	0.			SUPPORT YOUTH DEVELOPMENT PROGRAMMING
CASA OF THE NINTH P.O. BOX 3004 GLENWOOD SPRINGS, CO 81602	45-2663126	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
CATHOLIC CHARITIES, WESTERN SLOPE 1004 GRAND AVENUE GLENWOOD SPRINGS, CO 81601	84-0686679	501(C)(3)	40,000.	0.			COVID ECONOMIC ASSISTANCE
CATHOLIC CHARITIES, WESTERN SLOPE 1004 GRAND AVENUE GLENWOOD SPRINGS, CO 81601	84-0686679	501(C)(3)	50,000.	0.			COVID-19 ECONOMIC ASSISTANCE

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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CATHOLIC CHARITIES, WESTERN SLOPE 1004 GRAND AVENUE GLENWOOD SPRINGS, CO 81601	84-0686679	501(C)(3)	27,000.	0.			ECONOMIC ASSISTANCE FOR PITKIN
CATHOLIC CHARITIES, WESTERN SLOPE 1004 GRAND AVENUE GLENWOOD SPRINGS, CO 81601	84-0686679	501(C)(3)	15,000.	0.			EMERGENCY ASSISTANCE & COMMUNITY INTEGRATION SERVS
CATHOLIC CHURCH OF THE HOLY COMFORTER - 208 EAST JEFFERSON STREET - CHARLOTTESVILLE, VA 22902	53-0196617		5,500.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT ORPHANS AND DISADVANTAGED CHILDREN IN RURAL UGANDA WITH
CELEBRATE THE BEAT P.O. BOX 480 DENVER, CO 80201	20-0670553	501(C)(3)	7,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
CENTER FOR PREVENTION AND TREATMENT OF DISEASE THROUGH NUTRITION - 3988 CRYSTAL BRIDGE DRIVE - CARBONDALE, CO 81623	47-1805672		10,000.	0.			GENERAL OPERATING SUPPORT OF THE PEOPLE'S CLINIC
CENTER FOR PREVENTION AND TREATMENT OF DISEASE THROUGH NUTRITION - 3988 CRYSTAL BRIDGE DRIVE - CARBONDALE, CO 81623	47-1805672		25,000.	0.			THIS PURPOSE OF THIS GRANT IS TO SUPPORT THE PEOPLE'S CLINIC.
CENTER FOR REPRODUCTIVE RIGHTS 199 WATER STREET, 22ND FLOOR NEW YORK, NY 10038	13-3669731	501(C)(3)	35,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
CHALLENGE ASPEN P.O. BOX 6639 SNOWMASS VILLAGE, CO 81615	84-1315910	501(C)(3)	7,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
CHEETAH CONSERVATION FUND P.O. BOX 2496 ALEXANDRIA, VA 22314	31-1726923		10,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.

Schedule I (Form 990)

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

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CHICAGO PUBLIC MEDIA P.O. BOX 95090 CHICAGO, IL 60694	36-3687394		25,000.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT THE CPM EVENT IN HONOR OF VICKI AND BRUCE HEYMAN, CARI
CHILDREN'S HOSPITAL COLORADO FOUNDATION - 13123 EAST 16TH AVENUE, B045 - AURORA, CO 80045	84-0813462	501(C)(3)	100,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
CHRIS KLUG FOUNDATION P.O. BOX 64 ASPEN, CO 81612	84-1628444	501(C)(3)	6,500.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
CLIMATE EMERGENCY FUND 8383 WILSHIRE BOULEVARD #400 BEVERLY HILLS, CA 90211	84-2151545		50,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
CLUBHOUSE INTERNATIONAL 845 THIRD AVENUE, 6TH FLOOR NEW YORK, NY 10022	13-3778633		20,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
COLORADO ANIMAL RESCUE 2801 COUNTY ROAD 114 GLENWOOD SPRINGS, CO 81601	84-1208087	501(C)(3)	25,300.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
COLORADO FOURTEENERS INITIATIVE 1511 WASHINGTON AVENUE, #310 GOLDEN, CO 80401	84-1354844	501(C)(3)	6,333.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
COLORADO MESA UNIVERSITY 1100 NORTH AVENUE GRAND JUNCTION, CO 81501	84-6037667	501(C)(3)	9,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
COLORADO NONPROFIT DEVELOPMENT CENTER - 789 SHERMAN STREET, SUITE 250 - DENVER, CO 80203	84-1493585		15,000.	0.			GRAND VALLEY RESIDENT TEAM

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COLORADO NONPROFIT DEVELOPMENT CENTER - 789 SHERMAN STREET, SUITE 250 - DENVER, CO 80203	84-1493585		20,000.	0.			GRAND VALLEY RESIDENT TEAM, COVID ECONOMIC ASSISTANCE
COLORADO ROCKY MOUNTAIN SCHOOL 500 HOLDEN WAY CARBONDALE, CO 81623	84-0425174	501(C)(3)	8,000.	0.			THE PURPOSE OF THE GRANT IS TO SUPPORT TUITION FOR THE HS2 SUMMER PROGRAM.
COLORADO STATE UNIVERSITY 6015 CAMPUS DELIVERY FORT COLLINS, CO 80523	23-7098397	501(C)(3)	25,500.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
COLORADO STATE UNIVERSITY FOUNDATION - P.O. BOX 1870 - FORT COLLINS, CO 80522	23-7098397		200,000.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT THE NEUROLOGY FUND (64873) WITH \$100,000 AND THE
COLORADO STATE UNIVERSITY FOUNDATION - P.O. BOX 1870 - FORT COLLINS, CO 80522	23-7098397		23,732.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT THE SIEGELE CONSERVATION SCIENCE INTERNSHIP PROGRAM, 2022.
COMMUNITY BUILDING ART WORKS 11140 ROCKVILLE PIKE, SUITE 100 - 6 ROCKVILLE, MD 20852	81-4784695	501(C)(3)	25,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
COMMUNITY OFFICE FOR RESOURCE EFFICIENCY - P.O. BOX 2449 - BASALT, CO 81621	84-1280543	501(C)(3)	200,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
COMMUNITY OFFICE FOR RESOURCE EFFICIENCY - P.O. BOX 2449 - BASALT, CO 81621	84-1280543	501(C)(3)	10,000.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT RACE TO ZERO.
CONSERVATION INTERNATIONAL 2011 CRYSTAL DRIVE, SUITE 500 ARLINGTON, VA 22202	52-1497470	501(C)(3)	10,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.

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COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE (CARE) - P.O. BOX 1870 - MERRIFIELD, VA 22116	13-1685039		50,000.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT THE UKRAINE REFUGEE EFFORT.
CRAIG P. BUSHONG, MD P.O. BOX 9726 ASPEN, CO 81612	81-3623882		7,580.	0.			CRAIG BUSHONG, MD
CREATIVE CAPITAL FOUNDATION 15 MAINDEN LANE, 18TH FLOOR NEW YORK, NY 10038	31-1605982	501(C)(3)	10,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
CREATIVE VISIONS FOUNDATION 18820 PACIFIC COAST HIGHWAY, SUITE MALIBU, CA 90265	39-1902814		10,000.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT THE NAVALNY IMPACT AND OUTREACH CAMPAIGN.
CUSTOM JOURNEYS 1511 FLETCHER COURT PARK CITY, UT 84098	52-8847666	501(C)(3)	5,647.	0.			CUSTOM JOURNEYS INVOICE, MCBRIDE KENYA
CUSTOM JOURNEYS 1511 FLETCHER COURT PARK CITY, UT 84098	52-8847666	501(C)(3)	32,073.	0.			INVOICE FOR KENYA FLIGHTS
DANA-FARBER CANCER INSTITUTE P.O. BOX 849168 BOSTON, MA 02284	04-2263040	501(C)(3)	500,000.	0.			THIS GRANT IS UNRESTRICTED.
DANCEASPEN 406 EAST HOPKINS AVENUE, UNIT D ASPEN, CO 81611	86-2924498	501(C)(3)	55,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
DANCEASPEN 406 EAST HOPKINS AVENUE, UNIT D ASPEN, CO 81611	86-2924498	501(C)(3)	50,000.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT DANCE ASPEN.

