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

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 for instructions and the latest information.

<u>A</u> F	or the	e 2021 Calendar year, or tax year beginning and e	naing	_		
B (Check if applicable	C Name of organization		D Employer identi	ification number	
	Addre	THE ASPEN INSTITUTE, INC.				
	Name chang	Doing business as		84-039900	6	
	□Initial □return □Final	,	Room/suite	E Telephone numb		
	∟return		00	(202) 736-5		
_	termir ated Amen			G Gross receipts \$	479,307,525.	
Ļ	return	WASHINGTON, DC 20037		H(a) Is this a group		
	tion pendi	F Name and address of principal officer: DANTED R. FORTERFIELD		for subordinate	es? Yes X No	
	·	SAME AS C ABOVE		H(b) Are all subordinates	s included? Yes No	
		empt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) or	r 527	If "No," attach	a list. See instructions	
		te: > WWW.ASPENINSTITUTE.ORG		H(c) Group exempt	ion number	
		organization: X Corporation Trust Association Other	L Year	of formation: 1949	M State of legal domicile; CO	
Pa	art I	Summary				
4	1	Briefly describe the organization's mission or most significant activities: THE ASP	EN INSTI	TUTE IS A		
Governance		PEOPLE-SERVING ORGANIZATION THAT WORKS WITH PARTNERS ACROSS T	HE			
rna	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net a	ssets.	
Ne.	3	Number of voting members of the governing body (Part VI, line 1a)			65	
ဗိ	4	Number of independent voting members of the governing body (Part VI, line 1b)				
დ თ	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			720	
iţie	6	Total number of volunteers (estimate if necessary)				
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12				
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11				
				Prior Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)		131,254,703		
Jue	9	Program service revenue (Part VIII, line 2g)		17,868,195	 	
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,961,152		
Re	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		178,771		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		151,262,821	+	
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		16,945,859		
	14			0		
	45	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		65,246,455	*	
ses	15			03,210,133		
Expenses	Ioa	Professional fundraising fees (Part IX, column (A), line 11e)			•	
ΩX	_D	Total fundraising expenses (Part IX, column (D), line 25) 3,610,0		46,933,372	. 54,990,527.	
_	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		129,125,686		
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		22,137,135		
	19	Revenue less expenses. Subtract line 18 from line 12		, ,	 ' '	
Net Assets or		Table access (Dark V. Para 40)	Ве	ginning of Current Year 394,226,132	-	
SSE	20	Total assets (Part X, line 16)		41,995,580		
et A	21	Total liabilities (Part X, line 26)				
Z ₁	22 art II	Net assets or fund balances. Subtract line 21 from line 20		352,230,552	. 412,433,435.	
					and the state of t	
		Ities of perjury, I declare that I have examined this return, including accompanying schedules		•	ny knowledge and beller, it is	
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	cn preparer	nas any knowledge.		
		Signature of officer		I Date		
Sig				Date		
Her	е	DANIEL R. PORTERFIELD, PRESIDENT/CEO Type or print name and title				
				Date Check	PTIN	
		Print/Type preparer's name Preparer's signature		o vao voo	D01365000	
Paid		AARON M. FOX	0	9/30/22 self-emp	•	
-	oarer	Firm's name MARCUM LLP		Firm's EIN	11-1986323	
Use	Only	Firm's address 1899 L STREET, NW, SUITE 850				
		WASHINGTON, DC 20036		Phone no. (2	202) 227-4000	
May	the II	RS discuss this return with the preparer shown above? See instructions			X Yes No	

