

Form **990**

Department of the Treasury  
Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

<b>A For the 2017 calendar year, or tax year beginning</b>		<b>and ending</b>	
<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.		<b>D Employer identification number</b> 84-0399006
	Doing business as		<b>E Telephone number</b> (202) 736-5800
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2300 N STREET, NW 700		
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20037		<b>G Gross receipts \$</b> 263,406,004.
	<b>F Name and address of principal officer:</b> WALTER ISAACSON SAME AS C ABOVE		
<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>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>J Website:</b> WWW.ASPENINSTITUTE.ORG		<b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<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
<b>H(c) Group exemption number</b> ▶			

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> 81 4 Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> 80 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) <b>5</b> 603 6 Total number of volunteers (estimate if necessary) <b>6</b> 80 7a Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> 10,069,076. 7b Net unrelated business taxable income from Form 990-T, line 34 <b>7b</b> -645,974.																								
<b>Revenue</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th align="right">Prior Year</th> <th align="right">Current Year</th> </tr> </thead> <tbody> <tr><td>8 Contributions and grants (Part VIII, line 1h)</td><td align="right">85,321,334.</td><td align="right">92,261,254.</td></tr> <tr><td>9 Program service revenue (Part VIII, line 2g)</td><td align="right">34,507,947.</td><td align="right">36,392,294.</td></tr> <tr><td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td><td align="right">170,927.</td><td align="right">341,904.</td></tr> <tr><td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td><td align="right">298,491.</td><td align="right">333,734.</td></tr> <tr><td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td><td align="right">120,298,699.</td><td align="right">129,329,186.</td></tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	85,321,334.	92,261,254.	9 Program service revenue (Part VIII, line 2g)	34,507,947.	36,392,294.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	170,927.	341,904.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	298,491.	333,734.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	120,298,699.	129,329,186.						
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Part II Signature Block																
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.																
<b>Sign Here</b>	▶ Signature of officer _____ Date _____ ▶ NAMITA KHASAT, EVP FIN. & ADMIN. /CFO/TREASURER Type or print name and title															
<b>Paid Preparer Use Only</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Print/Type preparer's name FRANK H. SMITH</td> <td>Preparer's signature <i>Frank H. Smith</i></td> <td>Date 10/11/18</td> <td>Check if self-employed <input type="checkbox"/></td> <td>PTIN P00639053</td> </tr> <tr> <td>Firm's name ▶ RAFFA, P.C.</td> <td>Firm's EIN ▶ 52-1511275</td> <td colspan="3"></td> </tr> <tr> <td>Firm's address ▶ 1899 L STREET, NW, SUITE 850 WASHINGTON, DC 20036</td> <td>Phone no. (202) 822-5000</td> <td colspan="3"></td> </tr> </table>	Print/Type preparer's name FRANK H. SMITH	Preparer's signature <i>Frank H. Smith</i>	Date 10/11/18	Check if self-employed <input type="checkbox"/>	PTIN P00639053	Firm's name ▶ RAFFA, P.C.	Firm's EIN ▶ 52-1511275				Firm's address ▶ 1899 L STREET, NW, SUITE 850 WASHINGTON, DC 20036	Phone no. (202) 822-5000			
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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 LEADERSHIP BASED ON ENDURING VALUES AND TO PROVIDE A NONPARTISAN VENUE FOR DEALING WITH CRITICAL ISSUES THROUGH: (SEE SCHEDULE O)

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

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

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

4a (Code: ) (Expenses \$ 64,159,168. including grants of \$ 17,059,260. ) (Revenue \$ 8,712,200. ) POLICY PROGRAM: THE INSTITUTE'S 31 POLICY PROGRAMS ADVANCE PUBLIC AND PRIVATE-SECTOR KNOWLEDGE ON SIGNIFICANT POLICY ISSUES CONFRONTING CONTEMPORARY SOCIETY. THEY CONVENE LEADERS AND EXPERTS TO SEEK CONSTRUCTIVE SOLUTIONS TO CRITICAL PROBLEMS. WHILE EACH PROGRAM IS UNIQUE IN SUBSTANCE AND APPROACH THEY ALL SHARE A COMMITMENT TO ADVANCING BETTER POLICY BY BRINGING DIVERSE PERSPECTIVES TOGETHER IN PURSUIT OF INFORMED DIALOGUE AND EFFECTIVE SOLUTIONS. THESE PROGRAMS RANGE IN SIZE FROM \$8 MILLION TO \$100,000 IN REVENUE AND EXPENSES ANNUALLY, AND IN PROGRAMMATIC CATEGORIES SUCH AS EDUCATION, FINANCE, MICROENTERPRISE, ENVIRONMENT AND SOCIAL JUSTICE.

4b (Code: ) (Expenses \$ 16,877,202. including grants of \$ ) (Revenue \$ 9,836,357. ) 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 \$ 11,499,784. including grants of \$ ) (Revenue \$ 14,407,593. ) PUBLIC PROGRAMS: THE INSTITUTE'S 18 PUBLIC PROGRAMS OPEN THE INSTITUTE UP TO THE PUBLIC, OFFERING OPPORTUNITIES TO ENGAGE IN THOUGHTFUL, NONPARTISAN INQUIRY. OUR MAJOR EVENTS INCLUDE THE ASPEN IDEAS FESTIVAL, SPOTLIGHT HEALTH AND THE ASPEN SECURITY FORUM AND THE ASPEN WORDS PROGRAM. THESE AND OUR OTHER PUBLIC FORUMS ENGAGE OVER 15,000 MEMBERS OF THE GENERAL PUBLIC ANNUALLY.

4d Other program services (Describe in Schedule O.) (Expenses \$ 13,921,849. including grants of \$ ) (Revenue \$ 3,436,144.)

4e Total program service expenses 106,458,003.

Part IV Checklist of Required Schedules

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

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<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</b> <b>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</b> <b>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 items.