Schedule I (Form 990)



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DEMOCRACY NOW 207 WEST 25TH STREET, 11TH FLOOR NEW YORK, NY 10001	01-0708733	501(C)(3)	50,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
DENVER URBAN GARDENS 1031 33RD STREET, SUITE 100 DENVER, CO 80205	74-2374848		200,000.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT THE GIVING GROVE.
DIA ART FOUNDATION 535 WEST 22ND STREET, 4TH FLOOR NEW YORK, NY 10010	23-7397946	501(C)(3)	50,000.	0.			THE PURPOSE OF THE GRANT IS TO SUPPORT THE JACK WHITTEN SHOW.
DIA ART FOUNDATION 535 WEST 22ND STREET, 4TH FLOOR NEW YORK, NY 10010	23-7397946	501(C)(3)	50,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
DOCTORS WITHOUT BORDERS USA 40 RECTOR STREET, 16TH FLOOR NEW YORK, NY 10006	13-3433452	501(C)(3)	10,000.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT EFFORTS IN THE UKRAINE.
DREPUNG LOSELING MONASTERY 1781 DRESDEN DRIVE ATLANTA, GA 30319	58-1953690		45,000.	0.			THIS GRANT IS UNRESTRICTED.
EARLY CHILDHOOD NETWORK 1317 GRAND AVENUE, SUITE 125 GLENWOOD SPRINGS, CO 81601	27-1447905	501(C)(3)	50,000.	0.			SECURE THE START NETWORK PARTNER
EARTHJUSTICE 50 CALIFORNIA STREET, SUITE 500 SAN FRANCISCO, CA 94111	94-1730465	501(C)(3)	250,000.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT GENERAL OPERATING EXPENSES AND MEET A CHALLENGE GRANT.
ECOFLIGHT 307 AABC, SUITE L ASPEN, CO 81611	80-0012615	501(C)(3)	10,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.

Schedule I (Form 990)

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EDESIA NUTRITION 550 ROMANO VINEYARD WAY NORTH KINGSTOWN, RI 02852	26-0359866		50,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
ENGLISH IN ACTION P.O. BOX 4856 BASALT, CO 81621	26-1254643	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
ENGLISH IN ACTION P.O. BOX 4856 BASALT, CO 81621	26-1254643	501(C)(3)	8,000.	0.			THE PRUPOSE OF THIS GRANT IS TO SUPPORT THE DIGITAL EQUITY & LITERACY PROGRAM.
ENGLISH IN ACTION P.O. BOX 4856 BASALT, CO 81621	26-1254643	501(C)(3)	24,650.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
ENGLISH IN ACTION P.O. BOX 4856 BASALT, CO 81621	26-1254643	501(C)(3)	35,500.	0.			THIS GRANT IS UNRESTRICTED.
EQUALITY NOW P.O. BOX 7160 NEW YORK, NY 10008	13-3660566		50,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
FAMILY RESOURCE CENTER OF THE ROARING FORK SCHOOLS - 400 SOPRIS AVENUE - CARBONDALE, CO 81623	84-6012220	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
FAMILY VISITOR PROGRAMS P.O. BOX 1845 GLENWOOD SPRINGS, CO 81602	84-1001484	501(C)(3)	50,000.	0.			SECURE THE START NETWORK PARTNER
FISHER ISLAND DAY SCHOOL 2 FISHER ISLAND DRIVE MIAMI BEACH, FL 33109	06-1650070		100,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.

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FISHER ISLAND DAY SCHOOL 2 FISHER ISLAND DRIVE MIAMI BEACH, FL 33109	06-1650070		100,000.	0.			THIS GRANT IS UNRESTRICTED.
FOCUSEDKIDS P.O. BOX 2042 CARBONDALE, CO 81623	81-4090184		15,000.	0.			FOCUSED FAMILIES PROGRAM
FOOD BANK OF THE ROCKIES 698 LONG ACRE DRIVE GRAND JUNCTION, CO 81505	84-0772672		48,132.	0.			ASPEN TO PARACHUTE
FOOD BANK OF THE ROCKIES 698 LONG ACRE DRIVE GRAND JUNCTION, CO 81505	84-0772672		20,500.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
FOOD BANK OF THE ROCKIES 698 LONG ACRE DRIVE GRAND JUNCTION, CO 81505	84-0772672		20,000.	0.			TOTES OF HOPE PROGRAM
FOREST CONSERVANCY 1012 BROOKIE DRIVE CARBONDALE, CO 81623	84-1583104	501(C)(3)	6,500.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
FOREST CONSERVANCY 1012 BROOKIE DRIVE CARBONDALE, CO 81623	84-1583104	501(C)(3)	35,000.	0.			THIS GRANT IS UNRESTRICTED.
FRIENDS OF ANONYMOUS BIKE PARK P.O. BOX 1619 MOAB, UT 84532	87-3916917		10,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
FRIENDS OF COLORADO AVALANCHE INFORMATION CENTER (CAIC) - P.O. BOX 1117 - EVERGREEN, CO 80437	76-0788329		9,334.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.

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FRIENDS OF THE ASPEN ANIMAL SHELTER - 101 ANIMAL SHELTER ROAD - ASPEN, CO 81611	84-1564816	501(C)(3)	10,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
GARFIELD COUNTY SCHOOL DISTRICT 16 P.O. BOX 68 PARACHUTE, CO 81635	84-6001236	501(C)(3)	20,000.	0.			SCHOOL-BASED FAMILY RESOURCE CENTER
GARFIELD SCHOOL DISTRICT RE-2 839 WHITE RIVER AVENUE RIFLE, CO 81650	84-0525428	501(C)(3)	20,000.	0.			SUPPORT FAMILY RESOURCE CENTER
GEORGE WEST MENTAL HEALTH FOUNDATION - 1961 NORTH DRUID HILLS ROAD - ATLANTA, GA 30329	58-1489941		10,000.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT THE "BENEFITS OF LAUGHTER" EVENT, IN HONOR OF JOHN
GLO GOOD FOUNDATION 923 5TH AVENUE NEW YORK, NY 10021	82-3876191		25,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
GLOBAL LIVINGSTON INSTITUTE 1031 33RD STREET, SUITE 235 DENVER, CO 80205	45-4683531		60,000.	0.			THIS GRANT IS UNRESTRICTED.
GLOBAL WARMING MITIGATION PROJECT P.O. BOX 7774 ASPEN, CO 81612	82-3056808		50,000.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT THE KEELING CURVE PRIZE.
GLOBALGIVING FOUNDATION 1 THOMAS CIRCLE NW, SUITE 800 WASHINGTON, DC 20005	30-0108263		15,000.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT "SCHOOLS: EDUCATING UNDERSERVED GIRLS IN PAKISTAN".
GRASSROOTS ASIA P.O. BOX 560 SOMERSET, CO 81434	02-0700384	501(C)(3)	15,000.	0.			THIS REPRESENTS AN ANNUAL DRAW.

