

Form **990**

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

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning and ending

| | | |
|--|---|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization THE ASPEN INSTITUTE, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite ONE DUPONT CIRCLE, NW 700 City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036-1133 | D Employer identification number 84-0399006 |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | E Telephone number (202) 736-5800 |
| J Website: WWW.ASPENINSTITUTE.ORG | | G Gross receipts \$ 207,583,172. |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) |
| L Year of formation: 1949 | | H(c) Group exemption number ▶ |
| M State of legal domicile: CO | | |

| Part I Summary | | | Prior Year | Current Year |
|---|--|-------------|--------------|--------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: VALUES-BASED LEADERSHIP IN NEUTRAL AND BALANCED VENUE FOR DISCUSSING CRITICAL ISSUES. | | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 66 | |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 65 | |
| | 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) | 5 | 524 | |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 64 | |
| | 7 a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 11,461,972. | |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. | | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | | 111,928,714. | 85,321,334. |
| | 9 Program service revenue (Part VIII, line 2g) | | 30,455,451. | 34,507,947. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 239,875. | 170,927. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 230,486. | 298,491. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 142,854,526. | 120,298,699. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 8,484,499. | 10,839,838. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 41,445,856. | 44,827,706. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,159,292. | | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 51,448,762. | 58,786,482. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 101,379,117. | 114,454,026. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | | 41,475,409. | 5,844,673. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | | 278,242,256. | 296,191,659. |
| | 21 Total liabilities (Part X, line 26) | | 19,264,679. | 23,279,508. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | | 258,977,577. | 272,912,151. |

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 | | | |
| | ▶ NAMITA KHASAT, EVP FIN. & ADMIN. /CFO/TREASURER | | | | |
| | Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name FRANK H. SMITH | Preparer's signature <i>Frank H. Smith</i> | Date 10/10/17 | Check if self-employed <input type="checkbox"/> | PTIN P00639053 |
| | Firm's name ▶ RAFFA, P.C. | Firm's EIN ▶ 52-1511275 | | | |
| | Firm's address ▶ 1899 L STREET, NW, SUITE 850 WASHINGTON, DC 20036 | Phone no. (202) 822-5000 | | | |

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

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE INSTITUTE'S MISSION IS TO FOSTER LEADERSHIP BASED ON ENDURING VALUES AND TO PROVIDE A NONPARTISAN VENUE FOR DEALING WITH CRITICAL ISSUES THROUGH: (SEE SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 49,507,418. including grants of \$ 10,396,738.) (Revenue \$ 7,794,723.) POLICY PROGRAM: THE INSTITUTE'S 31 POLICY PROGRAMS ADVANCE PUBLIC AND PRIVATE-SECTOR KNOWLEDGE ON SIGNIFICANT POLICY ISSUES CONFRONTING CONTEMPORARY SOCIETY. THEY CONVENE LEADERS AND EXPERTS TO SEEK CONSTRUCTIVE SOLUTIONS TO CRITICAL PROBLEMS. WHILE EACH PROGRAM IS UNIQUE IN SUBSTANCE AND APPROACH THEY ALL SHARE A COMMITMENT TO ADVANCING BETTER POLICY BY BRINGING DIVERSE PERSPECTIVES TOGETHER IN PURSUIT OF INFORMED DIALOGUE AND EFFECTIVE SOLUTIONS.

4b (Code:) (Expenses \$ 16,969,578. including grants of \$) (Revenue \$ 11,001,370.) CAMPUS ACTIVITIES: THE INSTITUTE CARRIES OUT MUCH OF ITS WORK ON ITS TWO CAMPUSES. IN ASPEN, COLORADO AND ON THE WYE RIVER, ON MARYLAND'S EASTERN SHORE WHERE NATURAL BEAUTY AND QUIET SURROUNDINGS ENCOURAGES THOUGHTFUL REFLECTION AND REFRESHES THE MIND, BODY AND SPIRIT.

4c (Code:) (Expenses \$ 12,693,029. including grants of \$ 75,000.) (Revenue \$ 12,223,175.) PUBLIC PROGRAMS: THE INSTITUTE'S 18 PUBLIC PROGRAMS OPEN THE INSTITUTE UP TO THE PUBLIC, OFFERING OPPORTUNITIES TO ENGAGE IN THOUGHTFUL, NONPARTISAN INQUIRY. OUR MAJOR EVENTS INCLUDE THE ASPEN IDEAS FESTIVAL, SPOTLIGHT HEALTH AND THE ASPEN SECURITY FORUM AND THE ASPEN WORDS PROGRAM. THESE AND OUR OTHER PUBLIC FORUMS ENGAGE OVER 15,000 MEMBERS OF THE GENERAL PUBLIC ANNUALLY.

4d Other program services (Describe in Schedule O.) (Expenses \$ 10,909,668. including grants of \$ 368,100.) (Revenue \$ 3,488,679.)

4e Total program service expenses 90,079,693.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Yes, No. Rows 1-19 detailing various organizational requirements and their fulfillment status.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 20a, 20b, 21, 22, 23, 24a, 24b, 24c, 24d, 25a, 25b, 26, 27, 28a, 28b, 28c, 29, 30, 31, 32, 33, 34, 35a, 35b, 36, 37, 38.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O check

Main table with columns for question numbers (1a-14b), Yes/No, and numerical responses (e.g., 589, 0, 524).

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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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (66); 1b Enter the number of voting members included in line 1a, above, who are independent (65); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, FL, GA, IL, KS, KY
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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. [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: ASPEN INSTITUTE/NAMITA KHASAT - 202-736-2520 ONE DUPONT CIRCLE, NW, NO. 700, WASHINGTON, DC 20036-1133

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) ROBERT K. STEEL CHAIRMAN | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (2) JAMES SCHINE CROWN VICE CHAIR | 0.30 | X | | X | | | | 0. | 0. | 0. |
| (3) WILLIAM E. MAYER CHAIRMAN EMERITUS | 0.30 | X | | X | | | | 0. | 0. | 0. |
| (4) MADELEINE K. ALBRIGHT TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (5) PAUL F. ANDERSON TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (6) MERCEDES BASS TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (7) MIGUEL (MIKE) BEZOS TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (8) RICHARD BRADDOCK TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (9) BETH BROOKE-MARCINIAK TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (10) WILLIAM D. BUDINGER TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (11) STEPHEN L. CARTER TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (12) CESAR R. CONDE TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (13) PENNY COULTER TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (14) ANDREA CUNNINGHAM TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (15) KENNETH L. DAVIS, MD TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (16) JOHN DOERR TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (17) THELMA DUGGIN TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) SYLVIA A. EARLE TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (19) MICHAEL D. EISNER TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (20) L. BROOKS ENTWISTLE TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (21) HENRIETTA HOLSMAN FORE TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (22) ANN B. FRIEDMAN TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (23) HENRY LOUIS GATES, JR. TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (24) DAVID GERGEN TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (25) GERALD GREENWALD TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (26) PATRICK W. GROSS TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| 1b Sub-total | | | | | | | | 0. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 4,024,624. | 0. | 622,292. |
| d Total (add lines 1b and 1c) | | | | | | | | 4,024,624. | 0. | 622,292. |

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 121

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---------------------|
| C3 PRESENTS 1645 E. 6TH STREET, AUSTIN, TX 78702 | EVENT PLANNING, MANAGEMENT, VENUE RENTAL | 2,245,052. |
| COLORADO AUDIO VISUAL 409 AABC, SUITE B, ASPEN, CO 81611 | SOUND, VIDEOGRAPHERS, AV PRODUCTION | 914,179. |
| BURNES COMMUNICATIONS 7910 WOODMONT AVENUE, BETHESDA, MD 20814 | COMMUNICATIONS CONSULTING | 468,755. |
| FIRSTBORN, 32 AVENUE OF THE AMERICAS, NEW YORK, NY 10013 | WEBSITE DESIGN & DEVELOPMENT | 377,913. |
| CIVIC, LLC, 1110 VERMONT AVENUE, NW, #950, WASHINGTON, DC 20005 | PUBLIC POLICY CONSULTING | 358,795. |

