

Form **990**

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

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2020 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> THE ASPEN INSTITUTE, INC.		<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		<b>G Gross receipts \$</b> 463,105,165.
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20037		
<b>F Name and address of principal officer:</b> DANIEL R. PORTERFIELD SAME AS C ABOVE		<b>H(a) Is this a group return for subordinates?</b> ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c) Group exemption number</b> ▶	

**I Tax-exempt status:**  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J Website:** ▶ WWW.ASPENINSTITUTE.ORG

**K Form of organization:**  Corporation  Trust  Association  Other ▶ **L Year of formation:** 1949 **M State of legal domicile:** CO

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: THE ASPEN INSTITUTE IS A PEOPLE-SERVING ORGANIZATION THAT WORKS WITH PARTNERS ACROSS THE		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	88
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	87
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	609
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	80
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	6,582,323.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	108,438,960.	131,254,703.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	42,107,971.	17,868,195.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	917,992.	1,961,152.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	643,213.	178,771.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	152,108,136.	151,262,821.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	6,957,109.	16,945,859.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	61,198,381.	65,246,455.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,448,377.	0.	0.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	77,749,839.	46,933,372.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	145,905,329.	129,125,686.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	6,202,807.	22,137,135.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	349,619,834.	394,226,132.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	41,306,714.	41,995,580.
		308,313,120.	352,230,552.

**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, CFO/CAO/TREASURER Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name AARON M. FOX	Preparer's signature	Date 10/07/21	Check if self-employed <input type="checkbox"/>	PTIN P01365820
	Firm's name ▶ MARCUM LLP	Firm's EIN ▶ 11-1986323	Phone no. (202) 227-4000		
Firm's address ▶ 1899 L STREET, NW, SUITE 850 WASHINGTON, DC 20036					

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE ASPEN INSTITUTE IS A PEOPLE-SERVING ORGANIZATION THAT WORKS WITH PARTNERS ACROSS THE UNITED STATES AND AROUND THE WORLD TO BUILD A FREE, JUST, AND EQUITABLE SOCIETY. THE INSTITUTE CREATES POSITIVE CHANGE BY INSPIRING INCLUSIVE DIALOGUE AND EMPOWERING LEADERS TO SOLVE

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 \$ 64,867,347. including grants of \$ 15,965,201. ) (Revenue \$ 10,900,822. ) POLICY PROGRAMS: THE ASPEN INSTITUTE'S POLICY PROGRAMS EXPLORE AND IDENTIFY SOLUTIONS FOR PROBLEMS RANGING FROM ECONOMIC DISTRESS TO EDUCATIONAL OPPORTUNITY, FROM CLIMATE CHANGE TO RACIAL DISPARITIES, IN AN EFFORT TO INFLUENCE DECISION-MAKERS IN THE PUBLIC AND PRIVATE SECTORS TO ADVANCE THE BEST AND MOST INSPIRED PROPOSALS. OUR POLICY PROGRAMS RANGE IN SIZE FROM \$100,000 TO \$8 MILLION IN ANNUAL REVENUE AND EXPENSES.

4b (Code: ) (Expenses \$ 10,096,488. including grants of \$ ) (Revenue \$ 5,556,464. ) CAMPUS ACTIVITIES: IN ADDITION TO ITS HEADQUARTERS IN WASHINGTON, DC, THE ASPEN INSTITUTE ALSO CONDUCTS MUCH OF ITS WORK ON ITS FOUNDING CAMPUS IN ASPEN, COLORADO, WHICH PROVIDES NATURAL BEAUTY AND QUIET SURROUNDINGS THAT ENCOURAGE THOUGHTFUL REFLECTION THAT REFRESHES MIND, BODY AND SPIRIT. ASPEN INSTITUTE LEADERSHIP SEMINARS HELD ON BOTH IN WASHINGTON AND ASPEN CHALLENGE INDIVIDUALS TO THINK MORE DEEPLY, LISTEN MORE ATTENTIVELY, AND REFINE THEIR ABILITY TO LEAD IN AN INCREASINGLY COMPLEX AND CONFLICTING WORLD. SEMINAR PARTICIPANTS ENGAGE IN CHALLENGING CONVERSATIONS ABOUT ENDURING QUESTIONS OF ETHICAL AND EFFECTIVE LEADERSHIP, GAINING A GREATER CAPACITY TO LEAD WITH COURAGE AND CONVICTION.

4c (Code: ) (Expenses \$ 6,502,954. including grants of \$ 526,474. ) (Revenue \$ ) ASPEN GLOBAL LEADERSHIP NETWORK: THE ASPEN GLOBAL LEADERSHIP NETWORK IS A GROWING, WORLDWIDE COMMUNITY OF ENTREPRENEURIAL LEADERS FROM BUSINESS, GOVERNMENT, AND THE NONPROFIT SECTOR DRAWING FROM FELLOWS IN OVER 60 COUNTRIES WHO SHARE A COMMITMENT TO ENLIGHTENED LEADERSHIP AND TO USING THEIR EXTRAORDINARY CREATIVITY, ENERGY, AND RESOURCES TO TACKLE THE FOREMOST SOCIETAL CHALLENGES OF OUR TIMES. ALL HAVE PARTICIPATED IN THE FLAGSHIP HENRY CROWN FELLOWSHIP OR IN ONE OF THE DOZEN ASPEN INSTITUTE LEADERSHIP INITIATIVES IT HAS INSPIRED IN THE UNITED STATES, AFRICA, CHINA, CENTRAL AMERICA, INDIA, AND THE MIDDLE EAST. EACH SUMMER, THE NETWORK GATHERS TO RECONNECT AND RECOMMIT TO ACTION AT THE ANNUAL RESNICK ASPEN ACTION FORUM IN ASPEN, COLORADO.

4d Other program services (Describe on Schedule O.) (Expenses \$ 16,861,112. including grants of \$ 454,184. ) (Revenue \$ 1,410,909. )

4e Total program service expenses 98,327,901.

Part IV Checklist of Required Schedules

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



Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.



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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [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 (88); 1b Enter the number of voting members included on line 1a, above, who are independent (87); 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, 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 on 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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records ASPEN 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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) DANIEL PORTERFIELD PRESIDENT & CEO	40.00	X		X			664,380.	0.	57,972.	
(2) ELLIOT GERSON EXECUTIVE VP	40.00			X			414,275.	0.	70,000.	
(3) NAMITA KHASAT CFO/CAO/TREASURER	40.00			X			405,921.	0.	56,950.	
(4) ERIC MOTLEY EVP, CORP SECRETARY	40.00			X			394,878.	0.	54,776.	
(5) DAVID LANGSTAFF EXEC VICE PRESIDENT	40.00			X			375,458.	0.	58,944.	
(6) MARGARET CLARK VP POLICY PROGRAMS	40.00					X	351,059.	0.	54,037.	
(7) ANN MOSLE VP, EXECUTIVE DIRECTOR	40.00					X	326,978.	0.	72,138.	
(8) JANE WALES VP, EXECUTIVE DIRECTOR	40.00					X	347,449.	0.	44,844.	
(9) MICKEY EDWARDS VP AND PROGRAM DIRECTOR	40.00					X	347,054.	0.	39,725.	
(10) AMY DEMARIA EVP COMM./MRKTNG - UNTIL 08/2020	40.00			X			353,006.	0.	26,080.	
(11) ERIKA MALLIN EXECUTIVE DIRECTOR	40.00					X	349,238.	0.	26,897.	
(12) JAMES SCHINE CROWN CHAIRMAN	1.00	X		X			0.	0.	0.	
(13) WILLIAM E. MAYER CHAIRMAN EMERITUS	1.00	X		X			0.	0.	0.	
(14) MADELEINE K. ALBRIGHT TRUSTEE	1.00	X					0.	0.	0.	
(15) JEAN-LUC ALLAVENA TRUSTEE	1.00	X					0.	0.	0.	
(16) PAUL F. ANDERSON TRUSTEE	1.00	X					0.	0.	0.	
(17) JEFFREY S. ARONIN TRUSTEE	1.00	X					0.	0.	0.	



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) DONNA BARKSDALE TRUSTEE	1.00	X					0.	0.	0.	
(19) MERCEDES BASS TRUSTEE	1.00	X					0.	0.	0.	
(20) MIGUEL (MIKE) BEZOS TRUSTEE	1.00	X					0.	0.	0.	
(21) LAWRENCE BOBO TRUSTEE	1.00	X					0.	0.	0.	
(22) RICHARD BRADDOCK TRUSTEE	1.00	X					0.	0.	0.	
(23) WILLIAM D. BUDINGER TRUSTEE	1.00	X					0.	0.	0.	
(24) BETH BROOKE-MARCINIAK TRUSTEE	1.00	X					0.	0.	0.	
(25) WILLIAM BYNUM TRUSTEE	1.00	X					0.	0.	0.	
(26) STEPHEN L. CARTER TRUSTEE	1.00	X					0.	0.	0.	
<b>1b Subtotal</b>							4,329,696.	0.	562,363.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							4,329,696.	0.	562,363.	

**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 192

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
TENANT IMPROVEMENT SPECIALISTS 713 EAST 23RD STREET, CARSON, CA 90745	CONSTRUCTION SERVICES	4,863,342.
BRAIN SOURCE INTERNATIONAL, 42-44 BISHOPSGATE, LONDON, UNITED KINGDOM EC2N	STAFFING AND PAYROLL SERVICES	1,130,781.
ROWLAND BROUGHTON ARCHITECTURE AND URBAN DE 500 WEST MAIN STREET, ASPEN, CO 81611	ARCHITECTURAL SERVICES FOR CONSTRUCTION	834,799.
GLOBAL CABLE, INC. 22102 CHIPPEWA LANE, GOLDEN, CO 80401	DATA/FIBER PROJECTS	775,290.
ARNOLD WORLDWIDE LLC 10 SUMMER STREET, BOSTON, MA 02110	PROJECT MANAGEMENT	476,100.