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GROWING YEARS SCHOOL 151 SCHOOL STREET BASALT, CO 81621	84-1477810	501(C)(3)	15,000.	0.			TUITION ASSISTANCE
HAMMER MUSEUM OF ART AND CULTURAL CENTER AT UCLA - 10899 WILSHIRE BOULEVARD - LOS ANGELES, CA 90024	95-4217197	501(C)(3)	580,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
HAMMER MUSEUM OF ART AND CULTURAL CENTER AT UCLA - 10899 WILSHIRE BOULEVARD - LOS ANGELES, CA 90024	95-4217197	501(C)(3)	132,000.	0.			THE PURPOSE OF THIS GRANT IS TO PURCHASE ART.
HAMMER MUSEUM OF ART AND CULTURAL CENTER AT UCLA - 10899 WILSHIRE BOULEVARD - LOS ANGELES, CA 90024	95-4217197	501(C)(3)	175,000.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT THE PURCHASE OF LOUISE FISHMAN ART.
HAMMER MUSEUM OF ART AND CULTURAL CENTER AT UCLA - 10899 WILSHIRE BOULEVARD - LOS ANGELES, CA 90024	95-4217197	501(C)(3)	35,000.	0.			THIS GRANT IS UNRESTRICTED.
HARVEST FOR HUNGER P.O. BOX 5953 SNOWMASS VILLAGE, CO 81615	85-2031161		10,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
HEALTHY ALL TOGETHER 1450 EAST VALLEY ROAD, UNIT 102 BASALT, CO 81623	83-2502790		25,000.	0.			COVID ECONOMIC ASSISTANCE
HEALTHY ALL TOGETHER 1450 EAST VALLEY ROAD, UNIT 102 BASALT, CO 81623	83-2502790		27,000.	0.			ECONOMIC ASSISTANCE FOR PITKIN
HIGHWATER FARM 7001 COUNTY ROAD 346 SILT, CO 81652	84-0574754		10,000.	0.			2023 SUMMER YOUTH PROGRAM

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HEMOCARE AND HOSPICE OF THE VALLEY 823 GRAND AVENUE, #300 GLENWOOD SPRINGS, CO 81601	26-3651313	501(C)(3)	9,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
HOTCHKISS SCHOOL 11 INTERLAKEN ROAD LAKEVILLE, CT 06039	06-0647018		200,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
HOTCHKISS SCHOOL 11 INTERLAKEN ROAD LAKEVILLE, CT 06039	06-0647018		200,000.	0.			THIS GRANT IS UNRESTRICTED.
IMPACT CHARITABLE 1536 WYNKOOP STREET, SUITE 223 DENVER, CO 80202	47-1180598		256,806.	0.			THRIVING PROVIDERS PROJECT
INDEPENDENCE PASS FOUNDATION P.O. BOX 1700 ASPEN, CO 81612	84-1133782	501(C)(3)	11,500.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
INSTITUTE OF CURRENT WORLD AFFAIRS 1818 N STREET NW, SUITE 460 WASHINGTON, DC 20036	13-1621044		15,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
INTERNATIONAL RESCUE COMMITTEE INC. - P.O. BOX 6068 - ALBERT LEA, MN 56007	13-5660870		50,000.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT THE UKRAINE REFUGEE EFFORT.
JAMPOLSKY OUTREACH FOUNDATION 3001 BRIDGEWAY, SUITE K-368 SAUSALITO, CA 94965	94-2800450		30,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
JAZZ ASPEN SNOWMASS 110 EAST HALLAM STREET, SUITE 104 ASPEN, CO 81611	84-1220222	501(C)(3)	8,400.	0.			THE PURPOSE OF THE GRANT IS TO SUPPORT THE NATIONAL COUNCIL LABOR DAY FEST.

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JAZZ ASPEN SNOWMASS 110 EAST HALLAM STREET, SUITE 104 ASPEN, CO 81611	84-1220222	501(C)(3)	25,150.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
JAZZ ASPEN SNOWMASS 110 EAST HALLAM STREET, SUITE 104 ASPEN, CO 81611	84-1220222	501(C)(3)	35,400.	0.			THIS GRANT IS UNRESTRICTED.
JEWISH INSTITUTE FOR LIBERAL VALUES - P.O. BOX 9406 - COLUMBUS, OH 43209	87-3619728		6,800.	0.			THIS GRANT IS UNRESTRICTED.
JEWISH NATIONAL FUND- MOUNTAIN STATES AND PACIFIC NORTHWEST - P.O. BOX 372050 - RESEDA, CA 91337	13-1659627		30,000.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT A BUS FOR THE UKRAINE BUS LIFELINE APPEAL.
JUDAISM YOUR WAY 950 SOUTH CHERRY STREET, SUITE 310 DENVER, CO 80246	46-0517841		10,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
JUNIOR ACHIEVEMENT ROCKY MOUNTAIN 5105 DTC PARKWAY, SUITE 200 GREENWOOD VILLAGE, CO 80111	84-1267604		33,333.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT THE CAPITAL CAMPAIGN FOR THE JA FREE ENTERPRISE CENTER.
KISS THE GROUND P.O. BOX 515381 PMB 63508 LOS ANGELES, CA 90051	46-4507696		50,000.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT A THREE-YEAR STEWARDSHIP CIRCLE COMMITMENT.
LIFT-UP P.O. BOX 1928 RIFLE, CO 81650	84-0896081	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
LIFT-UP P.O. BOX 1928 RIFLE, CO 81650	84-0896081	501(C)(3)	16,500.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.

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LIFT-UP P.O. BOX 1928 RIFLE, CO 81650	84-0896081	501(C)(3)	100,000.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT YEAR 2 OF THE COMMITMENT.
LITERACY OUTREACH 1127 SCHOOL STREET GLENWOOD SPRINGS, CO 81601	26-4713475	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
LIVING ORGAN DONOR ASSISTANCE FUND 1374 CERRITORS DRIVE LAGUNA BEACH, CA 92651	84-4583210		10,000.	0.			THIS GRANT IS UNRESTRICTED.
LUCKY DAY ANIMAL RESCUE OF COLORADO - P.O. BOX 8856 - ASPEN, CO 81612	45-3508032		27,750.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
MANAUS P.O. BOX 2026 CARBONDALE, CO 81623	20-2710588	501(C)(3)	30,000.	0.			CECE COALITION DATA PROJECT
MANAUS P.O. BOX 2026 CARBONDALE, CO 81623	20-2710588	501(C)(3)	8,000.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT THE EQUITY ACTION PROJECT FOR ENVIRONMENTAL
MANAUS P.O. BOX 2026 CARBONDALE, CO 81623	20-2710588	501(C)(3)	100,000.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT THE ROCKY MOUNTAIN PRESCHOOL COALITION.
MARBLE CHARTER SCHOOL 418 W. MAIN STREET MARBLE, CO 81623	26-0317428	501(C)(3)	10,000.	0.			EXPAND MENTAL HEALTH SUPPORT IN THE SCHOOL
MAYO CLINIC 200 FIRST STREET SOUTHWEST ROCHESTER, MN 55905	41-6011702		150,000.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT THE CENTER FOR REGENERATIVE BIOTHERAPEUTICS IN HONOR

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERIDIAN INTERNATIONAL CENTER 1630 CRESCENT PLACE NW WASHINGTON, DC 20009	53-0259663		11,500.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT CULTUREFIX.
MIAMI CHILDREN'S MUSEUM 980 MACARTHUR CAUSEWAY MIAMI, FL 33132	59-2396999		50,000.	0.			THIS GRANT IS UNRESTRICTED.
MIDDLE COLORADO WATERSHED COUNCIL 200 LIONS PARK CIRCLE RIFLE, CO 81650	46-4352983		7,500.	0.			THIS GRANT IS UNRESTRICTED.
MIND SPRINGS FOUNDATION P.O. BOX 4554 GRAND JUNCTION, CO 81502	35-2667413		10,500.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
MOUNT SOPRIS MONTESSORI SCHOOL 879 EUCLID AVENUE CARBONDALE, CO 81623	84-0864777	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
MOUNTAIN FAMILY HEALTH CENTERS 2802 GRAND AVENUE GLENWOOD SPRINGS, CO 81601	84-0742145	501(C)(3)	100,000.	0.			COVID-19 ECONOMIC ASSISTANCE
MOUNTAIN FAMILY HEALTH CENTERS 2802 GRAND AVENUE GLENWOOD SPRINGS, CO 81601	84-0742145	501(C)(3)	25,000.	0.			OMNISALUD HEALTH INSURANCE ENROLLMENT
MOUNTAIN FAMILY HEALTH CENTERS 2802 GRAND AVENUE GLENWOOD SPRINGS, CO 81601	84-0742145	501(C)(3)	25,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT MADE IN HONOR OF SOLEDAD AND BOB HURST.
MOUNTAIN FAMILY HEALTH CENTERS 2802 GRAND AVENUE GLENWOOD SPRINGS, CO 81601	84-0742145	501(C)(3)	29,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.

