

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

2025Open to Public
Inspection**A For the 2025 calendar year, or tax year beginning and ending****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**ASPEN COMMUNITY FOUNDATION**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

455 GOLD RIVERS COURT #515

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

BASALT, CO 81621**F** Name and address of principal officer: **ERICA SNOW****455 GOLD RIVERS CT #515, BASALT, CO 81621****D** Employer identification number**84-0829226****E** Telephone number**(970) 925-9300****G** Gross receipts \$**32,207,539.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **ASPENCOMMUNITYFOUNDATION.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1982****M** State of legal domicile: **CO****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: ASPEN COMMUNITY FOUNDATION BUILDS PHILANTHROPY AND SUPPORTS NONPROFIT ORGANIZATIONS BY
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 3 19
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 19
	5	Total number of individuals employed in calendar year 2025 (Part V, line 2a) 5 10
	6	Total number of volunteers (estimate if necessary) 6 0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 19,910,081.
	9	Program service revenue (Part VIII, line 2g) 0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 777,922.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 186,437.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 20,874,440.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 19,657,650.
Expenses	14	Benefits paid to or for members (Part IX, column (A), line 4) 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,279,048.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0.
	b	Total fundraising expenses (Part IX, column (D), line 25) 678,221.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,650,504.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 22,587,202.
	19	Revenue less expenses. Subtract line 18 from line 12 -1,712,762.
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 62,335,898.
	21	Total liabilities (Part X, line 26) 4,728,355.
	22	Net assets or fund balances. Subtract line 21 from line 20 57,607,543.

Part II Signature Block

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

Sign Here	Signature of officer	Date
	ERICA SNOW, EXECUTIVE DIRECTOR	
Paid Preparer Use Only	Preparer's name PAUL J. BACKES, CPA	Preparer's signature
	Firm's name MCMAHAN AND ASSOCIATES, L.L.C.	Firm's EIN 84-1509269
	Firm's address P.O. BOX 5850 AVON, CO 81620	Phone no. (970) 845-8800

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

LHA For Paperwork Reduction Act Notice, see the separate instructions.

532001 12-15-25

Form **990** (2025) Created 4/30/25**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 25,132,146. including grants of \$ 22,984,491.) (Revenue \$)

IN 2025, 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. ADDITIONALLY, THE FOUNDATION STOOD UP ITS COMMUNITY LEADERSHIP PROGRAM, WHICH IS DESIGNED TO ENSURE OUR REGION'S OPPORTUNITIES AREA ACCESSIBLE TO ALL BY CONNECTING LEADERS AND CATALYZING PROGRESS. THIS INCLUDED THE SECOND NONPROFIT CENTER FOR EXCELLENCE, WHICH PROVIDED AN IMMERSIVE, 5-DAY ACADEMY FOCUSING ON

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**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 25,132,146.Form **990** (2025)

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 70	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 10		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	X	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d 1		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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

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

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

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

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 ContractorsCheck 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) ERICA SNOW EXECUTIVE DIRECTOR	40.00			X				258,700.	0.	53,427.
(2) KORTNEY HARTMAN FINANCE DIRECTOR	40.00				X			148,024.	0.	27,404.
(3) HOLLY COLEMAN CHIEF PHILANTHROPY OFFICER	40.00				X			144,700.	0.	26,766.
(4) VALERIE CARLIN CHIEF IMPACT OFFICER	40.00			X				154,526.	0.	15,453.
(5) STEPHANIE GIANNESCHI PHILANTHROPY DIRECTOR	40.00				X			115,815.	0.	29,740.
(6) TRACY ANDERSON DIRECTOR OF COMMUNITY INITIATIVES	40.00				X			107,226.	0.	28,881.
(7) ALI PHILLIPS BOARD MEMBER	2.00	X						0.	0.	0.
(8) REBECCA GUERRA BOARD MEMBER	2.00	X						0.	0.	0.
(9) JILL ASCHKENASY CHAIR	2.00			X				0.	0.	0.
(10) YESENIA SILVA ESTRADA BOARD MEMBER	2.00	X						0.	0.	0.
(11) SUSANA SALAMUN BOARD MEMBER	2.00	X						0.	0.	0.
(12) CRAIG NAVIAS BOARD MEMBER	2.00	X						0.	0.	0.
(13) MARCIE MUSSER BOARD MEMBER	2.00	X						0.	0.	0.
(14) MARIA TICSAY BOARD MEMBER	2.00	X						0.	0.	0.
(15) MELONY LEWIS BOARD MEMBER	2.00	X						0.	0.	0.
(16) KATHERINE LORENZ BOARD MEMBER	2.00	X						0.	0.	0.
(17) GRADY LENKIN 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) MIKE KAPLAN BOARD MEMBER	2.00	X						0.	0.	0.
(19) BOBBI HAPGOOD BOARD MEMBER	2.00	X						0.	0.	0.
(20) BRUCE ETKIN BOARD MEMBER	2.00	X						0.	0.	0.
(21) SUSAN CROWN BOARD MEMBER	2.00	X						0.	0.	0.
(22) GEOFF BUCHHEISTER BOARD MEMBER	2.00	X						0.	0.	0.
(23) RAMONA BRULAND SECRETARY	2.00			X				0.	0.	0.
(24) JENNIFER ELLIOT TREASURER	2.00			X				0.	0.	0.
(25) ROBERT PEW BOARD MEMBER	2.00	X						0.	0.	0.
1b Subtotal								928,991.	0.	181,671.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								928,991.	0.	181,671.

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

6

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		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
HUMAN SERVICE INNOVATIONS 1211 W. 42ND STREET, RICHMOND, VA 23225	STRATEGIC CONSULTING	113,750.
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	1	

Form 990 (2025)

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	523,012.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	30,857,130.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 14,411,062.				
	h Total. Add lines 1a-1f						
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			627,299.			627,299.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6 a Gross rents	6a					
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
		(i) Securities	(ii) Other				
	7 a Gross amount from sales of assets other than inventory	7a					
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ 523,012. of contributions reported on line 1c). See Part IV, line 18	8a	46,045.				
	b Less: direct expenses	8b	44,709.				
c Net income or (loss) from fundraising events			1,336.			1,336.	
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11 a MISCELLANEOUS REVENUE		900099	154,053.	154,053.		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			154,053.			
12 Total revenue. See instructions				32,162,830.	154,053.	0.	628,635.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	22,922,934.	22,922,934.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	61,557.	61,557.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	482,106.	326,042.	78,032.	78,032.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	843,554.	368,046.	151,472.	324,036.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	30,320.	15,875.	5,249.	9,196.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	303,992.	303,992.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	694,458.	617,749.	44,754.	31,955.
12 Advertising and promotion	152,287.	102,109.	18,234.	31,944.
13 Office expenses	69,202.	37,810.	11,407.	19,985.
14 Information technology	42,165.	24,013.	6,596.	11,556.
15 Royalties				
16 Occupancy				
17 Travel	109,448.	102,068.	2,682.	4,698.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	18,721.	9,802.	3,241.	5,678.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	50,055.	26,207.	8,666.	15,182.
23 Insurance	17,636.	10,425.	2,620.	4,591.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a DONOR CULTIVATION	210,023.	84,729.	6,620.	118,674.
b CONVENINGS AND DATA	82,064.	82,028.	13.	23.
c MISCELLANEOUS EXPENSE	33,820.	16,908.	5,742.	11,170.
d REPAIRS, MAINTENANCE AN	13,596.	7,118.	2,354.	4,124.
e All other expenses	24,322.	12,734.	4,211.	7,377.
25 Total functional expenses. Add lines 1 through 24e	26,162,260.	25,132,146.	351,893.	678,221.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	7,278,728.	1	10,304,301.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	37,015.	4	31,932.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,500.	9	42,796.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,495,055.		
	b Less: accumulated depreciation	10b 456,390.		
	11 Investments - publicly traded securities	1,088,721.	10c	1,038,665.
	12 Investments - other securities. See Part IV, line 11	21,924,159.	11	26,277,122.
	13 Investments - program-related. See Part IV, line 11	31,155,775.	12	34,043,323.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	850,000.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	62,335,898.	15	1,657,105.	
17 Accounts payable and accrued expenses	146,364.	16	73,395,244.	
18 Grants payable	1,049,800.	17	162,026.	
19 Deferred revenue		18	92,699.	
20 Tax-exempt bond liabilities		19		
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21		
23 Secured mortgages and notes payable to unrelated third parties	479,724.	22		
24 Unsecured notes and loans payable to unrelated third parties		23	417,762.	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,052,467.	24		
26 Total liabilities. Add lines 17 through 25	4,728,355.	25	6,551,151.	
27 Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.		26	7,223,638.	
28 Net assets without donor restrictions	56,956,720.	27	65,304,499.	
29 Net assets with donor restrictions	650,823.	28	867,107.	
30 Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.				
31 Capital stock or trust principal, or current funds		29		
32 Paid-in or capital surplus, or land, building, or equipment fund		30		
33 Retained earnings, endowment, accumulated income, or other funds		31		
34 Total net assets or fund balances	57,607,543.	32	66,171,606.	
35 Total liabilities and net assets/fund balances	62,335,898.	33	73,395,244.	

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Part XI Reconciliation of Net AssetsCheck 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	32,162,830.
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,162,260.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,000,570.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	57,607,543.
5	Net unrealized gains (losses) on investments	5	4,637,274.
6	Donated services and use of facilities	6	
7	Investment expenses	7	-303,992.
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-1,769,789.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	66,171,606.

Part XII Financial Statements and ReportingCheck 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: ☐ Cash ☒ Accrual ☐ 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? _____ 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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 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 (2025)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

ASPEN COMMUNITY FOUNDATION

84-0829226

Part I	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.
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The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☒ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

g Provide the following information about the supported organization(s).						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	27836517.	13784554.	16026195.	19380525.	30857130.	107884921
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	27836517.	13784554.	16026195.	19380525.	30857130.	107884921
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						18568102.
6 Public support. Subtract line 5 from line 4.						89316819.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	27836517.	13784554.	16026195.	19380525.	30857130.	107884921
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	256,050.	105,627.	578,869.	777,922.	627,300.	2345768.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	209,716.	39,700.	162,496.	186,437.	200,098.	798,447.
11 Total support. Add lines 7 through 10						111029136
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f))	14	80.44 %
15 Public support percentage from 2024 Schedule A, Part II, line 14	15	74.41 %
16a 33 1/3% support test - 2025. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☒
b 33 1/3% support test - 2024. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☐
17a 10% -facts-and-circumstances test - 2025. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		☐
b 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		☐
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		☐

Schedule A (Form 990) 2025

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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2025 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2024 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2025. 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 - 2024. 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental supported organization. Describe in Part VI how you supported a governmental supported organization (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? 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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No	
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a, 3b, and 3c below.			
a Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? If "Yes," provide details in Part VI .			
3a			
b Did the organization direct the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			
c Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .			
3c			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<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	Minimum Asset Amount (add line 7 to line 6)	8	

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

Schedule A (Form 990) 2025

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Total annual distributions. Add lines 1 through 5.	6	
7 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	7	
8 Distributable amount for 2025 from Section C, line 6	8	
9 Line 7 amount divided by line 8 amount	9	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2025	(iii) Distributable Amount for 2025
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: \$			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2026. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

Schedule A (Form 990) 2025

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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

ASPEN COMMUNITY FOUNDATION

Employer identification number

84-0829226

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (Rev. 12-2024)

Name of organization

Employer identification number

ASPEN COMMUNITY FOUNDATION**84-0829226****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>1,536,494.</u>	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>2,250,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>4,478,691.</u>	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>1,747,367.</u>	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>634,085.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>917,789.</u>	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

ASPEN COMMUNITY FOUNDATION**84-0829226****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>		\$ <u>3,000,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>8</u>		\$ <u>2,002,063.</u>	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
<u>9</u>		\$ <u>1,974,333.</u>	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
<u>10</u>		\$ <u>1,470,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>11</u>		\$ <u>1,085,473.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>12</u>		\$ <u>857,105.</u>	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

ASPEN COMMUNITY FOUNDATION

84-0829226

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 831,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	PUBLICLY TRADED STOCK	\$ 1,536,494.	06/25/25
3	PUBLICLY TRADED STOCK	\$ 4,478,691.	01/22/25
4	PUBLICLY TRADED STOCK	\$ 1,747,367.	12/19/25
6	REAL ESTATE (TRANSFERABLE DEVELOPMENT RIGHT) AND SKI PASSES	\$ 858,000.	05/27/25
8	PUBLICLY TRADED STOCK	\$ 886,933.	12/04/25
9	PUBLICLY TRADED STOCK	\$ 1,974,333.	12/31/25

Employer identification number

84-0829226

Part II

[illegible]

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public
Inspection

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

ASPEN COMMUNITY FOUNDATION

Employer identification number (EIN)

84-0829226

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures \$

3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527
exempt function activities \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,
line 17b \$

4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No

5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each
organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were
promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC).
If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2025 Created 7/1/25

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:		
not over \$500,000	20% of the amount on line 1e.		
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			

☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2022	(b) 2023	(c) 2024	(d) 2025	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2025

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

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	124	47
2 Aggregate value of contributions to (during year)	21,166,837.	5,763,784.
3 Aggregate value of grants from (during year)	17,104,913.	3,859,068.
4 Aggregate value at end of year	34,836,453.	6,746,132.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	☒ Yes	☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	☒ Yes	☐ No

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)	☐ Preservation of a historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2d 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 \$

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

Schedule D (Form 990) (Rev. 12-2024)

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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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 in 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	104,946.	92,128.	83,749.	198,575.	89,015.
b Contributions					100,000.
c Net investment earnings, gains, and losses	10,364.	12,818.	11,879.	-13,754.	9,560.
d Grants or scholarships					
e Other expenditures for facilities and programs	4,569.		3,500.	101,072.	
f Administrative expenses					
g End of year balance	110,741.	104,946.	92,128.	83,749.	198,575.