**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 58

SEE PART VII, SECTION A CONTINUATION SHEETS



(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) TROY CARTER TRUSTEE	1.00	X						0.	0.	0.
(28) CESAR R. CONDE TRUSTEE	1.00	X						0.	0.	0.
(29) PENNY COULTER TRUSTEE	1.00	X						0.	0.	0.
(30) KATIE COURIC TRUSTEE	1.00	X						0.	0.	0.
(31) ANDREA CUNNINGHAM TRUSTEE	1.00	X						0.	0.	0.
(32) KENNETH L. DAVIS, MD TRUSTEE	1.00	X						0.	0.	0.
(33) LUIS GERARDO DEL VALLE TORRES TRUSTEE	1.00	X						0.	0.	0.
(34) JOHN DOERR TRUSTEE	1.00	X						0.	0.	0.
(35) THELMA DUGGIN TRUSTEE	1.00	X						0.	0.	0.
(36) ARNE DUNCAN TRUSTEE	1.00	X						0.	0.	0.
(37) MICHAEL D. EISNER TRUSTEE	1.00	X						0.	0.	0.
(38) L. BROOKS ENTWISTLE TRUSTEE	1.00	X						0.	0.	0.
(39) ELIZABETH FLEMING TRUSTEE	1.00	X						0.	0.	0.
(40) ALAN FLETCHER TRUSTEE	1.00	X						0.	0.	0.
(41) NAUSHAD FORBES TRUSTEE	1.00	X						0.	0.	0.
(42) ANN B. FRIEDMAN TRUSTEE	1.00	X						0.	0.	0.
(43) HENRY LOUIS GATES, JR. TRUSTEE	1.00	X						0.	0.	0.
(44) MIRCEA D. GEOANA TRUSTEE - UNTIL 4/2020	1.00	X						0.	0.	0.
(45) ANTONIO GRACIAS TRUSTEE	1.00	X						0.	0.	0.
(46) PATRICK W. GROSS TRUSTEE	1.00	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) ARJUN GUPTA TRUSTEE	1.00	X					0.	0.	0.	
(48) JANE HARMAN TRUSTEE	1.00	X					0.	0.	0.	
(49) KAYA HENDERSON TRUSTEE	1.00	X					0.	0.	0.	
(50) HAYNE HIPP TRUSTEE	1.00	X					0.	0.	0.	
(51) IVAN HODAC TRUSTEE	1.00	X					0.	0.	0.	
(52) MARK HOPLAMAZIAN TRUSTEE	1.00	X					0.	0.	0.	
(53) GERALD D. HOSIER TRUSTEE	1.00	X					0.	0.	0.	
(54) ROBERT HURST TRUSTEE	1.00	X					0.	0.	0.	
(55) NATALIE JARESKO TRUSTEE	1.00	X					0.	0.	0.	
(56) SONIA KAPADIA TRUSTEE	1.00	X					0.	0.	0.	
(57) SALMAN KHAN TRUSTEE	1.00	X					0.	0.	0.	
(58) TEISUKE KITAYAMA TRUSTEE	1.00	X					0.	0.	0.	
(59) MICHAEL KLEIN TRUSTEE	1.00	X					0.	0.	0.	
(60) DAVID KOCH TRUSTEE	1.00	X					0.	0.	0.	
(61) AMBASSADOR SATINDER K. LAMBAH TRUSTEE	1.00	X					0.	0.	0.	
(62) LAURA LAUDER TRUSTEE	1.00	X					0.	0.	0.	
(63) MELONY LEWIS TRUSTEE	1.00	X					0.	0.	0.	
(64) YO-YO MA TRUSTEE	1.00	X					0.	0.	0.	
(65) JAMES M. MANYIKA TRUSTEE	1.00	X					0.	0.	0.	
(66) CRAIG MARTIN TRUSTEE	1.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c .....										

**COPY**

**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) WILLIAM E. MAYER TRUSTEE	1.00	X					0.	0.	0.	
(68) BONNIE PALMER MCCLOSKEY TRUSTEE	1.00	X					0.	0.	0.	
(69) DAVID MCCORMICK TRUSTEE	1.00	X					0.	0.	0.	
(70) DONALD MCKINNON TRUSTEE	1.00	X					0.	0.	0.	
(71) ANNE WELSH MCNULTY TRUSTEE	1.00	X					0.	0.	0.	
(72) DIANE L. MORRIS TRUSTEE	1.00	X					0.	0.	0.	
(73) KARLHEINZ MUHR TRUSTEE	1.00	X					0.	0.	0.	
(74) CLARE MUNANA TRUSTEE	1.00	X					0.	0.	0.	
(75) JERRY MURDOCK TRUSTEE	1.00	X					0.	0.	0.	
(76) MARC NATHANSON TRUSTEE	1.00	X					0.	0.	0.	
(77) WILLIAM A. NITZE TRUSTEE	1.00	X					0.	0.	0.	
(78) HER MAJESTY QUEEN NOOR TRUSTEE	1.00	X					0.	0.	0.	
(79) JACQUELINE NOVOGRATZ TRUSTEE	1.00	X					0.	0.	0.	
(80) OLARA A. OTUNNU TRUSTEE	1.00	X					0.	0.	0.	
(81) ELAINE PAGELS TRUSTEE	1.00	X					0.	0.	0.	
(82) CARRIE WALTON PENNER TRUSTEE	1.00	X					0.	0.	0.	
(83) MARGOT L. PRITZKER TRUSTEE	1.00	X					0.	0.	0.	
(84) LYNDA RESNICK TRUSTEE	1.00	X					0.	0.	0.	
(85) WILLIAM RESNICK TRUSTEE	1.00	X					0.	0.	0.	
(86) CONDOLEEZZA RICE TRUSTEE	1.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c .....										

**COPY**

**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			
(87) RICARDO SALINAS TRUSTEE	1.00	X					0.	0.	0.	
(88) LEWIS SANDERS TRUSTEE	1.00	X					0.	0.	0.	
(89) ANNA DEEVERE SMITH TRUSTEE	1.00	X					0.	0.	0.	
(90) MICHELLE SMITH TRUSTEE - UNTIL 9/2020	1.00	X					0.	0.	0.	
(91) JAVIER SOLANA TRUSTEE	1.00	X					0.	0.	0.	
(92) ROBERT K. STEEL TRUSTEE	1.00	X					0.	0.	0.	
(93) SHASHI THAROOR TRUSTEE	1.00	X					0.	0.	0.	
(94) LAURIE M. TISCH TRUSTEE	1.00	X					0.	0.	0.	
(95) GIULIO TREMONTI TRUSTEE	1.00	X					0.	0.	0.	
(96) CHRISTOPHER VARLELAS TRUSTEE	1.00	X					0.	0.	0.	
(97) ECKART VON KLAEDEN TRUSTEE	1.00	X					0.	0.	0.	
(98) RODERICK K. VON LIPSEY TRUSTEE	1.00	X					0.	0.	0.	
(99) EDWARD WILLIAMS TRUSTEE	1.00	X					0.	0.	0.	
(100) JESSIE WOOLLEY-WILSON TRUSTEE	1.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c .....										

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<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>	799,255.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	3,880,824.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	126,574,624.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 10,736,193.				
	<b>h Total.</b> Add lines 1a-1f .....			131,254,703.			
Program Service Revenue	<b>2 a</b> CONTRACT REVENUE	Business Code					
		900099	10,612,429.	10,612,429.			
	<b>b</b> CONF./FACILITY FEES	531390	5,556,464.		5,556,464.		
	<b>c</b> SEMINAR AND EVENT FEES	900099	1,698,699.	1,698,699.			
	<b>d</b> BOOK SALES	900099	603.	603.			
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....			17,868,195.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		941,099.		904,720.	36,379.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	149,316.			
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>	126,249.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	23,067.				
	<b>d</b> Net rental income or (loss) .....			23,067.		23,067.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	11,209,157.	1,120,199.		
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	11,063,064.	246,239.			
	<b>c</b> Gain or (loss) .....	<b>7c</b>	146,093.	873,960.			
	<b>d</b> Net gain or (loss) .....			1,020,053.		1,020,053.	
<b>8 a</b> Gross income from fundraising events (not including \$ 799,255. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		10,175.				
			406,792.				
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....			-396,617.		-396,617.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b> SUBLEASE INCOME	Business Code					
		900099	275,122.			275,122.	
	<b>b</b> OTHER INCOME	900099	156,060.			156,060.	
	<b>c</b> ADVERTISING INCOME	541800	121,139.		121,139.		
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....			552,321.				
<b>12 Total revenue.</b> See instructions .....			151,262,821.	12,311,731.	6,582,323.	1,114,064.	

**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  X

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 ...	12,738,339.	12,738,339.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	1,268,055.	1,268,055.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	2,939,465.	2,939,465.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	2,932,640.	429,011.	2,278,802.	224,827.
<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 .....	50,164,402.	36,994,330.	11,228,606.	1,941,466.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,629,541.	4,165,018.	214,473.	250,050.
<b>9</b> Other employee benefits .....	4,179,161.	3,776,865.	221,301.	180,995.
<b>10</b> Payroll taxes .....	3,340,711.	2,908,877.	243,959.	187,875.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....	8,215,600.	8,215,600.		
<b>b</b> Legal .....	461,858.	218,791.	243,067.	
<b>c</b> Accounting .....	197,360.		197,360.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	1,062,358.		1,062,358.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	17,321,936.	12,905,350.	4,229,003.	187,583.
<b>12</b> Advertising and promotion .....				
<b>13</b> Office expenses .....	2,608,807.	1,531,921.	1,021,890.	54,996.
<b>14</b> Information technology .....	638,757.	529,881.	108,876.	
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	5,890,405.	3,912,310.	1,814,906.	163,189.
<b>17</b> Travel .....	2,631,850.	2,360,736.	217,974.	53,140.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	1,235,453.	1,223,626.	4,900.	6,927.
<b>20</b> Interest .....	5,537.		5,537.	
<b>21</b> Payments to affiliates .....	8,528.	8,528.		
<b>22</b> Depreciation, depletion, and amortization .....	3,537,656.		3,537,656.	
<b>23</b> Insurance .....	364,482.		364,482.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> PARTNER REIMBURSEMENTS	1,130,987.	1,130,987.		
<b>b</b> PUBLICATIONS	797,665.	629,268.	147,660.	20,737.
<b>c</b> BAD DEBT	474,167.	294,000.	3,575.	176,592.
<b>d</b> REPAIRS AND MAINTENANCE	349,966.	146,943.	203,023.	
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	129,125,686.	98,327,901.	27,349,408.	3,448,377.
<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 .....	69,889.	<b>1</b>	7,143,777.
	<b>2</b> Savings and temporary cash investments .....	21,026,981.	<b>2</b>	26,098,145.
	<b>3</b> Pledges and grants receivable, net .....	31,343,150.	<b>3</b>	40,677,134.
	<b>4</b> Accounts receivable, net .....	7,239,037.	<b>4</b>	25,416,890.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	145,678.	<b>8</b>	138,867.
	<b>9</b> Prepaid expenses and deferred charges .....	2,129,827.	<b>9</b>	1,662,165.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 124,424,106.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 55,232,196.		
	<b>11</b> Investments - publicly traded securities .....	64,247,847.	<b>10c</b>	69,191,910.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	33,960,086.	<b>11</b>	32,770,950.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	187,592,348.	<b>12</b>	188,820,548.
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,864,991.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	349,619,834.	<b>15</b>	2,305,746.	
		<b>16</b>	394,226,132.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	14,780,607.	<b>17</b>	11,901,598.
	<b>18</b> Grants payable .....	4,267,004.	<b>18</b>	2,359,126.
	<b>19</b> Deferred revenue .....	2,133,883.	<b>19</b>	6,737,446.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<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 .....	20,125,220.	<b>25</b>	20,997,410.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	41,306,714.	<b>26</b>	41,995,580.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	119,006,068.	<b>27</b>	136,758,015.
	<b>28</b> Net assets with donor restrictions .....	189,307,052.	<b>28</b>	215,472,537.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	308,313,120.	<b>32</b>	352,230,552.
<b>33</b> Total liabilities and net assets/fund balances .....	349,619,834.	<b>33</b>	394,226,132.	