Form **990** (2021) COPY

84-0399006

Check if Schedule O contains a response or note to any line in this Part III	Pa	rt III Statement of Program Service Accomplishments	
THE AFPEN INSTITUTE LS A FEORLE-SENTINO GORANIZATION THAT YORKE WITH PARTHERS AROSES THE UNITED STATES AND AROUND THE WORLD TO BUILD A FREE, JUST, AND EQUITABLE SOCIETY, THE INSTITUTE CERATES POSITIVE CHAMPE BY INSTITUTE AROUND SIGNATURE SOCIETY, THE INSTITUTE CERATES POSITIVE 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 980 or 980-627 If Yes, 'Georbie those new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Check if Schedule O contains a response or note to any line in this Part III	X
PARTWENDER ACTIONS THE UNITED STATES AND ABOUND THE WORLD TO SUILD A PARE, JUST, AND SQUITABLE SOCIETY, THE INSTITUTE CREATES POSITIVE CHANGE BY INSPIRING INCLUSIVE DIALOGUE AND EMPOWERING LEADERS TO SOLVE 2 Det the organization undertake any significant program services during the year which were not listed on the prior Form 800 or 900627 If "Yes," describe these new services on Schedule O. 3 Det the organization cease conducting, or make significant changes in how it conducts, any program services, so Schedule O. 4 Press," describe these changes on Schedule O. 5 Describe the organization organizes occurrightments for each of its three largest program services, as measured by expenses. Section 5016(36) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total expenses, section 5016(36) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total expenses, section 5016(36) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total expenses, section 5016(36) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total expenses, section 5016(36) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total expenses, section 5016(36) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total expenses, section 5016(36) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and the section 5016(4) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total expenses of the control of grants and allocations to others. The control of grants and allocations to others, the total expenses of grants and allocations to others. The control of grants and allocations to others. The control of grants and allocations to others. The contro	1	Briefly describe the organization's mission:	
PRIES, JUST, AND EQUITABLE BOCCETY. THE INSTITUTE CREATES POSITIVE CRANGE BY INSPIRING INCLUSIVE DIALOGUE AND ENFOWERING LEADERS TO SOLVE 2 Did the organization condetate any significant program services during the year which were not listed on the prior Form 990 or 990 E27 Ves		THE ASPEN INSTITUTE IS A PEOPLE-SERVING ORGANIZATION THAT WORKS WITH	
Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 EZ?		PARTNERS ACROSS THE UNITED STATES AND AROUND THE WORLD TO BUILD A	
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prior Form 990 or 990 CEZ? Yes No 1"Yes, 'describe these new services on Schedule O.		CHANGE BY INSPIRING INCLUSIVE DIALOGUE AND EMPOWERING LEADERS TO SOLVE	
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30 Did the organization cease conducting, or make significant changes in how it conducts, any program services?		prior Form 990 or 990-EZ?	Yes X No
H *Ves.* 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)(s) and 501(c)(d) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverue, if any, for each program service reported. 40 (code:) (Picnoses 73,999,258. holding gams of 18,012,766.) (Picnoses 133,099,707.) POLICY PROCRAMS: THE ASPEN INSTITUTE'S POLICY PROCRAMS EXPLORE AND IDENTIFY SOLUTIONS FOR PROFILES MANNING FROM CHANGES TO PACKED AND PRIVATE SOLUTIONS FOR PROFILES MANNING FROM CHONGHIO INTEREST TO EDUCATIONAL DEPORTUNITY, PROM CLINATE CHANGE TO RACIAL DISPARITIES, IN AN EXPENSE TO ADVANCE THE BEST AND MOST INSPIRED PROPOSALS, OUR POLICY PROGRAMS RANGE IN SIZE FROM \$100,000 TO \$15 MILLION IN ANNUAL REVENUE AND EXPENSES. 4b (code:) (Reposses 12,074,317. Including gams of \$ 60,501.) THE ASPEN INSTITUTE ALSO CONDUCTS MUCH OF ITS WORK ON ITS FOUNDING CAMPUS IN ASPENS COLORADO, WHICH PROVIDES NATURAL BEAUTY AND QUIET SURROUNDING THAT ENCOURAGE THOUGHTUL REPLECTION THAT REPRESENSE MIND, BODY AND SPIRIT, ONE OF OUR PROGRAMS THAT USE THE CAMPUS IS OUR ASPEN SEMINAR WHICH CHALLESSES INDIVIDUALS TO THINK MORE DESPLY, LISTEN MORE ATTENTIVELY, AND REPINS THER ABILITY TO LEAD IN AN INCREASINGLY COMPLEX AND CONFLICTION WORLD, SEMINAR PARTICIPANTS BROADE IN CHARLEST IN AND CONFLICTION WORLD, SEMINAR WORLD WORLD FROM THE ASPEN GLOBAL LEADERSHIP, GAINING A GREATER CAPACITY TO LEAD WITH COURAGE AND CONVICTION. 46 (code:) (Supanes		If "Yes," describe these new services on Schedule O.	
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	70	Total program out too expended p	Form 990 (2021)