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:

(i) Unrelated organizations? _____

(ii) Related organizations? _____

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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.	300,000.	1,000,000.
c Leasehold improvements		59,328.	27,725.	31,603.
d Equipment		135,727.	128,665.	7,062.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,038,665.

Schedule D (Form 990) (Rev. 12-2024)

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	6,938,303.	END-OF-YEAR MARKET VALUE
(B) HEDGED EQUITY	5,254,958.	END-OF-YEAR MARKET VALUE
(C) FIXED INCOME	17,501,257.	END-OF-YEAR MARKET VALUE
(D) PRIVATE CREDIT	4,348,805.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	34,043,323.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

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	6,551,151.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	6,551,151.

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 ... ☐

Schedule D (Form 990) (Rev. 12-2024)

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

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

1	Total revenue, gains, and other support per audited financial statements	1	35,336,555.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	5,312,183.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	24,777.
e	Add lines 2a through 2d	2e	5,336,960.
3	Subtract line 2e from line 1	3	29,999,595.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	303,992.
b	Other (Describe in Part XIII.)	4b	1,859,243.
c	Add lines 4a and 4b	4c	2,163,235.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	32,162,830.

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

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

1	Total expenses and losses per audited financial statements	1	25,771,864.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	25,771,864.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	303,992.
b	Other (Describe in Part XIII.)	4b	86,404.
c	Add lines 4a and 4b	4c	390,396.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	26,162,260.

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 24,777.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY INCOME 420,612.

AGENCY CONTRIBUTIONS 1,483,340.

SPECIAL EVENT EXPENSES NETTED AGAINST REVENUES -44,709.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 1,859,243.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY GRANTS 131,113.

SPECIAL EVENT EXPENSES NETTED AGAINST REVENUES -44,709.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 86,404.

Part XIII	Supplemental Information <i>(continued)</i>
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[illegible]

SCHEDULE F
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

Employer identification number

ASPEN COMMUNITY FOUNDATION

84-0829226

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		8,338,732.
3 a Subtotal	0	0			8,338,732.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			8,338,732.

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

Schedule F (Form 990) (Rev. 12-2024)

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* ☐ Yes ☒ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* ☐ Yes ☒ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* ☐ Yes ☒ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* ☐ Yes ☒ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* ☐ Yes ☒ No

Schedule F (Form 990) (Rev. 12-2024)

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

SCHEDULE G
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

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

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
a Mail solicitations
b Internet and email solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of nongovernment grants
f Solicitation of government grants
g Special fundraising events
2 a Did the organization have a written or oral agreement with any individual...
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 main columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ACF CONNECTED (event type)	QUALITY OF LIFE (event type)	NONE (total number)	
Revenue	1 Gross receipts	350,530.	218,527.		569,057.
	2 Less: Contributions	323,880.	199,132.		523,012.
	3 Gross income (line 1 minus line 2)	26,650.	19,395.		46,045.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	24,521.	20,188.		44,709.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				44,709.
	11 Net income summary. Subtract line 10 from line 3, column (d)				1,336.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

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

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

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

Name _____

Address _____

- 16** Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

_____☐

Director/officer

☐

Employee

☐

Independent contractor

- 17** Mandatory distributions:

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

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

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV	Supplemental Information <i>(continued)</i>
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[illegible]

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

ASPEN COMMUNITY FOUNDATION

Employer identification number

84-0829226

Part I General Information on Grants and Assistance

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

☒ **Yes** ☐ **No**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
3 GENERATIONS LONDON TERRACE 234 10TH AVE, PO BOX NEW YORK, NY 10011	20-8688513	501C3	16,000.	0.			GENERAL SUPPORT
5POINT FILM FESTIVAL P.O. BOX 355 CARBONDALE, CO 81623	38-3770309	501C3	50,750.	0.			GENERAL SUPPORT
A WAY OUT P.O. BOX 1124 CARBONDALE, CO 81623	46-1809899	501C3	230,250.	0.			GENERAL OPERATING
ACCESS AFTERSCHOOL P.O. BOX 3141 GLENWOOD SPRINGS, CO 81602	20-0369318	501C3	56,250.	0.			GENERAL OPERATING
ACTION IN AFRICA P.O. BOX 3853 ASPEN, CO 81612	27-3538518	501C3	32,500.	0.			GENERAL SUPPORT
ADVOCATE SAFEHOUSE PROJECT P.O. BOX 2036 GLENWOOD SPRINGS, CO 81602	84-1047611	501C3	30,000.	0.			GENERAL SUPPORT AND LEADERSHIP COACHING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **265.**

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

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

Schedule I (Form 990) (Rev. 12-2024)

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
ALPINE LEGAL SERVICES P.O. BOX 1890 GLENWOOD SPRINGS, CO 81602	84-1061991	501C3	97,630.	0.			GENERAL SUPPORT
AMERICA ABROAD MEDIA 1701 PENNSYLVANIA AVE, NW SUITE 200 WASHINGTON, DC 20003	01-0579796	501C3	125,000.	0.			GENERAL SUPPORT
AMERICAN BRAIN FOUNDATION 201 CHICAGO AVENUE MINNEAPOLIS, MN 55415	41-1717098	501C3	50,000.	0.			TO SUPPORT THE 2026 POTAMKIN PRIZE
AMERICAN CANCER SOCIETY - DENVER PO BOX 370207 DENVER, CO 80237	13-1788491	501C3	10,100.	0.			TO SUPPORT THE KIPPER RESEARCH FUND
AMERICAN CIVIL LIBERTIES UNION FOUNDATION - 125 BROAD STREET, 18TH FLOOR - NEW YORK, NY 10004	13-6213516	501C3	16,000.	0.			GENERAL SUPPORT
ANDERSON RANCH ARTS CENTER P.O. BOX 5598 SNOWMASS VILLAGE, CO 81615	23-7267983	501C3	176,100.	0.			GENERAL AND EVENTS SUPPORT
ANDY ZANCA YOUTH EMPOWERMENT PROGRAM - P.O. BOX 1945 - CARBONDALE, CO 81623	84-1567171	501C3	14,000.	0.			GENERAL OPERATING SUPPORT
ANTI-DEFAMATION LEAGUE 605 THIRD AVENUE, 9TH FLOOR NEW YORK, NY 10158	13-1818723	501C3	8,000.	0.			GENERAL SUPPORT
APPALACHIAN VOICES 589 WEST KING STREET BOONE, NC 28607	56-2049956	501C3	10,000.	0.			GENERAL SUPPORT

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ARC OF THE CENTRAL MOUNTAINS PO BOX 2112 GLENWOOD SPRINGS, CO 81602	81-4190750	501C3	35,000.	0.			GENERAL SUPPORT
ART21, INC. 231 WEST 29TH STREET, SUITE 706 NEW YORK, NY 10001	13-3920288	501C3	50,000.	0.			GENERAL SUPPORT
ASCENDIGO AUTISM SERVICES 695 BUGGY CIRCLE CARBONDALE, CO 81623	20-0940000	501C3	7,500.	0.			TO SUPPORT ASCENDIOBLUE
ASPEN ART MUSEUM 637 EAST HYMAN AVENUE ASPEN, CO 81611	84-0746671	501C3	541,704.	0.			GENERAL SUPPORT
ASPEN CENTER FOR ENVIRONMENTAL STUDIES - 100 PUPPY SMITH STREET - ASPEN, CO 81611	23-7042291	501C3	385,150.	0.			GENERAL SUPPORT AND SUPPORT OF SPECIFIC PROGRAMS
ASPEN CHAPEL 77 MEADOWOOD DRIVE ASPEN, CO 81611	84-6059740	501C3	61,000.	0.			GENERAL SUPPORT
ASPEN COMMUNITY THEATRE P.O. BOX 743 ASPEN, CO 81612	84-0701404	501C3	5,900.	0.			GENERAL SUPPORT
ASPEN COUNTRY DAY SCHOOL 300 MUSIC SCHOOL RD. ASPEN, CO 81611	23-7033239	501C3	110,263.	0.			STAFF STIPENDS AND GENERAL SUPPORT
ASPEN EDUCATION FOUNDATION P.O. BOX 2200 ASPEN, CO 81612	84-1181681	501C3	232,500.	0.			GENERAL SUPPORT AND EVENT SUPPORT

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ASPEN ELKS YOUTH AND VETERANS FUND 510 EAST HYMAN AVE, #300 ASPEN, CO 81611	83-2942664	501C3	10,000.	0.			TO SUPPORT YOUTH
ASPEN FAMILY CONNECTIONS 235 HIGH SCHOOL RD ASPEN, CO 81611	84-6002890	501C3	106,575.	0.			EMERGENCY FINANCIAL ASSISTANCE DISTRIBUTIONS
ASPEN FILM 110 EAST HALLAM ST., SUITE 115 ASPEN, CO 81611	74-2483139	501C3	60,800.	0.			GENERAL SUPPORT AND SUPPORT OF SPECIFIC PROGRAMS
ASPEN GLOBAL CHANGE INSTITUTE 104 MIDLAND AVENUE, SUITE 205 BASALT, CO 81621	84-1305687	501C3	6,000.	0.			GENERAL SUPPORT
ASPEN HISTORICAL SOCIETY 620 WEST BLEEKER STREET ASPEN, CO 81611	84-6037756	501C3	123,250.	0.			GENERAL SUPPORT
ASPEN HOPE CENTER P.O. BOX 1115 BASALT, CO 81621	27-3703825	501C3	570,300.	0.			GENERAL SUPPORT AND SUPPORT OF SUMMER GALA
ASPEN JEWISH CONGREGATION 77 MEADOWOOD DRIVE ASPEN, CO 81611	84-0723135	501C3	151,600.	0.			GENERAL SUPPORT
ASPEN JOURNALISM 1280 SOUTH UTE AVENUE, SUITE 4 ASPEN, CO 81611	35-2400162	501C3	12,500.	0.			GENERAL SUPPORT
ASPEN JUNIOR HOCKEY P.O. BOX 3390 ASPEN, CO 81612	51-0143083	501C3	12,500.	0.			GENERAL SUPPORT

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ASPEN MUSIC FESTIVAL AND SCHOOL 225 MUSIC SCHOOL ROAD ASPEN, CO 81611	84-0445087	501C3	123,400.	0.			GENERAL SUPPORT
ASPEN SANTA FE BALLET 0245 SAGE WAY ASPEN, CO 81611	84-1150857	501C3	119,250.	0.			THE PURPOSE OF THIS GRANT IS GENERAL SUPPORT.
ASPEN SCHOOL DISTRICT PRESCHOOL 235 HIGH SCHOOL RD ASPEN, CO 81611	84-6002890	501C3	15,000.	0.			TUITION ASSISTANCE FOR FAMILIES
ASPEN SCIENCE CENTER 520 S THIRD ST., STE. 9 CARBONDALE, CO 81623	84-1677611	501C3	89,660.	0.			GENERAL SUPPORT
ASPEN SKIING COMPANY ENVIRONMENT FOUNDATION - ASPEN SKIING COMPANY - ASPEN, CO 81612	84-1428863	501C3	121,543.	0.			EMPLOYEE DONATION MATCH
ASPEN VALLEY HEALTH FOUNDATION 0401 CASTLE CREEK ROAD ASPEN, CO 81611	46-0865487	501C3	62,152.	0.			GENERAL SUPPORT
ASPEN VALLEY LAND TRUST 320 MAIN STREET, SUITE 204 CARBONDALE, CO 81623	84-0574754	501C3	110,460.	0.			GENERAL SUPPORT
ASPEN VALLEY SKI & SNOWBOARD CLUB 300 AVSC DRIVE ASPEN, CO 81611	84-6042225	501C3	241,284.	0.			GENERAL SUPPORT AND \$1,000 TOWARDS THE RODEO EVENT
ASPEN WORDS 110 E HALLAM ST., STE 109 ASPEN, CO 81611-1461	84-0399006	501C3	70,850.	0.			GENERAL SUPPORT