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 15

SEE PART VII, SECTION A CONTINUATION SHEETS

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 (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (27) ARJUN GUPTA TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (28) JANE HARMAN TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (29) HAYNE HIPPIE TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (30) MARK S. HOPLAMAZIAN TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (31) GERALD D. HOSIER TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (32) ANN FRASHER HUDSON TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (33) ROBERT HURST TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (34) SALMAN KHAN TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (35) MICHAEL KLEIN TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (36) DAVID KOCH TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (37) LAURA LAUDER TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (38) RODERICK VON LIPSEY TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (39) YO-YO MA TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (40) FREDERIC V. MALEK TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (41) JAMES M. MANYIKA TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (42) BONNIE PALMER MCCLOSKEY TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (43) DAVID MCCORMICK TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (44) ANNE WELSH MCNULTY TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (45) DIANE L. MORRIS TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (46) KARLHEINZ MUHR TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

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 (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (47) CLARE MUNANA TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (48) JERRY MURDOCK TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (49) MARC NATHANSON TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (50) WILLIAM A. NITZE TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (51) HER MAJESTY QUEEN NOOR TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (52) JACQUELINE NOVOGRATZ TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (53) OLARA A. OTUNNU TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (54) ELAINE PAGELS TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (55) MARGOT L. PRITZKER TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (56) LYNDA RESNICK TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (57) CONDOLEEZZA RICE TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (58) JIM ROGERS TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (59) RICARDO SALINAS TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (60) ISAAC SHONGWE TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (61) ANNA DEAVERE SMITH TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (62) MICHELLE SMITH TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (63) LAURIE M. TISCH TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (64) VIN WEBER TRUSTEE | 0.30 | X | | | | | | 0. | 0. | 0. |
| (65) WALTER ISAACSON PRESIDENT/CEO | 40.00 | X | | X | | | | 806,885. | 0. | 65,446. |
| (66) ELLIOT GERSON EXECUTIVE VP | 40.00 | | | X | | | | 368,358. | 0. | 77,468. |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for Peter Reiling, Rajiv VinnaKota, Namita Khasat, Eric Motley, Charlie Firestone, Mickey Edwards, Dan Glickman, Kitty Boone, and Margaret Clark.

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | |
|--|--|---|---------------|------------------------------------|----------------------------|--|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | 2,491,645. | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 2,466,866. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 80,362,823. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | 77,998. | | | | |
| | h Total. Add lines 1a-1f | | 85,321,334. | | | | |
| Program Service Revenue | 2 a CONTRACT REVENUE | Business Code | 900099 | 12,364,664. | 12,364,664. | | |
| | b SEMINAR AND EVENT FEES | | 900099 | 11,159,879. | 11,159,879. | | |
| | c CONF./FACILITY FEES | | 531390 | 10,963,021. | | 10,963,021. | |
| | d BOOK SALES | | 900099 | 20,383. | 20,383. | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | | 34,507,947. | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 222,180. | | 184,755. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | (i) Real | 120,679. | | | | |
| | | (ii) Personal | | | | | |
| | | b Less: rental expenses | 89,419. | | | | |
| | | c Rental income or (loss) | 31,260. | | | | |
| | d Net rental income or (loss) | | | 31,260. | | 31,260. | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | 86,477,820. | | | | |
| | | (ii) Other | | | | | |
| | | b Less: cost or other basis and sales expenses | 86,529,073. | | | | |
| | | c Gain or (loss) | -51,253. | | | | |
| | d Net gain or (loss) | | | -51,253. | | -51,253. | |
| | 8 a Gross income from fundraising events (not including \$ 2,491,645. of contributions reported on line 1c). See Part IV, line 18 | a | 97,479. | | | | |
| | | b Less: direct expenses | 665,981. | | | | |
| c Net income or (loss) from fundraising events | | | | -568,502. | | -568,502. | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | | |
| | b Less: direct expenses | | | | | | |
| | c Net income or (loss) from gaming activities | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | | | |
| | b Less: cost of goods sold | | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11 a OTHER INCOME | | 900099 | 489,228. | | | 489,228. | |
| | b ADVERTISING INCOME | | 541800 | 314,196. | 314,196. | | |
| | c SUBLEASE INCOME | | 900099 | 32,309. | | 32,309. | |
| | d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | | | 835,733. | | | | |
| 12 Total revenue. See instructions. | | | 120,298,699. | 23,544,926. | 11,461,972. | -29,533. | |

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 | 10,301,638. | 10,301,638. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 153,125. | 153,125. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 385,075. | 385,075. | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 2,530,397. | 434,580. | 1,981,088. | 114,729. |
| 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 | 34,410,162. | 25,120,383. | 7,642,817. | 1,646,962. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 3,171,328. | 2,186,400. | 823,037. | 161,891. |
| 9 Other employee benefits | 2,258,041. | 1,585,140. | 596,701. | 76,200. |
| 10 Payroll taxes | 2,457,778. | 1,694,460. | 637,853. | 125,465. |
| 11 Fees for services (non-employees): | | | | |
| a Management | 15,284,611. | 15,284,611. | | |
| b Legal | 351,046. | 41,531. | 309,515. | |
| c Accounting | 202,111. | | 202,111. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 930,496. | | 930,496. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 7,538,503. | 7,113,990. | 424,513. | |
| 12 Advertising and promotion | 132,823. | 115,825. | 6,496. | 10,502. |
| 13 Office expenses | 4,323,985. | 2,526,422. | 1,362,923. | 434,640. |
| 14 Information technology | 1,313,825. | 350,613. | 960,750. | 2,462. |
| 15 Royalties | | | | |
| 16 Occupancy | 3,013,122. | 2,222,438. | 678,164. | 112,520. |
| 17 Travel | 12,045,576. | 11,033,286. | 738,692. | 273,598. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 688,458. | 688,458. | | |
| 19 Conferences, conventions, and meetings | 4,804,481. | 4,647,461. | 157,020. | |
| 20 Interest | 7,500. | 169. | 7,331. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 2,777,193. | | 2,777,193. | |
| 23 Insurance | 325,858. | | 325,858. | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a PUBLICATIONS | 1,444,732. | 1,224,669. | 169,368. | 50,695. |
| b PARTNER REIMBURSEMENTS | 1,331,233. | 1,331,233. | | |
| c AUDIO/VISUAL | 1,279,797. | 1,204,185. | 39,205. | 36,407. |
| d REPAIRS AND MAINTENANCE | 530,746. | 145,642. | 385,104. | |
| e All other expenses | 460,386. | 288,359. | 58,806. | 113,221. |
| 25 Total functional expenses. Add lines 1 through 24e | 114,454,026. | 90,079,693. | 21,215,041. | 3,159,292. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|--------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 20,706. | 1 | 2,527. |
| | 2 Savings and temporary cash investments | 15,314,831. | 2 | 8,511,114. |
| | 3 Pledges and grants receivable, net | 70,701,619. | 3 | 60,571,017. |
| | 4 Accounts receivable, net | 1,885,671. | 4 | 4,185,465. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 131,455. | 8 | 122,374. |
| | 9 Prepaid expenses and deferred charges | 1,125,418. | 9 | 1,795,168. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 94,837,246. | | |
| | b Less: accumulated depreciation | 10b 45,770,381. | | |
| | 11 Investments - publicly traded securities | 50,651,673. | 10c | 49,066,865. |
| | 12 Investments - other securities. See Part IV, line 11 | 19,602,145. | 11 | 13,418,776. |
| | 13 Investments - program-related. See Part IV, line 11 | 118,715,385. | 12 | 158,418,095. |
| | 14 Intangible assets | | 13 | |
| | 15 Other assets. See Part IV, line 11 | 93,353. | 14 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 278,242,256. | 15 | 100,258. | |
| | | 16 | 296,191,659. | |
| Liabilities | 17 Accounts payable and accrued expenses | 6,781,875. | 17 | 8,752,767. |
| | 18 Grants payable | 2,323,397. | 18 | 4,554,594. |
| | 19 Deferred revenue | 6,015,991. | 19 | 5,763,737. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 4,143,416. | 25 | 4,208,410. |
| | 26 Total liabilities. Add lines 17 through 25 | 19,264,679. | 26 | 23,279,508. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 80,698,001. | 27 | 84,983,013. |
| | 28 Temporarily restricted net assets | 123,871,918. | 28 | 132,843,761. |
| | 29 Permanently restricted net assets | 54,407,658. | 29 | 55,085,377. |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 258,977,577. | 33 | 272,912,151. | |
| 34 Total liabilities and net assets/fund balances | 278,242,256. | 34 | 296,191,659. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|--------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 120,298,699. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 114,454,026. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 5,844,673. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 258,977,577. |
| 5 | Net unrealized gains (losses) on investments | 5 | 7,816,669. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 273,232. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 272,912,151. |

