

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

**2014**

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](http://www.irs.gov/form990).

**A For the 2014 calendar year, or tax year beginning and ending**

<b>B</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	<b>C Name of organization</b> 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 <b>F Name and address of principal officer:</b> WALTER ISAACSON SAME AS C ABOVE	<b>D Employer identification number</b> 84-0399006 <b>E Telephone number</b> (202) 736-1074 <b>G Gross receipts \$</b> 165,841,721. <b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <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		
<b>J Website:</b> ▶ WWW.ASPENINSTITUTE.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1949 <b>M State of legal domicile:</b> CO

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>VALUES-BASED LEADERSHIP IN NEUTRAL AND BALANCED VENUE FOR DISCUSSING CRITICAL ISSUES.</b> 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) ..... <b>3</b> 65 4 Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> 64 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) ..... <b>5</b> 452 6 Total number of volunteers (estimate if necessary) ..... <b>6</b> 180 7a Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> 8,916,214. b Net unrelated business taxable income from Form 990-T, line 34 ..... <b>7b</b> -804,400.																									
<b>Revenue</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h) .....</td> <td align="right">68,204,184.</td> <td align="right">68,633,372.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g) .....</td> <td align="right">24,769,782.</td> <td align="right">28,384,520.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....</td> <td align="right">310,104.</td> <td align="right">-632,796.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....</td> <td align="right">-41,591.</td> <td align="right">79,121.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....</td> <td align="right">93,242,479.</td> <td align="right">96,464,217.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h) .....	68,204,184.	68,633,372.	9 Program service revenue (Part VIII, line 2g) .....	24,769,782.	28,384,520.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	310,104.	-632,796.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	-41,591.	79,121.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	93,242,479.	96,464,217.						
	Prior Year	Current Year																								
8 Contributions and grants (Part VIII, line 1h) .....	68,204,184.	68,633,372.																								
9 Program service revenue (Part VIII, line 2g) .....	24,769,782.	28,384,520.																								
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	310,104.	-632,796.																								
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	-41,591.	79,121.																								
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	93,242,479.	96,464,217.																								
<b>Expenses</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....</td> <td align="right">5,834,375.</td> <td align="right">6,053,050.</td> </tr> <tr> <td>14 Benefits paid to or for members (Part IX, column (A), line 4) .....</td> <td align="right">0.</td> <td align="right">0.</td> </tr> <tr> <td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....</td> <td align="right">32,007,958.</td> <td align="right">35,680,382.</td> </tr> <tr> <td>16a Professional fundraising fees (Part IX, column (A), line 11e) .....</td> <td align="right">0.</td> <td align="right">0.</td> </tr> <tr> <td>b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,403,438.</td> <td></td> <td></td> </tr> <tr> <td>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....</td> <td align="right">44,283,779.</td> <td align="right">49,629,398.</td> </tr> <tr> <td>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....</td> <td align="right">82,126,112.</td> <td align="right">91,362,830.</td> </tr> <tr> <td>19 Revenue less expenses. Subtract line 18 from line 12 .....</td> <td align="right">11,116,367.</td> <td align="right">5,101,387.</td> </tr> </tbody> </table>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	5,834,375.	6,053,050.	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) .....	32,007,958.	35,680,382.	16a Professional fundraising fees (Part IX, column (A), line 11e) .....	0.	0.	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,403,438.			17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	44,283,779.	49,629,398.	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	82,126,112.	91,362,830.	19 Revenue less expenses. Subtract line 18 from line 12 .....	11,116,367.	5,101,387.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	5,834,375.	6,053,050.																								
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) .....	32,007,958.	35,680,382.																								
16a Professional fundraising fees (Part IX, column (A), line 11e) .....	0.	0.																								
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,403,438.																										
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	44,283,779.	49,629,398.																								
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	82,126,112.	91,362,830.																								
19 Revenue less expenses. Subtract line 18 from line 12 .....	11,116,367.	5,101,387.																								
<b>Net Assets or Fund Balances</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Beginning of Current Year</th> <th>End of Year</th> </tr> </thead> <tbody> <tr> <td>20 Total assets (Part X, line 16) .....</td> <td align="right">220,838,386.</td> <td align="right">232,206,093.</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26) .....</td> <td align="right">14,337,183.</td> <td align="right">16,794,826.</td> </tr> <tr> <td>22 Net assets or fund balances. Subtract line 21 from line 20 .....</td> <td align="right">206,501,203.</td> <td align="right">215,411,267.</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	20 Total assets (Part X, line 16) .....	220,838,386.	232,206,093.	21 Total liabilities (Part X, line 26) .....	14,337,183.	16,794,826.	22 Net assets or fund balances. Subtract line 21 from line 20 .....	206,501,203.	215,411,267.												
	Beginning of Current Year	End of Year																								
20 Total assets (Part X, line 16) .....	220,838,386.	232,206,093.																								
21 Total liabilities (Part X, line 26) .....	14,337,183.	16,794,826.																								
22 Net assets or fund balances. Subtract line 21 from line 20 .....	206,501,203.	215,411,267.																								

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer DOLORES GORGONE, CFO Type or print name and title	Date			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name FRANK H. SMITH	Preparer's signature <i>Frank H. Smith</i>	Date 10/02/15	Check if self-employed <input type="checkbox"/>	PTIN P00639053
	Firm's name ▶ RAFFA, P.C. Firm's address ▶ 1899 L STREET, NW, SUITE 900 WASHINGTON, DC 20036	Firm's EIN ▶ 52-1511275 Phone no. (202) 822-5000			

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

**COPY**

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 VALUES-BASED LEADERSHIP ENCOURAGING INDIVIDUALS TO REFLECT ON THE IDEALS AND IDEAS THAT DEFINE A GOOD SOCIETY AND TO PROVIDE A NEUTRAL AND BALANCED VENUE FOR DISCUSSING AND ACTING ON CRITICAL ISSUES. [CONTINUED ON SCHED. 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 \$ 39,274,652. including grants of \$ 6,011,315. ) (Revenue \$ 5,486,446. ) POLICY PROGRAM: THE INSTITUTE'S 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 \$ 14,593,653. including grants of \$ ) (Revenue \$ 8,454,699. ) 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 \$ 10,992,511. including grants of \$ 41,735. ) (Revenue \$ 11,590,796. ) PUBLIC PROGRAMS: THE INSTITUTE'S PUBLIC PROGRAM OPENS THE DOORS TO THE PUBLIC, OFFERING OPPORTUNITIES TO ENGAGE IN THOUGHTFUL, NONPARTISAN INQUIRY. OUR MAJOR EVENTS INCLUDE THE ASPEN IDEAS FESTIVAL, THE MCCLOSKEY SPEAKER SERIES, THE ASPEN SECURITY FORUM, THE ASPEN CHALLENGE PROGRAM, AND THE ALMA AND JOSEPH GILDENHORN BOOK SERIES. THESE PUBLIC FORUMS ENGAGE OVER 8,000 MEMBERS OF THE GENERAL PUBLIC ANNUALLY.

4d Other program services (Describe in Schedule O.) (Expenses \$ 7,343,538. including grants of \$ ) (Revenue \$ 2,852,579.)

4e Total program service expenses 72,204,354.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O check

Main table with columns for question numbers (1a-14b), Yes, and No. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance issues.

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 (65); 1b Enter the number of voting members included in line 1a, above, who are independent (64); 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/DOLORES GORGONE - (202) 736-1074 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 CHAIR	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) MELVA BUCKSBAUM TRUSTEE - UNTIL 04/2014	0.30	X						0.	0.	0.
(11) WILLIAM D. BUDINGER TRUSTEE	0.30	X						0.	0.	0.
(12) STEPHEN L. CARTER TRUSTEE	0.30	X						0.	0.	0.
(13) CESAR R. CONDE 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.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								3,739,558.	0.	594,471.
<b>d Total (add lines 1b and 1c)</b>								3,739,558.	0.	594,471.