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Form 990 (2021) THE ASPEN INSTITUTE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8	х	
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	 		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	٠. ا	v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	. .		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-'' -		 -
.0		18	х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	⊢ '°		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.0		x
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	<u> </u>

132003 12-09-21

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05.0		х
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		х
35.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
J	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	100		
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O T 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			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 816	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners? 132004 12-09-21

	990 (2021) THE ASPEN INSTITUTE, INC. 64-039900	0	Р	age 5
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
_	5. "		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.			
L	med for the salaridar year chang with a warm the year severed by this follows	Oh	х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Λ	
22	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions. Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	OD.		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			.,
	to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year			х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 f 7g		<u> </u>
g h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	iou		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		

5 2021.04030 THE ASPEN INSTITUTE, INC. 192063_1

If "Yes," complete Form 6069.

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
Sec	tion A. Governing Body and Management		•	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u> </u>		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 64			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion 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)	availal	ble
	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, an	d finan	cial	
	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/JENNIFER JONES - 410-353-3226			
	2300 N STREET NW 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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization n	or any related	orga	niza	tion	con	npen	sat	ed any current officer, di	rector, or trustee.	
(A)	(B)			_ ((C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			one	Reportable	Reportable	Estimated
	hours per	box	, unle: cer ar	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		l a		II COLO	1711 43		from	from related	other
	(list any hours for	lirecto				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or (trustee			ısatec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	al tru		yee	Highest compensated employee		1099-NEC)		and related
	below	idual	Institutional t	le e	Key employee	est co	Je.			organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) DANIEL PORTERFIELD	40.00									
PRESIDENT & CEO		Х		Х				643,984.	0.	54,772.
(2) ELLIOT GERSON	40.00									
EXECUTIVE VP				Х				450,891.	0.	59,501.
(3) NAMITA KHASAT	40.00									
CFO/CAO/TREASURER				Х				408,234.	0.	56,757.
(4) DAVID LANGSTAFF	40.00									
EXEC VICE PRESIDENT				Х				353,857.	0.	56,959.
(5) STEPHEN PATRICK	40.00									
EXECUTIVE DIRECTOR						Х		330,683.	0.	65,825.
(6) JANE WALES	40.00									
VP, EXECUTIVE DIRECTOR						Х		350,780.	0.	45,542.
(7) ANN MOSLE	40.00									
VP, EXECUTIVE DIRECTOR						Х		327,672.	0.	65,832.
(8) VIVIAN SCHILLER	40.00									
EXECUTIVE DIRECTOR						Х		346,379.	0.	44,924.
(9) ERIKA MALLIN	40.00									
EXECUTIVE DIRECTOR						Х		349,830.	0.	34,697.
(10) MARIA ACEBAL	40.00									
VP STRATEGIC DEV CORP SECRETARY				Х				278,458.	0.	46,876.
(11) ERIC MOTLEY	40.00									
EVP, CORP SECRETARY - UNTIL 08/2021				Х				280,415.	0.	39,197.
(12) JAMES SCHINE CROWN	1.00									
CHAIRMAN		Х		Х				0.	0.	0.
(13) WILLIAM E. MAYER	1.00									
TRUSTEE		Х		Х				0.	0.	0.
(14) JEFFREY S. ARONIN	1.00									
TRUSTEE		Х						0.	0.	0.
(15) DONNA BARKSDALE	1.00									
TRUSTEE		Х						0.	0.	0.
(16) MERCEDES BASS	1.00									
TRUSTEE		Х						0.	0.	0.
(17) MIGUEL (MIKE) BEZOS	1.00									
TRUSTEE		Х						0.	0.	0.