Part XII Financial Statements and Reporting

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

| | Yes | No |
|---|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | X | |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | X | |

Form **990** (2016)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

| | |
|--|---|
| Name of the organization THE ASPEN INSTITUTE, INC. | Employer identification number 84-0399006 |
|--|---|

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

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

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|--|-------------|-------------|-------------|--------------|-------------|--------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 71,686,768. | 68,204,184. | 68,633,372. | 111,928,714. | 85,321,334. | 405,774,372. |
| 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 | 71,686,768. | 68,204,184. | 68,633,372. | 111,928,714. | 85,321,334. | 405,774,372. |
| 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) | | | | | | 39,281,174. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 366,493,198. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|--|-------------|-------------|-------------|--------------|-------------|--------------------------|
| 7 Amounts from line 4 | 71,686,768. | 68,204,184. | 68,633,372. | 111,928,714. | 85,321,334. | 405,774,372. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ... | 347,151. | 334,358. | 133,656. | 894,214. | 190,413. | 1,899,792. |
| 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.) | 485,061. | 398,612. | 190,216. | 395,329. | 489,228. | 1,958,446. |
| 11 Total support. Add lines 7 through 10 | | | | | | 409,632,610. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 94,794,617. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) | 14 | 89.47 % |
| 15 Public support percentage from 2015 Schedule A, Part II, line 14 | 15 | 88.41 % |
| 16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2015 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2015 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2016. 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 - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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 in (2), 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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | | |
| 2 Activities Test. Answer (a) and (b) below. | | Yes | No |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | | | |
| 2a | | | |
| b Did the activities described in (a) 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 (a) and (b) below. | | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. | | | |
| 3a | | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | | | |
| 3b | | | |

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

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

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

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% 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 .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 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

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

| Section D - Distributions | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions | |
| 7 Total annual distributions. Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions | |
| 9 Distributable amount for 2016 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2016 | (iii) Distributable Amount for 2016 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2016 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions | | | |
| 3 Excess distributions carryover, if any, to 2016: | | | |
| a | | | |
| b | | | |
| c From 2013 | | | |
| d From 2014 | | | |
| e From 2015 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2016 distributable amount | | | |
| i Carryover from 2011 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2016 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2016 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions | | | |
| 6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions | | | |
| 7 Excess distributions carryover to 2017. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7: | | | |
| a | | | |
| b Excess from 2013 | | | |
| c Excess from 2014 | | | |
| d Excess from 2015 | | | |
| e Excess from 2016 | | | |

Schedule A (Form 990 or 990-EZ) 2016

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2012 AMOUNT: \$ 485,061.

2013 AMOUNT: \$ 398,612.

2014 AMOUNT: \$ 190,216.

2015 AMOUNT: \$ 395,329.

2016 AMOUNT: \$ 489,228.

COPY

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

THE ASPEN INSTITUTE, INC.

Employer identification number

84-0399006

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

| | |
|--|---|
| Name of organization THE ASPEN INSTITUTE, INC. | Employer identification number 84-0399006 |
|--|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 1 | | \$ 6,050,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | | \$ 4,703,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | | \$ 4,310,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | | \$ 4,030,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | | \$ 3,157,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | | \$ 2,831,458. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|---|
| Name of organization THE ASPEN INSTITUTE, INC. | Employer identification number 84-0399006 |
|--|---|

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 7 | | \$ 1,732,758. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|--|
| Name of organization THE ASPEN INSTITUTE, INC. | Employer identification number 84-0399006 |
|---|--|

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 |
|------------------------------|--|--|----------------------|
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |

| | |
|---|--|
| Name of organization THE ASPEN INSTITUTE, INC. | Employer identification number 84-0399006 |
|---|--|

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

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

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

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

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

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

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

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.**
- ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

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 B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and 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 THE ASPEN INSTITUTE, INC. | Employer identification number 84-0399006 |
|--|---|

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 employer identification number (EIN) 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-. |
|----------|-------------|---------|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2016

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 (grass roots 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. | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | If the amount on line 1e, column (a) or (b) is: | 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. | | |
| If the amount on line 1e, column (a) or (b) is: | 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (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 | | | | | |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

| | (a) | | (b) |
|--|-----|----|--------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | | X | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .. | X | | |
| c Media advertisements? | | X | |
| d Mailings to members, legislators, or the public? | | X | |
| e Publications, or published or broadcast statements? | | X | |
| f Grants to other organizations for lobbying purposes? | | X | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | X | | 833. |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | X | |
| i Other activities? | | X | |
| j Total. Add lines 1c through 1i | | | 833. |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | X | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | Yes | No |
|--|-----|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | 1 | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? | 3 | |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

| | | |
|---|----|--|
| 1 Dues, assessments and similar amounts from members | 1 | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a Current year | 2a | |
| b Carryover from last year | 2b | |
| c Total | 2c | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

COMMUNICATION WITH LEGISLATORS REGARDING PENDING LEGISLATION.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization THE ASPEN INSTITUTE, INC. **Employer identification number** 84-0399006

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

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

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

Preservation of land for public use (e.g., 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 | 2 |
| b Total acreage restricted by conservation easements | 263.88 |
| c Number of conservation easements on a certified historic structure included in (a) | |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | |

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 ▶ _____ 2

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$ 41,400.

(ii) Assets included in Form 990, Part X

▶ \$ 1,002,145.

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

a Revenue included on Form 990, Part VIII, line 1

▶ \$ 0.

b Assets included in Form 990, Part X

▶ \$ 0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2016



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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

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

| | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 95,232,540. | 80,203,349. | 75,351,962. | 59,703,811. | 44,873,360. |
| b Contributions | 4,756,855. | 16,298,057. | 4,417,778. | 12,128,542. | 12,703,802. |
| c Net investment earnings, gains, and losses | 4,078,477. | 1,451,696. | 2,668,734. | 5,470,942. | 3,285,463. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 4,188,596. | 2,720,562. | 2,235,125. | 1,951,333. | 2,299,326. |
| f Administrative expenses | | | | | |
| g End of year balance | 99,879,276. | 95,232,540. | 80,203,349. | 75,351,962. | 58,563,299. |

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

- a Board designated or quasi-endowment 25.45 %
- b Permanent endowment 55.15 %
- c Temporarily restricted endowment 19.40 %

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 | | 10,627,664. | | 10,627,664. |
| b Buildings | | 67,291,818. | 33,126,166. | 34,165,652. |
| c Leasehold improvements | | 976,700. | 605,325. | 371,375. |
| d Equipment | | 5,452,495. | 4,704,462. | 748,033. |
| e Other | | 10,488,569. | 7,334,428. | 3,154,141. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 49,066,865. |

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) INVESTMENT CONTRACT | 630,674. | END-OF-YEAR MARKET VALUE |
| (B) LIMITED PARTNERSHIPS | 157,787,421. | END-OF-YEAR MARKET VALUE |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 158,418,095. | |

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) CAPITAL LEASE OBLIGATIONS | 103,281. |
| (3) DEFERRED COMPENSATION | 3,676,892. |
| (4) DEFERRED RENT AND LEASE INCENTIVE | 428,237. |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 4,208,410. |

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

| | | | |
|----------|--|-----------|--------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 128,172,970. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | 7,816,669. |
| b | Donated services and use of facilities | 2b | 232,698. |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | 8,049,367. |
| 3 | Subtract line 2e from line 1 | 3 | 120,123,603. |
| 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 | 930,496. |
| b | Other (Describe in Part XIII.) | 4b | -755,400. |
| c | Add lines 4a and 4b | 4c | 175,096. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 120,298,699. |

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 | 114,238,396. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 232,698. |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | -273,232. |
| e | Add lines 2a through 2d | 2e | -40,534. |
| 3 | Subtract line 2e from line 1 | 3 | 114,278,930. |
| 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 | 930,496. |
| b | Other (Describe in Part XIII.) | 4b | -755,400. |
| c | Add lines 4a and 4b | 4c | 175,096. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 114,454,026. |

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 II, LINE 5:

THE INSTITUTE CONTINUES TO COMPLY WITH TERMS OF CONTRACT GOVERNING THE CONSERVATION EASEMENT HELD, WHICH INCLUDES PROTECTION OF NATURAL HABITAT.