Form 990 (2020)

**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>	151,262,821.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	129,125,686.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	22,137,135.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	308,313,120.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	23,780,297.
<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 on Schedule O)	<b>9</b>	-2,000,000.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	352,230,552.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

Form **990** (2020)



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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2020**

Open to Public Inspection

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

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

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

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

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

**COPY**

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	85,321,334.	92,261,254.	94,760,517.	108,438,960.	131,254,703.	512,036,768.
<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 .....	85,321,334.	92,261,254.	94,760,517.	108,438,960.	131,254,703.	512,036,768.
<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) .....						42,766,527.
<b>6 Public support.</b> Subtract line 5 from line 4.						469,270,241.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	85,321,334.	92,261,254.	94,760,517.	108,438,960.	131,254,703.	512,036,768.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	190,413.	759,709.	-390,616.	-59,007.	535,540.	1,036,039.
<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.) .....	489,228.	434,052.	443,054.	799,478.	156,060.	2,321,872.
<b>11 Total support.</b> Add lines 7 through 10						515,394,679.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	133,018,968.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	91.05 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	90.37 %
<b>16a 33 1/3% support test - 2020.</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 - 2019.</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 - 2020.</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 - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

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**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 lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in line 11a above?		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

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

Schedule A (Form 990 or 990-EZ) 2020

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Schedule A (Form 990 or 990-EZ) 2020

**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

2016 AMOUNT: \$ 489,228.

2017 AMOUNT: \$ 434,052.

2018 AMOUNT: \$ 443,054.

2019 AMOUNT: \$ 799,478.

2020 AMOUNT: \$ 156,060.

**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

# 2020

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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).

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ 10,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ 7,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ 5,971,558.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ 4,090,759.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ 3,869,822.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ 3,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

COPY

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	   	\$ 2,814,401.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	   	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	   	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	   	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	   	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	   	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	   	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

COPY

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
4	1,952 SHARES OF AMAZON (AMZN) _____ _____ _____	\$ 4,090,759.	02/20/20
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____



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

2020

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 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.

Table with 2 columns: Name of organization (THE ASPEN INSTITUTE, INC.) and Employer identification number (84-0399006)

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

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

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

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

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

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

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

**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 (grassroots 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%; border-collapse: collapse;"> <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) 2017	(b) 2018	(c) 2019	(d) 2020	(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)).**

	(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		10,153.
<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 .....			10,153.
<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:

ALLOCATED SALARY EXPENSE FROM 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

**2020**

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

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	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 FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

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

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

▶ \$ 0.

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

▶ \$ 1,096,267.

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

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

▶ \$ \_\_\_\_\_

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

▶ \$ \_\_\_\_\_

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	126,362,776.	115,098,677.	119,077,203.	99,879,276.	95,232,540.
b Contributions	10,938,289.	1,418,728.	3,995,266.	12,665,941.	4,756,855.
c Net investment earnings, gains, and losses	10,092,783.	15,369,499.	-4,694,709.	10,999,814.	4,078,477.
d Grants or scholarships					
e Other expenditures for facilities and programs	6,873,615.	5,524,128.	3,279,083.	4,467,828.	4,188,596.
f Administrative expenses					
g End of year balance	140,520,233.	126,362,776.	115,098,677.	119,077,203.	99,879,276.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  33.1810 %
  - b Permanent endowment  44.5670 %
  - c Term endowment  22.2520 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| (i) Unrelated organizations  |     | X  |
| (ii) Related organizations   |     | X  |
| 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		10,411,093.		10,411,093.
b Buildings		78,504,315.	40,222,640.	38,281,675.
c Leasehold improvements		9,927,593.	2,167,817.	7,759,776.
d Equipment		6,690,128.	6,021,852.	668,276.
e Other		18,890,977.	6,819,887.	12,071,090.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				69,191,910.



**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	1,325,699.	END-OF-YEAR MARKET VALUE
(B) LIMITED PARTNERSHIPS	187,494,849.	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.) ▶	188,820,548.	

**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	96,873.
(3) DEFERRED COMPENSATION	14,143,301.
(4) DEFERRED RENT AND LEASE INCENTIVE	6,757,236.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	20,997,410.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	174,528,115.
<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> 23,780,297.		
<b>b</b>	Donated services and use of facilities	<b>2b</b> 14,314.		
<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>	23,794,611.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	150,733,504.
<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> 1,062,358.		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b> -533,041.		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	529,317.
<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>	151,262,821.

**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>	128,610,683.
<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> 14,314.		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	14,314.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	128,596,369.
<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> 1,062,358.		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b> -533,041.		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	529,317.
<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>	129,125,686.

**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. ALTHOUGH THE ARTWORK IS HELD ON THE BOOKS AT COST, IT  
 HAS AN INSURED FAIR VALUE OF \$3.1 MILLION.

PART V, LINE 4:

5% OF A 12 QUARTER ROLLING AVERAGE OF THE FUNDS ARE USED TO FUND  
 PROGRAMMATIC WORK OF THE INSTITUTE.

PART X, LINE 2:

MANAGEMENT OF THE INSTITUTE BELIEVES THAT IT HAS NO MATERIAL UNCERTAINTY  
 IN INCOME TAXES AND, ACCORDINGLY, IT WILL NOT RECOGNIZE ANY LIABILITY FOR  
 UNRECOGNIZED TAXES IN ITS FINANCIAL STATEMENTS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	-406,792.
RENTAL EXPENSES	-126,249.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-533,041.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	-406,792.
RENTAL EXPENSES	-126,249.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	-533,041.

**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

**2020**

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
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION.	GRANTS, MEETINGS AND PROGRAMMATIC ACTIVITIES.	741,767.
EUROPE	0	0	PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION.	GRANTS, MEETINGS AND PROGRAMMATIC ACTIVITIES.	576,736.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION.	GRANTS, MEETINGS AND PROGRAMMATIC ACTIVITIES.	460,391.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION.	GRANTS, MEETINGS AND PROGRAMMATIC ACTIVITIES.	348,608.
SOUTH AMERICA	0	0	PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION.	GRANTS, MEETINGS AND PROGRAMMATIC ACTIVITIES.	244,366.
SOUTH ASIA	0	0	PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION.	GRANTS, MEETINGS AND PROGRAMMATIC ACTIVITIES.	231,781.
NORTH AMERICA	0	0	PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION.	GRANTS, MEETINGS AND PROGRAMMATIC ACTIVITIES.	132,861.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION.	GRANTS, MEETINGS AND PROGRAMMATIC ACTIVITIES.	28,579.
<b>3 a</b> Subtotal .....	0	0			2,765,089.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			2,765,089.

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

Schedule F (Form 990) 2020

**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	SUPPORT PARTNERSHIPS FOR INCLUSIVE AND SUSTAINABLE SMALL AND GROWING BUSINESSES	426,817.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SUPPORT CHAPTER OPERATIONS IN AFRICA	179,790.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SUPPORT CHAPTER OPERATIONS IN AFRICA	173,320.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PARTICIPATION IN THE ADVANCING WOMEN'S EMPOWERMENT FUND	150,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PARTICIPATION IN THE ADVANCING WOMEN'S EMPOWERMENT FUND	150,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SUPPORT CHAPTER OPERATIONS IN AFRICA	146,174.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	ENGAGE: LEADERSHIP IN A VIRTUAL WORLD	143,540.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	CHAPTER OPERATIONS SUPPORT	140,391.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **6**

3 Enter total number of other organizations or entities ..... **26**

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	SUPPORT CHAPTER OPERATIONS IN MEXICO	132,861.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	STEVENS INITIATIVE CULTURAL EXCHANGE	122,036.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	GOYN PHASE 1&2 IMPLEMENTATION	100,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	GOYI PHASE 2 IMPLEMENTATION	100,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	GOYI PHASE 1 IMPLEMENTATION	90,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	GOYI PHASE 1 IMPLEMENTATION/GOYI PHASE 2 IMPLEMENTATION	80,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	GOYN PHASE 2 IMPLEMENTATION	75,000.	WIRE TRANSFER	0.		
		EUROPE	PARTICIPATION IN THE ADVANCING WOMEN'S EMPOWERMENT FUND	74,965.	WIRE TRANSFER	0.		
		EUROPE	PARTICIPATION IN THE ADVANCING WOMEN'S EMPOWERMENT FUND	74,954.	WIRE TRANSFER	0.		



<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	SUPPORT CHAPTER OPERATIONS IN BRAZIL	61,440.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	WOMEN'S LEADERSHIP VIRTUAL EXCHANGE: YOUTH SHARE DIGITAL STORIES	57,754.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	AWARD SUPPORTING THE 2020 AFRICA IMPACT FORUM	47,207.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CALI RAAF 2020 CONTRIBUTIONS	28,579.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	ENACTUS ENTREPRENEURSHIP EXCHANGE	25,278.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RAAF 2020 EXTENDED PROGRAMMING AWARD	24,192.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RAAF 2020 EXTENDED PROGRAMMING AWARD	24,084.	WIRE TRANSFER	0.		
		SOUTH AMERICA	SUPPORT CENTRAL AMERICA ANNUAL CONFERENCE	24,038.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TREADRIGHT FOUNDATION HERITAGE INITIATIVE	20,000.	WIRE TRANSFER	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	MCNULTY CATALYST AWARD	20,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUPPORT CHAPTER OPERATIONS IN INDIA	16,444.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	GLOBAL INCLUSIVE GROWTH SPARK	15,337.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	GLOBAL INCLUSIVE GROWTH SPARK	15,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	2020 ASPEN NURE INNOVATOR AWARD	12,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	PPE FOR AFRICA FUND AND COALITION	10,000.	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	CENTRAL AMERICA AND THE CARIBBEAN	5	72,500.	WIRE TRANSFER	0.		
HONORARIUM	SUB-SAHARAN AFRICA	5	31,000.	WIRE TRANSFER	0.		
STIPEND	SOUTH ASIA	1	25,000.	WIRE TRANSFER	0.		
HONORARIUM	MIDDLE EAST AND NORTH AFRICA	9	24,813.	WIRE TRANSFER	0.		
HONORARIUM	SOUTH ASIA	3	15,563.	WIRE TRANSFER	0.		
AWARDS	CENTRAL AMERICA AND THE CARIBBEAN	1	5,000.	WIRE TRANSFER	0.		
HONORARIUM	NORTH AMERICA	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) 2020

**COPY**

**Part V Supplemental Information**

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

PART I, LINE 2:

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

THE FREQUENCY AND SCOPE OF THE RESEARCH PROGRAM'S MONITORING PROCEDURES ARE DETERMINED JOINTLY BY THE RESPONSIBLE PROGRAM MANAGER AND RESPECTIVE GRANT ADMINISTRATOR/FINANCIAL ANALYST. THIS INCLUDES THE ROUTINE RECEIPT AND REVIEW OF THE NARRATIVE AND FINANCIAL REPORTS, A REVIEW OF EXPENSES TO BUDGET, THE OPTION TO PERFORM AUDITS, AND ALLOWS FOR THE PERFORMANCE OF SITE VISITS IF NECESSARY. THE INSTITUTE IS 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 CASH METHOD OF ACCOUNTING WAS USED TO ACCOUNT FOR FOREIGN

EXPENDITURES.