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ASPEN YOUTH CENTER P.O. BOX 8266 ASPEN, CO 81612	74-2554280	501C3	36,500.	0.			GENERAL SUPPORT
BASALT BAND BOOSTERS 51 SCHOOL STREET BASALT, CO 81621	20-2423040	501C3	10,000.	0.			HAPPY HOLIDAYS, FROM GINGER AND JACOB OPP.
BEST BUDDIES COLORADO 2340 DAYTON ST. AURORA, CO 80010	52-1614576	501C3	6,000.	0.			BEST BUDDIES FRIENDSHIP WALK, BASALT, JUNE 2025
BEST BUDDIES INTERNATIONAL 100 SOUTHEAST SECOND ST., SUITE 220 MIAMI, FL 33131	52-1614576	501C3	30,500.	0.			GENERAL SUPPORT
BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON ROAD KANAB, UT 84741	23-7147797	501C3	237,250.	0.			GENERAL SUPPORT
BIG DOG RANCH RESCUE 14444 OKEECHOBEE BOULEVARD LOXAHATCHEE GROVES, FL 33470	26-3184971	501C3	6,000.	0.			TO SUPPORT WINE, WOMAN, AND SHOES 2026
BIG GREEN 11001 WEST 120TH AVENUE, SUITE 400 BROOMFIELD, CO 80021	27-5083595	501C3	250,000.	0.			TO SUPPORT THE LOST GARDEN OF ATLANTIS
BLUE LAKE PRESCHOOL 0189 JW DRIVE, STE. C CARBONDALE, CO 81623	84-1544750	501C3	589,500.	0.			CHILDCARE STAFF STIPENDS
BLUE RISING 300 CENTER DR STE G PMB 358 SUPERIOR, CO 80027	86-2707421	501C3	20,000.	0.			GENERAL SUPPORT AND IS IN HONOR OF BAILEY SHAW

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BRIDGING BIONICS FOUNDATION P.O. BOX 3766 BASALT, CO 81621	46-2182977	501C3	30,000.	0.			TO SUPPORT THE REHABILITATION PROGRAM
BUCKHORN PUBLIC ARTS 557 N MILL ST, # 301 ASPEN, CO 81611-1513	92-3949718	501C3	17,500.	0.			GENERAL SUPPORT
BURNING MAN PROJECT 660 ALABAMA STREET, 4TH FLOOR SAN FRANCISCO, CA 94110	45-2638273	501C3	30,000.	0.			GENERAL SUPPORT AND RISING SPARKS PROGRAM SUPPORT
CARBONDALE ARTS P.O. BOX 175 CARBONDALE, CO 81623	84-0729842	501C3	8,500.	0.			GENERAL SUPPORT
CARE AND SHARE FOODBANK 2605 PREAMBLE COURT COLORADO SPRINGS, CO 80915	84-0731930	501C3	20,000.	0.			GENERAL SUPPORT
CASA OF THE NINTH P.O. BOX 3004 GLENWOOD SPRINGS, CO 81602	45-2663126	501C3	47,750.	0.			IN HONOR OF GINA MURDOCK AND FAMILY.
CASCADES TENNIS JUNIOR SCHOLARSHIP FUND - 39060 HIGHWAY 82 UNIT 15 - ASPEN, CO 81611	88-2263515	501C3	6,000.	0.			TO PROVIDE FREE LESSONS FOR THE ASPEN VALLEY'S CHILDREN THAT CANNOT AFFORD TO PAY
CELEBRATE THE BEAT P.O. BOX 6381 DILLON, CO 80435	20-0670553	501C3	10,500.	0.			GENERAL SUPPORT
CHABAD JEWISH COMMUNITY CENTER 435 WEST MAIN STREET ASPEN, CO 81611	22-3787221	501C3	6,780.	0.			AND MADE IN HONOR OF R. MINTZ AND OCTOBER CORRESPONDENCE WITH INGA

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

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CHALLENGE ASPEN P.O. BOX 6639 SNOWMASS VILLAGE, CO 81615	84-1315910	501C3	10,000.	0.			GENERAL SUPPORT
CHILDRENS ONCOLOGY SUPPORT FUND 8335 W SUNSET BLVD., STE 244 LOS ANGELES, CA 90069	88-2690798	501C3	10,800.	0.			TO SUPPORT THE ASPEN SNOW BALL EVENT
CHILDREN'S HOSPITAL COLORADO FOUNDATION - 13123 EAST 16TH AVENUE, B045 - AURORA, CO 80045	84-0813462	501C3	115,000.	0.			GENERAL SUPPORT
CHILDREN'S ROCKY MOUNTAIN SCHOOL 126 MAIN STREET CARBONDALE, CO 81623	84-1466269	501C3	40,000.	0.			UPGRADE SCHOOL SECURITY AND SCHOLARSHIP SUPPORT
CHILENO BAY FOUNDATION 4800 N. SCOTTSDALE RD., SUITE 3850 SCOTTSDALE, AZ 85251	84-2784286	501C3	35,000.	0.			GENERAL SUPPORT
CHRIS KLUG FOUNDATION P.O. BOX 64 ASPEN, CO 81612	84-1628444	501C3	6,000.	0.			GENERAL SUPPORT
CITY OF HOPE HEALTH CARE SERVICES DBA WELLSRING HEALTH ACCESS - PO BOX 452 - LOVELAND, CO 80539	87-1195144	501C3	10,000.	0.			TO SUPPORT THE GRAND JUNCTION, COLORADO CLINIC GRAND OPENING
CLEAN ENERGY ECONOMY FOR THE REGION (CLEER) - P.O. BOX 428 - CARBONDALE, CO 81623	20-0563392	501C3	9,000.	0.			GENERAL SUPPORT
CLIMATE DEMOCRACY INITIATIVE 1536 WYNKOOP ST. SUITE 427 DENVER, CO 80202	92-0943342	501C3	250,000.	0.			GENERAL SUPPORT

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CLIMATE EMERGENCY FUND 8605 SANTA MONICA BLVD #56492 WEST HOLLYWOOD, CA 90069	84-2151545	501C3	20,000.	0.			GENERAL SUPPORT
COBALT FOUNDATION P.O. BOX 22485 DENVER, CO 80222	84-6050191	501C3	15,000.	0.			TO SUPPORT THE MEDICARE CLINICAL CONSULTING TRAINING PROGRAM
COLORADO ANIMAL RESCUE 2801 COUNTY ROAD 114 GLENWOOD SPRINGS, CO 81601	84-1208087	501C3	210,800.	0.			GENERAL SUPPORT
COLORADO FOURTEENERS INITIATIVE 1511 WASHINGTON AVENUE, #310 GOLDEN, CO 80401	84-1354844	501C3	7,167.	0.			GENERAL SUPPORT
COLORADO MOUNTAIN COLLEGE FOUNDATION - 802 GRAND AVENUE - GLENWOOD SPRINGS, CO 81601	74-2393418	501C3	13,500.	0.			TO SUPPORT SCHOLARSHIPS
COLORADO OUTWARD BOUND SCHOOL 1930 HIGHWAY 300 LEADVILLE, CO 80461	84-0512779	501C3	50,000.	0.			TO SUPPORT THE OUTWARD BOUND SCHOLARSHIP
COLORADO RIVER BOCES P.O. BOX 68 PARACHUTE, CO 81635	82-1662630	501C3	17,000.	0.			TO SUPPORT SKILLED TRADES
COLORADO RIVER VALLEY TEAM P.O. BOX 18770 DENVER, CO 80218	84-1493585	501C3	22,200.	0.			GENERAL SUPPORT
COLORADO ROCKY MOUNTAIN SCHOOL 500 HOLDEN WAY CARBONDALE, CO 81623	84-0425174	501C3	59,000.	0.			TO SUPPORT THE HS(2) PROGRAM

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COLORADO STATE UNIVERSITY FOUNDATION - P.O. BOX 1870 - FORT COLLINS, CO 80522-1870	23-7098397	501C3	291,000.	0.			TO SUPPORT THE CNHP RESTORATION AND EDUCATION FUND (80673)
COLORADO WATER TRUST 1312 17TH STREET #766 DENVER, CO 80202	84-1606567	501C3	26,000.	0.			SUPPORT FOR CONTINUING OPERATION OF SEASONAL GAUGES ON THE CRYSTAL RIVER AND WEB DASHBOARD
COMMUNITY FOUNDATION OF NORTHERN NEVADA - 50 WASHINGTON ST., STE 300 - RENO, NV 89503	88-0370179	501C3	25,000.	0.			TO SUPPORT NEVADA WOMEN'S PHILANTHROPY ENDOWMENT FUND
COMMUNITY HEALTH SERVICES, INC 360 W SOPRIS CREEK ROAD BASALT, CO 81621	84-0609057	501C3	6,750.	0.			GENERAL SUPPORT
COMMUNITY OFFICE FOR RESOURCE EFFICIENCY - 129 EMMA ROAD, UNIT B - BASALT, CO 81621-8301	84-1280543	501C3	221,000.	0.			GENERAL SUPPORT
CONSERVATION COLORADO EDUCATION FUND - 303 E. 17TH AVE. - DENVER, CO 80203	84-0614285	501C3	203,250.	0.			GENERAL SUPPORT
COOK INCLUSIVE 50 WEANT BLVD CARBONDALE, CO 81623	87-3151808	501C3	111,720.	0.			SPONSORSHIP FOR 2025 GLENWOOD SPRINGS PRIDE FESTIVAL
COPIRG FOUNDATION 1543 WAZEE STREET DENVER, CO 80202	74-2313874	501C3	400,000.	0.			TO SUPPORT THE WHAT IF LAB
CR BOCES - YAMPAH MOUNTAIN HIGH SCHOOL - 695 RED MT DRIVE - GLENWOOD SPRINGS, CO 81601	82-1662630	501C3	29,000.	0.			GENERAL OPERATING FOR YMHS TEEN PARENT PROGRAM

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DANA-FARBER CANCER INSTITUTE P.O. BOX 849168 BOSTON, MA 02284	04-2263040	501C3	450,000.	0.			TO SUPPORT DR. MARINAC'S RESEARCH
DANCE ASPEN 406 EAST HOPKINS AVENUE ASPEN, CO 81611	86-2924498	501C3	211,500.	0.			REQ. LHL
DEMOCRACY NOW 207 WEST 25TH STREET, 11TH FLOOR NEW YORK, NY 10001	01-0708733	501C3	50,000.	0.			GENERAL SUPPORT
DENVER ART MUSEUM PO BOX 17765 DENVER, CO 80217	84-6038240	501C3	26,000.	0.			GENERAL SUPPORT
DIA ART FOUNDATION 535 WEST 22ND STREET, 4TH FLOOR NEW YORK, NY 10010	23-7397946	501C3	197,000.	0.			PROJECT SUPPORT FOR DUANE LINKLATER AT DIA CHELSEA
DOCTORS WITHOUT BORDERS USA 40 RECTOR STREET, 16TH FLOOR NEW YORK, NY 10006	13-3433452	501C3	20,000.	0.			GENERAL SUPPORT
DOMESTIC VIOLENCE RESOURCE CENTER OF SOUTH COUNTY - 61 MAIN ST. - WAKEFIELD, RI 02879	05-0377538	501C3	10,000.	0.			GENERAL SUPPORT
EARLY CHILDHOOD NETWORK 1317 GRAND AVE., STE. 125 GLENWOOD SPRINGS, CO 81601	27-1447905	501C3	28,500.	0.			GENERAL SUPPORT
EARLY LEARNING CENTER OF ASPEN 215 N GARMISCH ST. ASPEN, CO 81611	84-1160185	501C3	18,000.	0.			TUITION ASSISTANCE