PART II, LINE 9:

THE INSTITUTE HOLDS A CONSERVATION EASEMENT ON THE BALANCE SHEET AND THE CONTRIBUTED PARCEL OF LAND WAS BOOKED AS REVENUE FOR THE YEAR IT WAS GIFTED.

PART III, LINE 4:

AT OUR ASPEN MEADOWS CAMPUS, ASPEN, COLORADO, WE HAVE A LARGE COLLECTION OF ART THAT IS ON DISPLAY BOTH IN GALLERIES AND PUBLIC SPACES. IT IS

Part XIII Supplemental Information (continued)

ENJOYED BY GUESTS WHO VISIT AND STAY AT OUR RESORT. THIS ART COLLECTION IS
 MADE UP OF PHOTOS FROM FRANZ BERKO, OFFICIAL PHOTOGRAPHER FOR THE
 INSTITUTE, AS WELL AS ART IN VARIOUS MEDIUMS BY HERBERT BAYER. BAYER WAS
 THE ARCHITECT FOR OUR CAMPUS, AND ALSO DESIGNED SEVERAL OF THE LAND FORMS
 THROUGHOUT OUR PROPERTY. ONE GALLERY ON PROPERTY IS DEDICATED SOLELY TO
 THE WORK OF BAYER.

PART V, LINE 4:

4.5% OF A 12 QUARTER ROLLING AVERAGE OF THE FUNDS ARE USED TO FUND
 PROGRAMMATIC WORK OF THE INSTITUTE.

PART X, LINE 2:

THE INSTITUTE PERFORMED AN EVALUATION OF UNCERTAINTY IN INCOME TAXES FOR
 THE YEAR ENDED DECEMBER 31, 2016, AND DETERMINED THAT THERE WERE NO
 MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT
 MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

| | |
|---------------------------------------|-----------|
| SPECIAL EVENT EXPENSES | -665,981. |
| RENTAL EXPENSES | -89,419. |
| TOTAL TO SCHEDULE D, PART XI, LINE 4B | -755,400. |

PART XII, LINE 2D - OTHER ADJUSTMENTS:

| | |
|-----------------------|-----------|
| RETURN OF GRANT FUNDS | -273,232. |
|-----------------------|-----------|

PART XII, LINE 4B - OTHER ADJUSTMENTS:

| | |
|------------------------|-----------|
| SPECIAL EVENT EXPENSES | -665,981. |
| RENTAL EXPENSES | -89,419. |

COPY

Part XIII Supplemental Information *(continued)*

TOTAL TO SCHEDULE D, PART XII, LINE 4B -755,400.

Multiple horizontal lines for supplemental information.

**SCHEDULE F
(Form 990)**

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.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

| | |
|---|--|
| Name of the organization THE ASPEN INSTITUTE, INC. | Employer identification number 84-0399006 |
|---|--|

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 |
|---|-------------------------------------|--|--|--|--|
| SUB-SAHARAN AFRICA | 0 | 0 | PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION. | GRANTS, MEETINGS AND PROGRAMMATIC ACTIVITIES. | 130,000. |
| EUROPE | 0 | 0 | PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION. | GRANTS, MEETINGS AND PROGRAMMATIC ACTIVITIES. | 122,200. |
| SOUTH AMERICA | 0 | 0 | PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION. | GRANTS, MEETINGS AND PROGRAMMATIC ACTIVITIES. | 70,000. |
| EAST ASIA AND THE PACIFIC | 0 | 0 | PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION. | GRANTS, MEETINGS AND PROGRAMMATIC ACTIVITIES. | 20,000. |
| NORTH AMERICA | 0 | 0 | PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION. | GRANTS, MEETINGS AND PROGRAMMATIC ACTIVITIES. | 31,875. |
| SOUTH ASIA | 0 | 0 | PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION. | GRANTS, MEETINGS AND PROGRAMMATIC ACTIVITIES. | 10,000. |
| CENTRAL AMERICA AND THE CARIBBEAN | 0 | 0 | PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION. | GRANTS, MEETINGS AND PROGRAMMATIC ACTIVITIES. | 1,000. |
| 3 a Sub-total | 0 | 0 | | | 385,075. |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0. |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 385,075. |

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

Schedule F (Form 990) 2016

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) |
|-------------------------------|--|---------------------------|--|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| | | SUB-SAHARAN AFRICA | STRATEGIC PARTNER FOR AMP HEALTH IN COUNTRY | 98,000. | WIRE TRANSFER | 0. | | |
| | | EUROPE | SUPPORT CHAPTER OPERATIONS IN AFRICA | 73,200. | WIRE TRANSFER | 0. | | |
| | | SOUTH AMERICA | INCUBATION PROGRAM FOR SCIENTISTS AND INVENTORS | 48,000. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | SUPPORT CHAPTER OPERATIONS IN AFRICA | 32,000. | WIRE TRANSFER | 0. | | |
| | | SOUTH AMERICA | TO FINISH THE BUILDING AND INSTALLATION OF A TRADITIONAL HOME | 20,000. | WIRE TRANSFER | 0. | | |
| | | EUROPE | REPLACE DRAWING CARDS OF JACQUARD LOOMS | 20,000. | WIRE TRANSFER | 0. | | |
| | | EUROPE | COMMISSION NEW ARTISANS FOR GUILD | 20,000. | WIRE TRANSFER | 0. | | |
| | | EAST ASIA AND THE PACIFIC | EXPANDING EDUCATIONAL TOUR OPTIONS FOR LAO HANDICRAFT PRODUCTS | 20,000. | WIRE TRANSFER | 0. | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 0

3 Enter total number of other organizations or entities 10

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|--|--|---------------|--|--------------------------|---------------------------------|-----------------------------------|--|---|
| 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 non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | NORTH AMERICA | TO SUPPORT GLOBAL ACCELERATOR LEARNING INITIATIVE (GALI) | 15,000. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA | SUPPORT CHAPTER OPERATIONS IN INDIA | 10,000. | WIRE TRANSFER | 0. | | |
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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) |
|---------------------------------|-----------------------------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| SCHOLARSHIP | SOUTH AMERICA | 2 | 2,000. | WIRE TRANSFER | 0. | | |
| SCHOLARSHIP | CENTRAL AMERICA AND THE CARIBBEAN | 1 | 1,000. | WIRE TRANSFER | 0. | | |
| HONORARIUM | NORTH AMERICA | 7 | 16,875. | WIRE TRANSFER | 0. | | |
| HONORARIUM | EUROPE | 7 | 9,000. | WIRE TRANSFER | 0. | | |
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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 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 Instructions for Forms 3520 and 3520-A; do not 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 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 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 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 Instructions for Form 5713; do not file with Form 990)* Yes No

Schedule F (Form 990) 2016

COPY

Part V Supplemental Information

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.