132007 12-09-21

101111000 (2021)	NSTITUTE, IN	C.							84-039900	6 Page 8
Part VII Section A. Officers, Directors, Tru	stees, Key Em	oloy	ees,	and	d Hig	ghes	st Co	ompensated Employee	s (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any	box	Position (do not check more than of box, unless person is both officer and a director/truste					Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC/ 1099-NEC)	from the organization and related organizations
(18) LAWRENCE BOBO	1.00									
TRUSTEE		Х						0.	0.	0.
(19) RICHARD BRADDOCK	1.00									
TRUSTEE		Х						0.	0.	0.
(20) BETH BROOKE	1.00									
TRUSTEE		Х						0.	0.	0.
(21) WILLIAM BYNUM	1.00									
TRUSTEE		Х						0.	0.	0.
(22) STEPHEN L. CARTER TRUSTEE	1.00	х						0.	0.	0.
(23) TROY CARTER	1.00									
TRUSTEE		х						0.	0.	0.
(24) CESAR R. CONDE	1.00									
TRUSTEE		х						0.	0.	0.
(25) PHYLLIS COULTER	1.00									
TRUSTEE		х						0.	0.	0.
(26) KATIE COURIC	1.00									
TRUSTEE		х						0.	0.	0.
1b Subtotal								4,121,183.	0.	570,882.
c Total from continuation sheets to Part								0.	0.	0.
d Total (add lines 1b and 1c)							•	4,121,183.	0.	570,882.
2 Total number of individuals (including but							o re	ceived more than \$100,	000 of reportable	

compensation from the organization

Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on

Yes No 3 4

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line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services

rendered to the organization? If "Yes," complete Schedule J for such person **Section B. Independent Contractors**

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	8,463,267.
BRAIN SOURCE INTERNATIONAL, 42-44		
BISHOPSGATE, LONDON, UNITED KINGDOM EC2N	STAFFING AND PAYROLL SERVICES	1,268,182.
EPLUS TECHNOLOGY, INC., 1595 DULLES		
TECHNOLOGY DRIVE, HERNDON, VA 20171	IT SYSTEMS AND SUPPORT	627,215.
ROWLAND BROUGHTON ARCHITECTURE AND URBAN DE	ARCHITECTURAL SERVICES FOR	
500 WEST MAIN STREET, ASPEN, CO 81611	CONSTRUCTION	448,626.
SPITFIRE STRATEGIES, LLC	COMMUNICATIONS CONSULTING &	
2300 N STREET NW, WASHINGTON, DC 20037	MANAGEMENT	388,351.
2 Total number of independent contractors (including but not limited to those listed \$100,000 of compensation from the organization ► 24	d above) who received more than	