PART II, COLUMN (D):

REGION: EUROPE

(D) PURPOSE OF GRANT: SUPPORT PARTNERSHIPS FOR INCLUSIVE AND SUSTAINABLE

SMALL AND GROWING BUSINESSES INITIATIVE

**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 GRANT RECIPIENTS.

PART II, LINE 1:

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

PART III:

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

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**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 instructions and the latest information.**

Name of the organization

THE ASPEN INSTITUTE, INC.

**Employer identification number**

84-0399006

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

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

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

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

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

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



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		SUMMER CELEBRATION (event type)	SOCRATES BENEFIT DINNER (event type)	2 (total number)		
Revenue	1	Gross receipts	542,880.	96,300.	170,250.	809,430.
	2	Less: Contributions	542,880.	91,300.	165,075.	799,255.
	3	Gross income (line 1 minus line 2)		5,000.	5,175.	10,175.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	17,444.	5,517.	17,444.	40,405.
	7	Food and beverages	125.	44.	40.	209.
	8	Entertainment				
	9	Other direct expenses	181,168.	45,436.	139,574.	366,178.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				406,792.
11	Net income summary. Subtract line 10 from line 3, column (d)				-396,617.	

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

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

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

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

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

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

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

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

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**Part IV** Supplemental Information (continued)

Lined area for supplemental information.

**COPY**

**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

**2020**

**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
ITHAKA HARBORS, INC. 2 RECTOR STREET NEW YORK, NY 10006	13-3857105	501(C)(3)	794,941.	0.			COLLABORATION IN THE AMERICAN TALENT INITIATIVE
EQUAL MEASURE 1528 WALNUT STREET, SUITE 805 PHILADELPHIA, PA 19102	23-2694572	501(C)(3)	610,340.	0.			TECHNICAL ASSISTANCE TO SUPPORT OPPORTUNITY YOUTH FORUM COMMUNITIES; COMMON MEASURES ANALYSIS
GLOBAL NOMADS GROUP 132 NASSAU STREET, SUITE 822 NEW YORK, NY 10038	75-2750127	501(C)(3)	541,095.	0.			STEVENS INITIATIVE CULTURAL EXCHANGE
WORLD LEARNING, INC. 1 KIPLING ROAD, P.O. BOX 676 BRATTLEBORO, VT 05302	03-0179592	501(C)(3)	501,678.	0.			STEVENS INITIATIVE CULTURAL EXCHANGE
SOLIYA, INC. 261 MADISON AVENUE, 9TH FLOOR NEW YORK, NY 10016	32-0060209	501(C)(3)	461,307.	0.			STEVENS INITIATIVE CULTURAL EXCHANGE
INTERNATIONAL RESEARCH AND EXCHANGES BOARD, INC. - 1275 K STREET, NW, SUITE 600 - WASHINGTON, DC 20005	22-3087809	501(C)(3)	405,656.	0.			STEVENS INITIATIVE CULTURAL EXCHANGE

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **127.**

**3** Enter total number of other organizations listed in the line 1 table **8.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.  
SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2020

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOVA SOLUTIONS, LLC 1092 PIPESTEM PLACE POTOMAC, MD 20854	81-4262208		356,000.	0.			COORDINATE OF THE INSIDE HIGHER EDUCATION WEBINAR SERIES
GLOBAL DEVELOPMENT INCUBATOR, INC. 1634 I STREET NW, SUITE 300 WASHINGTON, DC 20006	14-1945286	501(C)(3)	355,000.	0.			GOYN STRATEGIC SUPPORT AND 2020 PLANNING; GOYN ACCENTURE DIGITAL OPPORTUNITY PARTNERSHIP;
YOUTHBUILD USA, INC. 58 DAY STREET SOMERVILLE, MA 02144	22-3076454	501(C)(3)	315,000.	0.			COLLABORATE LAUNCH OF GLOBAL OPPORTUNITY YOUTH INITIATIVE; PARTICIPATION IN 2020: YOUTHBUILD
TIDES CENTER 1012 TORNEY AVENUE SAN FRANCISCO, CA 94129	94-3213100	501(C)(3)	300,000.	0.			SUPPORT, SUSTAIN, AND GROW THE OYF NETWORK AND THE BROADER FIELD OF COMMUNITIES WORKING TO
COMMUNITY CENTER FOR EDUCATION RESULTS - 1200 12TH AVENUE, SUITE 701 - SEATTLE, WA 98144	27-1667560	501(C)(3)	300,000.	0.			PARTICIPATE IN OYF RAPID RESPONSE FUND COMMUNITY OF PRACTICE
ALLIANCE FOR CHILDRENS RIGHTS 3333 WILSHIRE BOULEVARD, SUITE 550 LOS ANGELES, CA 90010	95-4358213	501(C)(3)	270,000.	0.			PARTICIPATE IN OYF RAPID RESPONSE FUND COMMUNITY OF PRACTICE
PHILADELPHIA YOUTH NETWORK 400 MARKET STREET, SUITE 200 PHILADELPHIA, PA 19106	23-2993155	501(C)(3)	220,000.	0.			CREATE AN OPPORTUNITY YOUTH PATHWAYS SCALING PLAN FOR THE COMMUNITY
BOSTON PRIVATE INDUSTRY COUNCIL, INC. - 2 OLIVER STREET - BOSTON, MA 02109	04-2676661	501(C)(3)	220,000.	0.			CHILD SUPPORT SYSTEM EVALUATIONS
INSTITUTE OF INTERNATIONAL EDUCATION - 809 UNITED NATIONS PLAZA - NEW YORK, NY 10017	13-1624046	501(C)(3)	212,070.	0.			STEVENS INITIATIVE CULTURAL EXCHANGE

Schedule I (Form 990)

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

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NEW VENTURE FUND 1201 CONNECTICUT AVENUE, NW, #300 WASHINGTON, DC 20036	20-5806345	501(C)(3)	163,366.	0.			COLLABORATION IN TRIBAL PRIORITIES SURVEY WORK AND THE NARRATIVE CHANGE AND LEADERSHIP
TEXAS A&M UNIVERSITY 400 HARVEY MITCHELL PARKWAY S, SUITE 300 - COLLEGE STATION, TX 77845	74-6000541	501(C)(3)	149,999.	0.			ENGAGE: LEADERSHIP IN A VIRTUAL WORLD
THE WILLIAM DAVIDSON INSTITUTE AT THE UNIVERSITY OF MICHIGAN - 724 E. UNIVERSITY AVENUE - ANN ARBOR, MI 48109	38-3048086	501(C)(3)	144,898.	0.			STEVENS INITIATIVE CULTURAL EXCHANGE
SOCIAL FINANCE, INC. 10 MILK STREET, SUITE 1010 BOSTON, MA 02108	27-4620963	501(C)(3)	140,000.	0.			INNOVATIVE FINANCE FOR NURSING AND MIDWIFERY PROJECT
BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY - 485 BROADWAY STREET, MSC 8838 - REDWOOD CITY, CA 94305	94-1156365	501(C)(3)	136,000.	0.			ASPEN PRESIDENTIAL FELLOWSHIP FOR COMMUNITY COLEGE EXCELLENCE
AMERICAN ENTERPRISE INSTITUTE FOR PUBLIC POLICY RESEARCH - 1789 MASSACHUSETTS AVENUE, NW - WASHINGTON, DC 20036	53-0218495	501(C)(3)	125,000.	0.			CHILD SUPPORT SYSTEM EVALUATIONS
TRWIB, INC. (PARTNER4WORK) 650 SMITHFIELD STREET, SUITE 2600 PITTSBURGH, PA 15222	25-1898851	501(C)(3)	125,000.	0.			CHILD SUPPORT SYSTEM EVALUATIONS
SPRINGBOARD TO OPPORTUNITIES 3000 OLD CANTON ROAD, SUITE 470 JACKSON, MS 39216	46-1917760	501(C)(3)	125,000.	0.			CHILD SUPPORT SYSTEM EVALUATIONS
LEGAL AID AT WORK 180 MONTGOMERY STREET, SUITE 600 SAN FRANCISCO, CA 94104	94-2783401	501(C)(3)	125,000.	0.			CHILD SUPPORT SYSTEM EVALUATIONS

Schedule I (Form 990)

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

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FAMILY VALUES AT WORK A MULTI STATE CONSORTIUM, INC. - 207 E. BUFFALO STREET, SUITE 211 - MILWAUKEE, WI 53202	27-0321696	501(C)(3)	125,000.	0.			CHILD SUPPORT SYSTEM EVALUATIONS
BAYSTATE MEDICAL CENTER, INC. 759 CHESTNUT STREET SPRINGFIELD, MA 01199	04-2790311	501(C)(3)	125,000.	0.			CHILD SUPPORT SYSTEM EVALUATIONS
UTEC, INC. 15 WARREN STREET, SUITE 3 LOWELL, MA 01852	38-3669532	501(C)(3)	125,000.	0.			CHILD SUPPORT SYSTEM EVALUATIONS
CROSSPURPOSE P.O. BOX 2483 DENVER, CO 80201	46-3862392	501(C)(3)	124,982.	0.			CHILD SUPPORT SYSTEM EVALUATIONS
NATIONAL PARTNERSHIP FOR WOMEN & FAMILIES, INC. - 1875 CONNECTICUT AVENUE, SUITE 650 - WASHINGTON, DC 20009	23-7124915	501(C)(3)	124,981.	0.			CHILD SUPPORT SYSTEM EVALUATIONS
BOSTON MEDICAL CENTER ONE BOSTON MEDICAL CENTER PLACE BOSTON, MA 02118	04-3314093	501(C)(3)	124,867.	0.			CHILD SUPPORT SYSTEM EVALUATIONS
ASU PREPARATORY ACADEMY 1130 E. UNIVERSITY DRIVE, SUITE 230 TEMPE, AZ 85281	26-0664313	501(C)(3)	124,686.	0.			STEVENS INITIATIVE CULTURAL EXCHANGE
NATIONAL ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN - 1313 L STREET, NW, SUITE 500 - WASHINGTON, DC 20005	36-6009499	501(C)(3)	124,205.	0.			CHILD SUPPORT SYSTEM EVALUATIONS
ALL OUR KIN, INC. 414A CHAPEL STREET, SUITE 100 NEW HAVEN, CT 06511	06-1539280	501(C)(3)	123,953.	0.			PARTICIPATION IN ASPEN FAMILY PROSPERITY FUND COHORT