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 (81); 1b Enter the number of voting members included in line 1a, above, who are independent (80); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, FL, GA, IL, KS, KY
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: ASPEN INSTITUTE/NAMITA KHASAT - 202-736-2520 2300 N STREET, NW, NO. 700, WASHINGTON, DC 20037

**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) JAMES SCHINE CROWN CHAIRMAN	0.30	X		X				0.	0.	0.
(2) WILLIAM E. MAYER CHAIRMAN EMERITUS	0.30	X		X				0.	0.	0.
(3) MADELEINE K. ALBRIGHT TRUSTEE	0.30	X						0.	0.	0.
(4) PAUL F. ANDERSON TRUSTEE	0.30	X						0.	0.	0.
(5) DONNA BARKSDALE TRUSTEE	0.30	X						0.	0.	0.
(6) MERCEDES BASS TRUSTEE	0.30	X						0.	0.	0.
(7) MIGUEL (MIKE) BEZOS TRUSTEE	0.30	X						0.	0.	0.
(8) RICHARD BRADDOCK TRUSTEE	0.30	X						0.	0.	0.
(9) BETH BROOKE-MARCINIAK TRUSTEE	0.30	X						0.	0.	0.
(10) WILLIAM D. BUDINGER TRUSTEE	0.30	X						0.	0.	0.
(11) WILLIAM BYNUM TRUSTEE	0.30	X						0.	0.	0.
(12) STEPHEN L. CARTER TRUSTEE	0.30	X						0.	0.	0.
(13) TROY CARTER TRUSTEE	0.30	X						0.	0.	0.
(14) CESAR R. CONDE TRUSTEE	0.30	X						0.	0.	0.
(15) PENNY COULTER TRUSTEE	0.30	X						0.	0.	0.
(16) KATIE COURIE TRUSTEE	0.30	X						0.	0.	0.
(17) ANDREA CUNNINGHAM 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) KENNETH L. DAVIS, MD TRUSTEE	0.30	X						0.	0.	0.
(19) JOHN DOERR TRUSTEE	0.30	X						0.	0.	0.
(20) THELMA DUGGIN TRUSTEE	0.30	X						0.	0.	0.
(21) ARNE DUNCAN TRUSTEE	0.30	X						0.	0.	0.
(22) MICHAEL D. EISNER TRUSTEE	0.30	X						0.	0.	0.
(23) L. BROOKS ENTWISTLE TRUSTEE	0.30	X						0.	0.	0.
(24) ALAN FLETCHER TRUSTEE	0.30	X						0.	0.	0.
(25) HENRIETTA HOLSMAN FORE TRUSTEE	0.30	X						0.	0.	0.
(26) ANN B. FRIEDMAN 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>								4,284,044.	0.	694,326.
<b>d Total (add lines 1b and 1c)</b>								4,284,044.	0.	694,326.

**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 139

	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? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
SHAW CONSTRUCTION, LLC 300 KALAMATH STREET, DENVER, CO 80223	BUILDING RENOVATIONS	3,238,237.
COLORADO AUDIO VISUAL, INC. 409 AABC, ASPEN, CO 81611	AUDIO VISUAL SERVICES	1,237,616.
SITE SELECTION SERVICES 6404 RUBY WAY, CARLSBAD, CA 92011	SITE SELECTION & EVENT PLANNING	562,529.
GRAND HOTEL INTERCONTINENTAL PARIS, 7-9 CHIMIN PETIT-SACONNEX, GENEVA, SWITZERLAND	HOTEL AND CONFERENCE ACTIVITIES	445,848.
SAFEGUARD WORLD INT'L LTD, FODEN BUS. CTR, MOSS LN, #24/25, SANDBACH, UNITED KINGDOM	STAFFING AND PAYROLL SERVICES	427,124.