SEE PART VII, SECTION A CONTINUATION SHEETS

1 01111 000	INSTITUTE, IN	С.							84-03990	006
Part VII Section A. Officers, Directors,	Trustees, Key Er	nplo	yee	s, aı	nd H	ligh	est	Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	ı		Reportable	Reportable	Estimated
	hours	(cl	neck	all t	that apply)			compensation	compensation	amount of
	per							from	from related	other
	week	_				loyee		the	organizations	compensation
	(list any	or director				emp		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	Individual trustee	Institutional trustee		yee	Highest compensated employee				organizations
	below	dual	ution	-	Key employee	stco	er			o.gaa
	line)	Indivi	Instit	Officer	Key e	High	Former			
(27) ANDREA CUNNINGHAM	1.00									
TRUSTEE		х						0.	0.	0.
(28) KENNETH L. DAVIS, MD	1.00									
TRUSTEE		х						0.	0.	0.
(29) JOHN DOERR	1.00									
TRUSTEE		х						0.	0.	0.
(30) THELMA DUGGIN	1.00									
TRUSTEE		х						0.	0.	0.
(31) ARNE DUNCAN	1.00									
TRUSTEE		х						0.	0.	0.
(32) MICHAEL D. EISNER	1.00									
TRUSTEE		Х						0.	0.	0.
(33) L. BROOKS ENTWISTLE	1.00									
TRUSTEE		Х						0.	0.	0.
(34) ELIZABETH FLEMING	1.00									
TRUSTEE		Х						0.	0.	0.
(35) ROGER FERGUSON	1.00									
TRUSTEE		Х						0.	0.	0
(35) ANN B. FRIEDMAN	1.00									
TRUSTEE - UNTIL 01/2021		Х						0.	0.	0
(36) HENRY LOUIS GATES, JR.	1.00									
TRUSTEE		Х						0.	0.	0
(36) RUSSELL GOLDSMITH	1.00									
TRUSTEE		Х						0.	0.	0
(37) ANTONIO GRACIAS	1.00									
TRUSTEE		Х						0.	0.	0
(38) PATRICK W. GROSS	1.00									
TRUSTEE		Х						0.	0.	0
(39) ARJUN GUPTA	1.00									
TRUSTEE		Х						0.	0.	0.
(40) JANE HARMAN	1.00	ļ								
TRUSTEE		Х						0.	0.	0.
(41) KAYA HENDERSON	1.00									
TRUSTEE		Х						0.	0.	0.
(42) MARK HOPLAMAZIAN	1.00	l								_
TRUSTEE		Х				_	<u> </u>	0.	0.	0.
(43) GERALD D. HOSIER	1.00									
TRUSTEE		Х				_		0.	0.	0
(44) ROBERT HURST	1.00									
TRUSTEE		Х						0.	0.	0
Total to Part VII, Section A, line 1c										

on at apply)	(D) Reportable	(E)	(F)
at apply)	Reportable	` '	(F)
at apply)	1		\· /
loyee	compensation	Reportable compensation	Estimated amount of
Highest compensated employee	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
	0.	0.	0.
+	0.	0.	
	0.	0.	0.
	0.	0.	0.
	0.	0.	0.
	0.	0.	0.
	0.	0.	0.
	0.	0.	0.
	0.	0.	0.
	0.	0.	0.
	0.	0.	0.
	0.	0.	0 .
	0.	0.	0
	0.	0.	0
	0.	0.	0 .
	0.	0.	0.
	0.	0.	0 .
\bot	0.	0.	0 .
\bot	0.	0.	0 .
$\bot \bot$	0.	0.	0 .
	0.	0.	0.
		0.	0. 0.