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EARTHJUSTICE 50 CALIFORNIA STREET, SUITE 500 SAN FRANCISCO, CA 94111	94-1730465	501C3	5,500.	0.			GENERAL SUPPORT
ECOFLIGHT 307 AABC, SUITE L ASPEN, CO 81611	80-0012615	501C3	26,250.	0.			GENERAL SUPPORT
ECONIC EARTH FOUNDATION 7190 W. SUNSET BLVD, #250 LOS ANGELES, CA 90046	47-2901056	501C3	33,000.	0.			GENERAL SUPPORT
ELBIE AND WILMA GANN MEMORIAL FOUNDATION DBA MOUNT SOPRIS MONTESSORI SCHOOL - 879 EUCLID AVENUE - CARBONDALE, CO 81623	84-0864777	501C3	7,000.	0.			GENERAL OPERATING SUPPORT
EMPOWERS AFRICA 2 BEEKMAN PLACE, SUITE 18B NEW YORK, NY 10022	32-0403737	501C3	23,500.	0.			TO SUPPORT THE RHINO RELATION DOCUMENTARY
ENGLISH IN ACTION 33 GILLESPIE DRIVE EL JEBEL, CO 81623	26-1254643	501C3	548,775.	0.			GENERAL SUPPORT
EPISCOPAL COMMUNITY SERVICES OF SAN FRANCISCO - 165 8TH ST. - SAN FRANCISCO, CA 94103	94-3096716	501C3	20,000.	0.			FOR GENERAL PURPOSES.
EQUALITY NOW PO BOX 411860 BOSTON, CO 02241-1860	13-3660566	501C3	50,000.	0.			GENERAL SUPPORT
FAMILY RESOURCE CENTER OF THE ROARING FORK SCHOOLS - 400 SOPRIS AVENUE - CARBONDALE, CO 81623	84-6012220	501C3	49,880.	0.			RELIEF EFFORTS FOR NEWCOMERS

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FIRST STEPS COLLEGE, LLC 56 FLYING FISH RD. CARBONDALE, CO 81623	99-4261003	501C3	11,250.	0.			CHILDCARE STAFF STIPENDS
FISHER ISLAND DAY SCHOOL 2 FISHER ISLAND DRIVE MIAMI BEACH, FL 33109	06-1650070	501C3	20,000.	0.			GENERAL SUPPORT
FOCUSEDKIDS P.O. BOX 2042 CARBONDALE, CO 81623	81-4090184	501C3	27,000.	0.			EXPANSION OF THE FOCUSEDKIDS MODEL IN PRE-KINDERGARTEN AND EARLY ELEMENTARY
FOOD BANK OF SANTA BARBARA COUNTY 82 COROMAR DR GOLETA, CA 93117	77-0169214	501C3	8,000.	0.			GENERAL SUPPORT
FOOD BANK OF THE ROCKIES 10700 EAST 45TH AVENUE DENVER, CO 80239	84-0772672	501C3	110,250.	0.			HAPPY HOLIDAYS, FROM CARA CALVIN.
FOREST CONSERVANCY 1012 BROOKIE DRIVE CARBONDALE, CO 81623	84-1583104	501C3	38,500.	0.			GENERAL SUPPORT
FRIENDS OF COLORADO AVALANCHE INFORMATION CENTER (CAIC) - P.O. BOX 1117 - EVERGREEN, CO 80437	76-0788329	501C3	5,167.	0.			GENERAL SUPPORT
FRIENDS OF THE ANIMAL SHELTER- AIKEN COUNTY - P.O. BOX 2207 - AIKEN, SC 29802	27-0609272	501C3	5,500.	0.			GENERAL SUPPORT
FRIENDS OF THE ASPEN ANIMAL SHELTER - 101 ANIMAL SHELTER ROAD - ASPEN, CO 81611	84-1564816	501C3	14,000.	0.			GENERAL SUPPORT

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GANNA WALSKA LOTUSLAND 695 ASHLEY ROAD SANTA BARBARA, CA 93108	23-7082550	501C3	6,750.	0.			GENERAL SUPPORT
GARFIELD COUNTY SCHOOL DISTRICT #16 - P.O. BOX 68 - PARACHUTE, CO 81635	84-6001236	501C3	253,550.	0.			SUPPORTING EDUCATIONAL PROGRAMS
GARFIELD SCHOOL DISTRICT RE-2 839 WHITERIVER AVENUE RIFLE, CO 81650	84-0525428	501C3	45,200.	0.			SUPPORTING EDUCATIONAL PROGRAMS
GATEWAY FOR CANCER RESEARCH 1449 SOUTH MICHIGAN AVE, STE 13128 CHICAGO, IL 60605	73-1386920	501C3	25,000.	0.			WE SALUTE JIM GORDON AND THE EDGEWATER FUND FOR THEIR EFFORTS TO IMPROVE HEALTH AND PROVIDE HOPE
GLOBAL LIVINGSTON INSTITUTE 1031 33RD STREET, SUITE 235 DENVER, CO 80205	45-4683531	501C3	20,000.	0.			GENERAL SUPPORT
GLOBAL WARMING MITIGATION PROJECT 411 EAST MAIN STREET, SUITE 205 ASPEN, CO 81611	82-3056808	501C3	102,500.	0.			TO SUPPORT THE ANNUAL CAMPAIGN
GLOBALGIVING FOUNDATION 1 THOMAS CIRCLE NW, SUITE 800 WASHINGTON, DC 20005	30-0108263	501C3	15,000.	0.			TO SUPPORT THE MOQAH FOUNDATION
GOOD PLUS FOUNDATION 306 WEST 37TH STREET, 8TH FLOOR NEW YORK, NY 10018	31-1777082	501C3	25,000.	0.			GENERAL SUPPORT
GREAT EXPECTATIONS 401 23RD ST., #204 GLENWOOD SPRINGS, CO 81601	84-1001484	501C3	41,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HABITAT FOR HUMANITY OF THE ROARING FORK VALLEY - 7025 HIGHWAY 82, BOX #2 - GLENWOOD SPRINGS, CO 81601	84-1499538	501C3	40,185.	0.			GENERAL SUPPORT
HAMMER MUSEUM OF ART AND CULTURAL CENTER, AT UCLA - 10899 WILSHIRE BOULEVARD - LOS ANGELES, CA 90024	95-4217197	501C3	635,000.	0.			GENERAL SUPPORT
HARVEST FOR HUNGER P.O. BOX 5953 SNOWMASS VILLAGE, CO 81615	85-2031161	501C3	106,650.	0.			GENERAL SUPPORT
HEADQUARTERS 23400 TWO RIVERS ROAD #46 BASALT, CO 81621	81-3353572	501C3	180,330.	0.			MENTAL HEALTH FUND SUBSIDIES
HIGH COUNTRY VOLUNTEERS 1402 BLAKE AVENUE GLENWOOD SPRINGS, CO 81601	86-1766079	501C3	20,000.	0.			GENERAL SUPPORT
HIGH FIVES FOUNDATION P.O. BOX 3212 TRUCKEE, CA 96160	26-4275773	501C3	6,000.	0.			GENERAL SUPPORT
HIGHWATER FARM P.O. BOX 594 GLENWOOD SPRINGS, CO 81602	84-3715918	501C3	123,385.	0.			GENERAL SUPPORT
HOLOCAUST MEMORIAL FOUNDATION OF ILLINOIS - 9603 WOODS DRIVE - SKOKIE, IL 60077	36-3156154	501C3	15,000.	0.			AND MADE IN HONOR OF OLIVER WILSON'S HIGH SCHOOL GRADUATION.
HEMOCARE & HOSPICE OF THE VALLEY 823 GRAND AVENUE, #300 GLENWOOD SPRINGS, CO 81601	26-3651313	501C3	9,500.	0.			GENERAL SUPPORT

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HOTCHKISS SCHOOL 11 INTERLAKEN ROAD LAKEVILLE, CT 06039	06-0647018	501C3	999,916.	0.			TO SUPPORT THE SCHOLARSHIP ENDOWMENT
INDEPENDENCE PASS FOUNDATION P.O. BOX 1700 ASPEN, CO 81612	84-1133782	501C3	6,750.	0.			IN HONOR OF ELLEN HUNT
INTERNATIONAL DOCUMENTARY ASSOCIATION - 3600 WILSHIRE BLVD., STE 1810 - LOS ANGELES, CA 90010-2622	95-3911227	501C3	53,500.	0.			TO SUPPORT THE FILM TITLED "THE COLLECTORS' COLLECTORS" (FILM ID: 5445)
JAZZ ASPEN SNOWMASS 110 EAST HALLAM STREET, SUITE 118 ASPEN, CO 81611	84-1220222	501C3	409,500.	0.			GENERAL SUPPORT
JEWBELONG 37 WEST 20TH STREET, SUITE #307 NEW YORK, NY 10011	81-3739789	501C3	13,000.	0.			GENERAL SUPPORT
JEWISH FAMILY AND CHILDREN'S SERVICE OF GREATER PHILADELPHIA - 345 MONTGOMERY AVENUE - BALA CYNWYD, PA 19004	23-1352026	501C3	9,000.	0.			GENERAL SUPPORT
JEWISH FAMILY SERVICE OF COLORADO 3201 SOUTH TAMARAC DRIVE, SUITE 100 DENVER, CO 80231	84-0402701	501C3	5,550.	0.			TO SUPPORT THE LUNCHEON HONORING LORI DRESNER ON APRIL 22
JEWISH FEDERATION OF GREATER METROWEST - 901 ROUTE 10 - WHIPPANY, NJ 07981	22-1487222	501C3	5,500.	0.			A UJA UNRESTRICTED 2025 GRANT
JEWISHCOLORADO 300 SOUTH DAHLIA STREET, SUITE 300 DENVER, CO 80246	01-0831698	501C3	16,800.	0.			GENERAL SUPPORT

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JOHNS HOPKINS UNIVERSITY 750 EAST PRATT STREET, 17TH FLOOR BALTIMORE, MD 21202	52-0595110	501C3	60,000.	0.			TO SUPPORT THE CENTER FOR INNOVATIVE MEDICINE/CIM SCHOLAR- FUND FOR JOHNS HOPKINS MEDICINE
JOURNEY HOME ANIMAL CARE CENTER 1500 PREFONTAINE AVENUE RIFLE, CO 81650	84-1500637	501C3	17,000.	0.			GENERAL SUPPORT
JUDD FOUNDATION 101 SPRING STREET NEW YORK, NY 10012	74-2798673	501C3	35,000.	0.			GENERAL SUPPORT
JUNIOR ACHIEVEMENT - ROCKY MOUNTAIN INC. - 6500 GREENWOOD PLAZA BLVD. - GREENWOOD VILLAGE, CO 80111	84-0430495	501C3	33,333.	0.			GENERAL SUPPORT
KISS THE GROUND P.O. BOX 515381 PMB 63508 LOS ANGELES, CA 90051-6681	46-4507696	501C3	50,000.	0.			GENERAL SUPPORT
LA CLINICA DEL PUEBLO DBA THE PEOPLE'S CLINIC - 520 S 3RD ST - CARBONDALE, CO 81623	47-1805672	501C3	370,000.	0.			GENERAL SUPPORT
LIFT-UP (LIFE INTER FAITH TEAM ON UNEMPLOYMENT AND POVERTY) - 100 MIDLAND AVE UNIT 270 - GLENWOOD SPRINGS, CO 81601	84-0896081	501C3	117,750.	0.			GENERAL SUPPORT AND TO SUPPORT THE FARM 2 FOOD PANTRY PROGRAM
LITERACY OUTREACH 1127 SCHOOL STREET GLENWOOD SPRINGS, CO 81601	26-4713475	501C3	30,000.	0.			AND FROM NOELIA RAMOS.
LITTLE RED SCHOOL HOUSE DBA WOODY CREEK KIDS - P.O. BOX 615 - WOODY CREEK, CO 81656	81-2572813	501C3	23,625.	0.			CHILDCARE STAFF STIPENDS

Schedule I (Form 990)

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LOTUS CAMPAIGN PO BOX 29097 CHARLOTTE, NC 28229-9097	82-4662347	501C3	23,714.	0.			TO SUPPORT THE 7TH BIRTHDAY FUND
LUCKY DAY ANIMAL RESCUE OF COLORADO - P.O. BOX 8856 - ASPEN, CO 81612	45-3508032	501C3	45,500.	0.			GENERAL SUPPORT
MERIT AMERICA 712 H STREET NE, SUITE 1560 WASHINGTON, DC 20002-3627	84-2108762	501C3	10,000.	0.			TO SUPPORT CONNOR DIEMAND-YAUMAN'S DISCRETIONARY FUND
MI SANGRE FOUNDATION CORPORATION 1881 NW 93RD AVENUE DORAL, FL 33172	20-5855508	501C3	15,000.	0.			GENERAL SUPPORT
MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH - GRAND CENTRAL STATION - NEW YORK, NY 10163	13-4141945	501C3	15,000.	0.			GENERAL SUPPORT
MIDDLE COLORADO WATERSHED COUNCIL 200 LIONS PARK CIRCLE RIFLE, CO 81650	46-4352983	501C3	15,000.	0.			GENERAL SUPPORT
MISSION BELONGING 11140 ROCKVILLE PIKE, SUITE 100 - 6 ROCKVILLE, MD 20852	81-4784695	501C3	35,000.	0.			GENERAL SUPPORT
MOUNTAIN FAMILY HEALTH CENTERS P.O. BOX 339 GLENWOOD SPRINGS, CO 81602	84-0742145	501C3	282,000.	0.			GENERAL OPERATING SUPPORT
MOUNTAIN RESCUE ASPEN 37925 HIGHWAY 82 ASPEN, CO 81611	84-6042237	501C3	8,250.	0.			GENERAL SUPPORT