Schedule I (Form 990)

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

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MOUNTAIN RESCUE ASPEN 37925 HIGHWAY 82 ASPEN, CO 81611	84-6042237	501(C)(3)	10,750.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
MOUNTAIN VALLEY DEVELOPMENTAL SERVICES - P.O. BOX 338 - GLENWOOD SPRINGS, CO 81602	84-0687930	501(C)(3)	15,000.	0.			EARLY INTERVENTION, EXTENSIVE SUPPORT PROGRAMS
NARAL PRO-CHOICE WASHINGTON FOUNDATION - 811 1ST AVENUE, SUITE 675 - SEATTLE, WA 98104	91-1353222		20,000.	0.			\$10,000 OF THIS GRANT IS INTENDED FOR THE ENDOWMENT AND THE REMAINING \$10,000 IS FOR
NATIONAL JEWISH HEALTH 1400 JACKSON STREET, S724 DENVER, CO 80206	74-2044647	501(C)(3)	8,000.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT 2022 BELLA SERA.
NATIONAL JEWISH HEALTH 1400 JACKSON STREET, S724 DENVER, CO 80206	74-2044647	501(C)(3)	6,000.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT THE DENVER CELEBRITY GOLF TOURNAMENT.
NATIONAL WORLD WAR II MUSEUM 945 MAGAZINE STREET NEW ORLEANS, LA 70130			79,900.	0.			NORMANDY ACADEMY, JUNE 27-JULY 8, 2022
NESHAMA CENTER P.O. BOX 8064 ASPEN, CO 81612	14-1964306	501(C)(3)	16,800.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
NEW YORK UNIVERSITY 547 LAGUARDIA PLACE NEW YORK, NY 10012	13-5562308		62,500.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT THE POTAMKIN FAMILY SCHOLARSHIP FUND AT THE
NORTHWESTERN UNIVERSITY 420 EAST SUPERIOR STREET, RUBLOFF BLDG. 9TH FLOOR - CHICAGO, IL 60611	36-2167817		25,000.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT THE HAVEY INSTITUTE FOR GLOBAL HEALTH.

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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OCEANA 1025 CONNECTICUT AVENUE, NW, SUITE WASHINGTON, DC 20036	51-0401308		101,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
OTTERBEIN UNIVERSITY 1 SOUTH GROVE STREET WESTERVILLE, OH 43081	31-4379532		25,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
OUR SCHOOL 3126 SOUTH GRAND AVENUE GLENWOOD SPRINGS, CO 81601	84-1406053	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
OUR VILLAGE COMMUNITY CENTER 721NORTH 500 WEST MOAB, UT 84532	82-4646685		30,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
PATHFINDERS P.O. BOX 11799 ASPEN, CO 81612	20-1710899	501(C)(3)	15,000.	0.			SUPPORT SCHOOL-BASED GRIEF AND LOSS PROGRAM
PATHFINDERS P.O. BOX 11799 ASPEN, CO 81612	20-1710899	501(C)(3)	15,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
PENINSULA LIBRARY FOUNDATION P.O. BOX 292 PENINSULA, OH 44264	34-1751216		10,000.	0.			THIS GRANT IS MADE IN MEMORY OF RUTH ROUSH.
PERFORMA 100 WEST 23RD STREET, FLOOR 5 NEW YORK, NY 10011	20-1286572		20,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
PITKIN COUNTY LIBRARY 120 NORTH MILL STREET ASPEN, CO 81611	84-6000794	501(C)(3)	13,500.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.

Schedule I (Form 990)

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

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PLANNED PARENTHOOD FEDERATION OF AMERICA - 123 WILLIAM STREET, 10TH FLOOR - NEW YORK, NY 10038	53-0204621	501(C)(3)	26,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
PLANNED PARENTHOOD OF THE ROCKY MOUNTAINS - 50923 HIGHWAY 6 - GLENWOOD SPRINGS, CO 81601	84-0404253	501(C)(3)	15,000.	0.			PATIENT ASSISTANCE FUND AT GLENWOOD HEALTH CENTER
PLANNED PARENTHOOD OF THE ROCKY MOUNTAINS - 50923 HIGHWAY 6 - GLENWOOD SPRINGS, CO 81601	84-0404253	501(C)(3)	8,500.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
PLANNED PARENTHOOD OF THE ROCKY MOUNTAINS - P.O. BOX 732055 - DALLAS, TX 75373	84-0404253	501(C)(3)	18,500.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
PLAYING FOR CHANGE FOUNDATION 171 PIER AVENUE, #271 SANTA MONICA, CA 90405	20-8568061		15,000.	0.			THIS GRANT IS MADE IN HONOR OF JOHN DENVER'S 25TH ANNIVERSARY.
PRESIDIO GRADUATE SCHOOL 222 YALE AVENUE KENSINGTON, CA 94708	94-3185612		100,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
RAISING A READER ASPEN TO PARACHUTE - P.O. BOX 2533 - GLENWOOD SPRINGS, CO 81602	55-0873041	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
RAISING A READER ASPEN TO PARACHUTE - P.O. BOX 2533 - GLENWOOD SPRINGS, CO 81602	55-0873041	501(C)(3)	10,500.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
REAL NEWS PROJECT P.O. BOX 1103 NEW YORK, NY 10276	20-4219729		10,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.

Schedule I (Form 990)

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

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RECOVERY RESOURCES P.O. BOX 373 SNOWMASS, CO 81654	81-4075657		5,250.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT THE UNHOUSED IN PITKIN COUNTY.
RECOVERY RESOURCES P.O. BOX 373 SNOWMASS, CO 81654	81-4075657		8,700.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT THE VIRTUAL RESILIENCE HUB PILOT LAUNCH.
RED BRICK CENTER FOR THE ARTS 110 EAST HALLAM STREET, SUITE 118 ASPEN, CO 81611	84-0632118	501(C)(3)	10,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
RESPONSE 0405 CASTLE CREEK ROAD, SUITE 203 ASPEN, CO 81611	74-2328814	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
RESPONSE 0405 CASTLE CREEK ROAD, SUITE 203 ASPEN, CO 81611	74-2328814	501(C)(3)	10,000.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT THERAPY AND LEGAL ASSISTANCE.
RIVER BRIDGE REGIONAL CENTER 520 21ST STREET GLENWOOD SPRINGS, CO 81601	45-5464778	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
RIVER CENTER OF NEW CASTLE, INC. 126 N. 4TH STREET NEW CASTLE, CO 81647	27-3837160	501(C)(3)	20,000.	0.			COVID ECONOMIC ASSISTANCE
RIVER CENTER OF NEW CASTLE, INC. 126 N. 4TH STREET NEW CASTLE, CO 81647	27-3837160	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
ROARING FORK COMMUNITY DEVELOPMENT CORPORATION - 520 SOUTH THIRD STREET, SUITE 22A - CARBONDALE, CO 81623	06-1781093		100,000.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT THE PURCHASE OF THE 3-MILE MOBILE HOME PARK.