**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 24

SEE PART VII, SECTION A CONTINUATION SHEETS



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JUAN RAMON DE LA FUENTE TRUSTEE	0.30	X						0.	0.	0.
(28) HENRY LOUIS GATES, JR. TRUSTEE	0.30	X						0.	0.	0.
(29) MIRCEA D. GEOANA TRUSTEE	0.30	X						0.	0.	0.
(30) ANTONIO GRACISA TRUSTEE	0.30	X						0.	0.	0.
(31) PATRICK W. GROSS TRUSTEE	0.30	X						0.	0.	0.
(32) ARJUN GUPTA TRUSTEE	0.30	X						0.	0.	0.
(33) JANE HARMAN TRUSTEE	0.30	X						0.	0.	0.
(34) KAYA HENDERSON TRUSTEE	0.30	X						0.	0.	0.
(35) HAYNE HIPPI TRUSTEE	0.30	X						0.	0.	0.
(36) IVAN HODAC TRUSTEE	0.30	X						0.	0.	0.
(37) MARK HOPLAMAZIAN TRUSTEE	0.30	X						0.	0.	0.
(38) GERALD D. HOSIER TRUSTEE	0.30	X						0.	0.	0.
(39) ROBERT HURST TRUSTEE	0.30	X						0.	0.	0.
(40) NATALIE JARESKO TRUSTEE	0.30	X						0.	0.	0.
(41) SALMAN KHAN TRUSTEE	0.30	X						0.	0.	0.
(42) TEISUKE KITAYAMA TRUSTEE	0.30	X						0.	0.	0.
(43) MICHAEL KLEIN TRUSTEE	0.30	X						0.	0.	0.
(44) DAVID KOCH TRUSTEE	0.30	X						0.	0.	0.
(45) SATINDER K. LAMBAH TRUSTEE	0.30	X						0.	0.	0.
(46) LAURA LAUDER 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) YO-YO MA TRUSTEE	0.30	X						0.	0.	0.
(48) JAMES M. MANYIKA TRUSTEE	0.30	X						0.	0.	0.
(49) WILLIAM E. MAYER TRUSTEE	0.30	X						0.	0.	0.
(50) BONNIE PALMER MCCLOSKEY TRUSTEE	0.30	X						0.	0.	0.
(51) DAVID MCCORMICK TRUSTEE	0.30	X						0.	0.	0.
(52) ANNE WELSH MCNULTY TRUSTEE	0.30	X						0.	0.	0.
(53) DIANE L. MORRIS TRUSTEE	0.30	X						0.	0.	0.
(54) KARLHEINZ MUHR TRUSTEE	0.30	X						0.	0.	0.
(55) CLARE MUNANA TRUSTEE	0.30	X						0.	0.	0.
(56) JERRY MURDOCK TRUSTEE	0.30	X						0.	0.	0.
(57) MARC NATHANSON TRUSTEE	0.30	X						0.	0.	0.
(58) WILLIAM A. NITZE TRUSTEE	0.30	X						0.	0.	0.
(59) HER MAJESTY QUEEN NOOR TRUSTEE	0.30	X						0.	0.	0.
(60) JACQUELINE NOVOGRATZ TRUSTEE	0.30	X						0.	0.	0.
(61) OLARA A. OTUNNU TRUSTEE	0.30	X						0.	0.	0.
(62) ELAINE PAGELS TRUSTEE	0.30	X						0.	0.	0.
(63) CARRIE WALTON PENNER TRUSTEE	0.30	X						0.	0.	0.
(64) MARGOT L. PRITZKER TRUSTEE	0.30	X						0.	0.	0.
(65) PETER A. REILING TRUSTEE	0.30	X						0.	0.	0.
(66) LYNDA RESNICK 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			
(67) CONDOLEEZZA RICE TRUSTEE	0.30	X						0.	0.	0.
(68) JIM ROGERS TRUSTEE	0.30	X						0.	0.	0.
(69) RICARDO SALINAS TRUSTEE	0.30	X						0.	0.	0.
(70) LEWIS SANDERS TRUSTEE	0.30	X						0.	0.	0.
(71) ANNA DEAVERE SMITH TRUSTEE	0.30	X						0.	0.	0.
(72) MICHELLE SMITH TRUSTEE	0.30	X						0.	0.	0.
(73) JAVIER SOLANA TRUSTEE	0.30	X						0.	0.	0.
(74) ROBERT K. STEEL TRUSTEE	0.30	X						0.	0.	0.
(75) SHASHI THAROOR TRUSTEE	0.30	X						0.	0.	0.
(76) LAURIE M. TISCH TRUSTEE	0.30	X						0.	0.	0.
(77) GUILIO TREMONTI TRUSTEE	0.30	X						0.	0.	0.
(78) ECKART VON KLAEDEN TRUSTEE	0.30	X						0.	0.	0.
(79) RODERICK K. VON LIPSEY TRUSTEE	0.30	X						0.	0.	0.
(80) VIN WEBER TRUSTEE	0.30	X						0.	0.	0.
(81) WALTER ISAACSON PRESIDENT/CEO	40.00	X		X				846,893.	0.	66,686.
(82) ELLIOT GERSON EXECUTIVE VP	40.00			X				398,364.	0.	77,794.
(83) PETER REILING EXECUTIVE VP	40.00			X				394,896.	0.	78,770.
(84) NAMITA KHASAT EVP FIN. & ADMN./CFO/TREASURER	40.00			X				360,643.	0.	43,713.
(85) ERIC MOTLEY EVP: CORP SECRETARY	40.00			X				327,671.	0.	53,707.
(86) RAJIV VINNAKOTA EXECUTIVE VP	40.00			X				327,486.	0.	65,262.
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>	2,484,855.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	4,145,649.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	85,630,750.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		5,179,205.				
	<b>h Total.</b> Add lines 1a-1f .....		92,261,254.				
	<b>Program Service Revenue</b>	<b>2 a</b> CONTRACT REVENUE .....	<b>Business Code</b> 900099	15,825,064.	15,825,064.		
<b>b</b> SEMINAR AND EVENT FEES .....		900099	10,763,579.	10,763,579.			
<b>c</b> CONF./FACILITY FEES .....		531390	9,788,514.		9,788,514.		
<b>d</b> BOOK SALES .....		900099	15,137.	15,137.			
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....			36,392,294.				
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		500,550.		-51,062.	551,612.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	115,996.				
		(ii) Personal					
		<b>b</b> Less: rental expenses .....	93,064.				
		<b>c</b> Rental income or (loss) .....	22,932.				
	<b>d</b> Net rental income or (loss) .....		22,932.			22,932.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	133,205,959.				
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses .....	133,364,605.				
		<b>c</b> Gain or (loss) .....	-158,646.				
	<b>d</b> Net gain or (loss) .....		-158,646.			-158,646.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 2,484,855. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	72,375.				
		<b>b</b> Less: direct expenses .....	619,149.				
<b>c</b> Net income or (loss) from fundraising events .....			-546,774.			-546,774.	
<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> OTHER INCOME .....		900099	434,052.			434,052.	
	<b>b</b> ADVERTISING INCOME .....	541800	331,624.		331,624.		
	<b>c</b> SUBLEASE INCOME .....	900099	91,900.			91,900.	
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....		857,576.				
<b>12 Total revenue.</b> See instructions. ....		129,329,186.	26,603,780.	10,069,076.	395,076.		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	15,950,813.	15,950,813.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	252,000.	252,000.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	856,447.	856,447.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	2,673,411.	358,538.	2,149,611.	165,262.
<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	39,278,474.	29,199,498.	8,385,969.	1,693,007.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,815,757.	3,032,711.	574,388.	208,658.
<b>9</b> Other employee benefits	4,201,417.	3,366,715.	637,649.	197,053.
<b>10</b> Payroll taxes	2,754,199.	2,188,999.	414,591.	150,609.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	15,019,357.	15,019,357.		
<b>b</b> Legal	156,854.	129,679.	27,175.	
<b>c</b> Accounting	223,675.		223,675.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	1,188,458.		1,188,458.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	10,297,268.	8,938,977.	1,344,352.	13,939.
<b>12</b> Advertising and promotion	123,273.	107,696.	11,571.	4,006.
<b>13</b> Office expenses	6,855,182.	2,707,532.	3,748,795.	398,855.
<b>14</b> Information technology	1,526,252.	596,909.	922,372.	6,971.
<b>15</b> Royalties				
<b>16</b> Occupancy	3,653,942.	2,386,079.	1,135,495.	132,368.
<b>17</b> Travel	14,363,138.	13,054,668.	854,925.	453,545.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	998,798.	998,798.		
<b>19</b> Conferences, conventions, and meetings	2,518,738.	2,441,082.	77,656.	
<b>20</b> Interest	2,607.		2,607.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	2,690,576.		2,690,576.	
<b>23</b> Insurance	338,751.		338,751.	
<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> AUDIO/VISUAL	1,662,155.	1,492,884.	59,515.	109,756.
<b>b</b> PUBLICATIONS	1,622,113.	1,348,259.	185,788.	88,066.
<b>c</b> LOSS ON LEASE TERM.	1,615,230.		1,615,230.	
<b>d</b> PARTNER REIMBURSEMENTS	1,238,604.	1,238,604.		
<b>e</b> All other expenses	1,118,345.	791,758.	98,517.	228,070.
<b>25</b> Total functional expenses. Add lines 1 through 24e	136,995,834.	106,458,003.	26,687,666.	3,850,165.
<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 .....	2,527.	<b>1</b>	2,379.
	<b>2</b> Savings and temporary cash investments .....	8,511,114.	<b>2</b>	4,944,620.
	<b>3</b> Pledges and grants receivable, net .....	60,571,017.	<b>3</b>	45,288,286.
	<b>4</b> Accounts receivable, net .....	4,185,465.	<b>4</b>	6,153,822.
	<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 .....	122,374.	<b>8</b>	109,042.
	<b>9</b> Prepaid expenses and deferred charges .....	1,795,168.	<b>9</b>	1,913,560.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 108,697,303.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 46,530,803.	49,066,865.	<b>10c</b> 62,166,500.
	<b>11</b> Investments - publicly traded securities .....	13,418,776.	<b>11</b>	33,158,991.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	158,418,095.	<b>12</b>	175,862,442.
	<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 .....	100,258.	<b>15</b>	3,608,487.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	296,191,659.	<b>16</b>	333,208,129.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	8,752,767.	<b>17</b>	16,623,759.
	<b>18</b> Grants payable .....	4,554,594.	<b>18</b>	6,910,597.
	<b>19</b> Deferred revenue .....	5,763,737.	<b>19</b>	6,531,509.
	<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 .....	4,208,410.	<b>25</b>	14,266,814.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	23,279,508.	<b>26</b>	44,332,679.
<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 .....	84,983,013.	<b>27</b>	100,483,643.
	<b>28</b> Temporarily restricted net assets .....	132,843,761.	<b>28</b>	129,740,987.
	<b>29</b> Permanently restricted net assets .....	55,085,377.	<b>29</b>	58,650,820.
	<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 .....	272,912,151.	<b>33</b>	288,875,450.	
<b>34</b> Total liabilities and net assets/fund balances .....	296,191,659.	<b>34</b>	333,208,129.	