Schedule I (Form 990)

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

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FAMILY AND WORKFORCE CENTERS OF AMERICA - 6347 PLYMOUTH AVENUE - ST. LOUIS, MO 63133	45-3762044	501(C)(3)	123,347.	0.			CHILD SUPPORT SYSTEM EVALUATIONS
CENTER FOR PUBLIC JUSTICE 312 MASSACHUSETTS AVENUE, NW WASHINGTON, DC 20002	51-0153566	501(C)(3)	120,000.	0.			CHILD SUPPORT SYSTEM EVALUATIONS
SAN JACINTO COMMUNITY COLLEGE DISTRICT - 4624 FAIRMONT PARKWAY - PASADENA, TX 77504	74-6028285	501(C)(3)	118,750.	0.			COLLABORATION IN 'FRONTIER-SET", A NETWORK OF HIGH-PERFORMING COMMUNITY COLLEGES
NOLA BUSINESS ALLIANCE 1250 POYDRAS STREET, SUITE 2150 NEW ORLEANS, LA 70113	27-3654312	501(C)(3)	115,000.	0.			PARTICIPATE IN OYF RAPID RESPONSE FUND COMMUNITY OF PRACTICE
JOBS WITH JUSTICE EDUCATION FUND 1616 P STREET, NW, SUITE 150 WASHINGTON, DC 20036	52-1865575	501(C)(3)	111,564.	0.			CHILD SUPPORT SYSTEM EVALUATIONS
AGAPE CHILD AND FAMILY SERVICES, INC. - 3160 DIRECTORS ROW - MEMPHIS, TN 38131	23-7039683	501(C)(3)	102,498.	0.			CHILD SUPPORT SYSTEM EVALUATIONS
UNITED NEIGHBORHOOD HOUSES OF NEW YORK - 45 BROADWAY, 22ND FLOOR - NEW YORK, NY 10006	13-5563409	501(C)(3)	100,000.	0.			CHILD SUPPORT SYSTEM EVALUATIONS
NATIONWIDE CHILDRENS HOSPITAL FOUNDATION - 700 CHILDRENS DRIVE - COLUMBUS, OH 43205	31-1036370	501(C)(3)	100,000.	0.			CHILD SUPPORT SYSTEM EVALUATIONS
NEW YORK UNIVERSITY 105 E. 17TH STREET, 2ND FLOOR NEW YORK, NY 10003	13-5562308	501(C)(3)	100,000.	0.			TO SUPPORT THE SMALL FIRM DIARIES PROJECT

Schedule I (Form 990)



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

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CARNEGIE FOUNDATION FOR THE ADVANCEMENT OF TEACHING - 51 VISTA LANE - STANFORD, CA 94305	13-1623924	501(C)(3)	95,000.	0.			COLLABORATION ON THE FORUM ON THE FUTURE OF WORK, DEMOCRACY, AND EDUCATION PROJECT
COOK INLET TRIBAL COUNCIL, INC. 3600 SAN JERONIMO DRIVE, SUITE 410 ANCHORAGE, AK 99508	92-0094184	501(C)(3)	92,725.	0.			CHILD SUPPORT SYSTEM EVALUATIONS
PARTNERSHIP FOR COMMUNITY ACTION 722 ISLETA BOULEVARD, SW ALBUQUERQUE, NM 87015	31-1815692	501(C)(3)	90,000.	0.			CHILD SUPPORT SYSTEM EVALUATIONS
SOCIAL SCIENCE RESEARCH COUNCIL ONE PIERREPONT PLAZA BROOKLYN, NY 11201	13-1325070	501(C)(3)	90,000.	0.			PROVIDE TECHNICAL ASSISTANCE TO THREE DATA FOR IMPACT SYSTEMS IMPROVEMENT GRANT
JUSTICE MAPPING CENTER 49 BAYVIEW AVENUE, GROUND FLOOR APARTMENT - PORT WASHINGTON, NY 11050	20-5537766	501(C)(3)	83,333.	0.			COLLABORATION ON CRIMINAL JUSTICE REFORM INITIATIVE
TEXAS INTERNATIONAL EDUCATION CONSORTIUM - 1103 W. 24TH STREET - AUSTIN, TX 78705	74-2383582	501(C)(3)	80,580.	0.			STEVENS INITIATIVE CULTURAL EXCHANGE
ALLIANCE FOR A JUST SOCIETY 3518 S. EDMUNDS STREET SEATTLE, WA 98118	91-1635554	501(C)(3)	78,367.	0.			COLLABORATION IN TRIBAL PRIORITIES SURVEY WORK AND THE NARRATIVE CHANGE AND LEADERSHIP
CENTER FOR URBAN FAMILIES 2201 N. MONROE STREET BALTIMORE, MD 21217	52-2142708	501(C)(3)	75,000.	0.			PARTICIPATION IN 2GEN IMPACT FUND
THE HOPI FOUNDATION P.O. BOX 301 KYKOTSMOVE, AZ 86039	74-2488628	501(C)(3)	75,000.	0.			BUILD SUSTAINABLE CAPACITY TO COLLECT AND ANALYZE DATA TO DRIVE CHANGE AND IMPROVEMENT

Schedule I (Form 990)

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

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UNITED WAY OF TUCSON AND SOUTHERN ARIZONA - 330 N. COMMERCE PARK LOOP - TUSCON, AZ 85745	86-0098932	501(C)(3)	75,000.	0.			PARTICIPATE IN OYF RAPID RESPONSE FUND COMMUNITY OF PRACTICE
SHARE FAIR NATION (MINDSPARK LEARNING) - 455 S. PIERCE STREET - LAKEWOOD, CO 80226	47-4615131	501(C)(3)	75,000.	0.			PARTICIPATION IN 2GEN IMPACT FUND
YOUTHCARE 2500 NE 54TH STREET SEATTLE, WA 98105	91-0917079	501(C)(3)	75,000.	0.			OPPORTUNITY YOUTH FORUM PATHWAYS TO CAREER
UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY GARDENS, SUITE 205 LOS ANGELES, CA 90089-8006	95-1642394	501(C)(3)	65,000.	0.			ADVANCING THE FIELD OF RELIGIOUS LITERACY
GREEN RIVER COLLEGE 12401 SE 320TH STREET AUBURN, WA 98092	91-0814013	501(C)(3)	62,375.	0.			CONNECTED CLASSROOMS FACULTY PAYMENTS, EXCELLENCE & EQUITY IN COMMUNITY COLLEGE AWARD
CUYAHOGA COMMUNITY COLLEGE DISTRICT - 700 CARNEGIE AVENUE - CLEVELAND, OH 44115	23-7320719	501(C)(3)	59,375.	0.			ESTABLISH COMMUNITY COLLEGE SCHOLARSHIP FUND
MISSISSIPPI GULF COAST COMMUNITY COLLEGE FOUNDATION - P.O. BOX 99 - PERKINSTON, MS 39573	64-0588668	501(C)(3)	59,375.	0.			EXCELLENCE & EQUITY IN COMMUNITY COLLEGE AWARD
SEMINOLE STATE COLLEGE OF FLORIDA 100 WELDON BOULEVARD SANFORD, FL 32773	23-7033822	501(C)(3)	59,375.	0.			EXCELLENCE & EQUITY IN COMMUNITY COLLEGE AWARD
THADDEUS STEVENS FOUNDATION 740 E. END AVENUE LANCASTER, PA 17602	23-6406980	501(C)(3)	59,375.	0.			EXCELLENCE & EQUITY IN COMMUNITY COLLEGE AWARD

Schedule I (Form 990)

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

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LAKE AREA TECHNICAL INSTITUTE FOUNDATION - 1201 ARROW AVENUE, NE - WATERTOWN, SD 57201	36-3860861	501(C)(3)	59,375.	0.			EXCELLENCE & EQUITY IN COMMUNITY COLLEGE AWARD
BOARD OF EDUCATION OF JEFFERSON COUNTY KENTUCKY - 6415 OUTER LOOP - LOUISVILLE, KY 40228	61-6001316	N/A	58,284.	0.			ASPEN CHALLENGE LOUISVILLE 2020 TEACHER STIPENDS & SUBAWARDS
SOUTHERN NEW HAMPSHIRE UNIVERSITY 2500 N. RIVER ROAD MANCHESTER, NH 03106	44-6000308	501(C)(3)	58,007.	0.			STEVENS INITIATIVE CULTURAL EXCHANGE
PLANNED PARENTHOOD MAR MONTE, INC. 1691 THE ALAMEDA SAN JOSE, CA 95126	94-1583439	501(C)(3)	55,000.	0.			SUPPORTING THE PARTICIPATION IN THE PLANNING OF THE OYF BAY AREA CONVENING
MISSOURI STATE UNIVERSITY 901 S. NATIONAL AVENUE SPRINGFIELD, MO 65897	44-6000308	501(C)(3)	50,768.	0.			STEVENS INITIATIVE CULTURAL EXCHANGE
PUEBLO OF JIMENEZ 4471 HIGHWAY 4, P.O. BOX 100 JEMEZ PUEBLO, NM 87024	85-0213473	N/A	50,000.	0.			PARTICIPATE IN OYF RAPID RESPONSE FUND COMMUNITY OF PRACTICE
RISE URBAN LEADERSHIP INSTITUTE OF SAN DIEGO - 404 EUCLID AVENUE, SUITE 329 - SAN DIEGO, CA 92114	47-1583475	501(C)(3)	50,000.	0.			PARTICIPATE IN OYF RAPID RESPONSE FUND COMMUNITY OF PRACTICE
JASPER INDEPENDENT SCHOOL DISTRICT 128 PARK STREET JASPER, TX 75951	74-6001456	N/A	50,000.	0.			DESIGN A COUNTDOWN TO ZERO COMMUNICATION & OUTREACH CAMPAIGN TO OY DROP-OUT STUDENTS
ARIZONA STATE UNIVERSITY P.O. BOX 876011 TEMPE, AZ 85287	95-4087882	N/A	50,000.	0.			PARTICIPATE IN OPPORTUNITY YOUTH FORUM LEARNING COMMUNITY

Schedule I (Form 990)