PART I, LINE 2:

FROM TIME TO TIME THE INSTITUTE ENGAGES OTHER ENTITIES TO FURTHER THE OBJECTIVES SET FORTH IN OUR GRANT AGREEMENTS. THIS IS TYPICALLY DONE VIA SUB-AWARDS OR RE-GRANTS THAT RUN CONCURRENTLY WITH THE PRIME AWARD IN WHICH THE SUB RECIPIENTS ARE ADVISED OF ALL APPLICABLE LAWS AND REGULATIONS, AND ALL APPROPRIATE FLOW-DOWN PROVISIONS FROM THE PRIME AGREEMENT. ALL SUB GRANTEEES OR SERVICE PROVIDERS MUST ALSO CERTIFY THAT THEY DO NOT AND WILL NOT KNOWINGLY PROVIDE MATERIAL SUPPORT OR RESOURCES TO ANY INDIVIDUAL OR ENTITY INVOLVED WITH TERRORISM (INCLUDING ANY INDIVIDUALS, ENTITIES, OR GROUPS SUBJECT TO OFAC SANCTIONS) OR TO ANYONE WHO ACTS AS AN AGENT FOR SUCH AN INDIVIDUAL OR ENTITY. ANY VIOLATION OF THIS CERTIFICATION MUST BE GROUNDS FOR IMMEDIATE TERMINATION OF THE LETTER OF AGREEMENT AND RETURN OF ALL GRANT FUNDS.

THE FREQUENCY AND SCOPE OF THE RESEARCH PROGRAM'S MONITORING PROCEDURES ARE DETERMINED JOINTLY BY THE RESPONSIBLE PROGRAM MANAGER AND RESPECTIVE GRANT ADMINISTRATOR/FINANCIAL ANALYST. THIS INCLUDES THE ROUTINE RECEIPT AND REVIEW OF THE NARRATIVE AND FINANCIAL REPORTS, A REVIEW OF EXPENSES TO BUDGET, THE OPTION TO PERFORM AUDITS, AND ALLOWS FOR THE PERFORMANCE OF SITE VISITS IF NECESSARY. THE INSTITUTE SHOULD BE NOTIFIED WHENEVER PROBLEMS, DELAYS OR OTHER CONDITIONS DEVELOP WHICH WOULD HAVE SIGNIFICANT IMPACT UPON THE PROJECT. BUDGET REVISIONS ARE ALLOWED WITHIN THE PARAMETERS SET FORTH IN EACH SUB AWARD. THE PAYMENT SCHEDULE AND THE DEGREE OF FLEXIBILITY OFFERED MAY DEPEND ON PREVIOUS EXPERIENCE WITH THE RECIPIENT, THE DEGREE OF EXTERNAL OVERSIGHT BY OTHER PARTIES, AND THE SOPHISTICATION OF THE RECIPIENT'S ADMINISTRATIVE SYSTEMS.

COPY

Part V Supplemental Information

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.

PARTICIPANTS ARE EXPECTED TO COMPLY WITH ALL RELEVANT U.S. LAWS. PRIOR TO

ISSUING AWARDS TO FOREIGN ENTITIES, THE PROGRAMS ARE BEING ASKED TO

COMPLETE A DUE DILIGENCE CHECKLIST, WHICH INCLUDES ADDITIONAL INFORMATION

ABOUT THE SUB RECIPIENT INCLUDING: ANY REASONABLY AVAILABLE HISTORICAL

INFORMATION ABOUT THE GRANTEE THAT ASSURES THE INSTITUTE OF THE GRANTEE'S

IDENTITY AND INTEGRITY SUCH AS THE JURISDICTION IN WHICH A GRANTEE

ORGANIZATION IS INCORPORATED OR FORMED; COPIES OF INCORPORATING OR OTHER

GOVERNING INSTRUMENTS; INFORMATION ON THE INDIVIDUALS WHO FORMED AND

OPERATE THE ORGANIZATION; AND INFORMATION RELATING TO THE GRANTEE'S

OPERATING HISTORY; THE GRANTEE OR SERVICE PROVIDER'S NAME IN ENGLISH, AND

THE LANGUAGE OF ORIGIN, AND ANY ACRONYM OR OTHER NAMES USED TO IDENTIFY

THE GRANTEE; THE JURISDICTIONS IN WHICH A GRANTEE OR SERVICE PROVIDER

MAINTAINS A PHYSICAL PRESENCE; THE GRANTEE OR SERVICE PROVIDER'S POSTAL,

EMAIL AND WEBSITE ADDRESSES AND PHONE NUMBERS FOR EACH PLACE OF BUSINESS.

THE INSTITUTE ALSO CONDUCTS A REASONABLE SEARCH OF PUBLICLY AVAILABLE

INFORMATION TO DETERMINE WHETHER THE GRANTEE OR SERVICE PROVIDER IS

SUSPECTED OF ACTIVITY RELATING TO TERRORISM, INCLUDING TERRORIST

FINANCING OR OTHER SUPPORT.

PART I, LINE 3:

THE ACCRUAL METHOD OF ACCOUNTING WAS USED TO ACCOUNT FOR FOREIGN

EXPENDITURES.

PART II, COLUMN (D):

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: TO FINISH THE BUILDING AND INSTALLATION OF A

TRADITIONAL HOME WEAVERS EXHIBITION



Part V Supplemental Information

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.

PART III, COL (C):

THE NUMBER OF RECIPIENTS REPRESENTS THE ACTUAL NUMBER OF RECIPIENTS AND

NOT AN ESTIMATE.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" 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.**
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization
THE ASPEN INSTITUTE, INC.

Employer identification number
84-0399006

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 non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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.

| Revenue | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) | |
|-----------------|--|-------------------------------|------------------------------------|---------------------|---|----------|
| | | ANNUAL DINNER (event type) | SUMMER CELEBRATION (event type) | 2 (total number) | | |
| 1 | Gross receipts | 1,587,678. | 548,150. | 453,296. | 2,589,124. | |
| 2 | Less: Contributions | 1,525,128. | 531,650. | 434,867. | 2,491,645. | |
| 3 | Gross income (line 1 minus line 2) | 62,550. | 16,500. | 18,429. | 97,479. | |
| Direct Expenses | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| | 6 | Rent/facility costs | 5,050. | 3,238. | 1,834. | 10,122. |
| | 7 | Food and beverages | 2,956. | 4,584. | 4,303. | 11,843. |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | 281,422. | 196,868. | 165,726. | 644,016. |
| 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | | 665,981. | |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | -568,502. | |

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.

| Revenue | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|--|-----------------------------|---|---|---|
| | | | | | |
| 1 | Gross revenue | | | | |
| Direct Expenses | 2 | Cash prizes | | | |
| | 3 | Noncash prizes | | | |
| | 4 | Rent/facility costs | | | |
| | 5 | Other direct expenses | | | |
| | 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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 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

COPY

Part IV Supplemental Information (continued)