	NSTITUTE, IN	C.							84-03990	006		
Part VII Section A. Officers, Directors, 1	Γrustees, Key Er	nplo	yee	s, a	nd H	lighe	est (Compensated Employe	ees (continued)			
(A)	(B)				C)			(D) (E) (F)				
Name and title	Average				ition			Reportable	Reportable	Estimated		
	hours	(cl	(check all tha			арр	ly)	compensation	compensation	amount of		
	per							from	from related	other		
	week	_				oyee		the	organizations	compensation		
	(list any	irecto				empl		organization	(W-2/1099-MISC)	from the		
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related		
	organizations	ruste	l trus		/ee	m pen				organizations		
	below	Individual trustee or director	Institutional trustee	_	Key employee	Highest compensated employee	Je.			organizations		
	line)	Indivi	Institu	Officer	Key e	Highe	Former					
(65) CARRIE WALTON PENNER	1.00											
TRUSTEE		Х						0.	0.	0.		
(65) CARLA PINEYRO-SUBLETT	1.00											
TRUSTEE		х						0.	0.	0.		
(66) MARGOT L. PRITZKER	1.00											
TRUSTEE		Х						0.	0.	0.		
(67) WILLIAM RESNICK	1.00											
TRUSTEE		Х						0.	0.	0.		
(68) CONDOLEEZZA RICE	1.00											
TRUSTEE - UNTIL 01/2021		Х						0.	0.	0.		
(69) RICARDO SALINAS	1.00											
TRUSTEE		Х						0.	0.	0.		
(70) LEWIS SANDERS	1.00											
TRUSTEE - UNTIL 11/2021		Х						0.	0.	0.		
(71) ANNA DEAVERE SMITH	1.00											
TRUSTEE		Х						0.	0.	0.		
(72) ROBERT K. STEEL	1.00											
TRUSTEE		Х						0.	0.	0.		
(73) LAURIE M. TISCH	1.00	1										
TRUSTEE		Х						0.	0.	0.		
(74) CHRISTOPHER VARELAS	1.00	1										
TRUSTEE		Х						0.	0.	0.		
(75) RODERICK K. VON LIPSEY	1.00	-										
TRUSTEE		Х						0.	0.	0.		
(76) VIN WEBER	1.00	-										
TRUSTEE	1.00	Х	_					0.	0.	0.		
(77) JESSIE WOOLLEY-WILSON	1.00									•		
TRUSTEE		Х						0.	0.	0.		
		-										
		1										
		1										
		1										
		1										
Total to Part VII, Section A, line 1c	<u></u>	<u></u>	<u></u> .		<u></u>	<u></u>						
	-											

84-0399006

Form 990 (2021) THE ASPEN :
Part VIII Statement of Revenue

		Check if Schedule O contains a	response (or note to anv lin	e in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
						lunction revenue	business revenue	sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
an		Membership dues	1b					
⊋,g		Fundraising events	1c	1,115,907.				
ifts ar A		Related organizations	1d					
nig.		Government grants (contributions)	1e	4,500,898.				
Sig		All other contributions, gifts, grants, and						
her		similar amounts not included above		135,078,797.				
Ę P	g	Noncash contributions included in lines 1a-1f	1g \$	10,448,358.				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f			140,695,602.			
				Business Code				
ø	2 a	CONTRACT REVENUE		900099	17,079,149.	17,079,149.		
r Š	b	CONF./FACILITY FEES		531390	8,990,917.		8,990,917.	
Se	С	SEMINAR AND EVENT FEES		900099	2,515,732.	2,515,732.		
Program Service Revenue	d	BOOK SALES		900099	1,136.	1,136.		
Бо	е							
ڇ	f	All other program service revenue						
	g	Total. Add lines 2a-2f			28,586,934.			
	3	Investment income (including divide						
		other similar amounts)			907,211.		1,611,202.	-703,991.
	4	Income from investment of tax-exer	mpt bond p	roceeds				
	5	Royalties		(") David a sal				
			(i) Real	(ii) Personal				
		5.1 555 151115	132,559.					
			125,624.					
		Rental income or (loss) 6c	6,935.		6,935.			6,935.
		Net rental income or (loss)	Securities	(ii) Other	0,333.			0,555.
	<i>i</i> a		961,739.	291,428.				
	h	Less: cost or other basis	,,,,,,,,	272,220.				
ø		and sales expenses	066 996.	270,850.				
nua	c		894,743.	20,578.				
Revenue		Net gain or (loss)		•	915,321.			915,321.
her F		Gross income from fundraising events			,			,
퇀		including \$ 1,115,907	·					
		contributions reported on line 1c).	See					
		Part IV, line 18	8a	28,130.				
	b	Less: direct expenses	8b	597,369.				
	С	Net income or (loss) from fundraising	ng events		-569,239.			-569,239.
	9 a	Gross income from gaming activitie						
		Part IV, line 19	9a					
		Less: direct expenses						
		Net income or (loss) from gaming a						
	10 a	Gross sales of inventory, less return						
		and allowances						
		Less: cost of goods sold						
\rightarrow	С	Net income or (loss) from sales of in	nventory	Busines - O - d				
ဋ		OMUED INCOME		Business Code	364 700			364 700
ne or	11 a	GUDI DI GE TUGOVE		900099	364,790.			364,790.
llan	b	SUBLEASE INCOME ADVERTISING INCOME		541800	303,392. 35,740.		35,740.	303,392.
Miscellaneous Revenue				241000	33,740.		33,740.	
Ξ		All other revenue			703,922.			
	12	Total revenue. See instructions			171,246,686.	19,596,017.	10,637,859.	317,208.
					, , , , , , , , , , , , , , , , , , ,	, , , , ,	, , ,	, ,