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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ROARING FORK CONSERVANCY P.O. BOX 3349 BASALT, CO 81621	84-1375379	501(C)(3)	8,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
ROARING FORK MOUNTAIN BIKE ASSOCIATION - P.O. BOX 2635 - ASPEN, CO 81612	46-5412595	501(C)(3)	51,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
ROARING FORK OUTDOOR VOLUNTEERS 520 SOUTH THIRD STREET, #32 CARBONDALE, CO 81623	84-1302819	501(C)(3)	10,000.	0.			YOUNG STEWARDS PROGRAM
ROARING FORK OUTDOOR VOLUNTEERS 520 SOUTH THIRD STREET, #32 CARBONDALE, CO 81623	84-1302819	501(C)(3)	10,000.	0.			YOUTH IN NATURE
ROARING FORK OUTDOOR VOLUNTEERS 520 SOUTH THIRD STREET, #32 CARBONDALE, CO 81623	84-1302819	501(C)(3)	13,800.	0.			YOUTH IN NATURE IMPLEMENTATION GRANT
ROARING FORK PRECOLLEGIATE 400 SOPRIS AVENUE CARBONDALE, CO 81623	84-6012220	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
ROCKEFELLER PHILANTHROPY ADVISORS 90 CHURCH STREET FL #7082 NEW YORK, NY 10008	13-3615533	501(C)(3)	50,000.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT COLLABORATIVE FOR SPIRITUALITY IN
ROCKY MOUNTAIN INSTITUTE 22830 TWO RIVERS ROAD BASALT, CO 81621	74-2244146	501(C)(3)	12,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
ROOM TO READ 465 CALIFORNIA STREET, SUITE 1000 SAN FRANCISCO, CA 94104	91-2003533	501(C)(3)	10,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.

Schedule I (Form 990)

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

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SAVINGS COLLABORATIVE 959 CEDAR CREEK, SUITE 2L CARBONDALE, CO 81623	85-4176243		30,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
SENIOR HOUSING OPTIONS 72 SIPRELLE DRIVE BATTLEMENT MESA, CO 81635	84-0820084		15,000.	0.			SUPPORT THE MESA VISTA FACILITY IN PARACHUTE
SLOW MONEY INSTITUTE 1035 PEARL STREET, RM 428 BOULDER, CO 80302	26-4282320	501(C)(3)	25,000.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT BEETCOIN.
SMILING GOAT RANCH 271 WILLOW LANE CARBONDALE, CO 81623	47-2019316		10,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
SPRINGBOARD TO OPPORTUNITIES 854 NORTH JEFFERSON STREET JACKSON, MS 39202	46-1917760		50,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
STEADMAN PHILIPPON RESEARCH INSTITUTE - 181 WEST MEADOW DRIVE, SUITE 1000 - VAIL, CO 81657	88-0245022		10,600.	0.			THIS GRANT IS UNRESTRICTED.
STEPPING STONES 1010 GARFIELD AVENUE CARBONDALE, CO 81623	46-4740539		15,000.	0.			GENERAL OPERATING SUPPORT
STEPPING STONES 1010 GARFIELD AVENUE CARBONDALE, CO 81623	46-4740539		10,000.	0.			THE PURPOSE OF THIS GRANT IS FOR PEER MENTOR AND YOUTH MENTOR PROGRAMS.
SUMMIT54 625 EAST MAIN STREET, SUITE 102B-11 ASPEN, CO 81611	27-2978700	501(C)(3)	20,000.	0.			2023 SUMMER ADVANTAGE PROGRAM

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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SUMMIT54 625 EAST MAIN STREET, SUITE 102B-11 ASPEN, CO 81611	27-2978700	501(C)(3)	16,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
SUNDANCE INSTITUTE P.O. BOX 684429 PARK CITY, UT 84068	87-0361394		50,000.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT AT THE VISIONARY LEVEL MEMBERSHIP.
THE ART BASE P.O. BOX 4300 BASALT, CO 81621	20-1188479	501(C)(3)	13,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
THE ARTS CAMPUS AT WILLITS 400 ROBINSON STREET BASALT, CO 81621	47-3091347		21,250.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
THE ARTS CAMPUS AT WILLITS 400 ROBINSON STREET BASALT, CO 81621	47-3091347		25,000.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT THE FOUNDER'S CIRCLE FOR \$20,000 AND "A GREEN
THE ARTS CAMPUS AT WILLITS 400 ROBINSON STREET BASALT, CO 81621	47-3091347		15,300.	0.			THIS GRANT IS UNRESTRICTED.
THE ASPEN INSTITUTE 1000 NORTH 3RD STREET ASPEN, CO 81611	84-0399006	501(C)(3)	17,500.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
THE ASPEN INSTITUTE 1000 NORTH 3RD STREET ASPEN, CO 81611	84-0399006	501(C)(3)	75,000.	0.			THE PURPOSE OF THIS GRANT IS TO AUPPORT THE TRUSTEE ANNUAL FUND AT \$50,000 AND THE SUMMER
THE ASPEN INSTITUTE 1000 NORTH 3RD STREET ASPEN, CO 81611	84-0399006	501(C)(3)	15,000.	0.			THE PURPOSE OF THIS GRANT IS TO SPONSOR SOCRATES.

Schedule I (Form 990)



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THE ASPEN INSTITUTE 1000 NORTH 3RD STREET ASPEN, CO 81611	84-0399006	501(C)(3)	7,000.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT ASPEN IDEAS FEST 2023.
THE ASPEN INSTITUTE 1000 NORTH 3RD STREET ASPEN, CO 81611	84-0399006	501(C)(3)	46,000.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT THE 38TH ANNUAL AWARDS DINNER WITH A VICE-CHAIR PASS FOR 10
THE BUDDY PROGRAM 110 EAST HALLAM STREET, SUITE 125 ASPEN, CO 81611	74-2594693	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
THE BUDDY PROGRAM 110 EAST HALLAM STREET, SUITE 125 ASPEN, CO 81611	74-2594693	501(C)(3)	18,750.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
THE BUDDY PROGRAM 110 EAST HALLAM STREET, SUITE 125 ASPEN, CO 81611	74-2594693	501(C)(3)	10,000.	0.			YOUTH IN NATURE
THE COLLEGE FOUNDATION OF THE UNIVERSITY OF VIRGINIA - P.O. BOX 37963 - BOONE, IA 50036	54-2009312		50,000.	0.			THIS GRANT IS UNRESTRICTED.
THE ENVIRONMENT FOUNDATION P.O. BOX 1248 ASPEN, CO 81612	84-1428863	501(C)(3)	50,000.	0.			ENVIRONMENT FOUNDATION MATCHING GRANT
THE ENVIRONMENT FOUNDATION P.O. BOX 1248 ASPEN, CO 81612	84-1428863	501(C)(3)	22,010.	0.			THE ASPEN SKIING COMPANY FAMILY FUND MATCHES EMPLOYEE CONTRIBUTIONS TO THE ENVIRONMENT
THE EPILEPSY FOUNDATION 8301 PROFESSIONAL PLACE LANDOVER, MD 20785	52-0856660	501(C)(3)	10,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.

Schedule I (Form 990)

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THE FARM COLLABORATIVE P.O. BOX 8064 ASPEN, CO 81612	26-3468420	501(C)(3)	10,000.	0.			SCHOLARSHIPS FOR AFTERSCHOOL & SUMMER PROGRAMS
THE FARM COLLABORATIVE P.O. BOX 8064 ASPEN, CO 81612	26-3468420	501(C)(3)	10,000.	0.			YOUTH IN NATURE
THE HAWN FOUNDATION 220 26TH STREET, SUITE 203 SANTA MONICA, CA 90402	20-0653982	501(C)(3)	50,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
THE MUSEUM OF MODERN ART 11 WEST 53 STREET NEW YORK, NY 10019	13-1624100		20,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
THE MUSEUM OF MODERN ART 11 WEST 53 STREET NEW YORK, NY 10019	13-1624100		50,000.	0.			THIS GRANT IS UNRESTRICTED.
THE NATURE CONSERVANCY 2424 SPRUCE STREET BOULDER, CO 80302	53-0242652	501(C)(3)	10,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
THE SALVATION ARMY P.O. BOX 2964 GLENWOOD SPRINGS, CO 81602	94-1156347	501(C)(3)	30,000.	0.			COVID ECONOMIC ASSISTANCE
THE SALVATION ARMY P.O. BOX 2964 GLENWOOD SPRINGS, CO 81602	94-1156347	501(C)(3)	50,000.	0.			COVID-19 ECONOMIC ASSISTANCE
THE THINKING PROJECT INSTITUTE 2842 ELIOT STREET DENVER, CO 80211	82-2269798		50,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.