**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 87

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
CONDE NAST PUBLIC 4 TIMES SQUARE, NEW YORK, NY 10036	VANITY FAIR SUMMIT	1,224,210.
COLORADO AUDIO VISUAL, INC. 409 AABC SUITE B, ASPEN, CO 81611	AV CONSULTANTS	846,128.
CLUNE CONSTRUCTION, 10 SOUTH RIVERSIDE PLAZA, SUITE 2200, CHICAGO, IL 60606	OFFICE CONSTRUCTION	650,631.
HOTEL JEROME 330 E MAIN STREET, ASPEN, CO 81611	CONFERENCE SERVICES	348,887.
SITE SELECTION 6404 RUBY WAY, CARLSBAD, CA 92011	CONFERENCE SERVICES	286,814.

**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 72

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2014)



**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 HIPP 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) TIMOTHY K. KRAUSKOPF TRUSTEE	0.30	X						0.	0.	0.
(38) LAURA LAUDER TRUSTEE	0.30	X						0.	0.	0.
(39) LEONARD A. LAUDER TRUSTEE - UNTIL 04/2014	0.30	X						0.	0.	0.
(40) YO-YO MA TRUSTEE	0.30	X						0.	0.	0.
(41) FREDERIC V. MALEK TRUSTEE	0.30	X						0.	0.	0.
(42) JAMES M. MANYIKA TRUSTEE	0.30	X						0.	0.	0.
(43) BONNIE PALMER MCCLOSKEY TRUSTEE	0.30	X						0.	0.	0.
(44) DAVID MCCORMICK TRUSTEE	0.30	X						0.	0.	0.
(45) ANNE WELSH MCNULTY TRUSTEE	0.30	X						0.	0.	0.
(46) DIANE L. MORRIS 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) KARLHEINZ MUHR TRUSTEE	0.30	X						0.	0.	0.
(48) CLARE MUNANA TRUSTEE	0.30	X						0.	0.	0.
(49) JERRY MURDOCK TRUSTEE	0.30	X						0.	0.	0.
(50) MARC B. NATHANSON TRUSTEE	0.30	X						0.	0.	0.
(51) WILLIAM A. NITZE TRUSTEE	0.30	X						0.	0.	0.
(52) HER MAJESTY QUEEN NOOR TRUSTEE	0.30	X						0.	0.	0.
(53) JACQUELINE NOVOGRATZ TRUSTEE	0.30	X						0.	0.	0.
(54) OLARA A. OTUNNU TRUSTEE	0.30	X						0.	0.	0.
(55) ELAINE PAGELS TRUSTEE	0.30	X						0.	0.	0.
(56) CHARLES POWELL TRUSTEE - UNTIL 04/2014	0.30	X						0.	0.	0.
(57) MICHAEL K. POWELL TRUSTEE - UNTIL 04/2014	0.30	X						0.	0.	0.
(58) MARGOT L. PRITZKER TRUSTEE	0.30	X						0.	0.	0.
(59) LYNDA RESNICK TRUSTEE	0.30	X						0.	0.	0.
(60) CONDOLEEZZA RICE TRUSTEE	0.30	X						0.	0.	0.
(61) JAMES E. ROGERS TRUSTEE	0.30	X						0.	0.	0.
(62) RICARDO SALINAS TRUSTEE	0.30	X						0.	0.	0.
(63) ISAAC SHONGWE TRUSTEE	0.30	X						0.	0.	0.
(64) ANNA DEAVERE SMITH TRUSTEE	0.30	X						0.	0.	0.
(65) MICHELLE SMITH TRUSTEE	0.30	X						0.	0.	0.
(66) LAURIE M. TISCH TRUSTEE	0.30	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	2,226,990.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	1,135,746.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	65,270,636.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		3,951,922.				
	<b>h Total.</b> Add lines 1a-1f .....		68,633,372.				
	<b>Program Service Revenue</b>	<b>2 a</b> SEMINAR AND EVENT FEES	<b>Business Code</b>				
		900099	10,790,876.	10,790,876.			
<b>b</b> CONTRACT REVENUE		900099	9,122,265.	9,122,265.			
<b>c</b> CONF./FACILITY FEES		531390	8,453,809.		8,453,809.		
<b>d</b> BOOK SALES		900099	17,570.	17,570.			
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....		28,384,520.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		205,403.		173,312.	32,091.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	97,665.				
		(ii) Personal					
		<b>b</b> Less: rental expenses .....	62,877.				
		<b>c</b> Rental income or (loss) .....	34,788.				
	<b>d</b> Net rental income or (loss) .....		34,788.			34,788.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	67,801,202.				
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses .....	68,639,401.				
		<b>c</b> Gain or (loss) .....	-838,199.				
	<b>d</b> Net gain or (loss) .....		-838,199.			-838,199.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 2,226,990. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	236,350.				
		<b>b</b> Less: direct expenses .....	675,226.				
<b>c</b> Net income or (loss) from fundraising events .....			-438,876.			-438,876.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....						
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....						
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> ADVERTISING INCOME	541800	289,093.		289,093.			
<b>b</b> OTHER INCOME	900099	190,216.			190,216.		
<b>c</b> SUBLEASE INCOME	900099	3,900.			3,900.		
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....		483,209.					
<b>12 Total revenue.</b> See instructions. ....		96,464,217.	19,930,711.	8,916,214.	-1,016,080.		

**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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,586,357.	5,586,357.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	230,953.	230,953.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	235,740.	235,740.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	2,619,714.	561,786.	1,792,758.	265,170.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	25,967,301.	19,175,320.	5,709,396.	1,082,585.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,368,634.	1,913,716.	340,721.	114,197.
<b>9</b> Other employee benefits	2,897,675.	2,297,577.	489,766.	110,332.
<b>10</b> Payroll taxes	1,827,058.	1,387,807.	333,363.	105,888.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	12,990,823.	12,990,823.		
<b>b</b> Legal	172,764.	28,477.	144,287.	
<b>c</b> Accounting	127,138.	208.	126,930.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	31,064.		31,064.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	5,418,049.	5,023,220.	394,829.	
<b>12</b> Advertising and promotion	185,834.	174,925.	9,010.	1,899.
<b>13</b> Office expenses	4,566,637.	2,172,805.	2,200,391.	193,441.
<b>14</b> Information technology	1,141,203.	673,108.	465,012.	3,083.
<b>15</b> Royalties				
<b>16</b> Occupancy	2,723,410.	1,801,748.	847,507.	74,155.
<b>17</b> Travel	10,133,886.	9,587,768.	357,476.	188,642.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	483,602.	483,602.		
<b>19</b> Conferences, conventions, and meetings	2,181,650.	2,027,423.	154,227.	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	2,742,316.		2,742,316.	
<b>23</b> Insurance	284,167.	4,967.	279,200.	
<b>24</b> 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.)				
<b>a</b> PROGRAM COSTS	2,176,065.	2,176,065.		
<b>b</b> PUBLICATIONS	1,913,419.	1,739,699.	146,111.	27,609.
<b>c</b> AUDIO/VISUAL	1,326,818.	1,126,169.	176,322.	24,327.
<b>d</b> BAD DEBT	807,796.	609,347.	2,929.	195,520.
<b>e</b> All other expenses	222,757.	194,744.	11,423.	16,590.
<b>25</b> Total functional expenses. Add lines 1 through 24e	91,362,830.	72,204,354.	16,755,038.	2,403,438.
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	3,476.	<b>1</b>	2,523.
	<b>2</b> Savings and temporary cash investments .....	7,250,292.	<b>2</b>	15,933,981.
	<b>3</b> Pledges and grants receivable, net .....	43,854,378.	<b>3</b>	43,373,779.
	<b>4</b> Accounts receivable, net .....	1,922,553.	<b>4</b>	3,062,934.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	115,860.	<b>8</b>	100,074.
	<b>9</b> Prepaid expenses and deferred charges .....	709,031.	<b>9</b>	1,255,976.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 93,595,842.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 41,969,985.	52,883,750.	<b>10c</b> 51,625,857.
	<b>11</b> Investments - publicly traded securities .....	28,882,527.	<b>11</b>	9,845,055.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	85,115,047.	<b>12</b>	106,896,418.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	101,472.	<b>15</b>	109,496.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	220,838,386.	<b>16</b>	232,206,093.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	5,716,997.	<b>17</b>	6,445,740.
	<b>18</b> Grants payable .....	1,072,246.	<b>18</b>	725,376.
	<b>19</b> Deferred revenue .....	4,722,579.	<b>19</b>	5,571,367.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	2,825,361.	<b>25</b>	4,052,343.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	14,337,183.	<b>26</b>	16,794,826.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	83,941,397.	<b>27</b>	83,804,671.
	<b>28</b> Temporarily restricted net assets .....	75,756,841.	<b>28</b>	81,654,997.
	<b>29</b> Permanently restricted net assets .....	46,802,965.	<b>29</b>	49,951,599.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	206,501,203.	<b>33</b>	215,411,267.	
<b>34</b> Total liabilities and net assets/fund balances .....	220,838,386.	<b>34</b>	232,206,093.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	96,464,217.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	91,362,830.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	5,101,387.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	206,501,203.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	4,808,677.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-1,000,000.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	215,411,267.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	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>b</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	
<b>c</b>	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	
<b>3a</b>	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>b</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 (2014)