**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>	129,329,186.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	136,995,834.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-7,666,648.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	272,912,151.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	20,062,748.
<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>	3,567,199.
<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>	288,875,450.

**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 (2017)





**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	68,204,184.	68,633,372.	111,928,714.	85,321,334.	92,261,254.	426,348,858.
<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 .....	68,204,184.	68,633,372.	111,928,714.	85,321,334.	92,261,254.	426,348,858.
<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) .....						41,530,899.
<b>6 Public support.</b> Subtract line 5 from line 4.						384,817,959.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 .....	68,204,184.	68,633,372.	111,928,714.	85,321,334.	92,261,254.	426,348,858.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	334,358.	133,656.	894,214.	190,413.	759,709.	2,312,350.
<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.) .....	398,612.	190,216.	395,329.	489,228.	434,052.	1,907,437.
<b>11 Total support.</b> Add lines 7 through 10						430,568,645.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	106,987,608.
<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 2017 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	89.37 %
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 .....	<b>15</b>	89.47 %
<b>16a 33 1/3% support test - 2017.</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 - 2016.</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 - 2017.</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 - 2016.</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) 2017

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2017.** 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 - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<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 or 990-EZ).</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 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<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 Part VI.		
<b>11c</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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a 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 Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
<b>2a</b>		
<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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<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 Part VI.		
<b>3a</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 Part VI the role played by the organization in this regard.		
<b>3b</b>		

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

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

<b>Section A - Adjusted Net Income</b>		(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	

<b>Section B - Minimum Asset Amount</b>		(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 <b>Part VI</b> ):		
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	

<b>Section C - Distributable Amount</b>			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).		

Schedule A (Form 990 or 990-EZ) 2017

**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 2017 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-2017	(iii) Distributable Amount for 2017
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013			
<b>c</b> From 2014			
<b>d</b> From 2015			
<b>e</b> From 2016			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013			
<b>b</b> Excess from 2014			
<b>c</b> Excess from 2015			
<b>d</b> Excess from 2016			
<b>e</b> Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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

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

OTHER INCOME

2013 AMOUNT: \$ 398,612.

2014 AMOUNT: \$ 190,216.

2015 AMOUNT: \$ 395,329.

2016 AMOUNT: \$ 489,228.

2017 AMOUNT: \$ 434,052.

**COPY**



# Schedule B

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

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2017

Name of the organization

THE ASPEN INSTITUTE, INC.

Employer identification number

84-0399006

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

### General Rule

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

### Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

<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	_____ _____ _____	\$ 12,586,023.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 3,292,532.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 3,044,843.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 2,820,135.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 2,698,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 2,601,982.	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
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/> <hr/>	\$ 2,123,846.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<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/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<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/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<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/>	\$ _____	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
2	3,573 SHARES OF AMAZON.COM _____ _____ _____	\$ 3,282,532.	12/31/17
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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
2	3,573 SHARES OF AMAZON.COM _____ _____ _____	\$ 3,282,532.	12/31/17
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2017

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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....															
<b>d</b> Other exempt purpose expenditures .....															
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....															
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....															
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....															
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....															
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**4-Year Averaging Period Under section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					



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

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		1,607.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?		X	
<b>j</b> Total. Add lines 1c through 1i			1,607.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

COMMUNICATION WITH LEGISLATORS REGARDING PENDING LEGISLATION.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

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

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

Preservation of land for public use (e.g., recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2
b Total acreage restricted by conservation easements .....	263.88
c Number of conservation easements on a certified historic structure included in (a) .....	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	

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

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_ 2

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

Yes  No

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

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

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

Yes  No

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

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

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

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

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

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

▶ \$ \_\_\_\_\_ 0.

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_ 1,071,130.

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

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

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2017

732051 10-09-17

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	99,879,276.	95,232,540.	80,203,349.	75,351,962.	59,703,811.
b Contributions	12,665,941.	4,756,855.	16,298,057.	4,417,778.	12,128,542.
c Net investment earnings, gains, and losses	10,999,814.	4,078,477.	1,451,696.	2,668,734.	5,470,942.
d Grants or scholarships					
e Other expenditures for facilities and programs	4,467,828.	4,188,596.	2,720,562.	2,235,125.	1,951,333.
f Administrative expenses					
g End of year balance	119,077,203.	99,879,276.	95,232,540.	80,203,349.	75,351,962.