Lined area for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization **THE ASPEN INSTITUTE, INC.** Employer identification number **84-0399006**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|---------------------------------|--|--|--|--|
| IEARN, INC. 475 RIVERSIDE DRIVE NEW YORK, NY 10115 | 13-3782233 | 501(C)(3) | 904,924. | 0. | | | J. CHRISTOPHER STEVENS VIRTUAL EXCHANGE INITIATIVE PROGRAM |
| SOLIYA, INC. 261 MADISON AVENUE NEW YORK, NY 10016 | 32-0060209 | 501(C)(3) | 875,833. | 0. | | | J. CHRISTOPHER STEVENS VIRTUAL EXCHANGE INITIATIVE PROGRAM |
| GNG 132 NASSAU STREET NEW YORK, NY 10038 | 75-2750127 | 501(C)(3) | 721,628. | 0. | | | J. CHRISTOPHER STEVENS VIRTUAL EXCHANGE INITIATIVE PROGRAM |
| EURASIA 1350 CONNECTICUT AVENUE, NW WASHINGTON, DC 20036 | 52-1780162 | 501(C)(3) | 662,000. | 0. | | | J. CHRISTOPHER STEVENS VIRTUAL EXCHANGE INITIATIVE PROGRAM |
| RESEARCH FDN FOR THE UNIV. OF NY P.O. BOX 9 ALBANY, NY 12201 | 14-1368361 | 501(C)(3) | 505,572. | 0. | | | J. CHRISTOPHER STEVENS VIRTUAL EXCHANGE INITIATIVE PROGRAM |
| WORLD BUSINESS CHICAGO 177 N. STATE STREET CHICAGO, IL 60601 | 36-4313685 | 501(C)(3) | 443,131. | 0. | | | J. CHRISTOPHER STEVENS VIRTUAL EXCHANGE INITIATIVE PROGRAM |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 35.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) (2016)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| ITHAKA HARBORS, INC. 2 RECTOR STREET NEW YORK, NY 10006 | 13-3857105 | 501(C)(3) | 441,400. | 0. | | | AMERICAN TALENT INITIATIVE WEBSITE DEVELOPMENT |
| NDI 455 MASSACHUSETTS AVENUE, NW WASHINGTON, DC 20001 | 52-1338892 | 501(C)(3) | 332,123. | 0. | | | J. CHRISTOPHER STEVENS VIRTUAL EXCHANGE INITIATIVE PROGRAM |
| WORLD LEARNING DYLP 1015 15TH STREET, NW WASHINGTON, DC 20005 | 03-0179592 | 501(C)(3) | 326,828. | 0. | | | J. CHRISTOPHER STEVENS VIRTUAL EXCHANGE INITIATIVE PROGRAM |
| REDSTONE STRATEGY GROUP 3223 ARAPAHOE AVENUE, SUITE 210 BOULDER, CO 80303 | 16-1681238 | 501(C)(3) | 235,000. | 0. | | | PROJECT MANAGEMENT FOR AI DIALOGUE SERIES ON SHARING AND INTEGRATING WATER DATA FOR |
| EQUAL MEASURE 1528 WALNUT STREET, SUITE 805 PHILADELPHIA, PA 19102 | 23-2694572 | 501(C)(3) | 201,968. | 0. | | | EVALUATION WORK ON COMMUNITY SOLUTIONS |
| UNIVERSITY OF CALIFORNIA, BERKELEY 2195 HEARST AVENUE BERKELEY, CA 94720 | 94-6002123 | 501(C)(3) | 123,354. | 0. | | | J. CHRISTOPHER STEVENS VIRTUAL EXCHANGE INITIATIVE PROGRAM |
| NEW YORK UNIVERSITY 20 COOPER SQUARE NEW YORK, NY 10003 | 13-5562308 | 501(C)(3) | 58,356. | 0. | | | PARENTCORP FUNDAMENTALS TRAINING |
| CENTER FOR NONPROFIT MANAGEMENT 2902 FLOYD STREET DALLAS, TX 75204 | 75-1366166 | 501(C)(3) | 50,000. | 0. | | | CAPACITY BUILDING GRANT |
| CENTER FOR NY CITY NEIGHBORHOODS 17 BATTERY PLACE SOUTH, SUITE 728 NEW YORK, NY 10004 | 83-0506416 | 501(C)(3) | 50,000. | 0. | | | CAPACITY BUILDING GRANT SERVING HOMEOWNERS & NEIGHBORHOODS |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| FAIR CHANCE 2001 S STREET, NW WASHINGTON, DC 20009 | 74-3091832 | 501(C)(3) | 50,000. | 0. | | | CAPACITY BUILDING GRANT FOR CHILDREN & YOUTH NON-PROFITS |
| FRANKLIN & MARSHALL COLLEGE P.O. BOX 3003 LANCASTER, PA 17604 | 23-1352635 | 501(C)(3) | 50,000. | 0. | | | AMERICAN TALENT INITIATIVE CONVENINGS |
| GEORGIA CENTER FOR NONPROFITS 100 PEACHTREE STREET, SUITE 1500 ATLANTA, GA 30303 | 58-2554789 | 501(C)(3) | 50,000. | 0. | | | CAPACITY BUILDING GRANT |
| HUMAN SERVICES COALITION OF DADE COUNTY - 3000 BISCAYNE BOULEVARD, SUITE 210 - MIAMI, FL 33137 | 65-0690368 | 501(C)(3) | 50,000. | 0. | | | CAPACITY BUILDING GRANT |
| KIVA MICROFUNDS 875 HOWARD STREET SAN FRANCISCO, CA 94103 | 71-0992446 | 501(C)(3) | 50,000. | 0. | | | GLOBAL DATA COLLECTION AND ANALYSIS ON WOMEN'S ENTREPRENEURSHIP |
| MICHIGAN COMMUNITY RESOURCES 615 GROSWOLD STREET, SUITE 200 DETROIT, MI 48226 | 20-5764501 | 501(C)(3) | 50,000. | 0. | | | CAPACITY BUILDING GRANT |
| ENCLUDE LIMITED 1220 19TH STREET, SUITE 200 WASHINGTON, DC 20036 | 36-3556389 | 501(C)(3) | 46,000. | 0. | | | GENDER BENCHMARKING TOOL PILOT |
| NATAKALLAM, LLC 2 COLUMBUS AVENUE, APT. 24A NEW YORK, NY 10023 | 47-5372578 | 501(C)(3) | 45,790. | 0. | | | FOSTER WITHIN HIGHER EDUCATION INSTITUTIONS AND SYSTEMS NATIONALLY THE ADOPTION OF TRANSFER |
| NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON, IL 60208 | 36-2167817 | 501(C)(3) | 33,288. | 0. | | | MOTHERS AND BABIES PROGRAM TRAINING AND EXPANSION |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| LIFT 1620 I STREET, NW, SUITE 820 WASHINGTON, DC 20006 | 52-2168409 | 501(C)(3) | 30,030. | 0. | | | IMPROVE MEMBER FAMILY LONG-TERM STABILITY |
| WOFFORD COLLEGE 429 N. CHURCH STREET SPARTANBURG, SC 29303 | 57-0314422 | 501(C)(3) | 29,232. | 0. | | | J. CHRISTOPHER STEVENS VIRTUAL EXCHANGE INITIATIVE PROGRAM |
| FIRST BOOK 1319 F STREET, NW WASHINGTON, DC 20004 | 52-1779606 | 501(C)(3) | 25,000. | 0. | | | CITIZEN POWER CHALLENGE FOR CHILDREN |
| LOUISIANA ASSOCIATION OF NONPROFITS - 528 LOUISIANA AVENUE - BATON ROUGE, LA 70802 | 72-1444119 | 501(C)(3) | 25,000. | 0. | | | TO SUPPORT THE CWFA REGIONAL MANUFACTURING INITIATIVE |
| NONPROFIT CENTER OF NORTHEAST FLORIDA - 40 E. ADAMS STREET, SUITE 100 - JACKSONVILLE, FL 32202 | 59-3700428 | 501(C)(3) | 25,000. | 0. | | | CAPACITY BUILDING GRANT |
| NONPROFIT LEADERSHIP CENTER OF TAMPA BAY - 1401 N. WESTHORE BOULEVARD, SUITE 101 - TAMPA, FL 33607 | 59-3671047 | 501(C)(3) | 25,000. | 0. | | | CAPACITY BUILDING GRANT |
| SOUTH FLORIDA COMMUNITY DEVELOPMENT COALITION - 300 NW 12TH AVENUE - MIAMI, FL 33128 | 45-0553449 | 501(C)(3) | 25,000. | 0. | | | CAPACITY BUILDING GRANT TO IMPROVE DATA MANAGEMENT SYSTEMS |
| CENTRAL NEW MEXICO COMMUNITY COLLEGE FOUNDATION - 525 BUENA VISTA, SE - ALBUQUERQUE, NM 87106 | 85-0338623 | 501(C)(3) | 20,000. | 0. | | | CAPACITY BUILDING GRANT CNM STUDENT SURVEY ADMINISTRATION AND ANALYSIS |
| STARFISH FAMILY SERVICES 30000 HIVELEY STREET INKSTER, MI 48141 | 38-2230416 | 501(C)(3) | 16,522. | 0. | | | STAFF TRAINING/PARENT CORPS FUNDAMENTALS |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| NURSE FAMILY PARTNERSHIP 100 GRANT STREET, SUITE 400 DENVER, CO 80203 | 20-0234163 | 501(C)(3) | 15,000. | 0. | | | TN TANF PILOT PARTNERSHIP NFP IMPLEMENTATION COSTS |
| CENTER FOR AMERICAN PROGRESS 1333 H STREET, NW WASHINGTON, DC 20016 | 30-0126510 | 501(C)(3) | 12,500. | 0. | | | CO-CHAIR ENERGY & CLIMATE CHANGE DIALOGUE |
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Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| AWARDS | 47 | 94,375. | 0. | | |
| HONORARIA | 23 | 58,750. | 0. | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