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public Inspection

<b>Name of the organization</b> <p style="text-align:center;">THE ASPEN INSTITUTE, INC.</p>	<b>Employer identification number</b> <p style="text-align:center;">84-0399006</p>
--	---

**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 11, 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.)
- 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 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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - 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 1-9 above or IRC section (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		
<b>Total</b>						



**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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	49,443,174.	49,664,114.	71,686,768.	68,204,184.	68,633,372.	307,631,612.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	49,443,174.	49,664,114.	71,686,768.	68,204,184.	68,633,372.	307,631,612.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						29,813,414.
<b>6 Public support.</b> Subtract line 5 from line 4.						277,818,198.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 .....	49,443,174.	49,664,114.	71,686,768.	68,204,184.	68,633,372.	307,631,612.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	769,891.	479,603.	347,151.	334,358.	133,656.	2,064,659.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	235,057.	402,809.	485,061.	398,612.	190,216.	1,711,755.
<b>11 Total support.</b> Add lines 7 through 10						311,408,026.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	74,150,036.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	89.21 %
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 .....	<b>15</b>	88.90 %
<b>16a 33 1/3% support test - 2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2014

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 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**

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2014.** 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 - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> 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.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

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

**Section D. Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.		

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

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

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

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

Section C - Distributable Amount		(A) Prior Year	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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2014 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
<b>1</b> Distributable amount for 2014 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2014:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b> From 2013			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2014 distributable amount			
<b>i</b> Carryover from 2009 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2014 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> Excess from 2013			
<b>e</b> Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

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

OTHER INCOME

2010 AMOUNT: \$ 235,057.

2011 AMOUNT: \$ 402,809.

2012 AMOUNT: \$ 485,061.

2013 AMOUNT: \$ 398,612.

2014 AMOUNT: \$ 190,216.

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

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. Do not 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 is not covered by the General Rule and/or the Special Rules does not 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 does not 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) (2014)



<b>Name of organization</b>  THE ASPEN INSTITUTE, INC.	<b>Employer identification number</b>  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	_____ _____ _____	\$ 12,059,301.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 1,556,233.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 1,810,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 1,473,164.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 1,800,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 3,085,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b>  THE ASPEN INSTITUTE, INC.	<b>Employer identification number</b>  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	 <hr/> <hr/> <hr/>	\$ 2,559,480.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	\$ _____	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
7	6,209 SHARES OF AMAZON STOCK	\$ 1,969,691.	02/24/14
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

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 D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes" to 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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

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" to 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" to 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 .....   | 2a 1                            |
| b Total acreage restricted by conservation easements .....   | 2b 250.38                       |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c 0                            |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register ..... | 2d 0                            |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 0
- 4 Number of states where property subject to conservation easement is located ▶ 1
- 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, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, 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" to 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 in Form 990, Part VIII, line 1 .....
- ▶ \$ 150,004.
- (ii) Assets included in Form 990, Part X .....
- ▶ \$ 775,706.
- 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 in Form 990, Part VIII, line 1 .....
- ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X .....
- ▶ \$ \_\_\_\_\_

**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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

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

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

**Part V Endowment Funds.** Complete if the organization answered "Yes" to 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	75,351,962.	59,703,811.	44,873,360.	43,483,211.	37,422,020.
b Contributions	4,417,778.	12,128,542.	12,703,802.	4,713,266.	4,218,614.
c Net investment earnings, gains, and losses	2,668,734.	5,470,942.	3,285,463.	-393,566.	3,375,615.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,235,125.	1,951,333.	2,299,326.	2,929,551.	1,533,038.
f Administrative expenses					
g End of year balance	80,203,349.	75,351,962.	58,563,299.	44,873,360.	43,483,211.

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

- a Board designated or quasi-endowment  26.04 %
- b Permanent endowment  62.28 %
- c Temporarily restricted endowment  11.68 %

The percentages in 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" to 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" to 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		66,978,566.	29,365,248.	37,613,318.
c Leasehold improvements		915,556.	252,447.	663,109.
d Equipment		4,339,283.	4,658,379.	-319,096.
e Other		10,734,773.	7,693,911.	3,040,862.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				51,625,857.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to 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	526,768.	END-OF-YEAR MARKET VALUE
(B) LIMITED PARTNERSHIPS	106,369,650.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	106,896,418.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to 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	92,616.
(3) DEFERRED COMPENSATION	3,268,310.
(4) DEFERRED RENT AND LEASE INCENTIVE	691,417.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	4,052,343.

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" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	102,094,242.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	4,808,677.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	114,309.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	4,922,986.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	97,171,256.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	31,064.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-738,103.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-707,039.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	96,464,217.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	92,184,178.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	114,309.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	114,309.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	92,069,869.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	31,064.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-738,103.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-707,039.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	91,362,830.

**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:

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

PART II, LINE 9:

ASPEN 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 UNCERTAIN TAX POSITIONS FOR THE  
 YEAR ENDED DECEMBER 31, 2014, 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	-675,226.
RENTAL EXPENSES	-62,877.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-738,103.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	-675,226.
RENTAL EXPENSES	-62,877.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	-738,103.

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public Inspection

Name of the organization <b>THE ASPEN INSTITUTE, INC.</b>	Employer identification number <b>84-0399006</b>
--	---

**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 region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN -	0	0	PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION.	GRANTS, MEETINGS AND PROGRAMMATIC ACTIVITIES.	16,397.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION.	GRANTS, MEETINGS AND PROGRAMMATIC ACTIVITIES.	88,799.
EUROPE (INCLUDING ICELAND & GREENLAND) -	0	0	PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION.	GRANTS, MEETINGS AND PROGRAMMATIC ACTIVITIES.	396,521.
MIDDLE EAST AND NORTH AFRICA -	0	0	PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION.	GRANTS, MEETINGS AND PROGRAMMATIC ACTIVITIES.	317,724.
NORTH AMERICA - CANADA AND MEXICO, BUT	0	0	PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION.	GRANTS, MEETINGS AND PROGRAMMATIC ACTIVITIES.	254,593.
SOUTH AMERICA - ARGENTINA, BOLIVIA,	0	0	PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION.	GRANTS, MEETINGS AND PROGRAMMATIC ACTIVITIES.	163,124.
SOUTH ASIA - AFGHANISTAN, BANGLADESH,	0	0	PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION.	GRANTS, MEETINGS AND PROGRAMMATIC ACTIVITIES.	552,321.
SUB-SAHARAN AFRICA - ANGOLA,	0	0	PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION.	GRANTS, MEETINGS AND PROGRAMMATIC ACTIVITIES.	357,245.
<b>3 a</b> Sub-total .....	0	0			2,146,724.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			2,146,724.