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

- a Board designated or quasi-endowment  27.63 %
- b Permanent endowment  49.25 %
- c Temporarily restricted endowment  23.11 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

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

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		10,627,664.		10,627,664.
b Buildings		66,892,164.	34,583,906.	32,308,258.
c Leasehold improvements		10,583,837.	43,683.	10,540,154.
d Equipment		5,839,607.	4,801,227.	1,038,380.
e Other		14,754,031.	7,101,987.	7,652,044.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				62,166,500.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other		
(A) INVESTMENT CONTRACT	842,808.	END-OF-YEAR MARKET VALUE
(B) LIMITED PARTNERSHIPS	175,019,634.	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.) ▶	175,862,442.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE OBLIGATIONS	57,145.
(3) DEFERRED COMPENSATION	4,585,578.
(4) DEFERRED RENT AND LEASE INCENTIVE	9,624,091.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	14,266,814.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	149,063,539.
<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>	20,062,748.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	147,850.
<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>	20,210,598.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	128,852,941.
<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>	1,188,458.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-712,213.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	476,245.
<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>	129,329,186.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	136,606,979.
<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>	147,850.
<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>	-60,460.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	87,390.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	136,519,589.
<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>	1,188,458.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-712,213.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	476,245.
<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>	136,995,834.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART II, LINE 5:

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

PART II, LINE 9:

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

PART III, LINE 4:

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

**Part XIII** Supplemental Information (continued)

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

PART V, LINE 4:

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

PART X, LINE 2:

THE INSTITUTE PERFORMED AN EVALUATION OF UNCERTAINTY IN INCOME TAXES FOR  
 THE YEAR ENDED DECEMBER 31, 2017, 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	-619,149.
RENTAL EXPENSES	-93,064.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-712,213.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RETURN OF GRANT FUNDS	-60,460.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	-619,149.
RENTAL EXPENSES	-93,064.

**Part XIII** Supplemental Information (continued)

TOTAL TO SCHEDULE D, PART XII, LINE 4B -712,213.

Multiple horizontal lines for supplemental information.

**COPY**

**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.

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

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the organization  THE ASPEN INSTITUTE, INC.	Employer identification number  84-0399006
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**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE	0	0	PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION.	GRANTS, MEETINGS AND PROGRAMMATIC ACTIVITIES.	2,162,344.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION.	GRANTS, MEETINGS AND PROGRAMMATIC ACTIVITIES.	446,447.
NORTH AMERICA	0	0	PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION.	GRANTS, MEETINGS AND PROGRAMMATIC ACTIVITIES.	188,621.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION.	GRANTS, MEETINGS AND PROGRAMMATIC ACTIVITIES.	100,594.
SOUTH ASIA	0	0	PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION.	GRANTS, MEETINGS AND PROGRAMMATIC ACTIVITIES.	100,594.
SOUTH AMERICA	0	0	PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION.	GRANTS, MEETINGS AND PROGRAMMATIC ACTIVITIES.	75,716.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION.	GRANTS, MEETINGS AND PROGRAMMATIC ACTIVITIES.	29,319.
<b>3 a</b> Sub-total .....	0	0			3,103,635.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			3,103,635.

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

Schedule F (Form 990) 2017



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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	PSYCHOMETRIC SCORING FOR RURAL WOMEN'S FINANCIAL INCLUSION	193,100.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SUPPORT CHAPTER OPERATIONS IN AFRICA	156,518.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	STEVENS INITIATIVE CULTURAL EXCHANGE	106,921.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SUPPORT CHAPTER OPERATIONS IN AFRICA	106,808.	WIRE TRANSFER	0.		
		SOUTH AMERICA	CHAPTER OPERATIONS IN BRAZIL	57,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	STEVENS INITIATIVE CULTURAL EXCHANGE	55,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	BUILDING CAMBODIA'S IMPACT INVENTION AND ENTREPRENEURSHIP CAPACITY	50,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	CHAPTER OPERATIONS SUPPORT	37,000.	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 ..... 12

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	TO SUPPORT GALI GLOBAL ACCELERATOR LEARNING INITIATIVE	21,600.	WIRE TRANSFER	0.		
		SOUTH AMERICA	TO FINISH THE BUILDING AND INSTALLATION OF A TRADITIONAL HOME	20,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	REPLACE DRAWING CARDS OF JACQUARD LOOMS	20,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	EXPANDING EDUCATIONAL TOUR OPTIONS FOR LAO HANDICRAFT PRODUCTS	20,000.	WIRE TRANSFER	0.		

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
HONORARIUM	EUROPE (INCLUDING ICELAND & GREENLAND)	3	2,750.	WIRE TRANSFER	0.		
AWARDS	EAST ASIA AND THE PACIFIC	1	1,500.	WIRE TRANSFER	0.		
AWARDS	EUROPE (INCLUDING ICELAND & GREENLAND)	1	1,500.	WIRE TRANSFER	0.		

**Part IV Foreign Forms**

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

Schedule F (Form 990) 2017

**Part V Supplemental Information**

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

PART I, LINE 2:

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 THEY DO NOT AND WILL  
NOT KNOWINGLY PROVIDE MATERIAL SUPPORT OR RESOURCES TO ANY INDIVIDUAL OR  
ENTITY INVOLVED WITH TERRORISM (INCLUDING ANY INDIVIDUALS, ENTITIES, OR  
GROUPS SUBJECT TO OFAC SANCTIONS) OR TO ANYONE WHO ACTS AS AN AGENT FOR  
SUCH AN INDIVIDUAL OR ENTITY. ANY VIOLATION OF THIS CERTIFICATION MUST BE  
GROUNDS FOR IMMEDIATE TERMINATION OF THE LETTER OF AGREEMENT AND RETURN  
OF ALL GRANT FUNDS.

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



**Part V Supplemental Information**

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

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

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

COMPLETE A DUE DILIGENCE CHECKLIST, WHICH INCLUDES ADDITIONAL INFORMATION

ABOUT THE SUB RECIPIENT INCLUDING: ANY REASONABLY AVAILABLE HISTORICAL

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

IDENTITY AND INTEGRITY SUCH AS THE JURISDICTION IN WHICH A GRANTEE

ORGANIZATION IS INCORPORATED OR FORMED; COPIES OF INCORPORATING OR OTHER

GOVERNING INSTRUMENTS; INFORMATION ON THE INDIVIDUALS WHO FORMED AND

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

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

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

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

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

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

THE INSTITUTE ALSO CONDUCTS A REASONABLE SEARCH OF PUBLICLY AVAILABLE

INFORMATION TO DETERMINE WHETHER THE GRANTEE OR SERVICE PROVIDER IS

SUSPECTED OF ACTIVITY RELATING TO TERRORISM, INCLUDING TERRORIST

FINANCING OR OTHER SUPPORT.

PART I, LINE 3:

THE ACCRUAL METHOD OF ACCOUNTING WAS USED TO ACCOUNT FOR FOREIGN

EXPENDITURES.

PART II, COLUMN (D):

REGION: SOUTH AMERICA

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

TRADITIONAL HOME WEAVERS EXHIBITION



**Part V Supplemental Information**

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

PART III, COL (C):

THIS COLUMN REPRESENTS THE ACTUAL NUMBER OF RECIPIENTS, NOT THE ESTIMATED NUMBER OF RECIPIENTS.