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THE UTAH FILM CENTER 50 WEST 300 BROADWAY NO 1125 SALT LAKE CITY, UT 84101	75-3077559		25,000.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT AN OUTREACH PLEDGE TO BAN GLYSOPHATES WITH THE FILM INTO THE
THE UTAH FILM CENTER 50 WEST 300 BROADWAY NO 1125 SALT LAKE CITY, UT 84101	75-3077559		100,000.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT THE FILM ONE POINT FIVE.
THE UTAH FILM CENTER 50 WEST 300 BROADWAY NO 1125 SALT LAKE CITY, UT 84101	75-3077559		10,000.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT THE FILM PROCESSION.
THE UTAH FILM CENTER 50 WEST 300 BROADWAY NO 1125 SALT LAKE CITY, UT 84101	75-3077559		200,000.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT THE FILM, "THE GREAT OVEN COOKBOOK" .
THEATRE ASPEN 110 EAST HALLAM STREET, SUITE 126 ASPEN, CO 81611	74-2319032	501(C)(3)	56,436.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
THUNDER RIVER THEATRE COMPANY 67 PROMENADE CARBONDALE, CO 81623	84-1546404	501(C)(3)	30,000.	0.			THIS REPRESENTS A DRAW FROM THE GENERAL FUND.
THUNDER RIVER THEATRE COMPANY 67 PROMENADE CARBONDALE, CO 81623	84-1546404	501(C)(3)	11,878.	0.			THIS REPRESENTS AN ANNUAL DRAW FROM THE ENDOWMENT FUND.
UNION OF CONCERNED SCIENTISTS TWO BRATTLE SQUARE, SUITE 6 CAMBRIDGE, MA 02138	04-2535767	501(C)(3)	10,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
UNITED IN HARMONY 1917 1/2 WESTWOOD BOULEVARD, SUITE LOS ANGELES, CA 90025	95-4527278	501(C)(3)	6,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.

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UNITED NEGRO COLLEGE FUND 1805 7TH STREET NORTHWEST WASHINGTON, DC 20001	13-1624241	501(C)(3)	20,000.	0.			THIS GRANT IS UNRESTRICTED.
UNIVERSITY OF CHICAGO 1126 EAST 59TH STREET CHICAGO, IL 60615	36-2177139		21,000.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT THE THOUGHT LEADERSHIP INITIATIVE AND THE SSD COUNCIL.
UNIVERSITY OF CHICAGO 5737 SOUTH UNIVERSITY AVENUE CHICAGO, IL 60637	36-2177139		10,000.	0.			THIS GRANT IS MADE IN HONOR OF BOB ZIMMER TO SUPPORT THE INSTITUTE ON THE FORMATION OF
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS - 13001 EAST 17TH PLACE, SUITE WG112 - AURORA, CO 80045	84-6000555		10,500.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
UNIVERSITY OF COLORADO FOUNDATION P.O. BOX 17126 DENVER, CO 80217	84-6049811		25,000.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT THE CU REAL ESTATE CENTER FUND.
UNIVERSITY OF COLORADO, BOULDER 77 UCB BOULDER, CO 80309	84-6000555	501(C)(3)	15,000.	0.			EDUCATION
UNIVERSITY OF MIAMI P.O. BOX 025388 MIAMI, FL 33102	59-0624458		10,000.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT THE UHEALTH CHAMPIONS FUND.
UNIVERSITY SCHOOL 2785 S.O.M. CENTER ROAD HUNTING VALLEY, OH 44022	34-0714720	501(C)(3)	10,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
USA CYCLING 210 USA CYCLING POINT, SUITE 100 COLORADO SPRINGS, CO 80919	84-1284437	501(C)(3)	10,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
USC ADVANCEMENT GIFT SERVICES 1150 SOUTH OLIVE STREET, 25TH FLOOR LOS ANGELES, CA 90015	95-1642394		10,000.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT THE TROJAN VICTORY FUND.
VALLEY SETTLEMENT 1901 GRAND AVENUE, SUITE 206 GLENWOOD SPRINGS, CO 81601	81-2401368		40,000.	0.			COVID ECONOMIC ASSISTANCE
VALLEY SETTLEMENT 1901 GRAND AVENUE, SUITE 206 GLENWOOD SPRINGS, CO 81601	81-2401368		15,000.	0.			FAMILY SUPPORT TEAM
VALLEY SETTLEMENT 1901 GRAND AVENUE, SUITE 206 GLENWOOD SPRINGS, CO 81601	81-2401368		10,000.	0.			GENERAL OPERATING
VALLEY SETTLEMENT 1901 GRAND AVENUE, SUITE 206 GLENWOOD SPRINGS, CO 81601	81-2401368		23,750.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
VALLEY SETTLEMENT 1901 GRAND AVENUE, SUITE 206 GLENWOOD SPRINGS, CO 81601	81-2401368		25,000.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT FAMILY, FRIENDS AND NEIGHBOR TRAINING PERSONNEL AND
VALLEY SETTLEMENT 1901 GRAND AVENUE, SUITE 206 GLENWOOD SPRINGS, CO 81601	81-2401368		25,000.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT THE VSP EMERGENCY FUND.
VALLEY SETTLEMENT 1901 GRAND AVENUE, SUITE 206 GLENWOOD SPRINGS, CO 81601	81-2401368		50,000.	0.			THIS GRANT IS UNRESTRICTED.
VIRGINIA ATHLETICS FOUNDATION P.O. BOX 400833 CHARLOTTESVILLE, VA 22903	54-0517188		44,236.	0.			THIS GRANT IS UNRESTRICTED.

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOCES UNIDAS DE LAS MONTAAS P.O. BOX 3157 GLENWOOD SPRINGS, CO 81602	85-0993139		15,000.	0.			GENERAL OPERATING SUPPORT
VOICES 520 SOUTH THIRD STREET, #24A CARBONDALE, CO 81623	81-3931536		30,000.	0.			THIS GRANT IS UNRESTRICTED.
WEILL CORNELL MEDICAL COLLEGE 1300 YORK AVENUE, BOX 314 NEW YORK, NY 10065	15-0532082		20,000.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT DR. PETER MARTIN AND MCL RESEARCH. THIS GRANT IS MADE IN
WEST MOUNTAIN REGIONAL HEALTH ALLIANCE - P.O. BOX 1909 - GLENWOOD SPRINGS, CO 81602	47-2360654		90,000.	0.			FOOD SYSTEM COALITION WORK
WEST MOUNTAIN REGIONAL HEALTH ALLIANCE - P.O. BOX 1909 - GLENWOOD SPRINGS, CO 81602	47-2360654		30,000.	0.			REGIONAL HOMELESS COALITION
WHITNEY MUSEUM OF AMERICAN ART 99 GANSEVOORT STREET NEW YORK, NY 10014	13-1789318	501(C)(3)	60,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
WILDERNESS WORKSHOP P.O. BOX 1442 CARBONDALE, CO 81623	74-1900412	501(C)(3)	10,000.	0.			THE PURPOSE OF THE GRANT IS TO SUPPORT METHANE WORK AND OIL & GAS DEFENSE PROGRAM.
WILDERNESS WORKSHOP P.O. BOX 1442 CARBONDALE, CO 81623	74-1900412	501(C)(3)	22,250.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
WILDERNESS WORKSHOP P.O. BOX 1442 CARBONDALE, CO 81623	74-1900412	501(C)(3)	6,750.	0.			THIS GRANT IS UNRESTRICTED.