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

Schedule F (Form 990) 2014

**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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	NON PROFIT - EMPOWER AFRICAN WOMEN ENTREPRENEURS THROUGH PRACTICAL AND	50,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	SUPPORT CHAPTER OPERATIONS	5,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	M McNULTY PRIZE AWARD	50,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUPPORT THE CONVENING OF THE PLANNED IN PERSON DIALOGUE MEETING IN WASHINGTON	62,740.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SUPPORT CHAPTER OPERATIONS	7,500.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUPPORT CHAPTER OPERATIONS	7,500.	WIRE TRANSFER	0.		
		SOUTH ASIA	WEB BASED TOOL TO ENABLE WOMEN BASED SGBS IMPROVE LOAN APPROVAL RATES	50,000.	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 ..... 6



**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 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 file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* .....  Yes  No

Schedule F (Form 990) 2014

**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.

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 DECREE 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.

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 II, COLUMN (D):

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: NON PROFIT - EMPOWER AFRICAN WOMEN ENTREPRENEURS

THROUGH PRACTICAL AND ACCESSIBLE LEARNING AND DEVELOPMENT

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: SUPPORT THE CONVENING OF THE PLANNED IN PERSON

DIALOGUE MEETING IN WASHINGTON DC.







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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANNUAL DINNER (event type)	SUMMER BENEFIT DINNER (event type)	2 (total number)	
Revenue	<b>1</b> Gross receipts .....	1,433,212.	502,939.	527,189.	2,463,340.
	<b>2</b> Less: Contributions .....	1,326,512.	438,939.	461,539.	2,226,990.
	<b>3</b> Gross income (line 1 minus line 2) .....	106,700.	64,000.	65,650.	236,350.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	6,120.	1,453.	4,632.	12,205.
	<b>7</b> Food and beverages .....	149,670.	2,578.	6,318.	158,566.
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	246,631.	96,819.	161,005.	504,455.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				675,226.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-438,876.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....				
	<b>2</b> Cash prizes .....				
Direct Expenses	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
Revenue	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> 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: \_\_\_\_\_



**Part IV** Supplemental Information *(continued)*

Multiple horizontal lines 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" to 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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**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" to 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 non-cash assistance	(h) Purpose of grant or assistance
ABRIENDO PUERTAS/TIDES CENTER 1014 TORNEY AVENUE SAN FRANCISCO, CA 94129	94-3213100	501(C)(3)	50,000.	0.			DEVELOP AND LAUNCH A FREE BILINGUAL MOBILE APP TO SCALE CURRICULUM TO REACH MORE FAMILIES AND
ACUMEN FUND 76 NINETH AVENUE, SUITE 315 NEW YORK, NY 10011	13-4166228	501(C)(3)	225,720.	0.			TESTING MOBILE PHONES AND SHORT FORM SURVEYING IN ORDER TO PROVE AND IMPROVE IMPACT
ALLIANCE FOR CHILDREN'S RIGHTS 3333 WILSHIRE BOULEVARD, SUITE 550 LOS ANGELES, CA 90010	95-4358213	501(C)(3)	150,000.	0.			BUILD A CROSS SECTOR COLLABORATIVE BASED ON A THREE TIER GOVERNANCE MODEL
AVANCE, INC. 118 N MEDINA SAN ANTONIO, TX 78207	74-1769114	501(C)(3)	50,000.	0.			CONVENE A TASK FORCE TO MAKE RECOMMENDATIONS FOR STANDARDIZING THE PROCESS FOR SERVICE DELIVERY
BOSTON PRIVATE INDUSTRY COUNCIL 2 OLIVER STREET BOSTON, MA 02109	04-2676661	501(C)(3)	150,000.	0.			INFORM GUBERNATORIAL DEBATES AND SUBMIT POLICY PROPOSALS TO THE NEW GOVERNOR'S TRANSITION
CAPITAL WORKFORCE PARTNERS ONE UNION PLACE HARTFORD, CT 06103	06-1013293	501(C)(3)	150,000.	0.			DEVELOP CURRICULUM FOR YOUTH LEADERSHIP WITH A FOCUS ON ADVOCACY

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 63.

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) (2014)

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
CASA DE MARYLAND 8151 15TH AVENUE LANGLEY PARK, MD 20783	52-1372972	501(C)(3)	50,000.	0.			TO IMPLEMENT LEARNING TOGETHER, A TWO-GENERATION, PLACE BASED PARENT ENGAGEMENT
CENTER FOR AMERICAN PROGRESS 1333 H STREET, NW, 10TH FLOOR WASHINGTON, DC 20016	30-0126510	501(C)(3)	25,000.	0.			SERVE AS CO-CHAIR AND WORK IN PREPARATION FOR AN IN PERSON MEETING IN NEW DEHLI
CENTER FOR HEALTH POLICY DEVELOPMENT - 10 FREE STREET - PORTLAND, ME 04101	52-1576801	501(C)(3)	24,940.	0.			EXPLORE THE HEALTH AND WELL-BEING COMPONENT OF THE TWO-GENERATION FRAMEWORK AND
CENTER FOR RURAL ENTREPRENEURSHIP 421 SOUTH 9TH STREET, SUITE 245 LINCOLN, NE 68508	26-3114011	501(C)(3)	78,973.	0.			STRATEGIC PLANNING
NATIONAL CENTER FOR SCIENCE EDUCATION - 420 40TH STREET, SUITE 2 - OAKLAND, CA 94609	11-2656357	501(C)(3)	10,000.	0.			CO-SPONSORSHIP OF SOCAP WELCOME RECEPTIONSW
CHILDREN'S UNITY DEFENSE FUND OF SRO - 25 E STREET, NW - WASHINGTON, DC 20001	52-0895622	501(C)(3)	50,000.	0.			DEVELOP A TWO GENERATION PILOT PROJECT TO SUPPORT 25 AFRICAN AMERICAN SINGLE MOTHERS AND THEIR
CIVIC CONSULTING ALLIANCE 21 S CLARK STREET, SUITE 4301 CHICAGO, IL 60603	45-0467524	501(C)(3)	150,000.	0.			DEVELOP THE HIGH SCHOOL GRADUATION CHANGE NETWORK
COMMUNITY ACTION PROJECT OF TULSA 4606 S GARNETT, SUITE 100 TULSA, OK 74146	73-1019247	501(C)(3)	50,000.	0.			DEVELOP NEW PROGRAMMING FOR PARENTS
COUNCIL OF LA RAZA 1126 16TH STREET, NW, SUITE 600 WASHINGTON, DC 20036	80-6212873	501(C)(3)	50,000.	0.			IDENTIFY QUALITY STANDARDS FOR TWO-GENERATION PROGRAMS SERVING IMMIGRANT LATINO