PART II, LINE 1

THE ACCRUAL METHOD OF ACCOUNTING WAS USED TO ACCOUNT FOR FOREIGN GRANTS TO ORGANIZATIONS.

PART III

THE ACCRUAL METHOD OF ACCOUNTING WAS USED TO ACCOUNT FOR FOREIGN GRANTS TO INDIVIDUALS.

**COPY**

**SCHEDULE G**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the organization  
**THE ASPEN INSTITUTE, INC.**

Employer identification number  
**84-0399006**

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations                      **e**  Solicitation of non-government grants  
**b**  Internet and email solicitations          **f**  Solicitation of government grants  
**c**  Phone solicitations                              **g**  Special fundraising events  
**d**  In-person solicitations
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?       **Yes**       **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

**Total** ..... ▶

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		ANNUAL DINNER (event type)	SUMMER CELEBRATION (event type)	1 (total number)		
1	Gross receipts .....	1,605,443.	641,524.	310,263.	2,557,230.	
2	Less: Contributions .....	1,586,518.	617,774.	280,563.	2,484,855.	
3	Gross income (line 1 minus line 2) .....	18,925.	23,750.	29,700.	72,375.	
Direct Expenses	4	Cash prizes .....				
	5	Noncash prizes .....				
	6	Rent/facility costs .....	4,758.	2,808.	1,804.	9,370.
	7	Food and beverages .....	4,817.	7,855.	3,756.	16,428.
	8	Entertainment .....				
	9	Other direct expenses .....	304,550.	187,061.	101,740.	593,351.
10	Direct expense summary. Add lines 4 through 9 in column (d) .....				619,149.	
11	Net income summary. Subtract line 10 from line 3, column (d) .....				-546,774.	

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

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

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

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_



**Part IV** Supplemental Information (continued)

Multiple horizontal lines for supplemental information input.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
INDIAN RIVER STATE COLLEGE FOUNDATION, INC. - 3209 VIRGINIA AVENUE - FORT PIERCE, FL 34981	59-1105591	501(C)(3)	630,000.	0.			COLLABORATION IN 'FRONTIER-SET', NETWORK OF HIGH-PERFORMING COMMUNITY COLLEGES
THE DISTRICT BOARD OF TRUSTEES OF SANTA FE COLLEGE - 3000 NW 83RD STREET - GAINESVILLE, FL 32606	59-1207627	501(C)(3)	630,000.	0.			COLLABORATION IN 'FRONTIER-SET', NETWORK OF HIGH-PERFORMING COMMUNITY COLLEGES
NORTHEAST WISCONSIN TECHNICAL COLLEGE - 2740 W. MASON STREET, P.O. BOX 19042 - GREEN BAY, WI 54307	39-1087141	501(C)(3)	630,000.	0.			COLLABORATION IN 'FRONTIER-SET', NETWORK OF HIGH-PERFORMING COMMUNITY COLLEGES
WILLIAM RAINEY HARPER COLLEGE EDUCATIONAL FOUNDATION - 1200 W. ALGONQUIN ROAD - PALATINE, IL 60067	23-7348228	501(C)(3)	630,000.	0.			COLLABORATION IN 'FRONTIER-SET', NETWORK OF HIGH-PERFORMING COMMUNITY COLLEGES
SAN JACINTO COMMUNITY COLLEGE DISTRICT - 4624 FAIRMONT PARKWAY - PASADENA, TX 77504	74-6028285	501(C)(3)	630,000.	0.			COLLABORATION IN 'FRONTIER-SET', NETWORK OF HIGH-PERFORMING COMMUNITY COLLEGES
COLUMBIA BASIN COLLEGE 2600 N. 20TH AVENUE PASCO, WA 99301	91-0824589	501(C)(3)	630,000.	0.			COLLABORATION IN 'FRONTIER-SET', NETWORK OF HIGH-PERFORMING COMMUNITY COLLEGES

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 41.

**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) (2017)**

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
SINCLAIR COMMUNITY COLLEGE 444 W. 3RD STREET, SUITE 12212 DAYTON, OH 45402	23-7032312	501(C)(3)	580,000.	0.			COLLABORATION IN 'FRONTIER-SET", NETWORK OF HIGH-PERFORMING COMMUNITY COLLEGES
LORAIN COUNTY COMMUNITY COLLEGE 1005 N. ABBE ROAD ELYRIA, OH 44035	34-0930187	501(C)(3)	580,000.	0.			COLLABORATION IN 'FRONTIER-SET", NETWORK OF HIGH-PERFORMING COMMUNITY COLLEGES
GUILFORD TECHNICAL COMMUNITY COLLEGE - 601 E. MAIN STREET, P.O. BOX 309 - JAMESTOWN, NC 27282	56-0792519	501(C)(3)	580,000.	0.			COLLABORATION IN 'FRONTIER-SET", NETWORK OF HIGH-PERFORMING COMMUNITY COLLEGES
DAVIDSON COUNTY COMMUNITY COLLEGE P.O. BOX 1287 LEXINGTON, NC 27293	56-0792247	501(C)(3)	580,000.	0.			COLLABORATION IN 'FRONTIER-SET", NETWORK OF HIGH-PERFORMING COMMUNITY COLLEGES
MIAMI DADE COLLEGE 300 NE 2ND AVENUE MIAMI, FL 33132	59-1210485	501(C)(3)	580,000.	0.			COLLABORATION IN 'FRONTIER-SET", NETWORK OF HIGH-PERFORMING COMMUNITY COLLEGES
WAKE TECHNICAL COMMUNITY COLLEGE 9101 FAYETTEVILLE ROAD RALEIGH, NC 27603	56-0792775	501(C)(3)	580,000.	0.			COLLABORATION IN 'FRONTIER-SET", NETWORK OF HIGH-PERFORMING COMMUNITY COLLEGES
FAMILY VALUES AT WORK - A MULTI STATE CONSORTIUM, INC. - 207 E. BUFFALO STREET, SUITE 211 - MILWAUKEE, WI 53202	27-0321696	501(C)(3)	300,000.	0.			EVALUATION AND EFFORTS TO IMPROVE FMLI POLICIES THROUGH MULTI-STATE COMMUNITY OF PRACTICE
CENTER FOR PUBLIC JUSTICE 312 MASSACHUSETTS AVENUE, NW WASHINGTON, DC 20002	51-0153566	501(C)(3)	300,000.	0.			ASPEN FAMILY PROSPERITY FUND - FAITH BASED INITIATIVES
THE URBAN INSTITUTE 2100 M STREET, NW WASHINGTON, DC 20037	52-0880375	501(C)(3)	300,000.	0.			ENGAGE WITH ASPEN FAMILY PROSPERITY INNOVATION COMMUNITY