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOODS HOLE OCEANOGRAPHIC INSTITUTION - 266 WOODS HOLE ROAD - WOODS HOLE, MA 02543	04-2105850		23,750.	0.			THE PURPOSE OF THIS GRANT IS TO SUPPORT THE ENVIROSOLUTIONS POST-DOCTORAL FELLOWSHIP
WORLD CENTRAL KITCHEN INCORPORATED 200 MASSACHUSETTS AVENUE NW, 7TH FL WASHINGTON, DC 20001	27-3521132		17,000.	0.			CHEFS FOR UKRAINE PROGRAM
YAMPAH MOUNTAIN HIGH SCHOOL 695 RED MOUNTAIN DRIVE GLENWOOD SPRINGS, CO 81601	84-0602408	501(C)(3)	20,000.	0.			TEEN PARENT PROGRAM
YOUTH SERVICE AMERICA P.O. BOX #65525 WASHINGTON, DC 20035	52-1500870		25,000.	0.			THIS GRANT IS INTENDED TO SUPPORT THE GUIDES.VOTE PROGRAM.
YOUTHENTITY P.O. BOX 1989 CARBONDALE, CO 81623	84-1601705	501(C)(3)	100,000.	0.			HIGH FIVE YOUR LIFE DEVELOPMENT AND IMPLEMENTATION
YOUTHENTITY P.O. BOX 1989 CARBONDALE, CO 81623	84-1601705	501(C)(3)	45,000.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
YOUTHZONE 413 NINTH STREET GLENWOOD SPRINGS, CO 81601	84-0712993	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
YOUTHZONE 413 NINTH STREET GLENWOOD SPRINGS, CO 81601	84-0712993	501(C)(3)	21,500.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
YOUTHZONE 413 NINTH STREET GLENWOOD SPRINGS, CO 81601	84-0712993	501(C)(3)	10,000.	0.			THIS GRANT IS UNRESTRICTED.

Schedule I (Form 990)

**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.	7	13,501.	0.		
HEALTH AND WELLNESS	1	2,340.	0.		
EDUCATION	9	113,000.	0.		
ANIMAL WELFARE	1	1,000.	0.		
CRADEL TO CAREER INITIATIVE	1	261.	0.		

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ANDERSON RANCH ARTS CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT IS TO SUPPORT THE TAX DEDUCTIBLE PORTION OF HALF A TABLE FOR THE REC DINNER. THE REMAINING BALANCE MAY GO TOWARDS GENERAL SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT: ASPEN ART MUSEUM

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PURPOSE OF THIS GRANT IS TO SUPPORT FY23 NATIONAL COUNCIL DUES (\$37,300) AND ARTCRUSH 2022 LIVE



**Part IV** Supplemental Information

AUCTION LOT 10: CECILY BROWN (\$159,000).

NAME OF ORGANIZATION OR GOVERNMENT: ASPEN HOPE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PURPOSE OF THIS GRANT IS TO SUPPORT THE LIGHT UP THE NIGHT SUMMER GALA. THE ADVISORS ARE SORRY THEY CANNOT ATTEND AND WANT TO SUPPORT THIS FABULOUS EVENT.

NAME OF ORGANIZATION OR GOVERNMENT: ASPEN MUSIC FESTIVAL AND SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT IS MADE IN MEMORY OF LILLIAN KVITO AND IN HONOR OF YAN KVITO, WHO PARTICIPATED IN PRIOR YEARS.

NAME OF ORGANIZATION OR GOVERNMENT: ASPEN MUSIC FESTIVAL AND SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT IS TO BE USED FOR MUSIC PROGRAMS IN ROARING FORK VALLEY SCHOOLS. THIS GRANT IS MADE IN MEMORY OF DON DAVIS.

NAME OF ORGANIZATION OR GOVERNMENT: ASPEN YOUTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: \$5,000 OF THIS GRANT IS TO SUPPORT HEALTHY FOOD FOR THE COOKING PROGRAM, TOP CHEF. \$5,000 IS TO PROVIDE HEALTHY SNACKS FOR THE SUMMER PROGRAMS AND WILL BE PAID IN JUNE 2022.

NAME OF ORGANIZATION OR GOVERNMENT:

BAKERSFIELD CATHOLIC EDUCATION FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PURPOSE OF THIS GRANT IS TO SUPPORT THOSE IN NEED TO ATTEND GARCES MEMORIAL CATHOLIC HIGH SCHOOL IN BAKERSFIELD, CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: BLUE LAKE PRESCHOOL

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PURPOSE OF THIS GRANT IS TO SUPPORT THE GROWING TOGETHER CAPITAL CAMPAIGN FOR CHILDCARE CAPACITY, STAFF SUPPORTS, AND SCHOLARSHIPS.

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHURCH OF THE HOLY COMFORTER

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PURPOSE OF THIS GRANT IS TO SUPPORT ORPHANS AND DISADVANTAGED CHILDREN IN RURAL UGANDA WITH EDUCATION AND MATERIALS TO CREATE AND SUSTAIN A VEGETABLE GARDEN AND CHICKENS.

NAME OF ORGANIZATION OR GOVERNMENT: CHALLENGE ASPEN

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PURPOSE OF THIS GRANT IS TO SUPPORT THE ULTRA TRAIL RUNNER, AMITY BRERETON-PREIS IN HER FUNDRAISING EFFORTS.

NAME OF ORGANIZATION OR GOVERNMENT: CHICAGO PUBLIC MEDIA

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PURPOSE OF THIS GRANT IS TO SUPPORT THE CPM EVENT IN HONOR OF VICKI AND BRUCE HEYMAN, CARI AND MICHAEL SACKS, AND PENNY PRITZKER AND BRYAN TRAUBERT.

NAME OF ORGANIZATION OR GOVERNMENT: CHRIS KLUG FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PURPOSE OF THIS GRANT IS TO SUPPORT THE CARSON LEYDECKER DONATION FOR THE NEW YORK CITY MARATHON.

NAME OF ORGANIZATION OR GOVERNMENT: COLORADO ROCKY MOUNTAIN SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT IS INTENDED TO SUPPORT THE HIGH SCHOOL HIGH SCHOLAR PROGRAM AND IS IN HONOR OF THE WORK DONE BY HELEN OBERMEYER.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: COLORADO STATE UNIVERSITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PURPOSE OF THIS GRANT IS TO SUPPORT THE NEUROLOGY FUND (64873) WITH \$100,000 AND THE NEUROLOGY STAND FUND (82263) WITH \$100,000.

NAME OF ORGANIZATION OR GOVERNMENT: COLORADO WATER TRUST

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PURPOSE OF THIS GRANT IS TO SUPPORT THE PROJECT THAT AIMS TO PUT APPROXIMATELY SIX CUBIC FEET PER SECOND (CFS) BACK INTO THE CRYSTAL RIVER, WHICH AS OF LAST WEEK, EQUATED TO ROUGHLY 18% OF THE TOTAL FLOW IN THE CRITICAL REACH.

NAME OF ORGANIZATION OR GOVERNMENT: GEORGE WEST MENTAL HEALTH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PURPOSE OF THIS GRANT IS TO SUPPORT THE "BENEFITS OF LAUGHTER" EVENT, IN HONOR OF JOHN BOSSARD AT SKYLAND TRAIL.

NAME OF ORGANIZATION OR GOVERNMENT: HARVEST FOR HUNGER

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PURPOSE OF THIS GRANT IS TO SUPPORT GENERAL OPERATING FOR TRANSPORTATION SERVICES. PLEASE LET THE ADVISORS TO THE BAGUETTES ADVISED FUND KNOW HOW THIS GRANT HAS MADE A DIFFERENCE.