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
CRITTENTON WOMEN'S UNION, INC. ONE WASHINGTON MALL, FLOOR 3 BOSTON, MA 02108	04-2104046	501(C)(3)	50,000.	0.			DEVELOP AN INTERGENERATIONAL ECONOMIC MOBILITY DEMONSTRATION PROJECT
DENVER PUBLIC SCHOOLS 900 GRANT STREET, SUITE 503 DENVER, CO 80203	84-1224325	501(C)(3)	65,540.	0.			IMPLEMENTING THE ASPEN CHALLENGE
DETROIT EMPLOYMENT SOLUTIONS CORPORATION - 707 W MILWAUKEE - DETROIT, MI 48202	38-3353746	501(C)(3)	100,000.	0.			EXPAND MEMBERSHIP AND INCLUDE MORE EMPLOYERS IN THE TARGET INDUSTRY SECTORS
EMPLOYINDY 115 W WASHINGTON STREET, SUITE 240 INDIANAPOLIS, IN 46204	35-1569069	501(C)(3)	30,000.	0.			PROMOTE EMPLOYINDY'S NEW "DEMAND DRIVEN" BUSINESS PRACTICES WITH AREA EMPLOYERS
ENDICOTT COLLEGE 19 TEMPLE PLACE, 5TH FLOOR BOSTON, MA 02111	04-2103567	501(C)(3)	50,000.	0.			IMPLEMENT A PILOT PROGRAM WITH A COHORT OF 12-15 STUDENTS TO PROVIDE POSTSECONDARY COURSEWORK
EUGENIO MARIA DE HOSTOS COMMUNITY COLLEGE FOUNDATION - HOSTOS COMMUNITY COLLEGE, 500 GRAND CONCOURSE - BRONX, NY 10451	13-3116643	501(C)(3)	50,000.	0.			IMPLEMENT A PILOT TWO GENERATION PROGRAM TARGETING LOW INCOME STUDENT-PARENTS TO
FOCUS HOPE 1355 OAKMAN BOULEVARD DETROIT, MI 48238	38-1948285	501(C)(3)	35,145.	0.			LAUNCH A PARENT LEARNING EXCHANGE
THE FORUM FOR YOUTH INVESTMENT 7064 EASTERN AVENUE WASHINGTON, DC 20012	52-2242472	501(C)(3)	10,000.	0.			COORDINATING EFFORTS TO SUPPORT THE OYN'S WORK RELATED TO FIELD BUILDING FOR OPPORTUNITY YOUTH
FSG, INC. 500 BOYLSTON STREET, SUITE 600 BOSTON, MA 02116	20-2776974	501(C)(3)	50,000.	0.			EVALUATE OYIF COMMUNITIES

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
FUSION PARTNERSHIPS, INC. 1601 GUILFORD AVENUE, 2 SOUTH BALTIMORE, MD 21202	52-2148413	501(C)(3)	158,547.	0.			ESTABLISH RELATIONSHIPS WITH AT LEAST 15 SKILLS TRAINING INDUSTRIES
GARRETT COUNTY COMMUNITY ACTION COMMITTEE, INC. - 104 EAST CENTER STREET - OAKLAND, CA 21550	52-0820662	501(C)(3)	16,650.	0.			COORDINATING A SITE VISIT
GREATER NEW ORLEANS AFTERSCHOOL PARTNERSHIP - 1618 ST CHARLES AVENUE - NEW ORLEANS, LA 70130	26-1272143	501(C)(3)	150,000.	0.			CREATE A YOUTH ADVISORY COUNCIL
HUMBOLDT AREA FOUNDATION 363 INDIANOLA ROAD BAYSIDE, CA 95524	23-7310660	501(C)(3)	112,500.	0.			ENCOURAGE TRIBES TO PARTICIPATE IN WORKING GROUPS ALONG WITH SCHOOL LEADERSHIP
IDEO.ORG 444 SPEAR STREET, SUITE 213 SAN FRANCISCO, CA 94105	27-3755556	501(C)(3)	50,000.	0.			DEVELOP AN ADVANCED TOOL FOR SCIENCE AND TECH INVENTION SGBS TO BECOME MORE CUSTOMER CENTERED
JOBS FOR THE FUTURE 88 BROAD STREET, 8TH FLOOR BOSTON, MA 02110	06-1164568	501(C)(3)	367,300.	0.			ORGANIZE AND CO-LEAD CONVENINGS
JOBS FIRST NYC 11 PARK PLACE, SUITE 1602 NEW YORK, NY 10007	41-2242653	501(C)(3)	150,000.	0.			IDENTIFY AND MAKE PROGRESS TOWARDS CRITICAL POLICY WINS TO COLLECTIVE IMPACT YOUTH
LA VALLEY COLLEGE 5800 FULTON AVENUE GLEN VALLEY, CA 91401	23-7349231	501(C)(3)	50,000.	0.			REPLICATING A FAMILY RESOURCE CENTER ON A MINIMUM OF TWO OTHER COMMUNITY COLLEGES
LOCAL INITIATIVES SUPPORT CORPORATION - 501 SEVENTH AVENUE, 7TH FLOOR - NEW YORK, NY 10018	13-3030229	501(C)(3)	50,000.	0.			FUNCTIONING COMMITTEE STRUCTURE WILL BE WORKING ACROSS THE COLLABORATIVE PRIORITIES, PATHWAYS,

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
MISSION EDGE SAN DIEGO, INC. PO BOX 12319 SAN DIEGO, CA 92112	27-2938491	501(C)(3)	150,000.	0.			MAINTAIN INVOLVEMENT OF KEY SYSTEMS COLLABORATIVE PARTNERS
NATIONAL HEAD START PO BOX 7594000 BALTIMORE, MD 21275	52-1282065	501(C)(3)	25,000.	0.			CONVENE A TASK FORCE TO MAKE RECOMMENDATIONS FOR STANDARDIZING THE PROCESS FOR SERVICE DELIVERY
NATIONAL HUMAN SERVICES ASSEMBLY 1101 14TH STREET, SUITE 600 WASHINGTON, DC 20005	13-1624112	501(C)(3)	50,000.	0.			INCREASE THE USE OF TWO GENERATION APPROACHES BY INDIVIDUAL PROGRAMS AND POLICY RECOMMENDATIONS
NATIONAL STUDENT CLEARINGHOUSE 2300 DULLES STATION BOULEVARD, SUI HERNDON, VA 20171	52-1836384	501(C)(3)	127,908.	0.			FOSTER WITHIN HIGHER EDUCATION INSTITUTIONS AND SYSTEMS NATIONALLY THE ADOPTION OF TRANSFER
NON PROFIT & SELF-SUSTAINABILITY TEAM - 5917 JORDAN AVENUE - EL CERRITO, CA 94530	52-2018791	501(C)(3)	50,000.	0.			DEVELOP A TALENT ASSESSMENT TOOL FOR INVENTION-BASED SMALL AND GROWING BUSINESSES
OMG CENTER FOR COLLABERATIVE LEARNING - 1528 WALNUT STREET, SUITE 805 - PHILADELPHIA, PA 19102	23-2694572	501(C)(3)	109,797.	0.			EVALUATE OYIF COMMUNITIES
PLANNED PARENTHOOD MAR MONTE, INC. 1691 THE ALAMEDA SAN JOSE, CA 95126	94-1583439	501(C)(3)	150,000.	0.			ESTABLISH A JOB DEVELOPMENT MESSAGE THAT ALL OPPORTUNITY YOUTH WORKFORCE PROVIDERS USE
PRESIDENT & FELLOWS OF HARVARD COLLEGE - 1033 MASSACHUSETTS AVENUE, 2ND FLOOR - CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	50,000.	0.			LAUNCH A PARENT LEARNING EXCHANGE
ROSE COMMUNITY FOUNDATION 600 SOUTH CHERRY STREET, SUITE 120 DENVER, CO 80246	84-0920862	501(C)(3)	150,000.	0.			ESTABLISH A STRATEGIC PLAN FOR PARTNERING WITH EMPLOYERS