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

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HUMBOLDT AREA FOUNDATION 363 INDIANOLA ROAD BAYSIDE, CA 95524	23-7310660	501(C)(3)	50,000.	0.			BUILD SUSTAINABLE CAPACITY TO COLLECT AND ANALYZE DATA TO DRIVE CHANGE AND IMPROVEMENT
ACHIEVING THE DREAM 8484 GEORGIA AVENUE, SUITE 500 SILVER SPRING, MD 20910	27-1635830	501(C)(3)	50,000.	0.			TESTING PILOT CURRICULUM OF SCALING PARTNERS NETWORK
FSG, INC. 20 PARK PLAZA, SUITE 320 BOSTON, MA 02116	20-2776974	501(C)(3)	50,000.	0.			OYF TECHNICAL ASSISTANCE 2020-2021
NEW ORLEANS YOUTH ALLIANCE 1705A S. WHITE STREET NEW ORLEANS, LA 70125	82-4252541	501(C)(3)	50,000.	0.			PARTICIPATE IN OYF RAPID RESPONSE FUND COMMUNITY OF PRACTICE
SAN AUGUSTINE ISD 1002 BARRETT STREET SAN AUGUSTINE, TX 75972	75-6002410	N/A	50,000.	0.			DESIGN PROJECT TO ENABLE OY TO COMPLETE HS DIPLOMA OR GED, POST-SECONDARY COURSES AND CAREER
ENGINEERING WORLD HEALTH 331 W. MAIN STREET, SUITE 511 DURHAM, NC 27701	62-1868670	501(C)(3)	47,283.	0.			STEVENS INITIATIVE CULTURAL EXCHANGE
UNITED PLANET CORPORATION 256 MARGINAL STREET BOSTON, MA 02128	04-3582778	501(C)(3)	46,860.	0.			STEVENS INITIATIVE CULTURAL EXCHANGE
BAY AREA COMMUNITY RESOURCES 171 CARLOS DRIVE SAN RAFAEL, CA 94903	94-2346815	501(C)(3)	45,000.	0.			PARTICIPATE IN OPPORTUNITY YOUTH FORUM LEARNING COMMUNITY
SHINING HOPE FOR COMMUNITIES, INC. 175 VARICK STREET NEW YORK, NY 10014	27-1493201	501(C)(3)	45,000.	0.			PPE FOR AFRICA FUND AND COALITION

Schedule I (Form 990)

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

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WORKSOURCE GREATER AUSTIN AREA WORKFORCE BOARD - 9001 N. IH35, SUITE 110E - AUSTIN, TX 78753	74-2327454	501(C)(3)	45,000.	0.			PARTICIPATE IN OYF RAPID RESPONSE FUND COMMUNITY OF PRACTICE
KENNESAW STATE UNIVERSITY 585 COBB AVEUE, ROOM 3422, MD 0111 KENNESAW, GA 30144	37-1535589	501(C)(3)	44,796.	0.			WOMEN'S LEADERSHIP VIRTUAL EXCHANGE: YOUTH SHARE DIGITAL STORIES
GLOBAL EDUCATION BENCHMARK GROUP 19600 N. PARK BOULEVARD SHAKER HEIGHTS, OH 44122	46-4243933	501(C)(3)	43,044.	0.			STEVENS INITIATIVE CULTURAL EXCHANGE
SCHOOL BOARD OF MIAMI DADE COUNTY FLORIDA - 1450 NE SECOND AVENUE - MIAMI, FL 33132	59-6000572	501(C)(3)	41,443.	0.			ESTABLISH COMMUNITY COLLEGE SCHOLARSHIP FUND
GENESEE CHAMBER FOUNDATION 519 S. SAGINAW STREET, SUITE 200 FLINT, MI 48502	23-7420247	501(C)(3)	40,000.	0.			RAPID RESPONSE
UNIVERSITY OF MONTANA 32 CAMPUS DRIVE MISSOULA, MT 59812	81-6001713	501(C)(3)	36,735.	0.			STEVENS INITIATIVE CULTURAL EXCHANGE
CLIMB HIRE, INC. 494 BOYNTON AVENUE BERKELEY, CA 94707	83-3791155	501(C)(3)	35,000.	0.			PARTICIPATION IN 2GEN IMPACT FUND
THE GEORGE WASHINGTON UNIVERSITY 1 WASHINGTON CIRCLE, NW WASHINGTON, DC 20037	53-0196584	501(C)(3)	34,999.	0.			PARTICIPATION IN 2GEN IMPACT FUND
ENACTUS US 3253 E. CHESTNUT EXPRESSWAY SPRINGFIELD, MO 65802	74-2148471	501(C)(3)	29,914.	0.			ENACTUS ENTREPRENEURSHIP EXCHANGE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IEARN, INC. 475 RIVERSIDE DRIVE, #450 NEW YORK, NY 10015	13-3782233		28,534.	0.			STEVENS INITIATIVE CULTURAL EXCHANGE
YOUTHPRISE 3001 BROADWAY STREET, NE MINNEAPOLIS, MN 55413	27-4126970	501(C)(3)	25,000.	0.			ESTABLISH AN OPPORTUNITY YOUTH COLLABORATIVE IN TWIN CITIES
BRIYA PUBLIC CHARTER SCHOOL 2333 ONTARIO ROAD, NW WASHINGTON, DC 20009	20-4497716	501(C)(3)	25,000.	0.			PARTICIPATION IN PARENT POWERED SOLUTIONS FUND
PROJECT SELF SUFFICIENCY 307 PLACENTIA AVENUE, SUITE 203 NEWPORT BEACH, CA 92663	33-0597719	501(C)(3)	25,000.	0.			PARTICIPATION IN PARENT POWERED SOLUTIONS FUND
URBAN STRATEGIES COUNCIL 1720 BROADWAY AVENUE OAKLAND, CA 94612	94-3044453	501(C)(3)	25,000.	0.			PARTICIPATE IN OYF RAPID RESPONSE FUND COMMUNITY OF PRACTICE
STATE BOARD FOR COMMUNITY COLLEGES AND OCCUPATIONAL EDUCATION - 9101 E. LOWRY BOULEVARD - DENVER, CO 80230	38-3721881	N/A	25,000.	0.			PARTICIPATION IN PARENT POWERED SOLUTIONS FUND
TAOS PUEBLO CMS P.O. BOX 1846 TAOS, NM 87571	85-0222954	N/A	25,000.	0.			PARTICIPATE IN OYF NATIONAL LEARNING COMMUNITY ACTIVITIES
DRIVING FORCE GROUP, INC. 11140 ROCKVILLE PIKE, #100-237 ROCKVILLE, MD 20852	45-4641567	501(C)(3)	25,000.	0.			PARTICIPATION IN PARENT POWERED SOLUTIONS FUND
UNIVERSITY OF MAINE SYSTEM 5703 ALUMNI HALL ORONO, ME 04469	01-0411804	501(C)(3)	25,000.	0.			PARTICIPATION IN PARENT POWERED SOLUTIONS FUND

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KNOXVILLE KNOX COUNTY COMMUNITY ACTION COMMITTEE - P.O. BOX 51650, 2247 WESTERN AVENUE - KNOXVILLE, TN 37950	62-1451534	N/A	25,000.	0.			PARTICIPATION IN PARENT POWERED SOLUTIONS FUND
COLORADO HOMELESS FAMILIES 7447 W. 61ST AVENUE ARVADA, CO 80003	84-1049318	501(C)(3)	25,000.	0.			PARTICIPATION IN PARENT POWERED SOLUTIONS FUND
THE AFRICAN MIDDLE EASTERN LEADERSHIP PROJECT - 1875 CONNECTICUT AVENUE, FLOOR 10, SUITE 1130 - WASHINGTON, DC 20009	81-4648053	501(C)(3)	24,926.	0.			STEVENS INITIATIVE CULTURAL EXCHANGE
WOFFORD COLLEGE 429 N. CHURCH STREET SPARTANBURG, SC 29303	57-0314422	501(C)(3)	24,912.	0.			RAAF 2020 EXTENDED PROGRAMMING AWARD
AMERICANS FOR INFORMED DEMOCRACY CORP - 1629 K STREET, NW, SUITE 300 - WASHINGTON, DC 20006	30-0216496	501(C)(3)	24,873.	0.			STEVENS INITIATIVE CULTURAL EXCHANGE
CULTURAL VISTAS, INC. 1250 H STREET, NW, SUITE 300 WASHINGTON, DC 20005	13-6199596	501(C)(3)	24,393.	0.			STEVENS INITIATIVE CULTURAL EXCHANGE
INTERNATIONAL VISITORS CENTER OF CHICAGO - 309 W. WASHINGTON STREET, SUITE 450 - CHICAGO, IL 60606	36-2406639	501(C)(3)	22,755.	0.			STEVENS INITIATIVE CULTURAL EXCHANGE
THE MARSHALL LEGACY INSTITUTE, INC. - 2425 WILSON BOULEVARD, SUITE 240 - ARLINGTON, VA 22201	54-1853093	501(C)(3)	22,184.	0.			STEVENS INITIATIVE CULTURAL EXCHANGE
INTERNATIONAL VISITORS COUNCIL OF PHILADELPHIA - 30 S. 15TH STREET, 15TH FLOOR - PHILADELPHIA, PA 19102	23-1489115	501(C)(3)	22,109.	0.			STEVENS INITIATIVE CULTURAL EXCHANGE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CREATIVITY FOR PEACE 369 MONTEZUMA AVENUE, #566 SANTA FE, NM 87501	85-0366087	501(C)(3)	20,498.	0.			STEVENS INITIATIVE CULTURAL EXCHANGE
MADISON AREA TECHNICAL COLLEGE 1701 WRIGHT STREET MADISON, WI 53704	39-1086718	501(C)(3)	20,104.	0.			STEVENS INITIATIVE CULTURAL EXCHANGE
ASSOCIATION OF CHILDRENS MUSEUMS 2550 S. CLARK STREET, SUITE 600 ARLINGTON, VA 22202	95-4087882	501(C)(3)	20,000.	0.			PARTICIPATION IN 2GEN IMPACT FUND
GLOBAL TIES KC 30 W. PERSHING RD, SUITE 405 KANSAS CITY, MO 64108	43-1727811	501(C)(3)	20,000.	0.			STEVENS INITIATIVE CULTURAL EXCHANGE
LIVING CLASSROOM'S FOUNDATION 802 S. CARLINE STREET BALTIMORE, MD 21231	90-0518838	501(C)(3)	20,000.	0.			CREATE AN OPPORTUNITY YOUTH PATHWAYS SCALING PLAN FOR THE COMMUNITY
CITY OF SAN ANTONIO, TEXAS P.O. BOX 839966 SAN ANTONIO, TX 78283	74-6002070	N/A	20,000.	0.			PARTICIPATE IN FORUM IN THE SCALING PATHWAYS FOR OPPORTUNITY YOUTH
ALLIANCE OF COMMUNITY MINISTRIES, INC. - 710 N. POST OAK ROAD, SUITE 210 - HOUSTON, TX 77024	27-5410988	501(C)(3)	20,000.	0.			PARITICIPATE IN FORUM IN THE BUILDING ECOSYSTEMS FOR YOUTH OPPORTUNITY
THRIVE CHICAGO NFP 211 W. WACKER DRIVE, SUITE 1000 CHICAGO, IL 60606	47-2478889	501(C)(3)	20,000.	0.			PARTICIPATE IN THE FORUM IN THE SCALING PATHWAYS FOR OY
VILLANOVA UNIVERSITY 800 LANCASTER AVENUE VILLANOVA, PA 19085	23-1352688	501(C)(3)	16,000.	0.			BEST PRACTICES FOR COMMUNITY-BASED EFFORTS OF CIVIC SCIENCE