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
LEGAL AID AT WORK 180 MONTGOMERY STREET, SUITE 600 SAN FRANCISCO, CA 94104	94-2783401	501(C)(3)	299,999.	0.			ADVANCING PUBLIC POLICIES TO IMPROVE STABILITY OF FAMILIES
NATIONAL PARTNERSHIP FOR WOMEN & FAMILIES, INC. - 1875 CONNECTICUT AVENUE, NW, SUITE 650 - WASHINGTON, DC 20009	23-7124915	501(C)(3)	299,554.	0.			POLICY EVALUATION FOR FMLI
AMERICAN ENTERPRISE INSTITUTE FOR PUBLIC POLICY RESEARCH - 1789 MASSACHUSETTS AVENUE, NW - WASHINGTON, DC 20036	53-0218495	501(C)(3)	296,500.	0.			CHILD SUPPORT SYSTEM EVALUATIONS
UNIVERSITY OF TEXAS AT AUSTIN OFFICE OF SPONSORED PROJECTS, P.O. AUSTIN, TX 78713	47-0049123	501(C)(3)	224,903.	0.			LEAD THE DESIGN AND IMPLEMENTATION OF ACTIVITIES OF THE MEMBERSHIP OF THE URBAN
CORPORATION FOR A SKILLED WORKFORCE - 1100 VICTORS WAY, SUITE 10 - ANN ARBOR, MI 48108	38-2991143	501(C)(3)	207,382.	0.			COLLABORATION ON ECONOMIC OPPORTUNITES PROGRAM REIMAGINE RETAIL PROJECT
THE WILLIAM DAVIDSON INSTITUTE AT THE UNIVERSITY OF MICHIGAN - 724 E. UNIVERSITY AVENUE - ANN ARBOR, MI 48109	38-3048086	501(C)(3)	144,064.	0.			STEVENS INITIATIVE CULTURAL EXCHANGE
SISTER CITIES INTERNATIONAL, INC. 915 15TH STREET, NW, 4TH FLOOR WASHINGTON, DC 20005	52-0859021	501(C)(3)	129,714.	0.			STEVENS INITIATIVE CULTURAL EXCHANGE
PACIFIC COMMUNITY VENTURES, INC. 51 FEDERAL STREET, SUITE 100 SAN FRANCISCO, CA 94107	77-0485877	501(C)(3)	125,000.	0.			COLLABORATION ON ECONOMIC OPPORTUNITES PROGRAM REIMAGINE RETAIL PROJECT
ALLEGHENY CONFERENCE ON COMMUNITY DEVELOPMENT - 11 STANWIX STREET, 17TH STREET - PITTSBURGH, PA 15222	25-0965213	501(C)(3)	110,500.	0.			COLLABORATION ON ECONOMIC OPPORTUNITES PROGRAM REIMAGINE RETAIL PROJECT.

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
EQUAL MEASURE 1528 WALNUT STREET, SUITE 805 PHILADELPHIA, PA 19102	23-2694572	501(C)(3)	105,314.	0.			EVALUATION WORK ON COMMUNITY SOLUTIONS
CHICAGO WORKFORCE FUNDER ALLIANCE 225 N. MICHIGAN AVENUE, SUITE 2200 CHICAGO, IL 60601	36-3432023	501(C)(3)	100,000.	0.			COLLABORATION ON ECONOMIC OPPORTUNITES PROGRAM REIMAGINE RETAIL PROJECT
PHILADELPHIA YOUTH NETWORK 400 MARKET STREET, SUITE 200 PHILADELPHIA, PA 19106	23-2993155	501(C)(3)	95,700.	0.			COLLABORATION ON ECONOMIC OPPORTUNITES PROGRAM REIMAGINE RETAIL PROJECT
INTERNATIONAL RESEARCH AND EXCHANGES BOARD, INC. - 1275 K STREET, NW, SUITE 600 - WASHINGTON, DC 20005	22-3087809	501(C)(3)	80,838.	0.			STEVENS INITIATIVE CULTURAL EXCHANGE
ITHAKA HARBORS, INC. 2 RECTOR STREET, 18TH FLOOR NEW YORK, NY 10006	13-3857105	501(C)(3)	72,400.	0.			AMERICAN TALENT INITIATIVE WEBSITE DEVELOPMENT
URBAN STRATEGIES COUNCIL 1720 BROADWAY AVENUE, 2ND FLOOR OAKLAND, CA 94612	94-3044453	501(C)(3)	69,000.	0.			OPORTUNITY YOUTH INCENTIVE FUND COLLABORATION
THE NICHOLAS INSTITUTE AT DUKE UNIVERSITY - 2111 CAMPUS DRIVE, P.O. BOX 90335 - DURHAM, NC 27708	45-0842500	501(C)(3)	67,456.	0.			PARTNER ON ASPEN DIALOGUE SERIES ON SHARING AND INTEGRATING WATER DATA FOR SUSTAINABILITY
WGBH EDUCATIONAL FOUNDATION ONE GUEST STREET BOSTON, MA 02135	04-2104397	501(C)(3)	57,015.	0.			STEVENS INITIATIVE CULTURAL EXCHANGE
GOODWILL OF CENTRAL AND SOUTHERN INDIANA, INC. - 1635 W. MICHIGAN STREET - INDIANAPOLIS, IN 46222	35-0893506	501(C)(3)	51,000.	0.			NURSE-FAMILY PARTNERSHIP EVALUATIONS