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
SKILLS FOR CHICAGOLAND 191 NORTH WACKER DRIVE, SUITE 1150 CHICAGO, IL 60606	45-1287418	501(C)(3)	29,000.	0.			DEVELOP AN ONLINE "PLAYBOOK" OF KEY COLLATERAL, AGREEMENTS AND DOCUMENTS THAT
TEACHERS COLLEGE COLUMBIA UNIVERSITY - 525 WEST 120TH STREET, BOX 151 - NEW YORK, NY 10027	13-1624202	501(C)(3)	380,315.	0.			FOSTER WITHIN HIGHER EDUCATION INSTITUTIONS AND SYSTEMS NATIONALLY THE ADOPTION OF TRANSFER
THE BELL POLICY CENTER 1905 SHERMAN STREET, SUITE 900 DENVER, CO 80203	84-1550841	501(C)(3)	25,000.	0.			ADVANCE TWO GENERATION POLICY SOLUTIONS IN COLORADO IN SEVERAL KEY AREAS
THE HOPI FOUNDATION PO BOX 301 KYKOTSMOVI, AZ 86039	74-2488628	501(C)(3)	115,000.	0.			DEVELOPMENT A STRATEGIC OUTCOME BASED PATHWAY DEVELOPMENT PLAN FOR OPPORTUNITY YOUTH
THE MANAUS FUND PO BOX 2026 CARBONDALE, CO 81623	20-7210588	501(C)(3)	50,000.	0.			EVALUATE, COORDINATE, AND IMPROVE THE REPORTING OF RESULTS OF THE PARENT MENTOR PROGRAM
THE NATIONAL FLORENCE CRITTENTON MISSION - 1750 SW HARBOR WAY, SUITE 450 - PORTLAND, OR 97201	54-0505932	501(C)(3)	15,000.	0.			DEVELOP AND DISSEMINATE A TOOLKIT FOR SERVICE PROVIDERS, ADVOCATES, AND POLICYMAKERS
THE TRUSTEES OF COLUMBIA UNIVERSITY - 615 WEST 131ST STREET, 3RD FLOOR - NEW YORK, NY 10027	13-5598093	501(C)(3)	50,000.	0.			CREATE A RESEARCH BASED PROGRAM MODEL, TOOL SET AND KNOWLEDGE BASE THAT WILL ENABLE THE PILOT OF
THE UNIVERSITY OF CHICAGO 6045 KENWOOD, 3RD FLOOR CHICAGO, IL 60637	36-2177139	501(C)(3)	50,000.	0.			TO PILOT A CURRICULUM FOR PARENTS
UNITED WAY OF GREATER AUSTIN 2000 E MARTIN LUTHER KING JR. BOUL AUSTIN, TX 78702	74-1193439	501(C)(3)	25,000.	0.			TRAINING PROGRAMS FOR PARENTS WITH COMMUNITY BASED EARLY EDUCATION SERVICES FOR CHILDREN

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
UNITED WAY OF GREATER CINCINNATI 2400 READING ROAD CINCINNATI, OH 45202	31-0537502	501(C)(3)	25,000.	0.			DEVELOP A TWO GENERATION PROGRAM FOR THE TRI-STATE PARTNERS FOR COMPETITIVE WORKFORCE PROGRAM
UNITED WAY OF METROPOLITAN ATLANTA PO BOX 2692 ATLANTA, GA 30301	58-0566194	501(C)(3)	150,000.	0.			ESTABLISH THE YOUTH SERVICE COLLABORATIVE
UNITED WAY OF TUCSON AND SOUTHERN ARIZONA - 330 N COMMERCE PARK LOOP, SUITE 200 - TUCSON, AZ 85745	86-0098932	501(C)(3)	150,000.	0.			CREATE MARKETING MATERIAL TO USE IN SOLICITAITON OF EMPLOYERS
UNIVERSITY OF SOUTHERN MAINE 96 FALMOUTH STREET PORTLAND , ME 04104	01-6000769	501(C)(3)	150,000.	0.			DEVELOP A COLLABORATIVE THAT INCLUDES REPRESENTATION FROM EMPLOYER SECTORS AND POST
UNIVERSITY OF TEXAS AT AUSTIN PO BOX 7159 AUSTIN, TX 78713	74-6000203	501(C)(3)	90,000.	0.			TRAINING PROGRAMS FOR PARENTS WITH COMMUNITY BASED EARLY EDUCATION SERVICES FOR CHILDREN
URBAN STRATEGIES COUNCIL 1720 BROADWAY AVENUE, FLOOR 2 OAKLAND, CA 94612	94-3044453	501(C)(3)	150,000.	0.			DATA MATCHING AND ANALYSIS FOR TARGET POPULATIONS AND DEVELOP PROCEDURES FOR UPDATING
UTAH CHILDREN 747 E SOUTH TEMPLE, SUITE 100 SALT LAKE CITY, UT 84102	87-0428873	501(C)(3)	50,000.	0.			DOCUMENT THE RESULTS AND PROCESS OF UTAH'S INTERGENERATIONAL POVERTY INITIATIVE
WASHINGTON STATE BUDGET & POLICY CENTER - 1402 THIRD AVENUE, SUITE 1215 - SEATTLE, WA 98101	72-1612983	501(C)(3)	75,000.	0.			REFORM THE STATE'S TEMPORARY ASSISTANCE FOR NEEDY FAMILIES PROGRAM
WOMENS FOUNDATION OF MISSISSIPPI 120 NORTH CONGRESS STREET, SUITE 9 JACKSON, MS 39201	26-4419982	501(C)(3)	25,000.	0.			DEVELOP AND IMPLEMENT A TWO GENERATION APPROACH AT TWO MISSISSIPPI COMMUNITY COLLEGES

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
WOMENS FUND OF GREAT BIRMINGHAM 2201 5TH AVENUE SOUTH, SUITE 110 BIRMINGHAM, AL 35233	45-0952468	501(C)(3)	50,000.	0.			IMPLEMENT A PILOT PROGRAM CALLED "TECH SUPPORT: PRESCRIPTION FOR SUCCESS"
WORKFORCE SOLUTIONS CAPITAL AREA WORKFORCE BOARD - 6505 AIRPORT BLVD, SUITE 101E - AUSTIN, TX 78752	74-2327454	501(C)(3)	150,000.	0.			SUPPPORT AND DEVELOPMENT THE YOUTH ENPOWERMENT PROJECT
WORLD AFFAIRS COUNTIL OF NORTHERN CALIFORNIA - 213 SUTTER STREET, SUITE 200 - SAN FRANCISCO, CA 94108	94-1156356	501(C)(3)	60,000.	0.			DESIGN, PLAN AND EXECUTE THE 2014 ANNUAL MEETING AND SUPPORTING MEETINGS TAKING PLACE IN 2014 AND

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to 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 non-cash assistance
STIPENDS	52	60,750.	0.		
SCHOLARSHIPS & AWARDS	38	85,404.	0.		
HONORARIUM	24	84,798.	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: ABRIENDO PUERTAS/TIDES CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: DEVELOP AND LAUNCH A FREE BILINGUAL MOBILE APP TO SCALE CURRICULUM TO REACH MORE FAMILIES AND STRENGTHENING EDUCATIONAL OUTCOMES

NAME OF ORGANIZATION OR GOVERNMENT: AVANCE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: CONVENE A TASK FORCE TO MAKE

RECOMMENDATIONS FOR STANDARDIZING THE PROCESS FOR SERVICE DELIVERY PROGRAMS

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: BOSTON PRIVATE INDUSTRY COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: INFORM GUBERNATORIAL DEBATES AND

SUBMIT POLICY PROPOSALS TO THE NEW GOVERNOR'S TRANSITION TEAM ON

OPPORTUNITY YOUTH

NAME OF ORGANIZATION OR GOVERNMENT: CASA DE MARYLAND

(H) PURPOSE OF GRANT OR ASSISTANCE: TO IMPLEMENT LEARNING TOGETHER, A

TWO-GENERATION, PLACE BASED PARENT ENGAGEMENT INITIATIVE TO FOSTER

CHILDREN'S LITERACY

NAME OF ORGANIZATION OR GOVERNMENT: CENTER FOR HEALTH POLICY DEVELOPMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: EXPLORE THE HEALTH AND WELL-BEING

COMPONENT OF THE TWO-GENERATION FRAMEWORK AND OPPORTUNITIES WITHIN THE

FEDERAL HEALTH POLICY THAT TARGET FAMILIES IN POVERTY

NAME OF ORGANIZATION OR GOVERNMENT: CHILDREN'S UNITY DEFENSE FUND OF SRO

(H) PURPOSE OF GRANT OR ASSISTANCE: DEVELOP A TWO GENERATION PILOT

PROJECT TO SUPPORT 25 AFRICAN AMERICAN SINGLE MOTHERS AND THEIR CHILDREN

THROUGH ACCESS TO EDUCATION

NAME OF ORGANIZATION OR GOVERNMENT: COUNCIL OF LA RAZA

(H) PURPOSE OF GRANT OR ASSISTANCE: IDENTIFY QUALITY STANDARDS FOR

TWO-GENERATION PROGRAMS SERVING IMMIGRANT LATINO PARENTS AND THEIR

CHILDREN

NAME OF ORGANIZATION OR GOVERNMENT: ENDICOTT COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPLEMENT A PILOT PROGRAM WITH A