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF THE UNIVERSITY OF CALIFORNIA - 2150 SHATTUCK AVENUE, SUITE 300 - BERKELEY, CA 94704	94-6002123	501(C)(3)	15,480.	0.			STEVENS INITIATIVE CULTURAL EXCHANGE; BERKELEY MEDIA TRAINING
CENTER FOR EMPLOYMENT OPPORTUNITIES, INC. - 50 BROADWAY, SUITE 1604 - NEW YORK, NY 10004	13-3843322	501(C)(3)	15,000.	0.			SUPPORT THE NEW ORLEANS NEXT GENERATION LIVELIHOODS RAPID RESPONSE FUND FOR
NATIONAL BLACK BANK FOUNDATION 3030 PEACHTREE STREET, NE ATLANTA, GA 30308	85-4086495	501(C)(3)	15,000.	0.			GLOBAL INCLUSIVE GROWTH SPARK
FELLOWSHIP FOR RACE AND EQUITY IN EDUCATION - 4828 ILLINOIS AVENUE, NW - WASHINGTON, DC 20011	47-1809869	501(C)(3)	15,000.	0.			MCNULTY CATALYST AWARD
LIBERTY'S KITCHEN 300 N. BROAD STREET, SUITE 101 NEW ORLEANS, LA 70119	26-2254285	501(C)(3)	15,000.	0.			PARTICIPATE IN OYF RAPID RESPONSE FUND COMMUNITY OF PRACTICE
LATINOS FOR EDUCATION P.O. BOX 27 BELMONT, MA 02478	81-2883649	501(C)(3)	15,000.	0.			MCNULTY CATALYST AWARD
NEW ORLEANS CAREER CENTER 2733 ESPLANADE AVENUE NEW ORLEANS, LA 70119	82-2541222	501(C)(3)	15,000.	0.			PARTICIPATE IN OYF RAPID RESPONSE FUND COMMUNITY OF PRACTICE
RECONCILE NEW ORLEANS 1631 ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113	72-1341294	501(C)(3)	15,000.	0.			SUPPORT THE NEW ORLEANS NEXT GENERATION LIVELIHOODS RAPID RESPONSE FUND FOR
THE TROY ANDREWS FOUNDATION 5500 PRYTANIA STREET NEW ORLEANS, LA 70115	45-4524559	501(C)(3)	15,000.	0.			SUPPORT THE NEW ORLEANS NEXT GENERATION LIVELIHOODS RAPID RESPONSE FUND FOR

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ON RAMPS 6601 FRANKLIN AVENUE NEW ORLEANS, LA 70122	82-4600914	501(C)(3)	15,000.	0.			PARTICIPATE IN OYF RAPID RESPONSE FUND COMMUNITY OF PRACTICE
URBAN LEAGUE OF LOUISIANA 4640 S. CARROLLTON AVENUE NEW ORLEANS, LA 70119	72-0423627	501(C)(3)	15,000.	0.			SUPPORT THE NEW ORLEANS NEXT GENERATION LIVELIHOODS RAPID RESPONSE FUND FOR
YOUTH EMPOWERMENT PROJECT 1631 ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113	37-1893652	501(C)(3)	15,000.	0.			SUPPORT THE NEW ORLEANS NEXT GENERATION LIVELIHOODS RAPID RESPONSE FUND FOR
FORWARD CITIES, INC. P.O. BOX 2008 DURHAM, NC 27702	13-4302280	501(C)(3)	15,000.	0.			GLOBAL INCLUSIVE GROWTH SPARK
CENTER FOR EDUCATION EXCELLENCE IN ALTERNATIVE SETTINGS - 1361 LOCUST ROAD - WASHINGTON, DC 20012	46-0757820	501(C)(3)	15,000.	0.			SUPPORT THE NEW ORLEANS NEXT GENERATION LIVELIHOODS RAPID RESPONSE FUND FOR
COMMONSENSE CHILDBIRTH, INC. 213 S. DILLARD STREET, SUITE 340 WINTER GARDEN, FL 34787	59-3479821	501(C)(3)	12,000.	0.			2020 ASPEN NURE INNOVATOR AWARD
UBUNTU BLACK FAMILY WELLNESS COLLECTIVE - 2611 GOVERNOR PRINTZ BOULEVARD - WILMINGTON, DE 19802	84-4234815	501(C)(3)	12,000.	0.			NURSE INNOVATOR AWARD TO NURSES WHO ARE WORKING ON INNOVATIVE WAYS TO ADDRESS HEALTH CHALLENGES
RESTORING OUR OWN THROUGH TRANSFORMATION - 394 E. TOWN STREET, SUITE 204 - COLUMBUS, OH 43215	82-1964469	501(C)(3)	12,000.	0.			2020 ASPEN NURE INNOVATOR AWARD
WASHINGTON STATE BOARD FOR COMMUNITY AND TECHNICAL COLLEGES - P.O. BOX 42495 - OLYMPIA, WA 98504	91-0823768	N/A	10,000.	0.			WORKFORCE GUIDED PATHWAYS PILOT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA COLLEGE SYSTEM FOUNDATION P.O. BOX 10503 TALLAHASSEE, FL 32302	65-0630384	501(C)(3)	10,000.	0.			WORKFORCE GUIDED PATHWAYS PILOT
TEXAS COMMUNITY COLLEGE EDUCATION INITIATIVE - 1304 SAN ANTONIO STREET - AUSTIN, TX 78701	56-2358912	501(C)(3)	10,000.	0.			WORKFORCE GUIDED PATHWAYS PILOT
REFUSHE, INC. 620 N. LASALLE DRIVE, SUITE 805 CHICAGO, IL 60654	26-0239864	501(C)(3)	10,000.	0.			PPE FOR AFRICA FUND AND COALITION

**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
HONORARIA	342	876,369.	0.		
AWARDS	75	225,986.	0.		
EVENT PARTICIPATION STIPEND	33	165,700.	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 PERIODICALLY 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

**Part IV Supplemental Information**

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

THE FREQUENCY AND SCOPE OF RESEARCH PROGRAM'S MONITORING PROCEDURES ARE  
DETERMINED JOINTLY BY THE RESPONSIBLE PROGRAM MANAGER AND RESPECTIVE GRANT  
ADMINISTRATOR/FINANCIAL ANALYST. THIS INCLUDES THE ROUTINE RECEIPT AND  
REVIEW OF THE NARRATIVE AND FINANCIAL REPORTS, A REVIEW OF EXPENSES TO  
BUDGET, THE OPTION TO PERFORM AUDITS, AND ALLOWS FOR THE PERFORMANCE OF  
SITE VISITS IF NECESSARY. THE INSTITUTE IS 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: EQUAL MEASURE

(H) PURPOSE OF GRANT OR ASSISTANCE: TECHNICAL ASSISTANCE TO SUPPORT  
OPPORTUNITY YOUTH FORUM COMMUNITIES; COMMON MEASURES ANALYSIS FOR  
PHILADELPHIA OYF COMMUNITIES; OYF EVALUATION 2.0; COLLABORATION ON  
CRIMINAL JUSTICE REFORM INITIATIVE

NAME OF ORGANIZATION OR GOVERNMENT: GLOBAL DEVELOPMENT INCUBATOR, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GOYN STRATEGIC SUPPORT AND 2020  
PLANNING; GOYN ACCENTURE DIGITAL OPPORTUNITY PARTNERSHIP; GOYN MOMBASA

**COPY**

**Part IV Supplemental Information**

SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: YOUTHBUILD USA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: COLLABORATE LAUNCH OF GLOBAL

OPPORTUNITY YOUTH INITIATIVE; PARTICIPATION IN 2020: YOUTHBUILD

INTERNATIONAL; PARTICIPATION IN 2020: YOUTHBUILD INTERNATIONAL - VIRTUAL

CAPACITY BUILDING & YOUTH INNOVATIONS FUND

NAME OF ORGANIZATION OR GOVERNMENT: TIDES CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT, SUSTAIN, AND GROW THE OYF

NETWORK AND THE BROADER FIELD OF COMMUNITIES WORKING TO IMPROVE EDUCATION

AND EMPLOYMENT OUTCOMES FOR OPPORTUNITY YOUTH

NAME OF ORGANIZATION OR GOVERNMENT: NEW VENTURE FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: COLLABORATION IN TRIBAL PRIORITIES

SURVEY WORK AND THE NARRATIVE CHANGE AND LEADERSHIP DEVELOPMENT

CURRICULUM

NAME OF ORGANIZATION OR GOVERNMENT: SOCIAL SCIENCE RESEARCH COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE TECHNICAL ASSISTANCE TO

THREE DATA FOR IMPACT SYSTEMS IMPROVEMENT GRANT GRANTEEES

NAME OF ORGANIZATION OR GOVERNMENT: ALLIANCE FOR A JUST SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: COLLABORATION IN TRIBAL PRIORITIES

SURVEY WORK AND THE NARRATIVE CHANGE AND LEADERSHIP DEVELOPMENT

CURRICULUM

NAME OF ORGANIZATION OR GOVERNMENT: THE HOPI FOUNDATION

**Part IV Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILD SUSTAINABLE CAPACITY TO COLLECT AND ANALYZE DATA TO DRIVE CHANGE AND IMPROVEMENT WITHIN TRIBAL COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT: HUMBOLDT AREA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILD SUSTAINABLE CAPACITY TO COLLECT AND ANALYZE DATA TO DRIVE CHANGE AND IMPROVEMENT WITHIN TRIBAL COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT: SAN AUGUSTINE ISD

(H) PURPOSE OF GRANT OR ASSISTANCE: DESIGN PROJECT TO ENABLE OY TO COMPLETE HS DIPLOMA OR GED, POST-SECONDARY COURSES AND CAREER PATHWAYS AT NO COST

NAME OF ORGANIZATION OR GOVERNMENT:

CENTER FOR EMPLOYMENT OPPORTUNITIES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT THE NEW ORLEANS NEXT GENERATION LIVELIHOODS RAPID RESPONSE FUND FOR OPPORTUNITY YOUTH IN NEW ORLEANS

NAME OF ORGANIZATION OR GOVERNMENT: RECONCILE NEW ORLEANS

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT THE NEW ORLEANS NEXT GENERATION LIVELIHOODS RAPID RESPONSE FUND FOR OPPORTUNITY YOUTH IN NEW ORLEANS

NAME OF ORGANIZATION OR GOVERNMENT: THE TROY ANDREWS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT THE NEW ORLEANS NEXT GENERATION LIVELIHOODS RAPID RESPONSE FUND FOR OPPORTUNITY YOUTH IN NEW

**COPY**

**Part IV** Supplemental Information

ORLEANS

NAME OF ORGANIZATION OR GOVERNMENT: URBAN LEAGUE OF LOUISIANA

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT THE NEW ORLEANS NEXT

GENERATION LIVELIHOODS RAPID RESPONSE FUND FOR OPPORTUNITY YOUTH IN NEW

ORLEANS

NAME OF ORGANIZATION OR GOVERNMENT: YOUTH EMPOWERMENT PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT THE NEW ORLEANS NEXT

GENERATION LIVELIHOODS RAPID RESPONSE FUND FOR OPPORTUNITY YOUTH IN NEW

ORLEANS

NAME OF ORGANIZATION OR GOVERNMENT:

CENTER FOR EDUCATION EXCELLENCE IN ALTERNATIVE SETTINGS

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT THE NEW ORLEANS NEXT

GENERATION LIVELIHOODS RAPID RESPONSE FUND FOR OPPORTUNITY YOUTH IN NEW

ORLEANS

NAME OF ORGANIZATION OR GOVERNMENT:

UBUNTU BLACK FAMILY WELLNESS COLLECTIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: NURSE INNOVATOR AWARD TO NURSES WHO

ARE WORKING ON INNOVATIVE WAYS TO ADDRESS HEALTH CHALLENGES WITHIN THEIR

COMMUNITIES.