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MOUNTAIN VALLEY DEVELOPMENTAL SERVICES, INC. - P.O. BOX 338 - GLENWOOD SPRINGS, CO 81602	84-0687930	501C3	5,250.	0.			GENERAL SUPPORT
MUSEUM OF CONTEMPORARY ART DENVER (MCA DENVER) - 1485 DELGANY STREET - DENVER, CO 80202	84-1366092	501C3	21,000.	0.			TO SUPPORT GENERAL PROGRAMMING
NATIONAL JEWISH HEALTH P.O. BOX 17169 DENVER, CO 80217-0169	74-2044647	501C3	11,450.	0.			TO SUPPORT 2025 REV THE RUNWAY ASPEN
NATIONAL WORLD WAR II MUSEUM 945 MAGAZINE STREET NEW ORLEANS, LA 70130-3813	72-1200790	501C3	75,335.	0.			CUSTOMER ID: 03008; 2025 NORMANDY ACADEMY FOR 13 STUDENTS
NESHAMA CENTER ASPEN P.O. BOX 8064 ASPEN, CO 81612	14-1964306	501C3	9,000.	0.			TO SUPPORT THE ANNUAL FUND
NEW ERA COLORADO FOUNDATION PO BOX 181153 DENVER, CO 80218	26-1389272	501C3	10,000.	0.			GENERAL SUPPORT
NEW VENTURE FUND 1828 L ST NW, #400-A WASHINGTON, DC 20036	20-5806345	501C3	15,000.	0.			TO SUPPORT PROJECT BULLHORN
NEWPORT FESTIVALS FOUNDATION P.O. BOX 3865 NEWPORT, RI 02840	27-4099544	501C3	20,000.	0.			AND MADE ON BEHALF OF HEATHER BELL
NJS KINDER COTTAGE LLC 400 ALEXANDER LANE BASALT, CO 81621	30-0963807	501C3	10,125.	0.			CHILDCARE STAFF STIPENDS

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NORTH AMERICAN VALUES INSTITUTE 2935 E. MAIN ST., UNIT 9406 COLUMBUS, OH 43209	87-3619728	501C3	99,000.	0.			GENERAL SUPPORT AND SUPPORT OF SPECIFIC PROGRAMS
NORTHWELL HEALTH FOUNDATION 2000 MARCUS AVE NEW HYDE PARK, NY 11042	11-2965575	501C3	7,600.	0.			TO SUPPORT THE LENOX HILL BRAIN TUMOR CENTER GALA
NORTHWESTERN UNIVERSITY NORTHWESTERN FEINBERG SCHOOL OF MED CHICAGO, IL 60611	36-2167817	501C3	23,320.	0.			TO SUPPORT THE INSTITUTE FOR GLOBAL HEALTH EVENT
NOT SO BORING BIBLE PO BOX 4206 BASALT, CO 81621	85-1003101	501C3	10,000.	0.			TO SUPPORT HOMES OF HOPE HOUSE BUILDING IN COSTA RICA ON BEHALF OF THE OPP FAMILY
OUR SCHOOL 3126 SOUTH GRAND AVENUE GLENWOOD SPRINGS, CO 81601	84-1406053	501C3	9,000.	0.			GENERAL OPERATING SUPPORT
PA'IA YOUTH COUNCIL INC PO BOX 790999 PA'IA, HI 96779-0999	99-0309263	501C3	6,000.	0.			TO CONTINUE MOLDING LOCAL MAUI KIDS INTO ADULTS WHO RESPECT THE 'AINA AND STRIVE TO LIVE PONO
PATHFINDERS P.O. BOX 11799 ASPEN, CO 81612	20-1710899	501C3	68,000.	0.			GENERAL SUPPORT
PHILADELPHIA YOUTH BASKETBALL 4250 WISSAHICKON AVENUE PHILADELPHIA, PA 19129	47-3758442	501C3	20,000.	0.			GENERAL SUPPORT
PITKIN COUNTY LIBRARY 120 NORTH MILL STREET ASPEN, CO 81611	84-6000794	501C3	15,000.	0.			GENERAL SUPPORT

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PLANNED PARENTHOOD OF THE ROCKY MOUNTAINS - PO BOX 104474 - PASADENA, CA 91189-4474	84-0404253	501C3	151,000.	0.			THE CO MEDICAID EXPANSION PROGRAM: ATTENTION MEIKO LUNETTA
PLANNED PARENTHOOD OF THE ROCKY MOUNTAINS, INC. - 50923 HIGHWAY 6 - GLENWOOD SPRINGS, CO 81601	84-0404253	501C3	20,450.	0.			GENERAL SUPPORT
PROTECT OUR WINTERS 1919 14TH STREET, SUITE 700 BOULDER, CO 80302	20-8474909	501C3	32,500.	0.			GENERAL SUPPORT
READ TO SUCCEED SIX WATER VALLEY ROAD HOPE, RI 02831	74-3236898	501C3	20,000.	0.			FOR GENERAL PURPOSES.
RECOVERY RESOURCES P.O. BOX 373 SNOWMASS, CO 81654	81-4075657	501C3	6,250.	0.			GENERAL SUPPORT
RED BRICK CENTER FOR THE ARTS 110 EAST HALLAM STREET, SUITE 118 ASPEN, CO 81611	84-0632118	501C3	20,000.	0.			GENERAL SUPPORT
REDSTONE HISTORICAL SOCIETY 295 REDSTONE BLVD REDSTONE, CO 81623	74-2376170	501C3	30,000.	0.			TO SUPPORT THE MISSION TO ACQUIRE AND PRESERVE THE DURRETT HOUSE
REGENTS OF THE UNIVERSITY OF MICHIGAN - 777 E. EISENHOWER PARKWAY, SUITE 650 - ANN ARBOR, MI 48108	38-6006309	501C3	100,000.	0.			TO SUPPORT THE MICHIGAN MEDICINE SCLEROLAB LED BY DR. VARGA
RESPONSE 325 E CODY LANE BASALT, CO 81621	74-2328814	501C3	86,350.	0.			ACF TEEN GIVING CIRCLE HONORARIUM

Schedule I (Form 990)

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RIDING INSTITUTE FOR DISABLED EQUESTRIANS - 2804 COUNTY ROAD 250 - SILT, CO 81652	84-1163848	501C3	13,000.	0.			RIDE TO THRIVE: RECOVERY FOR AT-RISK STUDENTS
RIVER BRIDGE REGIONAL CENTER 520 21ST STREET GLENWOOD SPRINGS, CO 81601	45-5464778	501C3	61,750.	0.			GENERAL SUPPORT
RIVER CENTER OF NEW CASTLE, INC. P.O. BOX 272 NEW CASTLE, CO 81647	27-3837160	501C3	45,500.	0.			GENERAL SUPPORT
ROARING FORK CONSERVANCY P.O. BOX 3349 BASALT, CO 81621	84-1375379	501C3	10,250.	0.			GENERAL SUPPORT
ROARING FORK MOUNTAIN BIKE ASSOCIATION - P.O. BOX 2635 - ASPEN, CO 81612	46-5412595	501C3	53,500.	0.			GENERAL SUPPORT
ROARING FORK MUSIC SOCIETY, INC. P.O. BOX 503 CARBONDALE, CO 81623	46-5333149	501C3	12,000.	0.			ROARING FORK YOUTH ORCHESTRA - MUSICA SILT AND NEW CASTLE
ROARING FORK OUTDOOR VOLUNTEERS 520 SOUTH THIRD STREET, #32 CARBONDALE, CO 81623	84-1302819	501C3	103,315.	0.			GENERAL SUPPORT
ROARING FORK PRECOLLEGIATE 400 SOPRIS AVENUE CARBONDALE, CO 81623	84-3221793	501C3	42,598.	0.			GENERAL SUPPORT
ROARING FORK PUBLIC RADIO, INC. DBA ASPEN PUBLIC RADIO - 110 E HALLAM ST #134 - ASPEN, CO 81611	84-0884901	501C3	220,739.	0.			GENERAL SUPPORT

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ROARING FORK SCHOOL DISTRICT RE-1 400 SOPRIS AVENUE CARBONDALE, CO 81623	84-6012220	501C3	21,150.	0.			GRANT FUNDING TO HELP RFSD FAMILIES COVER EARLY CHILDHOOD EDUCATION TUITION COSTS.
ROARING FORK VALLEY EARLY LEARNING FUND DBA RAISING A READER ASPEN TO PARACHUTE - P.O. BOX 2533 - GLENWOOD SPRINGS, CO 81602	55-0873041	501C3	75,250.	0.			FOR 2-GEN EARLY LITERACY PROGRAMS SUPPORTING CAREGIVERS AND CHILDREN AGES 05.
ROCKY MOUNTAIN PBS 2101 ARAPAHOE STREET DENVER, CO 80205	84-0510785	501C3	54,250.	0.			GENERAL SUPPORT
ROOM TO READ 465 CALIFORNIA STREET, SUITE 1000 SAN FRANCISCO, CA 94104	91-2003533	501C3	10,000.	0.			GENERAL SUPPORT
ROSS MONTESSORI PRESCHOOL 109 LEWIES LANE CARBONDALE, CO 81623	20-2556775	501C3	7,000.	0.			GENERAL OPERATING SUPPORT
RUSH UNIVERSITY SYSTEM FOR HEALTH RUSH OFFICE OF PHILANTHROPY CHICAGO, IL 60673-1280	36-2174823	501C3	50,000.	0.			TO SUPPORT THE DIANE HOWARD CAREER DEVELOPMENT AND LEADERSHIP CENTER
SAFE AND ABUNDANT NUTRITION ALLIANCE SANA - 530 S THIRD ST STE 8 - CARBONDALE, CO 81623	84-0829226	501C3	205,880.	0.			TO SUPPORT SANA IN THE ROARING FORK VALLEY. IT IS INTENDED TO PROVIDE NUTRITIOUS FOOD TO PEOPLE
SHINING STARS FOUNDATION P.O. BOX 1308 ASPEN, CO 81612	84-1526586	501C3	9,500.	0.			GENERAL SUPPORT
SMILING GOAT RANCH 315 FAWN DRIVE CARBONDALE, CO 81623	47-2019316	501C3	15,000.	0.			GENERAL SUPPORT

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SNOW CUBS P.O. BOX 1248 ASPEN, CO 81612	84-0994002	501C3	58,385.	0.			CHILDCARE STAFF STIPENDS
SOPRIS SUN 520 S THIRD ST., #36 CARBONDALE, CO 81623	26-4219405	501C3	9,000.	0.			AND MADE IN HONOR OF TOM FRIEDMAN
SQUARED NETWORK PO BOX 960003 BOSTON, MA 02196	92-1469219	501C3	110,000.	0.			GENERAL SUPPORT
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - ALSAC - MEMPHIS, TN 38105	62-0646012	501C3	10,000.	0.			GENERAL SUPPORT
STEADMAN PHILIPPON RESEARCH INSTITUTE - 181 WEST MEADOW DRIVE, SUITE 1000 - VAIL, CO 81657	88-0245022	501C3	65,000.	0.			GENERAL SUPPORT
STEPPING STONES OF THE ROARING FORK VALLEY - 1010 GARFIELD AVENUE - CARBONDALE, CO 81623	46-4740539	501C3	138,600.	0.			TO SUPPORT YOUTH FOOD PROGRAMS
STRONG START BRIGHT FUTURE 1275 S. CORONA ST. DENVER, CO 80210	39-3062245	501C3	50,000.	0.			CAMPAIGN CONTRIBUTION
STUDENT DIPLOMACY CORPS 424 WEST 54TH STREET NEW YORK, NY 10019	46-2805875	501C3	15,000.	0.			GENERAL SUPPORT
SUMMIT54 625 E. MAIN STREET, SUITE 102B-115 ASPEN, CO 81611	27-2978700	501C3	79,000.	0.			GENERAL SUPPORT