**Part IV Supplemental Information**

COHORT OF 12-15 STUDENTS TO PROVIDE POSTSECONDARY COURSEWORK FOR FAMILIES

SERVED BY HEAD START

NAME OF ORGANIZATION OR GOVERNMENT:

EUGENIO MARIA DE HOSTOS COMMUNITY COLLEGE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPLEMENT A PILOT TWO GENERATION

PROGRAM TARGETING LOW INCOME STUDENT-PARENTS TO ACCELERATE POSTSECONDARY

DEGREE COMPLETION

NAME OF ORGANIZATION OR GOVERNMENT: LOCAL INITIATIVES SUPPORT CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNCTIONING COMMITTEE STRUCTURE WILL

BE WORKING ACROSS THE COLLABORATIVE PRIORITIES, PATHWAYS, DATA/IMPACT

ASSESSMENT, POLICY FUNDING AND YOUTH LEADERSHIP

NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL HEAD START

(H) PURPOSE OF GRANT OR ASSISTANCE: CONVENE A TASK FORCE TO MAKE

RECOMMENDATIONS FOR STANDARDIZING THE PROCESS FOR SERVICE DELIVERY

PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL HUMAN SERVICES ASSEMBLY

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE THE USE OF TWO GENERATION

APPROACHES BY INDIVIDUAL PROGRAMS AND POLICY RECOMMENDATIONS THAT COULD

INCREASE SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL STUDENT CLEARINGHOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOSTER WITHIN HIGHER EDUCATION

INSTITUTIONS AND SYSTEMS NATIONALLY THE ADOPTION OF TRANSFER PATHWAYS

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: NON PROFIT & SELF-SUSTAINABILITY TEAM

(H) PURPOSE OF GRANT OR ASSISTANCE: DEVELOP A TALENT ASSESSMENT TOOL FOR

INVENTION-BASED SMALL AND GROWING BUSINESSES SERVING POOR COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: PLANNED PARENTHOOD MAR MONTE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ESTABLISH A JOB DEVELOPMENT MESSAGE

THAT ALL OPPORTUNITY YOUTH WORKFORCE PROVIDERS USE WITH EMPLOYERS

NAME OF ORGANIZATION OR GOVERNMENT: SKILLS FOR CHICAGOLAND

(H) PURPOSE OF GRANT OR ASSISTANCE: DEVELOP AN ONLINE "PLAYBOOK" OF KEY

COLLATERAL, AGREEMENTS AND DOCUMENTS THAT CAPTURE CORE PRINCIPLES AND

THEORY OF CHANGE BEHIND SCF'S EMPLOYER DRIVEN INTERMEDIARY MODEL

NAME OF ORGANIZATION OR GOVERNMENT: TEACHERS COLLEGE COLUMBIA UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOSTER WITHIN HIGHER EDUCATION

INSTITUTIONS AND SYSTEMS NATIONALLY THE ADOPTION OF TRANSFER PATHWAYS

NAME OF ORGANIZATION OR GOVERNMENT: THE TRUSTEES OF COLUMBIA UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: CREATE A RESEARCH BASED PROGRAM

MODEL, TOOL SET AND KNOWLEDGE BASE THAT WILL ENABLE THE PILOT OF A

COLLECTIVE IMPACT, TWO GENERATION STRATEGY BY A NETWORK OF ORGS FOCUSED

ON EDUCATIONAL ACCESS FOR FORMERLY INCARCERATED ADULTS

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF SOUTHERN MAINE

(H) PURPOSE OF GRANT OR ASSISTANCE: DEVELOP A COLLABORATIVE THAT

INCLUDES REPRESENTATION FROM EMPLOYER SECTORS AND POST SECONDARY

EDUCATION



**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: URBAN STRATEGIES COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: DATA MATCHING AND ANALYSIS FOR

TARGET POPULATIONS AND DEVELOP PROCEDURES FOR UPDATING DATA ANNUALLY

NAME OF ORGANIZATION OR GOVERNMENT:

WORLD AFFAIRS COUNCIL OF NORTHERN CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: DESIGN, PLAN AND EXECUTE THE 2014

ANNUAL MEETING AND SUPPORTING MEETINGS TAKING PLACE IN 2014 AND 2015

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2014**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

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 in 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 (e.g., 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 in 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 in 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 in 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" to line 5a or 5b, describe in Part III.

**6** For persons listed in 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" to line 6a or 6b, describe in Part III.

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

**8** Were any amounts reported in 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" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2014

**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 in 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 are not 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 in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) WALTER ISAACSON PRESIDENT/CEO	(i)	804,640.	0.	3,861.	39,000.	32,075.	879,576.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ELLIOT GERSON EXECUTIVE VP	(i)	347,497.	0.	3,861.	39,000.	32,075.	422,433.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) AMY MARGERUM EXEC. VP/CORPORATE S.	(i)	349,849.	0.	3,373.	39,000.	22,131.	414,353.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) PETER REILING EXECUTIVE VP	(i)	348,797.	0.	2,516.	39,000.	32,056.	422,369.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DOLORES GORGONE CHIEF FINANCIAL OFFICER	(i)	293,934.	0.	3,861.	39,000.	3,324.	340,119.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DAN GLICKMAN EXECUTIVE DIRECTOR-CONGRES	(i)	309,000.	0.	10,249.	29,800.	3,560.	352,609.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CHARLIE FIRESTONE EXEC. DIR. C&S	(i)	310,337.	0.	8,318.	39,000.	22,131.	379,786.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MICKEY EDWARDS DIR. RODEL	(i)	293,132.	0.	12,051.	39,000.	11,776.	355,959.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) STACE LINDSAY DIRECTOR	(i)	272,208.	0.	776.	0.	29,392.	302,376.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MARGARET CLARK VICE PRES. POLICY PROGRAMS	(i)	259,990.	0.	2,516.	39,000.	22,079.	323,585.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(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:

OCCASIONALLY, THE INSTITUTE COVERS PREMIUM CLASS TRAVEL FOR STAFF. THE INSTITUTE FOLLOWS THE FOLLOWING FEDERAL TRAVEL REGULATIONS WHEN PROVIDING PREMIUM CLASS TRAVEL.

EXCEPTIONS FOR PREMIUM CLASS TRAVEL:

1) TRAVEL BY AN EMPLOYEE WITH A DISABILITY OR SPECIAL NEED.

A. THE EMPLOYEE'S CONDITION MUST BE SUBSTANTIATED IN WRITING BY A COMPETENT MEDICAL AUTHORITY.

2) REASONABLY AVAILABLE.

A. REGULARLY SCHEDULED FLIGHTS BETWEEN THE AUTHORIZED ORIGIN AND DESTINATION POINTS DURING THE PERIOD REQUIRED TO TRAVEL ONLY INCLUDE PREMIUM CLASS FLIGHTS OR THERE IS NO SPACE AVAILABLE IN COACH CLASS.

3) MISSION RELATED.

A. IF THERE IS A VALID MISSION RELATED REASON THEN PREMIUM CLASS IS ALLOWABLE.

**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.

4) INADEQUATE SANITATION.

A. PREMIUM CLASS MAY BE AUTHORIZED WHEN COACH CLASS ON A FOREIGN CARRIER

DOES NOT PROVIDE ADEQUATE SANITATION OR HEALTH STANDARDS.

5) OVERALL COST SAVINGS.

A. IF THERE IS AN OVERALL SAVINGS TO THE ORGANIZATION BY AVOIDING

ADDITIONAL SUBSISTENCE COSTS, OVERTIME, LOSS OF PRODUCTIVITY THAT WOULD BE

INCURRED WAITING FOR COACH CLASS AVAILABILITY.

6) TRAVEL IN EXCESS OF 14 HOURS.