NAME OF ORGANIZATION OR GOVERNMENT: LIFT-UP

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT IS TO PROVIDE FOOD AID FOR YOUR 6 FOOD PANTRIES, THE SENIOR MEALS PROGRAM IN GARFIELD COUNTY, THE MEAL MONKEY LUNCH PROGRAM IN GARFIELD COUNTY, AND ANY OTHER NEEDS FOR THE 2022 CALENDAR YEAR.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: MANAUS

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PURPOSE OF THIS GRANT IS TO SUPPORT THE EQUITY ACTION PROJECT FOR ENVIRONMENTAL PARTICIPANTS.

NAME OF ORGANIZATION OR GOVERNMENT: MAYO CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PURPOSE OF THIS GRANT IS TO SUPPORT THE CENTER FOR REGENERATIVE BIOTHERAPEUTICS IN HONOR OF DOCTORS SCOTT EGGERS AND MARCO RIZZO.

NAME OF ORGANIZATION OR GOVERNMENT:

NARAL PRO-CHOICE WASHINGTON FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: \$10,000 OF THIS GRANT IS INTENDED FOR THE ENDOWMENT AND THE REMAINING \$10,000 IS FOR GENERAL OPERATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: NEW YORK UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PURPOSE OF THIS GRANT IS TO SUPPORT THE POTAMKIN FAMILY SCHOLARSHIP FUND AT THE GALLATIN SCHOOL OF INDIVIDUALIZED STUDY.

NAME OF ORGANIZATION OR GOVERNMENT: RIVER CENTER OF NEW CASTLE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT IS TO SUPPORT THE TOTES OF HOPE PROGRAM TO PROVIDE A WEEKLY BAG OF FOOD TO STUDENTS AT LOCATIONS IN NEW CASTLE AND SILT FOR THE 2022 SCHOOL YEAR.

NAME OF ORGANIZATION OR GOVERNMENT: ROCKEFELLER PHILANTHROPY ADVISORS

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PURPOSE OF THIS GRANT IS TO SUPPORT COLLABORATIVE FOR SPIRITUALITY IN EDUCATION.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: STEPPING STONES

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PURPOSE OF THIS GRANT IS TO SUPPORT MANY OF YOUR FOOD PROGRAMS DUE TO THE CURRENT RISING COST OF FOOD. PLEASE LIST THE BAGUETTES FUND AT ASPEN COMMUNITY FOUNDATION AS A DONOR.

NAME OF ORGANIZATION OR GOVERNMENT: THE ARTS CAMPUS AT WILLITS

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PURPOSE OF THIS GRANT IS TO SUPPORT THE FOUNDER'S CIRCLE FOR \$20,000 AND "A GREEN BIRD ON ORANGE TREES" FOR \$5,000.

NAME OF ORGANIZATION OR GOVERNMENT: THE ASPEN INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PURPOSE OF THIS GRANT IS TO AUPPORT THE TRUSTEE ANNUAL FUND AT \$50,000 AND THE SUMMER CELEBRATION AT \$25,000.

NAME OF ORGANIZATION OR GOVERNMENT: THE ASPEN INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PURPOSE OF THIS GRANT IS TO SUPPORT THE 38TH ANNUAL AWARDS DINNER WITH A VICE-CHAIR PASS FOR 10 PERSON TABLE.

NAME OF ORGANIZATION OR GOVERNMENT: THE ENVIRONMENT FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: THE ASPEN SKIING COMPANY FAMILY FUND MATCHES EMPLOYEE CONTRIBUTIONS TO THE ENVIRONMENT FOUNDATION, LESS GUEST DONATIONS UP TO \$65,000 ANNUALLY. THIS GRANT REPRESENTS THE MATCH OF EMPLOYEE CONTRIBUTIONS FROM JANUARY 1, 2022 THROUGH SEPTEMBER 20, 2022.

NAME OF ORGANIZATION OR GOVERNMENT: THE UTAH FILM CENTER

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PURPOSE OF THIS GRANT IS TO SUPPORT AN OUTREACH PLEDGE TO BAN GLYSOPHATES WITH THE FILM INTO THE WEEDS.

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF CHICAGO

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT IS MADE IN HONOR OF BOB ZIMMER TO SUPPORT THE INSTITUTE ON THE FORMATION OF KNOWLEDGE.

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PURPOSE OF THIS GRANT IS TO SUPPORT THE LUDEMAN FAMILY CENTER FOR WOMEN'S HEALTH RESEARCH IN HONOR OF NANCY TANKERSLEY FOR THE 2022 ANNUAL COMMUNITY EVENT.

NAME OF ORGANIZATION OR GOVERNMENT: VALLEY SETTLEMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PURPOSE OF THIS GRANT IS TO PROVIDE GROCERIES TO APPROXIMATELY 16 ADULTS AND 20 CHILDREN WHO ARE EXPERIENCING ACUTE FOOD INSECURITY. THIS GRANT WILL BE MATCHED BY THE CATTO SHAW FOUNDATION. PLEASE LET US KNOW HOW THIS GRANT MADE A DIFFERENCE.

NAME OF ORGANIZATION OR GOVERNMENT: VALLEY SETTLEMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PURPOSE OF THIS GRANT IS TO SUPPORT FAMILY, FRIENDS AND NEIGHBOR TRAINING PERSONNEL AND PROGRAM (YEAR TWO OF THREE).

NAME OF ORGANIZATION OR GOVERNMENT: WEILL CORNELL MEDICAL COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PURPOSE OF THIS GRANT IS TO

**Part IV** Supplemental Information

SUPPORT DR. PETER MARTIN AND MCL RESEARCH. THIS GRANT IS MADE IN HONOR OF DR. MARTIN'S INCREDIBLE CARE HE HAS GIVEN MR. JELINEK AND FOR HIS EXPERTISE AND COMPASSION.

NAME OF ORGANIZATION OR GOVERNMENT: WOODS HOLE OCEANOGRAPHIC INSTITUTION

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PURPOSE OF THIS GRANT IS TO SUPPORT THE ENVIROSOLUTIONS POST-DOCTORAL FELLOWSHIP FUND.

NAME OF ORGANIZATION OR GOVERNMENT: YAMPAH MOUNTAIN HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PURPOSE OF THIS GRANT IS TO PROVIDE HEALTHY SNACKS FOR ALL OF THE STUDENTS FOR THE SCHOOL YEAR, AUGUST 2022-JUNE 2023.

NAME OF ORGANIZATION OR GOVERNMENT: YOUTHZONE

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PURPOSE OF THIS GRANT IS TO SUPPORT YOUTHZONE PITKIN COUNTY MENTAL HEALTH & SUBSTANCE SUPPORT.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

ASPEN COMMUNITY FOUNDATION

Employer identification number

84-0829226

**Part I Questions Regarding Compensation**

**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"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <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 .....

**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? .....

**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"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <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? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- 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? .....
- b** Any related organization? .....
- 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? .....
- b** Any related organization? .....
- 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 .....

**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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
1a		
1b		
2		
3		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2022



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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) TAMARA TORMOHLLEN FORMER EXECUTIVE DIRECTOR	(i)	154,568.	0.	0.	17,174.	0.	171,742.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

Part I	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	22	3,063,717.	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 3 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) 2022

**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)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

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:

AFTER PREPARATION BY THE FOUNDATION'S CPA, THE AUDIT COMMITTEE AND FINANCE  
DIRECTOR CONDUCT AN IN-DEPTH REVIEW OF THE 990. ONCE THE AUDIT COMMITTEE  
ACCEPTS THE 990, IT IS DIRECTED TO THE EXECUTIVE COMMITTEE FOR FINAL REVIEW  
AND APPROVAL, AND THEN POSTED ON THE BOARD PORTAL WEBSITE.

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	-116,522.
AGENCY GRANTS	87,871.
AGENCY INVESTMENT INCOME	417,102.
AGENCY ADMINISTRATIVE FEES	14,971.
TOTAL TO FORM 990, PART XI, LINE 9	403,422.