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SUNDANCE INSTITUTE ATTN: ACCOUNTING/SUNDANCE CIRCLE PARK CITY, UT 84068	87-0361394	501C3	98,600.	0.			TO SUPPORT AT THE CINEPHILE TIER
TACAW (THE ARTS CAMPUS AT WILLITS) 400 ROBINSON STREET BASALT, CO 81621	47-3091347	501C3	62,250.	0.			GENERAL SUPPORT
THACHER SCHOOL 5025 THACHER ROAD OJAI, CA 93023	95-1642398	501C3	80,000.	0.			GENERAL SUPPORT AND SUPPORT OF SPECIFIC PROGRAMS
THE ALLIANCE FOR COLLECTIVE ACTION 1536 WYNKOOP STREET, SUITE 100 DENVER, CO 80202	42-1622670	501C3	35,000.	0.			GENERAL SUPPORT
THE ART BASE P.O. BOX 4300 BASALT, CO 81621	20-1188479	501C3	111,409.	0.			GENERAL SUPPORT
THE ASPEN INSTITUTE 1000 NORTH 3RD STREET ASPEN, CO 81611	84-0399006	501C3	361,812.	0.			GENERAL SUPPORT
THE BUDDY PROGRAM 110 EAST HALLAM STREET, SUITE 101 ASPEN, CO 81611	74-2594693	501C3	152,750.	0.			GENERAL SUPPORT
THE DRAWING CENTER 35 WOOSTER ST. NEW YORK, NY 10013	13-2887872	501C3	25,000.	0.			TO SUPPORT EXHIBITIONS
THE EPILEPSY FOUNDATION 3540 CRAIN HIGHWAY STE 675 BOWIE, MD 20716	52-0856660	501C3	10,000.	0.			TO SUPPORT THE NATIONAL WALK ON MARCH 15

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THE FARM COLLABORATIVE P.O. BOX 302 WOODY CREEK, CO 81656	26-3468420	501C3	113,080.	0.			GENERAL SUPPORT
THE MEETING PLACE P.O. BOX 2051 CARBONDALE, CO 81623	47-3529308	501C3	10,150.	0.			TEEN GIVING CIRCLE GRANT
THE MUSEUM OF MODERN ART 11 WEST 53 STREET NEW YORK, NY 10019	13-1624100	501C3	50,000.	0.			TO SUPPORT THE DIRECTORS COUNCIL
THE NEIGHBOR'S TRUST 635 BAINBRIDGE ST PHILADELPHIA, PA 19147	23-1581832	501C3	10,000.	0.			TO SUPPORT THE NEIGHBORS TRUST- HEALTHY MAMA HEALTHY BABY PROGRAM
THE SALVATION ARMY GLENWOOD SPRINGS SERVICE EXTENSION - P.O. BOX 2964 - GLENWOOD SPRINGS, CO 81602	94-1156347	501C3	10,250.	0.			EMERGENCY FINANCIAL ASSISTANCE DISTRIBUTIONS
THE SAVINGS COLLABORATIVE 959 CEDAR CREEK CARBONDALE, CO 81623	85-4176243	501C3	267,833.	0.			FINANCIAL SERVICES FOR FEC OF THE ROCKIES
THE SHABBAT PROJECT DBA ONE TABLE 228 PARK AVE S NEW YORK, NY 10003	46-4715368	501C3	21,800.	0.			GENERAL SUPPORT
THEATRE ASPEN 110 E. HALLAM ST., STE. 102 ASPEN, CO 81611	74-2319032	501C3	147,550.	0.			TO SUPPORT THE APPRENTICE PROGRAM
THIRD SECTOR NEW ENGLAND 89 SOUTH ST., STE. 700 BOSTON, MA 02111	04-2261109	501C3	25,000.	0.			TO SUPPORT BARRY STAR AND HIS FOUNDING OF THIS ORGANIZATION

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
THIRD STREET CENTER 520 SOUTH THIRD STREET CARBONDALE, CO 81623	80-0206000	501C3	13,500.	0.			TO HELP WITH DEFERRED MAINTENANCE
THUNDER RIVER THEATRE COMPANY P.O. BOX 1773 CARBONDALE, CO 81623	84-1546404	501C3	31,811.	0.			GENERAL SUPPORT
TINY PINES DBA WOODY CREEK KIDS P.O. BOX 615 WOODY CREEK, CO 81656	81-2572813	501C3	5,625.	0.			CHILDCARE STAFF STIPENDS
TOWN OF BASALT - FINANCE DEPARTMENT - 101 MIDLAND AVENUE - BASALT, CO 81621	84-0567769	501C3	9,000.	0.			TO SUPPORT THE UPGRADE OF THE GAUGE ON THE FRYINGPAN RIVER AT PUEBLO BRIDGE USED BY TOWN OF
TOWN OF CARBONDALE 511 COLORADO AVENUE CARBONDALE, CO 81623	13-1837418	501C3	7,000.	0.			TO SUPPORT THE CARBONDALE POOL FUNDRAISING CAMPAIGN
TRAILHEAD INSTITUTE 1999 BROADWAY, STE. 600 DENVER, CO 80202	84-1267213	501C3	22,000.	0.			TO SUPPORT SANA: SAFE AND ABUNDANT NUTRITION ALLIANCE
TRUSTEES OF TUFTS COLLEGE PO BOX 3306 BOSTON, MA 02241-3306	04-2103634	501C3	20,000.	0.			TO SUPPORT THE STEVEN AND BRENDA STAR MEMORIAL SCHOLARSHIP FUND AT TUFTS UNIVERSITY AND IS MADE IN
ULI FOUNDATION P.O. BOX 418374 BOSTON, MA 02241	23-7133957	501C3	267,600.	0.			TO SUPPORT THE TERWILLIGER CENTER; LOW COST HOUSING OPTIONS
UNION OF CONCERNED SCIENTISTS TWO BRATTLE SQUARE, SUITE 6 CAMBRIDGE, MA 02138	04-2535767	501C3	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITING VOICES CHICAGO 78 EAST WASHINGTON, 5TH FLOOR CHICAGO, IL 60602	51-0140419	501C3	10,000.	0.			TO SUPPORT MICHAEL NEMEROFF AND THE EFFORTS FROM THE RED JACKET GALA
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS - 13001 EAST 17TH PLACE - AURORA, CO 80045	84-6000555	501C3	10,000.	0.			GENERAL SUPPORT
UNIVERSITY OF DENVER OFFICE OF ADVANCEMENT DENVER, CO 80208	84-0404231	501C3	75,000.	0.			CLIMB WESTCO: MENTAL HEALTH WORKFORCE EXPANSION
UPROOT COLORADO P.O. BOX 1952 CARBONDALE, CO 81623	47-1180598	501C3	8,000.	0.			WATERSHED ENVIRONMENTAL GIVING CIRCLE
USC ADVANCEMENT GIFT SERVICES 1150 SOUTH OLIVE STREET, 25TH FLOOR LOS ANGELES, CA 90015	95-1642394	501C3	10,000.	0.			TO SUPPORT THE TROJAN VICTORY FUND
VALLEY MEALS AND MORE 36 NATIVE LN GLENWOOD SPRINGS, CO 81601	85-3763556	501C3	25,000.	0.			GENERAL SUPPORT
VALLEY SETTLEMENT 1560 MAIN ST SILT, CO 81652	81-2401368	501C3	569,395.	0.			TO STRENGTHEN PARENT AND CAREGIVER SKILLS IN SUPPORTING YOUNG CHILDRENS HEALTHY
VALLEY VIEW HOSPITAL FOUNDATION PO BOX 86 GLENWOOD SPRINGS, CO 81602	73-1664673	501C3	59,532.	0.			GENERAL SUPPORT
VISIONSPRING PO BOX 756 NEW YORK, NY 10108	31-1811558	501C3	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOCES UNIDAS DE LAS MONTAAS P.O. BOX 3157 GLENWOOD SPRINGS, CO 81602	85-0993139	501C3	7,500.	0.			TO SUPPORT ADVOCACY WORK
VOICES OF CHANGE ANIMAL LEAGUE 6393 SOUTH WEST 52ND STREET OCALA, FL 34474	47-3165668	501C3	6,000.	0.			GENERAL SUPPORT
WASHINGTON INSTITUTE FOR NEAR EAST POLICY - 1111 19TH ST. NW, STE. 500 - WASHINGTON, DC 20036-3617	52-1376034	501C3	25,000.	0.			TO SUPPORT THE YBS INTERNSHIP
WASHINGTON UNIVERSITY IN ST. LOUIS MSC 1082-414-2555, 1 BROOKINGS DR. ST. LOUIS, MO 63130-9989	43-0653611	501C3	20,000.	0.			TO SUPPORT THE LIVING EARTH COLLABORATIVE
WEILL CORNELL MEDICAL COLLEGE PO BOX 22497 NEW YORK, NY 10087-2497	15-0532082	501C3	20,000.	0.			TO SUPPORT THE WORK OF DR. MARTIN
WEST MOUNTAIN REGIONAL HOUSING COALITION - P.O. BOX 207 - GLENWOOD SPRINGS, CO 81602	88-3647066	501C3	1,081,000.	0.			TO SUPPORT THE MOBILE HOME PARKS IN THE ROARING FORK VALLEY
WESTERN RESOURCE ADVOCATES 1401 WALNUT ST., STE 200 BOULDER, CO 80302	84-1113831	501C3	58,500.	0.			GENERAL SUPPORT
WHITE RIVER NATIONAL FOREST 900 GRAND AVENUE GLENWOOD SPRINGS, CO 81601	72-0564834	501C3	50,000.	0.			TO SUPPORT THE LAKE CHRISTINE TREE PLANTING. NRMG-25-CO-11021500-019
WHITE STORK 512 CHESNUT ST., UNIT 11 WINNETKA, IL 60093	88-2304016	501C3	50,000.	0.			MADE IN HONOR OF MICHAEL AND TANYA POLSKY

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
WILDERNESS WORKSHOP P.O. BOX 1442 CARBONDALE, CO 81623	74-1900412	501C3	105,050.	0.			GENERAL SUPPORT
WILDWOOD SCHOOL P.O. BOX 9290 ASPEN, CO 81612	84-0616743	501C3	36,806.	0.			CHILDCARE STAFF STIPENDS
WINDWALKERS EQUINE ASSISTED LEARNING AND THERAPY CENTER - P.O. BOX 504 - CARBONDALE, CO 81623	38-3716992	501C3	82,750.	0.			HAPPY HOLIDAYS, FROM GINGER AND JACOB OPP.
WOODY CREEK KIDS P.O. BOX 615 WOODY CREEK, CO 81656	81-2572813	501C3	27,750.	0.			CHILDCARE STAFF STIPENDS
YOUTH SERVICE AMERICA PO BOX #65525 WASHINGTON, DC 20035	52-1500870	501C3	25,000.	0.			TO SUPPORT GUIDE.VOTES THIS YOUTH IMPACT GRANT SUPPORTS YOUTHENTITYS YOUTH COUNCIL RE-ACTIVATION WITH
YOUTHENTITY P.O. BOX 1989 CARBONDALE, CO 81623	84-1601705	501C3	183,550.	0.			
YOUTHZONE 413 NINTH STREET GLENWOOD SPRINGS, CO 81601	84-0712993	501C3	24,500.	0.			GENERAL SUPPORT

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.	3	25,807.	0.		
EDUCATION	5	30,500.	0.		
YOUTH	1	5,250.	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: COLORADO WATER TRUST

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR CONTINUING OPERATION OF
SEASONAL GAUGES ON THE CRYSTAL RIVER AND WEB DASHBOARD FOR SHARING
REAL-TIME DATA

NAME OF ORGANIZATION OR GOVERNMENT: FOCUSEDKIDS

(H) PURPOSE OF GRANT OR ASSISTANCE: EXPANSION OF THE FOCUSEDKIDS MODEL
IN PRE-KINDERGARTEN AND EARLY ELEMENTARY CLASSROOMS.

NAME OF ORGANIZATION OR GOVERNMENT: GATEWAY FOR CANCER RESEARCH

(H) PURPOSE OF GRANT OR ASSISTANCE: WE SALUTE JIM GORDON AND THE
EDGEWATER FUND FOR THEIR EFFORTS TO IMPROVE HEALTH AND PROVIDE HOPE FOR
THOSE WHO ARE SUFFERING.

NAME OF ORGANIZATION OR GOVERNMENT: PA'IA YOUTH COUNCIL INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONTINUE MOLDING LOCAL MAUI KIDS
INTO ADULTS WHO RESPECT THE 'AINA AND STRIVE TO LIVE PONO LIFESTYLES.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

SAFE AND ABUNDANT NUTRITION ALLIANCE SANA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT SANA IN THE ROARING FORK VALLEY. IT IS INTENDED TO PROVIDE NUTRITIOUS FOOD TO PEOPLE IN NEED

NAME OF ORGANIZATION OR GOVERNMENT: TOWN OF BASALT - FINANCE DEPARTMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE UPGRADE OF THE GAUGE ON THE FRYINGPAN RIVER AT PUEBLO BRIDGE USED BY TOWN OF BASALT POLICE FOR FLOOD WARNING AND EMERGENCY RESPONSE

NAME OF ORGANIZATION OR GOVERNMENT: TRUSTEES OF TUFTS COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE STEVEN AND BRENDA STAR MEMORIAL SCHOLARSHIP FUND AT TUFTS UNIVERSITY AND IS MADE IN HONOR OF STEVEN AND BRENDA STAR

NAME OF ORGANIZATION OR GOVERNMENT: VALLEY SETTLEMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO STRENGTHEN PARENT AND CAREGIVER SKILLS IN SUPPORTING YOUNG CHILDRENS HEALTHY DEVELOPMENT.