A. SCHEDULED FLIGHT TIME BETWEEN AUTHORIZED ORIGIN AND DESTINATION AND ONE

OF THESE POINTS IS OUTSIDE THE CONTINENTAL US IS IN EXCESS OF 14 HOURS.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2014**

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](http://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	150,004.	APPRAISAL
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		2,856.	FMV
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	27	3,766,216.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential	X	1	27,000.	FMV
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	3	5,381.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( FLOWERS )	X	1	465.	FMV
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part 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 is not 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 non-standard 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 did not 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) (2014)

**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, 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.

**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](http://www.irs.gov/form990)

OMB No. 1545-0047

**2014**

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:

THE INSTITUTE DOES THIS IN FOUR WAYS:

SEMINARS, WHICH HELP PARTICIPANTS REFLECT ON WHAT THEY THINK MAKES A  
GOOD SOCIETY AND ENHANCING THEIR CAPACITY TO SOLVE THE PROBLEMS LEADERS  
FACE; YOUNG LEADER FELLOWSHIPS AROUND THE GLOBE, WHICH BRING PROVEN  
LEADERS TOGETHER FOR AN INTENSE MULTI-YEAR PROGRAM AND COMMITMENT;  
POLICY PROGRAMS, WHICH SERVE AS NONPARTISAN FORUMS FOR ANALYSIS,  
CONSENSUS-BUILDING AND PROBLEM-SOLVING ON A WIDE VARIETY OF ISSUES; AND  
PUBLIC PROGRAMS WHICH PROVIDE A COMMONS FOR PEOPLE TO SHARE IDEAS. THE  
INSTITUTE IS BASED IN WASHINGTON D.C. WITH OPERATIONS IN ASPEN,  
COLORADO, NEW YORK CITY, AND ON THE WYE RIVER ON MARYLAND'S EASTERN  
SHORE. IT ALSO HAS AN INTERNATIONAL NETWORK OF PARTNERS.

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

ASPEN GLOBAL LEADERSHIP NETWORK

EXPENSES \$ 4,870,624. INCLUDING GRANTS OF \$ 0. REVENUE \$ 774,590.

SEMINARS

EXPENSES \$ 1,088,828. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,863,617.

OTHER RESTRICTED PROGRAMS

EXPENSES \$ 1,384,086. INCLUDING GRANTS OF \$ 0. REVENUE \$ 214,372.

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

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

Schedule O (Form 990 or 990-EZ) (2014)

432211  
08-27-14



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

THE FEDERAL FORM 990 OF THE INSTITUTE IS PREPARED BY AN EXTERNAL ACCOUNTING FIRM IN WHICH INFORMATION IS OBTAINED FROM INSTITUTE'S STAFF. ONCE THE INITIAL DRAFT IS PREPARED IT IS REVIEWED BY SR. FINANCE/ACCOUNTING AND COMMUNICATIONS 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 CFO AND DIRECTOR OF ACCOUNTING. 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:  
THE PURPOSE OF THE CONFLICT OF INTEREST POLICY IS TO PROTECT THE INSTITUTE'S INTEREST WHEN IT IS CONTEMPLATING ENTERING INTO A TRANSACTION OR ARRANGEMENT THAT MIGHT BENEFIT THE PRIVATE INTEREST OF AN OFFICER OF THE INSTITUTE, DIRECTOR, OR TRUSTEE.

THE MEMBERS OF THE BOARD OF TRUSTEES ARE REQUIRED TO SIGN A DISCLOSURE WHEN THEY BECOME TRUSTEES AND ANNUALLY WHILE THEY SERVE. THEY ARE REQUIRED TO DISCLOSE ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST; AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT.



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

AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND  
 AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE  
 GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT  
 OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE  
 MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS.

AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE GOVERNING BOARD OR  
 COMMITTEE MEETING, BUT AFTER THE PRESENTATION, HE/SHE SHALL LEAVE THE  
 MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR  
 ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST.

IF THE GOVERNING BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A  
 MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT  
 SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER  
 AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE.

IF, AFTER HEARING THE MEMBER'S RESPONSE AND AFTER MAKING FURTHER  
 INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE GOVERNING BOARD OR  
 COMMITTEE DETERMINES THE MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR  
 POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND  
 CORRECTIVE ACTION.

FORM 990, PART VI, SECTION B, LINE 15:  
 THE INSTITUTE UTILIZES AN EXTERNAL CONSULTANT TO REVIEW ALL SALARIES OF THE  
 INSTITUTE INCLUDING TOP MANAGEMENT OFFICIALS. THE CONSULTANT PERFORMS  
 MARKET COMPARISONS WITHIN OUR PEER ORGANIZATIONS AND MAKES RECOMMENDATIONS  
 ON SALARY LEVELS FOR POSITIONS. THE SALARY LEVELS ARE BASED ON PERCENTAGES  
 OF THE PEER ORGANIZATIONS. THE INSTITUTE STRIVES TO STAY AT THE 50% LEVEL



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

OF OUR COMPARATIVE ORGANIZATIONS. THE CEO AND OTHER OFFICERS SALARIES ARE  
 REVIEWED BY THIS CONSULTANT AND THEN PRESENTED TO THE COMPENSATION  
 SUB-COMMITTEE OF THE EXECUTIVE COMMITTEE. THE SALARIES ARE VETTED IN THIS  
 SUB-COMMITTEE AND A RECOMMENDATION IS MADE TO THE FULL BOARD FOR APPROVAL  
 IN THE EXECUTIVE SESSION.

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 AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON  
 REQUEST. THE FEDERAL FORM 990 AND THE AUDITED FINANCIAL STATEMENTS ARE  
 MADE PUBLIC ON THE INSTITUTE'S WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:  
 LOSS ON UNCOLLECTIBLE PLEDGE -1,000,000.



2014 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
1	BUILDING AND IMPROVEMENTS	VARIES		.000	16	66,978,566.			66,978,566.	29,365,248.		0.
6	GROUND IMPROVEMENTS	VARIES		.000	16	2,013,174.			2,013,174.	1,368,905.		0.
9	WORK IN PROGRESS	VARIES		.000	16	53,401.			53,401.			0.
	* 990 PAGE 10 TOTAL BUILDINGS					69,045,141.		0.	69,045,141.	30,734,153.	0.	0.
	MACHINERY & EQUIPMENT											
4	EQUIPMENT	VARIES		.000	16	5,125,866.			5,125,866.	4,658,379.		0.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					5,125,866.		0.	5,125,866.	4,658,379.	0.	0.
	LAND											
2	LAND	VARIES		.000	16	10,627,664.			10,627,664.			0.
	* 990 PAGE 10 TOTAL LAND					10,627,664.		0.	10,627,664.	0.	0.	0.
	OTHER											
3	FURNITURE AND FIXTURES	VARIES		.000	16	5,508,286.			5,508,286.	5,113,331.		0.
5	COMPUTER AND SOFTWARE	VARIES		.000	16	1,597,623.			1,597,623.	1,211,675.		0.
7	ARTWORK	VARIES		.000	16	775,706.			775,706.			0.
8	LEASEHOLD IMPROVEMENTS	VARIES		.000	16	915,556.			915,556.	252,447.		0.
	* 990 PAGE 10 TOTAL OTHER					8,797,171.		0.	8,797,171.	6,577,453.	0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR					93,595,842.		0.	93,595,842.	41,969,985.	0.	0.

428102 05-01-14

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.  THE ASPEN INSTITUTE, INC.	Employer identification number (EIN) or  84-0399006
	Number, street, and room or suite no. If a P.O. box, see instructions.  ONE DUPONT CIRCLE, NW, NO. 700	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  WASHINGTON, DC 20036-1133	

Enter the Return code for the return that this application is for (file a separate application for each return)  0  1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

ASPEN INSTITUTE/DOLORES GORGONE

- The books are in the care of  ONE DUPONT CIRCLE, NW, NO. 700 - WASHINGTON, DC 20036-1133  
Telephone No.  (202) 736-1074 Fax No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2015.

5 For calendar year 2014, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension \_\_\_\_\_  
**ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.**

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  RAJA Title  CPA Date  8-14-15