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
BALL STATE UNIVERSITY 2000 UNIVERSITY AVENUE MUNCIE, IN 47306	35-6000221	501(C)(3)	39,567.	0.			STEVENS INITIATIVE CULTURAL EXCHANGE
JOHNS HOPKINS UNIVERSITY 3400 N. CHARLES STREET BALTIMORE, MD 21218	52-0595110	501(C)(3)	34,689.	0.			STEVENS INITIATIVE CULTURAL EXCHANGE
ARIZONA STATE UNIVERSITY P.O. BOX 876011 TEMPE, AZ 85287	86-0196696	501(C)(3)	30,049.	0.			STEVENS INITIATIVE CULTURAL EXCHANGE
CENTER FOR THE FUTURE OF ARIZONA 541 E. VAN BUREN, SUITE B5 PHOENIX, AZ 85004	82-0538372	501(C)(3)	25,000.	0.			COLLABORATION ON ECONOMIC OPPORTUNITES PROGRAM REIMAGINE RETAIL PROJECT
UNIVERSITY OF NEBRASKA-LINCOLN 401 CANFIELD ADMIN BLDG, P.O. BOX LINCOLN, NE 68588	47-0049123	501(C)(3)	23,682.	0.			STEVENS INITIATIVE CULTURAL EXCHANGE
SAN DIEGO WORKFORCE PARTNERSHIP, INC. - 3910 UNIVERSITY AVENUE, SUITE 400 - SAN DIEGO, CA 92105	33-0660504	501(C)(3)	15,918.	0.			COLLABORATION ON ECONOMIC OPPORTUNITES PROGRAM REIMAGINE RETAIL PROJECT
CHEYENNE RIVER YOUTH PROJECT 702 4TH STREET, P.O. BOX 410 EAGLE BUTTE, SD 57625	46-0423106	501(C)(3)	14,000.	0.			DEVELOP A LOCAL YOUTH RECOGNITION INITIATIVE
INSTITUTE OF INTERNATIONAL EDUCATION - 809 UNITED NATIONS PLAZA - NEW YORK, NY 10017	13-1624046	501(C)(3)	12,335.	0.			STEVENS INITIATIVE CULTURAL EXCHANGE

Schedule I (Form 990)



**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
AWARDS	80	140,000.	0.		
HONORARIA	28	105,000.	0.		
EVENT PARTICIPATION STIPEND	19	7,000.	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:

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 GROUPS SUBJECT TO OFAC

**Part IV Supplemental Information**

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: UNIVERSITY OF TEXAS AT AUSTIN  
(H) PURPOSE OF GRANT OR ASSISTANCE: LEAD THE DESIGN AND IMPLEMENTATION OF ACTIVITIES OF THE MEMBERSHIP OF THE URBAN MATHEMATICS LEADERSHIP NETWORK

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2017**

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

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

▶ Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE ASPEN INSTITUTE, INC.

Employer identification number

84-0399006

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input checked="" type="checkbox"/> Travel for companions          | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<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) 2017

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) WALTER ISAACSON PRESIDENT/CEO	(i)	830,735.	0.	16,158.	40,500.	26,186.	913,579.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ELLIOT GERSON EXECUTIVE VP	(i)	391,506.	0.	6,858.	40,500.	37,294.	476,158.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PETER REILING EXECUTIVE VP	(i)	391,332.	0.	3,564.	40,500.	38,270.	473,666.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) NAMITA KHASAT EVP FIN. & ADMN./CFO/TREASURER	(i)	358,321.	0.	2,322.	27,000.	16,713.	404,356.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ERIC MOTLEY EVP: CORP SECRETARY	(i)	326,861.	0.	810.	40,500.	13,207.	381,378.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) RAJIV VINNAKOTA EXECUTIVE VP	(i)	326,676.	0.	810.	27,000.	38,262.	392,748.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CHARLIE FIRESTONE EXECUTIVE DIRECTOR	(i)	344,316.	0.	11,124.	40,500.	26,249.	422,189.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MICKEY EDWARDS VP. PROGRAM DIRECTOR	(i)	325,119.	0.	11,124.	40,500.	13,627.	390,370.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) DAN GLICKMAN VP, EXECUTIVE DIRECTOR	(i)	318,332.	0.	13,720.	40,500.	3,642.	376,194.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MARGARET CLARK VP, POLICY PROGRAMS	(i)	301,007.	0.	3,564.	40,500.	26,010.	371,081.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) KITTY BOONE VP, PROGRAM DIRECTOR	(i)	295,051.	0.	4,734.	38,596.	38,270.	376,651.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

PART I, LINE 1A:

THE ASPEN INSTITUTE FOLLOWS A POLICY GOVERNING EXPENSE REIMBURSEMENT AND

COMPLIES WITH TRAVEL GUIDELINES APPLICABLE TO ALL EMPLOYEES.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

**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.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	69	5,173,380	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				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( TRAVEL VOUCH. )	X	6	30,578	FMV
26 Other ( WINE )	X	1	5,200	FMV
27 Other ( FLOWERS )	X	1	625	FMV
28 Other ( MISCELLANEOUS )	X	4	4	FMV

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2017

**Part II**

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

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

SCHEDULE M, LINE 32B:

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

**COPY**

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

THE ASPEN INSTITUTE, INC.

Employer identification number

84-0399006

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

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

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

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

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

ASPEN GLOBAL LEADERSHIP NETWORK

EXPENSES \$ 8,165,946. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,390,155.

YOUTH AND ENGAGEMENT

EXPENSES \$ 3,619,958. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

OTHER RESTRICTED PROGRAMS

EXPENSES \$ 1,412,946. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,485,466.

SEMINARS

EXPENSES \$ 722,999. INCLUDING GRANTS OF \$ 0. REVENUE \$ 560,523.

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

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

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17



Name of the organization THE ASPEN INSTITUTE, INC.	Employer identification number 84-0399006
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FIRM USING INFORMATION OBTAINED FROM INSTITUTE'S STAFF. ONCE THE INITIAL DRAFT IS PREPARED, IT IS REVIEWED BY SR. FINANCE/ACCOUNTING STAFF. IF NECESSARY, CHANGES ARE MADE AND ANOTHER DRAFT IS ISSUED.

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

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

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

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



Name of the organization THE ASPEN INSTITUTE, INC.	Employer identification number 84-0399006
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REGULARLY CONFER WITH THE CHAIR OF THE AUDIT COMMITTEE REGARDING THE INSTITUTE'S CONFLICT OF INTEREST POLICY AND ANY CONFLICT OF INTEREST ISSUES.

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

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

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

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

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

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

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FEDERAL FORM 1023



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

RETURN OF GRANT FUNDS	60,460.
PROVISION FOR DEFERRED TAXES	3,506,739.
TOTAL TO FORM 990, PART XI, LINE 9	3,567,199.

FORM 990, PART I, LINE 19:

NET LOSS REPORTED ON THIS LINE DOES NOT INCLUDE UNREALIZED GAINS OF \$20,062,748 FOR THE YEAR. SEE SCHEDULE D, PART XI AND XII FOR FURTHER INFORMATION ON TOTAL REVENUES AND EXPENSES.



2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

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

728111 04-01-17

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

**COPY**