NAME OF ORGANIZATION OR GOVERNMENT: YOUTHENTITY

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS YOUTH IMPACT GRANT SUPPORTS YOUTHENTITY'S YOUTH COUNCIL RE-ACTIVATION WITH INTERNSHIP ENHANCEMENT; CULINARY AND CONSTRUCTION PROGRAM EXPANSION; RETAIL PROGRAM EXPANSION; AND HEALTHCARE PROGRAM ASSESSMENT AND PLANNING.

SCHEDULE J
(Form 990)

(Rev. December 2024)
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 for instructions and the latest information.

OMB No. 1545-0047

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.

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ 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.

- | | |
|--|---|
| ☐ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☒ Compensation survey or study |
| ☐ Form 990 of other organizations | ☒ 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

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) (Rev. 12-2024)

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) ERICA SNOW	(i)	258,700.	0.	0.	25,870.	27,557.	312,127.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KORTNEY HARTMAN	(i)	148,024.	0.	0.	14,802.	12,602.	175,428.	0.
FINANCE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) HOLLY COLEMAN	(i)	144,700.	0.	0.	14,470.	12,296.	171,466.	0.
CHIEF PHILANTHROPY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) VALERIE CARLIN	(i)	154,526.	0.	0.	15,453.	0.	169,979.	0.
CHIEF IMPACT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
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Part III Supplemental Information

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

[illegible]

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.

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

OMB No. 1545-0047

2025

Open to Public
Inspection

Name of the organization

ASPEN COMMUNITY FOUNDATION

Employer identification number

84-0829226

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	98	12,689,170.	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	X	1	857,105.	FAIR VALUE
16 Real estate - Commercial				
17 Real estate - Other	X	1	800,000.	FAIR VALUE
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (<u>SKI PASSES</u>)	X	1	58,000.	FAIR VALUE
26 Other (<u>MEALS AND SUPPL</u>)	X	1	6,787.	FAIR VALUE
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 Acknowledgment

29

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?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

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.

Yes No

30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2025 Created 12/29/25

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.

SCHEDULE O
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization	Employer identification number
ASPEN COMMUNITY FOUNDATION	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 III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
STRENGTHENING LOCAL NONPROFIT ORGANIZATIONS BY BUILDING CAPACITY AND
HELPING TO ENSURE THEIR SUSTAINABILITY.

FORM 990, PART VI, SECTION B, LINE 11B:
AFTER PREPARATION BY THE FOUNDATION'S CPA, THE AUDIT AND FINANCE COMMITTEE
AND FINANCE DIRECTOR CONDUCT AN IN-DEPTH REVIEW OF THE 990. ONCE THE AUDIT
AND FINANCE COMMITTEE ACCEPTS THE 990, IT IS DIRECTED TO THE BOARD FOR
FINAL REVIEW AND APPROVAL. ONCE APPROVED, A PUBLIC COPY IS EMAILED TO ALL
BOARD MEMBERS, AND POSTED ON BOTH THE BOARD PORTAL AND THE ORGANIZATION
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	-1,483,340.
AGENCY GRANTS	131,114.
AGENCY INVESTMENT INCOME	-420,612.
AGENCY ADMINISTRATIVE FEES	3,049.
TOTAL TO FORM 990, PART XI, LINE 9	-1,769,789.

FEIN: 84-0829226

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FEIN: 84-0829226

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Form 8879-TE

IRS E-file Signature Authorization
for a Tax-Exempt Entity

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

For calendar year 2025, or fiscal year beginning _____, 2025, and ending _____, 20____

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

2025

Name of filer

ASPEN COMMUNITY FOUNDATION

EIN or SSN

84-0829226

Name and title of officer or person subject to tax

ERICA SNOW

EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	☐	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	Form 990-EZ check here	☐	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	☐	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	☐	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here	☐	b	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	☒	b	Total tax (Form 990-T, Part III, line 4)	6b	0.
7a	Form 4720 check here	☐	b	Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	☐	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	☐	b	Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	☐	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the

2025 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize MCMAHAN AND ASSOCIATES, L.L.C. to enter my PIN 81611
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

84207081611

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2025 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form 8879-TE (2025) Created 5/1/25

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

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

OMB No. 1545-0047

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

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

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

Part I - Identification

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

Enter the Return Code for the return that this application is for (file a separate application for each return) **07**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

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

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

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

- 1** I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **26**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year 20 **25** or
- ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

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

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

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

Form **8868** (Rev. 1-2025)

Form **990-T**

Department of the Treasury
Internal Revenue Service

EXTENDED TO NOVEMBER 16, 2026
Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2025 or other tax year beginning _____, and ending _____

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSNs on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2025

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

A ☐ Check box if
address changed.

B Exempt under section

- ☒ 501(c)(3) ☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a) ☐ 529A

Name of organization (☐ Check box if name changed and see instructions.)

ASPEN COMMUNITY FOUNDATION

Number and street. If a P.O. box, see instructions.

455 GOLD RIVERS COURT #515

Room or suite no.

City or town

BASALT

State or province

CO

Country

ZIP or foreign postal code

81621

C Book value of all assets at end of year **73,395,244.**

D Employer identification number

84-0829226

E Group exemption number
(see instructions)

F ☐ Check box if
an amended return.

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ State college/university
☐ 6417(d)(1)(A) Applicable entity

H Check if filing only to claim ☐ Credit from Form 8941 ☐ Refund shown on Form 2439 ☐ Elective payment amount from Form 3800

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

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

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

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

Part I Total Unrelated Business Taxable Income

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

Part II Tax Computation

1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)	2	
3	Proxy tax. See instructions	3	
4a	Amount from Form 4255, Part I, line 3, column (q)	4a	
b	Other tax amounts. See instructions	4b	
5	Alternative minimum tax	5	
6	Tax on noncompliant facility income. See instructions	6	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d		
e	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		0.
3a	Amount from Form 4255, Part I, line 3, column (r) (see instructions)	3a		
b	Amount due from Form 8611	3b		
c	Amount due from Form 8697	3c		
d	Amount due from Form 8866	3d		
e	Other amounts due (see instructions)	3e		
f	Total amounts due. Add lines 3a through 3e	3f		0.
4	Total tax. Add lines 2 and 3f (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here	4		0.

Part III Tax and Payments (continued)

5 a Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5a	0.
b First installment of section 1062 applicable net tax liability. Enter amount from Form 1062, line 15	5b	
6 a Payments: Preceding year's overpayment credited to the current year	6a	
b Current year's estimated tax payments. Check if section 643(g) election applies ☐	6b	
c Tax deposited with Form 8868	6c	
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e Backup withholding (see instructions)	6e	
f Credit for small employer health insurance premiums (attach Form 8941)	6f	
g Elective payment election amount from Form 3800	6g	
h Payment from Form 2439	6h	
i Credit from Form 4136	6i	
j Other (see instructions)	6j	
k Section 1062 applicable net tax liability. Enter amount from 1062, line 14	6k	
7 Total payments and section 1062 applicable net tax liability. Add lines 6a through 6k	7	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐	8	
9 Tax due. If line 7 is smaller than the total of lines 4, 5a, 5b, and 8, enter amount owed	9	
10 Overpayment. If line 7 is larger than the total of lines 4, 5a, 5b, and 8, enter amount overpaid	10	
11 Enter the amount of line 10 you want: Credited to 2026 estimated tax _____ Refunded _____	11	

For Refunded amount, also complete and attach Form 8050. See instructions.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

	Yes	No
1 At any time during the 2025 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4 Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.		
Business Activity Code	Available post-2017 NOL carryover	
522291	\$ 52,909.	
522291	\$ 649.	
	\$	
	\$	
6 a Reserved for future use		
b Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	Date	EXECUTIVE DIRECTOR Title	May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No	
Paid Preparer Use Only	Enter preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	PAUL J. BACKES, CPA				P00175605
	Firm's name MCMAHAN AND ASSOCIATES, L.L.C. P.O. BOX 5850 Firm's address AVON, CO 81620			Firm's EIN 84-1509269 Phone no. (970) 845-8800	

Form 990-T (2025)

SCHEDULE A
(Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income
From an Unrelated Trade or Business

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

1
OMB No. 1545-0047

2025

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

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

E Describe the unrelated trade or business PARTNERSHIP INVESTMENT INCOME

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance	1c		
2	Cost of goods sold (Part III, line 8)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a		
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 1	5	- 37,613.	- 37,613.
6	Rent income (Part IV)	6		
7	Unrelated debt-financed income (Part V)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10	Exploited exempt activity income (Part VIII)	10		
11	Advertising income (Part IX)	11		
12	Other income (see instructions; attach statement)	12		
13	Total. Combine lines 3 through 12	13	- 37,613.	- 37,613.

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

1	Compensation of officers, directors, and trustees (Part X)	1	
2	Salaries and wages	2	
3	Repairs and maintenance	3	
4	Bad debts	4	
5	Interest (attach statement). See instructions	5	
6	Taxes and licenses	6	
7	Depreciation (attach Form 4562). See instructions	7	
8	Less depreciation claimed in Part III and elsewhere on return	8a	
9	Depletion	9	
10	Contributions to deferred compensation plans	10	
11	Employee benefit programs	11	
12	Excess exempt expenses (Part VIII)	12	
13	Excess readership costs (Part IX)	13	
14	Other deductions (attach statement)	14	
15	Total deductions. Add lines 1 through 14	15	0.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	- 37,613.
17	Deduction for net operating loss. See instructions	17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16	18	- 37,613.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2025

Part III Cost of Goods Sold

Enter method of inventory valuation

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

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

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

Part V Unrelated Debt-Financed Income (see instructions)

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

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

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						

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

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

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

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

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

Schedule A (Form 990-T) 2025

Part IX Advertising Income

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

A ☐B ☐C ☐D ☐

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

2 Gross advertising income

a Add columns A through D. Enter here and on Part I, line 11, column (A) 0.

3 Direct advertising costs by periodical

a Add columns A through D. Enter here and on Part I, line 11, column (B) 0.

4 Advertising gain (loss). Subtract line 3 from line

2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8

5 Readership costs

6 Circulation income

7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13 0.

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

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

Total. Enter here and on Part II, line 1 0.

Part XI Supplemental Information (see instructions)

SCHEDULE A
(Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income
From an Unrelated Trade or Business

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

2
OMB No. 1545-0047

2025

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

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

E Describe the unrelated trade or business PARTNERSHIP INVESTMENT INCOME

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance	1c		
2	Cost of goods sold (Part III, line 8)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a		
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5		
6	Rent income (Part IV)	6		
7	Unrelated debt-financed income (Part V)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10	Exploited exempt activity income (Part VIII)	10		
11	Advertising income (Part IX)	11		
12	Other income (see instructions; attach statement)	12		
13	Total. Combine lines 3 through 12	13	0.	

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

1	Compensation of officers, directors, and trustees (Part X)	1	
2	Salaries and wages	2	
3	Repairs and maintenance	3	
4	Bad debts	4	
5	Interest (attach statement). See instructions	5	
6	Taxes and licenses	6	
7	Depreciation (attach Form 4562). See instructions	7	
8	Less depreciation claimed in Part III and elsewhere on return	8a	
9	Depletion	9	
10	Contributions to deferred compensation plans	10	
11	Employee benefit programs	11	
12	Excess exempt expenses (Part VIII)	12	
13	Excess readership costs (Part IX)	13	
14	Other deductions (attach statement)	14	
15	Total deductions. Add lines 1 through 14	15	0.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	0.
17	Deduction for net operating loss. See instructions	17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16	18	

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2025

Part III Cost of Goods Sold

Enter method of inventory valuation

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

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

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

Part V Unrelated Debt-Financed Income (see instructions)

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

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

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						

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

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

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

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

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

Schedule A (Form 990-T) 2025

FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION		NET INCOME OR (LOSS)
PARTNERSHIP INVESTMENT - ORDINARY BUSINESS INCOME (LOSS)		-37,613.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5		-37,613.

990-T SCH A		POST-2017 NET OPERATING LOSS DEDUCTION		STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/20	51,157.	40,093.	11,064.	11,064.
12/31/22	12,372.	0.	12,372.	12,372.
12/31/24	29,473.	0.	29,473.	29,473.
NOL CARRYOVER AVAILABLE THIS YEAR			52,909.	52,909.

990-T SCH A		POST-2017 NET OPERATING LOSS DEDUCTION		STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/22	649.	0.	649.	649.
NOL CARRYOVER AVAILABLE THIS YEAR			649.	649.