PART I, LINE 2:

FROM TIME TO TIME THE INSTITUTE ENGAGES OTHER ENTITIES TO FURTHER THE OBJECTIVES SET FORTH IN OUR GRANT AGREEMENTS. THIS IS TYPICALLY DONE VIA SUB-AWARDS OR RE-GRANTS THAT RUN CONCURRENTLY WITH THE PRIME AWARD IN WHICH THE SUB RECIPIENTS ARE ADVISED OF ALL APPLICABLE LAWS AND REGULATIONS, AND ALL APPROPRIATE FLOW-DOWN PROVISIONS FROM THE PRIME AGREEMENT. ALL SUB GRANTEES OR SERVICE PROVIDERS MUST ALSO CERTIFY THAT IT DOES NOT AND WILL NOT KNOWINGLY PROVIDE MATERIAL SUPPORT OR RESOURCES TO ANY INDIVIDUAL OR ENTITY INVOLVED WITH TERRORISM (INCLUDING ANY INDIVIDUALS ENTITIES OR

Part IV Supplemental Information

GROUPS SUBJECT TO OFAC SANCTIONS) OR TO ANYONE WHO ACTS AS AN AGENT FOR SUCH AN INDIVIDUAL OR ENTITY, ANY VIOLATION OF THIS CERTIFICATION MUST BE GROUNDS FOR IMMEDIATE TERMINATION OF THE LETTER OF AGREEMENT AND RETURN OF ALL GRANT FUNDS.

THE FREQUENCY AND SCOPE OF RESEARCH PROGRAM'S MONITORING PROCEDURES ARE DETERMINED JOINTLY BY THE RESPONSIBLE PROGRAM MANAGER AND RESPECTIVE GRANT ADMINISTRATOR/FINANCIAL ANALYST. THIS INCLUDES THE ROUTINE RECEIPT AND REVIEW OF THE NARRATIVE AND FINANCIAL REPORTS, A REVIEW OF EXPENSES TO BUDGET, THE OPTION TO PERFORM AUDITS, AND ALLOWS FOR THE PERFORMANCE OF SITE VISITS IF NECESSARY. THE INSTITUTE SHOULD BE NOTIFIED WHENEVER PROBLEMS DELAYS OR OTHER CONDITIONS DEVELOP WHICH WOULD HAVE SIGNIFICANT IMPACT UPON THE PROJECT. BUDGET REVISIONS ARE ALLOWED WITHIN THE PARAMETERS SET FORTH IN EACH SUB AWARD. THE PAYMENT SCHEDULE AND THE DEGREE OF FLEXIBILITY OFFERED MAY DEPEND ON PREVIOUS EXPERIENCE WITH THE RECIPIENT, THE DEGREE OF EXTERNAL OVERSIGHT BY OTHER PARTIES, AND THE SOPHISTICATION OF THE RECIPIENT'S ADMINISTRATIVE SYSTEMS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: REDSTONE STRATEGY GROUP

(H) PURPOSE OF GRANT OR ASSISTANCE: PROJECT MANAGEMENT FOR AI DIALOGUE SERIES ON SHARING AND INTEGRATING WATER DATA FOR SUSTAINABILITY

NAME OF ORGANIZATION OR GOVERNMENT: NATAKALLAM, LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: FOSTER WITHIN HIGHER EDUCATION INSTITUTIONS AND SYSTEMS NATIONALLY THE ADOPTION OF TRANSFER PATHWAYS.

COPY

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2016

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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE ASPEN INSTITUTE, INC.

Employer identification number

84-0399006

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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

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

Schedule J (Form 990) 2016

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) WALTER ISAACSON PRESIDENT/CEO | (i) | 798,721. | 0. | 8,164. | 39,750. | 25,696. | 872,331. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) ELLIOT GERSON EXECUTIVE VP | (i) | 364,794. | 0. | 3,564. | 39,750. | 37,718. | 445,826. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) PETER REILING EXECUTIVE VP | (i) | 364,944. | 0. | 2,322. | 39,750. | 37,689. | 444,705. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) RAJIV VINNAKOTA EXECUTIVE VP | (i) | 316,959. | 0. | 754. | 4,997. | 37,682. | 360,392. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) NAMITA KHASAT EVP FIN. & ADMN./CFO/TREASURER | (i) | 344,904. | 0. | 2,322. | 6,637. | 2,976. | 356,839. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) ERIC MOTLEY EVP: CORP SECRETARY | (i) | 305,028. | 0. | 540. | 36,440. | 12,769. | 354,777. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) CHARLIE FIRESTONE EXECUTIVE DIRECTOR | (i) | 319,886. | 0. | 11,124. | 39,750. | 25,754. | 396,514. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) MICKEY EDWARDS VP, PROGRAM DIRECTOR | (i) | 305,269. | 0. | 11,124. | 39,750. | 13,153. | 369,296. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (9) DAN GLICKMAN VP, EXECUTIVE DIRECTOR | (i) | 300,087. | 0. | 13,528. | 36,440. | 3,209. | 353,264. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (10) KITTY BOONE VP, PROGRAM DIRECTOR | (i) | 272,124. | 0. | 3,443. | 39,750. | 37,203. | 352,520. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (11) MARGARET CLARK VP, POLICY PROGRAMS | (i) | 272,701. | 0. | 2,322. | 39,750. | 25,679. | 340,452. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

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

PART I, LINE 1A:

THE ASPEN INSTITUTE FOLLOWS A POLICY GOVERNING EXPENSE REIMBURSEMENT AND

COMPLIES WITH TRAVEL GUIDELINES APPLICABLE TO ALL EMPLOYEES.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **THE ASPEN INSTITUTE, INC.** Employer identification number **84-0399006**

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 | X | 5 | 41,400. | APPRAISAL |
| 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 | | | | |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (TRAVEL VOUCH.) | X | 10 | 34,506. | FMV |
| 26 Other ▶ (FURNITURE) | X | 2 | 1,192. | FMV |
| 27 Other ▶ (FLOWERS) | X | 1 | 750. | FMV |
| 28 Other ▶ (MISCELLANEOUS) | X | 1 | 150. | FMV |

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

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

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

Schedule M (Form 990) (2016)

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 M, PART I, COLUMN (B):

THIS COLUMN REPRESENTS THE NUMBER OF ACTUAL CONTRIBUTIONS, NOT THE NUMBER OF ITEMS CONTRIBUTED.

SCHEDULE M, LINE 32B:

THE INSTITUTE HAS A WRITTEN GIFT ACCEPTANCE POLICY. IF A DONOR WANTS TO GIVE A GIFT OUTSIDE OF THAT POLICY, IT WILL BE REVIEWED BY SENIOR MANAGEMENT AND, IF NECESSARY, REFERRED TO THE BOARD OF TRUSTEES.

COPY

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

THE ASPEN INSTITUTE, INC.

Employer identification number

84-0399006

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

1. IDEAS - SPARK INTELLECTUAL INQUIRY AND EXCHANGE, CONNECTING NEW
CONCEPTS TO TIMELESS VALUES.

2. LEADERSHIP - CREATE A DIVERSE WORLDWIDE COMMUNITY OF LEADERS
COMMITTED TO THE GREATER GOOD.

3. ACTION - PROVIDE A NONPARTISAN FORUM FOR REACHING SOLUTIONS ON VITAL
PUBLIC POLICY ISSUES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ASPEN GLOBAL LEADERSHIP NETWORK & INNOVATION FUNDS

EXPENSES \$ 6,725,242. INCL GRANTS OF \$ 310,500. REVENUE \$ 1,548,571.

OTHER RESTRICTED PROGRAMS

EXPENSES \$ 1,638,127. INCLUDING GRANTS OF \$ 0. REVENUE \$ 294,987.

YOUTH AND ENGAGEMENT

EXPENSES \$ 1,633,819. INCLUDING GRANTS OF \$ 57,600. REVENUE \$ 0.

SEMINARS

EXPENSES \$ 912,480. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,645,121.