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2020**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**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 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) 2020

**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) DANIEL PORTERFIELD PRESIDENT & CEO	(i)	549,401.	111,776.	3,203.	28,500.	29,472.	722,352.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ELLIOT GERSON EXECUTIVE VP	(i)	372,417.	0.	41,858.	42,750.	27,250.	484,275.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) NAMITA KHASAT CFO/CAO/TREASURER	(i)	402,357.	0.	3,564.	36,173.	20,777.	462,871.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ERIC MOTLEY EVP, CORP SECRETARY	(i)	394,068.	0.	810.	42,750.	12,026.	449,654.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DAVID LANGSTAFF EXEC VICE PRESIDENT	(i)	368,600.	0.	6,858.	28,500.	30,444.	434,402.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MARGARET CLARK VP POLICY PROGRAMS	(i)	347,495.	0.	3,564.	42,750.	11,287.	405,096.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ANN MOSLE VP, EXECUTIVE DIRECTOR	(i)	324,656.	0.	2,322.	42,750.	29,388.	399,116.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JANE WALES VP, EXECUTIVE DIRECTOR	(i)	336,325.	0.	11,124.	42,750.	2,094.	392,293.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MICKEY EDWARDS VP AND PROGRAM DIRECTOR	(i)	347,054.	0.	0.	28,500.	11,225.	386,779.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) AMY DEMARIA EVP COMM./MRKTNG - UNTIL 08/2020	(i)	255,135.	0.	97,871.	18,157.	7,923.	379,086.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ERIKA MALLIN EXECUTIVE DIRECTOR	(i)	346,916.	0.	2,322.	15,550.	11,347.	376,135.	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.

PART I, LINES 4A-B:

DURING THE YEAR ENDED DECEMBER 31, 2020, AMY DEMARIA, EXECUTIVE VICE  
PRESIDENT, COMMUNICATIONS AND MARKETING, RECEIVED \$97,106 IN SEVERANCE  
PAYMENTS.

ELLIOT GERSON, EXECUTIVE VICE PRESIDENT, PARTICIPATES IN A RETIREMENT PLAN  
DESCRIBED IN SECTION 457(F). DURING THE YEAR ENDED DECEMBER 31, 2020, THE  
INSTITUTE CONTRIBUTED \$38,245 TO THE PLAN.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

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 instructions and 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	46	10,736,193. 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 ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 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.		

**Part II**

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

SCHEDULE M, LINE 30B:

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

SCHEDULE M, LINE 32B:

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

**COPY**

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

THE ASPEN INSTITUTE, INC.

Employer identification number

84-0399006

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

UNITED STATES AND AROUND THE WORLD TO BUILD A FREE, JUST, AND EQUITABLE  
SOCIETY. THE INSTITUTE CREATES POSITIVE CHANGE BY INSPIRING INCLUSIVE  
DIALOGUE AND EMPOWERING LEADERS TO SOLVE SOCIETY'S BIGGEST CHALLENGES.

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

SOCIETY'S BIGGEST CHALLENGES. WE BRING TOGETHER THOUGHTFUL PEOPLE WITH  
DIVERSE BACKGROUNDS AND POINTS OF VIEW; WE CULTIVATE AND SUPPORT  
VALUES-BASED, PURPOSE-DRIVEN LEADERS IN MANY COMMUNITIES; WE TURN IDEAS  
INTO ACTION AND IMPACT FOR INDIVIDUALS AND SOCIETY. FOR NEARLY 70  
YEARS, THE INSTITUTE HAS WORKED TO ADVANCE A MISSION TO CULTIVATE  
ASPIRATIONAL, VALUES-BASED LEADERS; CONVENE DIVERSE THINKERS AND DOERS  
AROUND CRITICAL QUESTIONS AND ISSUES; ELEVATE COMPELLING IDEAS AND  
WORKS OF ART, LITERATURE, AND CULTURE; AND NURTURE A STRONG CIVIL  
SOCIETY, ACCOUNTABLE INSTITUTIONS, AND EFFECTIVE PROBLEM-SOLVING. IT IS  
BASED IN WASHINGTON, DC WITH CAMPUSES AND OFFICES IN ASPEN, COLORADO,  
ITS ORIGINAL HOME SINCE ITS FOUNDING IN 1949, AND NEW YORK CITY.  
ELEVEN OFFICIAL INTERNATIONAL PARTNERS CONDUCT REGULAR MEETINGS AND  
SEMINARS IN COUNTRIES THROUGHOUT LATIN AMERICA, EUROPE, AND ASIA.

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

OTHER RESTRICTED PROGRAMS

EXPENSES \$ 7,464,098. INCLUDING GRANTS OF \$ 309,167. REVENUE \$ 369,361.

PUBLIC PROGRAMS

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization THE ASPEN INSTITUTE, INC.	Employer identification number 84-0399006
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EXPENSES \$ 6,308,264. INCLUDING GRANTS OF \$ 39,000. REVENUE \$ 525,698.

YOUTH AND ENGAGEMENT

EXPENSES \$ 2,267,069. INCLUDING GRANTS OF \$ 106,017. REVENUE \$ 0.

SEMINARS

EXPENSES \$ 821,681. INCLUDING GRANTS OF \$ 0. REVENUE \$ 515,850.

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

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

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

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,

WHICH INCLUDES THE CHAIR OF THE BOARD OF TRUSTEES. 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

**COPY**

Name of the organization THE ASPEN INSTITUTE, INC.	Employer identification number 84-0399006
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ARE COMMITTED TO ABIDING BY THE INSTITUTE'S CONFLICT OF INTEREST POLICY,  
AND TO MAKE CERTAIN DISCLOSURES ABOUT THEIR ACTIVITIES OUTSIDE OF WORK AND  
FINANCES TO HELP IDENTIFY POSSIBLE CONFLICTS OF INTEREST. ALL EMPLOYEE  
FORMS ARE SUBMITTED TO THE HUMAN RESOURCES DEPARTMENT, WHICH REVIEWS THEM  
AND HAS DISCRETION, IN COORDINATION WITH THE GENERAL COUNSEL AND SENIOR  
MANAGEMENT, TO MAKE RECOMMENDATIONS OR RAISE CONCERNS WITH AFFECTED  
INDIVIDUALS AS APPROPRIATE. ALL TRUSTEE FORMS ARE SUBMITTED TO THE OFFICE  
OF THE CORPORATE SECRETARY, WHICH REVIEWS THEM ALONG WITH THE GENERAL  
COUNSEL. MAJOR CONFLICT OF INTEREST ISSUES INVOLVING TRUSTEES AND/OR SENIOR  
MANAGEMENT ARE REFERRED TO THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES FOR  
RESOLUTION. THE CORPORATE SECRETARY, GENERAL COUNSEL AND SENIOR MANAGEMENT  
REGULARLY CONFER WITH THE CHAIR OF THE AUDIT COMMITTEE REGARDING THE  
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

**COPY**



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

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.

TO HELP MITIGATE COVID-RELATED BUDGET IMPACTS, A NUMBER OF ACTIONS WERE

TAKEN, INCLUDING VOLUNTARY SALARY REDUCTIONS BY ALL SENIOR EXECUTIVE STAFF,

A FREEZE ON OPEN POSITIONS, ACROSS THE BOARD CONTROLS ON SALARY INCREASES,

AND OTHER RESTRICTIONS ON SALARIES.

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

AL, AK, AZ, AR, CA, CO, CT, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND

OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

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

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

ARE MADE AVAILABLE UPON REQUEST. THE FEDERAL FORM 990 AND THE AUDITED

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

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTANTS:

PROGRAM SERVICE EXPENSES 8,100,450.

MANAGEMENT AND GENERAL EXPENSES 2,658,368.

FUNDRAISING EXPENSES 131,009.

TOTAL EXPENSES 10,889,827.

CONTRACTED SERVICES:

PROGRAM SERVICE EXPENSES 3,808,407.

**COPY**

Name of the organization THE ASPEN INSTITUTE, INC.	Employer identification number 84-0399006
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MANAGEMENT AND GENERAL EXPENSES 1,247,991.

FUNDRAISING EXPENSES 48,618.

TOTAL EXPENSES 5,105,016.

AUDIO VISUAL/DIGITAL SERVICES:

PROGRAM SERVICE EXPENSES 432,342.

MANAGEMENT AND GENERAL EXPENSES 137,336.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 569,678.

MODERATOR AND SPEAKER:

PROGRAM SERVICE EXPENSES 240,848.

MANAGEMENT AND GENERAL EXPENSES 78,924.

FUNDRAISING EXPENSES 3,011.

TOTAL EXPENSES 322,783.

CONTRIBUTING WRITERS AND RAPPORTEURS:

PROGRAM SERVICE EXPENSES 92,779.

MANAGEMENT AND GENERAL EXPENSES 30,403.

FUNDRAISING EXPENSES 1,545.

TOTAL EXPENSES 124,727.

TEMPORARY SERVICES:

PROGRAM SERVICE EXPENSES 85,210.

MANAGEMENT AND GENERAL EXPENSES 27,923.

FUNDRAISING EXPENSES 1,419.

TOTAL EXPENSES 114,552.

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

PROGRAM SERVICE EXPENSES	66,488.
MANAGEMENT AND GENERAL EXPENSES	21,788.
FUNDRAISING EXPENSES	1,107.
TOTAL EXPENSES	89,383.

PROMOTIONAL EXPENSE:

PROGRAM SERVICE EXPENSES	52,491.
MANAGEMENT AND GENERAL EXPENSES	17,201.
FUNDRAISING EXPENSES	874.
TOTAL EXPENSES	70,566.

OFFICE CLEANING:

PROGRAM SERVICE EXPENSES	26,335.
MANAGEMENT AND GENERAL EXPENSES	9,069.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	35,404.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 17,321,936.

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

LOSS ON UNCOLLECTABLE PLEDGE -2,000,000.