258454 11019

State of Colorado Income Tax Declaration for Online Electronic Filing

Do not mail this form to the IRS or the Colorado Department of Revenue. **Retain with your records.**

For Tax Year (MM/DD/YY)	or Fiscal Year beginning (MM/DD/YY)
01/01/25	

Income Tax Type				
☐ Individual (DR 0104)	☒ C-Corporation (DR 0112)	☐ Partnership/S-Corp (DR 0106)	☐ Fiduciary (DR 0105)	☐ Exempt Entity (DR 0990)
Taxpayer's Last Name or Business Name		First Name or Business DBA if different from Business Name		Middle Initial
ASPEN COMMUNITY FOUNDATION				
Spouse's Last Name (if applicable)		First Name		Middle Initial
Taxpayer's SSN or ITIN		Spouse's SSN or ITIN (if applicable)		FEIN
				84-0829226
Taxpayer's or Business's Address		City	State	ZIP
455 GOLD RIVERS COURT #515		BASALT	CO	81621

Part I - Tax Return Information

1. Total Income from your federal return (see instructions for more information)	1	\$	-37,613
2. Taxable Income (or allowable deduction) from your federal return (see instructions for more information)	2	\$	
3. Colorado Tax (or recapture of prior year credits) from your Colorado return (see instructions for more information)	3	\$	
4. Colorado Tax Withheld, Payments, or Credits from your Colorado return (see instructions for more information)	4	\$	

Part II - Declaration of Taxpayer

Under penalties of perjury, I declare that the information I have provided for electronic filing and the amounts shown in Part I above agree with the amounts shown on my Federal/Colorado income tax returns, and that said tax returns, statements, schedules and attachments are true, correct, and complete to the best of my knowledge and belief. I understand that I (or my Electronic Return Originator (ERO) if applicable) may be required to provide paper copies of this declaration, my returns, withholding statements, schedules, and attachments upon request by the Colorado Department of Revenue at any time during the period covered by the Colorado statute of limitations.

Signature of taxpayer, fiduciary officer, or partner	Title	Date (MM/DD/YY)
	EXECUTIVE DIR	
Spouse's Signature (If Joint Return, Both Must Sign)	Date (MM/DD/YY)	

Part III - Declaration of ERO/Preparer/Transmitter

If the transmitter did not prepare the tax return, check here ☒

If I am not the preparer, I declare only that the amounts shown in Part I above agree with the amounts shown on the taxpayer's Federal/Colorado income tax returns. If I am the preparer, under penalties of perjury I declare that I have reviewed the above taxpayer's Federal/Colorado income tax returns and that the information provided to me by the taxpayer and the amounts shown in Part I above agree with the amounts shown on said tax returns, and that said tax returns, statements, schedules, and attachments are true, correct, and complete to the best of my knowledge and belief. As preparer, I further declare that I have obtained the taxpayer's signature on this form at the time of filing and have provided the taxpayer with copies of all forms and information filed. I also agree to maintain this signed Form (DR 8454) for the period covered by the Colorado statute of limitations, and to provide paper copies of this declaration, said returns, withholding statements, schedules and attachments upon request by the Colorado Department of Revenue at any time during this period.

ERO's Signature	Preparer Identification Number, Your SSN, or ITIN
	P00175605

Check if also Preparer ☐

Date (MM/DD/YY)



250112 11019

2025 Colorado C Corporation Income Tax Return

Do not submit federal return, forms or schedules when filing this return.

(0023)

Fiscal Year Beginning (MM/DD/25)		Fiscal Year Ending (MM/DD/YY)	
01/01/25		12/31/25	
Name of Corporation		• Colorado Account Number (CAN)	
ASPEN COMMUNITY FOUNDATION			
Address		• Federal Employer ID Number (FEIN)	
455 GOLD RIVERS COURT #515		84-0829226	
City		State	ZIP
BASALT		CO	81621
• ☐ Mark for Final Return		• ☐ If you are submitting a statement disclosing a listed or reported transaction, mark this box	
• A. Apportionment of Income. This return is being filed for:			
☒ (42) A corporation not apportioning income;		☐ (46) A corporation claiming an exemption under P.L. 86-272;	
☐ (43) A corporation engaged in interstate business apportioning income using receipts-factor apportionment (DR 0112RF required);		☐ (47) Other apportionment method, see instructions concerning the requirement for approval by the Department (fill in below);	
☐ (44) A corporation engaged in interstate business apportioning income using special rule (DR 0112RF required);			
• B. Separate/Consolidated/Combined Filing. This return is being filed for:			
☒ A single corporation filing a separate return;		☐ An affiliated group of corporations required to file a combined return (Schedule C required);	
☐ An affiliated group of corporations electing to file a consolidated report. Warning: such election is binding for four years. If your election was made in a prior year, enter the year of election in line below. (Schedule C required);		☐ An affiliated group of corporations required to file a combined return that includes another affiliated, consolidated group (Schedule C required);	
• Enter the year of election (YYYY)			
Federal Taxable Income		Round to nearest dollar	
1. Federal taxable income from Federal form 1120 line 30 or Form 990-T, Part I, line 11.		• 1	0 00
2. Federal taxable income of companies not included in this return		• 2	0 00
3. Net federal taxable income, subtract line 2 from line 1		3	0 00



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Name of Corporation (match page 1)		CAN or FEIN (match page 1)	
ASPEN COMMUNITY FOUNDATION		84-0829226	
Additions			
4. Federal net operating loss deduction	• 4		00
5. Colorado income tax deduction	• 5		00
6. Business meals deducted pursuant to section 274(k) of the Internal Revenue Code	• 6		00
7. Other additions, submit explanation	• 7		00
8. Sum of lines 3 through 7	8	0	00
Subtractions			
9. Exempt federal interest	• 9		00
10. Excludable foreign source income	• 10		00
11. Colorado Marijuana and Natural Medicine Business Deduction	• 11		00
12. Other subtractions, explanation required below	• 12		00
Explain:			
13. Sum of lines 9 through 12	13		00
Taxable Income			
14. Modified federal taxable income, subtract line 13 from line 8	14	0	00
15. Colorado taxable income before net operating loss deduction	• 15	0	00
16. Colorado net operating loss deduction: (see instructions)			
(a) Colorado net operating losses carried forward from tax years beginning before January 1, 2018 • 16(a)		00	
(b) Subtract line 16(a) from line 15, if zero skip to 16(d) 16(b)		00	
(c) Colorado net operating losses carried forward from tax years beginning on or after January 1, 2018 • 16(c)		00	
(d) Colorado net operating loss deduction, sum of (a) and (c) 16(d)			00
17. Carryforward deduction from Income Tax Year 2021, subtractions from HB21-1002 (see instructions) • 17			00
18. Colorado taxable income, subtract the sum of lines 16(d) and 17 from line 15	18	0	00
19. Tax, 4.4% of the amount on line 18 • 19		0	00



250112 31019

Name of Corporation (match page 1)		CAN or FEIN (match page 1)
ASPEN COMMUNITY FOUNDATION		84-0829226
Credits		
20. Sum of nonrefundable credits from DR 0112CR line 27B, the sum of lines 20, 21, 22 and 23 cannot exceed tax on line 19, you must submit the DR 0112CR with your return.	• 20	00
21. Nonrefundable Enterprise Zone credits used - as calculated, or from the DR 1366 line 26, the sum of lines 20, 21, 22 and 23 cannot exceed tax on line 19, you must submit the DR 1366 with your return.	• 21	00
22. Nonrefundable CHIPS Zone Credits from the DR 1370 line 22, the sum of lines 20, 21, 22 and 23 cannot exceed line 19, you must submit the DR 1370 with your return.	• 22	00
23. Strategic capital tax credit from DR 1330 line 8b, the sum of lines 20, 21, 22 and 23 cannot exceed line 19, you must submit the DR 1330 with your return.	• 23	00
24. Net tax, sum of lines 20, 21, 22 and 23. Subtract that sum from line 19.	24	0 00
25. Recapture of prior year credits	• 25	00
26. Repayment of credit from form DR 0619, lines 4 and 11, you must submit the DR 0619 with your return.	• 26	00
27. Net Tax, Recapture, and Required Repayment, sum of lines 24, 25, and 26	27	0 00
28. Estimated tax, extension payments, and credits	• 28	00
29. W-2G Withholding from lottery winnings, you must submit the W-2G(s) with your return.	• 29	00
30. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit the DR 1305G with your return.	• 30	00
31. Innovative Motor Vehicle and Innovative Truck Credit for a vehicle you purchased or leased from form DR 0617, you must submit the DR 0617(s) with your return.	• 31	00
32. Business Personal Property Credit: Use the calculation in the DR 0112 instructions to calculate, you must submit a copy of the assessor's statement with your return.	• 32	00
33. Renewable Energy Tax Credit from form DR 1366 line 28, you must submit the DR 1366 with your return.	• 33	00
34. SALT Parity Act Credit (see instructions).	• 34	00
35. Credits for Employee-Owned Businesses. You must submit the certificate from the Office of Economic Development with your return.	• 35	00
36. Alternative Transportation Options Credit.	• 36	00
37. Refundable Residential Energy Storage Systems Credit (assigned to you by the building owner) from line 10 of DR 1307, which you must submit with your return.	• 37	00
38. Heat Pump Credit for Registered Contractors from DR 1322, line 7	• 38	00
39. Colorado Film Incentive Credit.	• 39	00
40. Food Accessibility Credit, certified by the Department of Agriculture	• 40	00
41. Refundable CHIPS Zone Credit(s) from the DR 1370 line 24, you must submit the DR 1370 with your return.	• 41	00
42. Certified Greenhouse Gas Avoidance Credits, you must submit certificate(s) from the Colorado Energy Office with your return.	• 42	00
43. Additional credit from form DR 0619, line 3 and 10, you must submit the DR 0619 with your return.	• 43	00



250112 41019

Name of Corporation (match page 1)		CAN or FEIN (match page 1)	
ASPEN COMMUNITY FOUNDATION		84-0829226	
44. Electric-Powered Lawn Equipment Credit for qualified retailers.		• 44	00
45. Aircraft Modification for Unleaded Fuel Credit	• If you are claiming an Aircraft Modification for Unleaded Fuel Credit, enter your FAA supplemental type certificate number.		
		• 45	00
46. Apprenticeship Credit		• 46	00
47. Sum of lines 28 through 46		47	00
48. Net tax due. Subtract line 47 from line 27		48	00
49. Penalty		• 49	00
50. Interest		• 50	00
51. Estimated tax penalty due		• 51	00
52. Total due. Enter the sum of lines 48 through 51		• 52	
53. Overpayment, subtract line 27 from line 47		53	00
54. Amount from line 53 to carry forward to the next year's estimated tax		• 54	00
55. Amount from line 53 to be refunded		• 55	00
Direct Deposit Routing Number Type: ☐ Checking ☐ Savings Account Number			
The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment directly from your bank account electronically.			
File and pay at: Colorado.gov/RevenueOnline or Mail and Make Checks Payable to: Colorado Department of Revenue Denver, CO 80261-0006			



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Name of Corporation (match page 1)		CAN or FEIN (match page 1)	
ASPEN COMMUNITY FOUNDATION		84-0829226	
C. The corporation's books are in care of:			
Last Name	First Name	Middle Initial	Phone Number
ASPEN COMMUNITY FOUN			(970) 925-9300
Address	City	State	ZIP
455 GOLD RIVERS COURT #5	BASALT	CO	81621
D. Business code number per federal return (NAICS)		E. Year corporation began doing business in Colorado	
• 999000		•	
F. Do you want to allow the paid preparer shown below to discuss this return and any related information with the Colorado Department of Revenue? See the instructions.			• ☐ Yes ☐ No
G. Kind of business in detail INVESTMENT INCOME FROM PARTNERSHIPS			
H. Has the Internal Revenue Service made any adjustments in the corporation's income or tax or have you filed amended federal income tax returns at any time during the last four years?			• ☐ Yes ☐ No
If yes, for which year(s)? (YYYY)			
Did you file amended Colorado returns to reflect such changes or submit copies of the Federal Agent's reports?			• ☐ Yes ☐ No
Last Name of person or firm preparing return	First Name	Middle Initial	
BACKES CPA	PAUL	J	
Address of person or firm preparing return	Phone Number		
P.O. BOX 5850	(970) 845-8800		
City	State	ZIP	
AVON	CO	81620	
Under penalties of perjury in the second degree, I declare that I have examined this return and to the best of my knowledge is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Signature or Title of Officer		Date (MM/DD/YY)	
EXECUTIVE DIRECTOR			
Do Not Submit Federal Return, Forms or Schedules when Filing this Return			

If you are filing this return **with** a check or payment,
please mail the return to:COLORADO DEPARTMENT OF REVENUE
Denver, CO 80261-0006If you are filing this return **without** a check or payment,
please mail the return to:COLORADO DEPARTMENT OF REVENUE
Denver, CO 80261-0005

These addresses and ZIP codes are exclusive to the Colorado Department of Revenue, so a street address is not required.