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

THE FEDERAL FORM 990 OF THE INSTITUTE IS PREPARED BY AN EXTERNAL ACCOUNTING

FIRM USING INFORMATION OBTAINED FROM INSTITUTE'S STAFF. ONCE THE INITIAL

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

| | |
|---|--|
| Name of the organization THE ASPEN INSTITUTE, INC. | Employer identification number 84-0399006 |
|---|--|

DRAFT IS PREPARED IT IS REVIEWED BY SR. FINANCE/ACCOUNTING STAFF. IF NECESSARY, CHANGES ARE MADE AND ANOTHER DRAFT IS ISSUED.

THE SECOND DRAFT FORM 990 IS REVIEWED BY AN APPOINTED MEMBER OF THE AUDIT COMMITTEE ALONG WITH THE EVP FINANCE & ADMINISTRATION AND VP OF FINANCE. IF NECESSARY, CHANGES ARE MADE AND ANOTHER DRAFT IS ISSUED.

THE FINAL DRAFT FORM 990 IS PROVIDED TO ALL MEMBERS OF THE AUDIT COMMITTEE. ONCE APPROVED, COPIES ARE THEN DISTRIBUTED TO ALL BOARD MEMBERS BEFORE THE RETURN IS FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL ASPEN INSTITUTE TRUSTEES AND EMPLOYEES ARE REQUIRED ANNUALLY TO COMPLETE AND SIGN A DISCLOSURE AND ACKNOWLEDGEMENT FORM RELATED TO THE INSTITUTE'S CONFLICT OF INTEREST POLICY. SPECIFICALLY, ALL TRUSTEES AND EMPLOYEES ARE REQUIRED TO ACKNOWLEDGE THAT THEY HAVE READ, UNDERSTOOD, AND ARE COMMITTED TO ABIDING BY THE INSTITUTE'S CONFLICT OF INTEREST POLICY, AND TO MAKE CERTAIN DISCLOSURES ABOUT THEIR ACTIVITIES OUTSIDE OF WORK AND FINANCES TO HELP IDENTIFY POSSIBLE CONFLICTS OF INTEREST. ALL EMPLOYEE FORMS ARE SUBMITTED TO THE HUMAN RESOURCES DEPARTMENT, WHICH REVIEWS THEM AND HAS DISCRETION, IN COORDINATION WITH THE GENERAL COUNSEL AND SENIOR MANAGEMENT, TO MAKE RECOMMENDATIONS OR RAISE CONCERNS WITH AFFECTED INDIVIDUALS AS APPROPRIATE. ALL TRUSTEE FORMS ARE SUBMITTED TO THE OFFICE OF THE CORPORATE SECRETARY, WHICH REVIEWS THEM ALONG WITH THE GENERAL COUNSEL. MAJOR CONFLICT OF INTEREST ISSUES INVOLVING TRUSTEES AND/OR SENIOR MANAGEMENT ARE REFERRED TO THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES FOR RESOLUTION. THE CORPORATE SECRETARY, GENERAL COUNSEL AND SENIOR MANAGEMENT REGULARLY CONFER WITH THE CHAIR OF THE AUDIT COMMITTEE REGARDING THE



| | |
|---|--|
| Name of the organization THE ASPEN INSTITUTE, INC. | Employer identification number 84-0399006 |
|---|--|

INSTITUTE'S CONFLICT OF INTEREST POLICY AND ANY CONFLICT OF INTEREST ISSUES.

FORM 990, PART VI, SECTION B, LINE 15:

THE INSTITUTE CONTRACTS WITH AN EXTERNAL COMPENSATION FIRM TO PERFORM A MARKET ANALYSIS TO SET THE SALARY RANGES FOR ALL OF OUR POSITIONS ANNUALLY. THE COMPENSATION FIRM ANALYZES SALARIES FROM LIKE ORGANIZATIONS TO DETERMINE THE APPROPRIATE SALARY RANGE FOR EACH POSITION IN THE INSTITUTE. THE INSTITUTE'S COMPENSATION PHILOSOPHY IS THAT WE GENERALLY TARGET THE 50TH PERCENTILE OF THE MARKET FOR OUR POSITIONS.

IN ADDITION TO THE ANNUAL MARKET ANALYSIS FOR ALL POSITIONS, WE CONTRACT WITH AN EXTERNAL COMPENSATION CONSULTANT BI-ANNUALLY TO CONDUCT AN IN-DEPTH ANALYSIS FOR OUR PRESIDENT/CEO AND EACH OF OUR EXECUTIVE OFFICERS. EACH EXECUTIVE'S TOTAL COMPENSATION IS BENCHMARKED AGAINST SIMILAR POSITIONS IN COMPARABLE ORGANIZATIONS IN LABOR MARKETS IN WHICH THE INSTITUTE COMPETES FOR EXECUTIVE TALENT. THE RECOMMENDATIONS OF THE CONSULTANT ARE PRESENTED TO THE EXECUTIVE COMMITTEE OF THE BOARD FOR THEIR REVIEW AND ENDORSEMENT. THE PRESIDENT/CEO'S SALARY IS THEN PRESENTED TO THE FULL BOARD FOR FINAL APPROVAL.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AZ, AR, CA, CO, CT, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND
OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FEDERAL FORM 1023 ARE MADE AVAILABLE UPON REQUEST. THE FEDERAL FORM 990 AND THE AUDITED



| | |
|---|--|
| Name of the organization THE ASPEN INSTITUTE, INC. | Employer identification number 84-0399006 |
|---|--|

FINANCIAL STATEMENTS ARE MADE PUBLIC ON THE INSTITUTE'S WEBSITE.

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

| | |
|-----------------------|----------|
| RETURN OF GRANT FUNDS | 273,232. |
|-----------------------|----------|

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

| Asset No. | Description | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|---|---------------|--------|------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| | BUILDINGS | | | | | | | | | | | | | | |
| 1 | BUILDING AND IMPROVEMENTS | VARIOUS | | .000 | | HY16 | 66978566. | | | | 66978566. | 29365248. | | 0. | 29365248. |
| 6 | GROUND IMPROVEMENTS | VARIOUS | | .000 | | HY16 | 2,013,174. | | | | 2,013,174. | 1,368,905. | | 0. | 1,368,905. |
| 9 | WORK IN PROGRESS | VARIOUS | | .000 | | HY16 | 53,401. | | | | 53,401. | | | 0. | |
| | * 990 PAGE 10 TOTAL BUILDINGS | | | | | | 69045141. | | | | 69045141. | 30734153. | | 0. | 30734153. |
| | MACHINERY & EQUIPMENT | | | | | | | | | | | | | | |
| 4 | EQUIPMENT | VARIOUS | | .000 | | HY16 | 5,125,866. | | | | 5,125,866. | 4,658,379. | | 0. | 4,658,379. |
| | * 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT | | | | | | 5,125,866. | | | | 5,125,866. | 4,658,379. | | 0. | 4,658,379. |
| | LAND | | | | | | | | | | | | | | |
| 2 | LAND | VARIOUS | | .000 | | HY16 | 10627664. | | | | 10627664. | | | 0. | |
| | * 990 PAGE 10 TOTAL LAND | | | | | | 10627664. | | | | 10627664. | 0. | | 0. | 0. |
| | OTHER | | | | | | | | | | | | | | |
| 3 | FURNITURE AND FIXTURES | VARIOUS | | .000 | | HY16 | 5,508,286. | | | | 5,508,286. | 5,113,331. | | 0. | 5,113,331. |
| 5 | COMPUTER AND SOFTWARE | VARIOUS | | .000 | | HY16 | 1,597,623. | | | | 1,597,623. | 1,211,675. | | 0. | 1,211,675. |
| 7 | ARTWORK | VARIOUS | | .000 | | HY16 | 775,706. | | | | 775,706. | | | 0. | |
| 8 | LEASEHOLD IMPROVEMENTS | VARIOUS | | .000 | | HY16 | 915,556. | | | | 915,556. | 252,447. | | 0. | 252,447. |
| | * 990 PAGE 10 TOTAL OTHER | | | | | | 8,797,171. | | | | 8,797,171. | 5,577,453. | | 0. | 6,577,453. |
| | * GRAND TOTAL 990 PAGE 10 DEPR | | | | | | 93595842. | | | | 93595842. | 41969985. | | 0. | 41969985. |