132009 12-09-21

84-0399006

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 respons			(0)	<u>X</u>
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	13,662,257.	13,662,257.		
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	778,444.	778,444.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	4,417,304.	4,417,304.		
4	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees	2,729,901.	433,833.	2,136,261.	159,80
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	53,239,622.	40,190,913.	10,868,319.	2,180,390
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	4,276,778.	3,639,578.	423,731.	213,469
	Other employee benefits	4,618,403.	3,393,844.	923,765.	300,794
	Payroll taxes	5,060,529.	4,739,572.	161,786.	159,171
	Fees for services (nonemployees):				
а	Management	10,291,120.	10,291,120.		
	Legal	453,729.	299,356.	154,373.	
	Accounting	142,947.		142,947.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	1,200,594.		1,200,594.	
_	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	22,337,210.	17,922,591.	4,272,396.	142,223
12	Advertising and promotion				
	Office expenses	3,032,028.	2,248,163.	728,062.	55,803
	Information technology	983,787.	711,872.	251,278.	20,637
	Royalties		2 -24		
	Occupancy	5,920,843.	3,586,777.	2,157,519.	176,547
17	Travel	3,742,433.	3,399,639.	326,928.	15,866
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	167,410.	167,410.		
	Conferences, conventions, and meetings				
	Interest	62,783.	62,783.		
	Payments to affiliates	2 000 045		2 000 045	
	Depreciation, depletion, and amortization	3,280,847.	420	3,280,847.	
	Insurance	424,469.	438.	424,031.	
	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 0.)				
	PARTNER REIMBURSEMENTS	1,205,584.	1,205,584.		
	PUBLICATIONS	964,579.	912,011.	45,387.	7,181
	REPAIRS AND MAINTENANCE	398,141.	145,353.	252,788.	•
	BAD DEBT	382,023.	203,869.		178,154
	All other expenses	•	,		•
	Total functional expenses. Add lines 1 through 24e	143,773,765.	112,412,711.	27,751,012.	3,610,042
	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)				

Form 990 (2021) Part X Balance Sheet

Part A	Charlif Calcada Constains a succession		and the Helin Devil M			
	Check if Schedule O contains a response or	note to any lii	ne in this Part X	(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			7,143,777.	1	15,569,294.
2	Savings and temporary cash investments			26,098,145.	2	20,005,043.
3	Pledges and grants receivable, net			40,677,134.	3	49,885,211
4	Accounts receivable, net			25,416,890.	4	6,960,249
5	Loans and other receivables from any curren			, , , -	•	
"	-					
	trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons				5	
6	Loans and other receivables from other disqu	•				
"	under section 4958(f)(1)), and persons descri	•	`		6	
_ω 7					7	
Assets	Notes and loans receivable, net Inventories for sale or use			138,867.	8	283,265
9 Ass				1,662,165.	9	2,147,646
1	Land, buildings, and equipment: cost or other	1 1		_,,	9	_,,
100	basis. Complete Part VI of Schedule D		135 038 341.			
,	b Less: accumulated depreciation		58,459,221.	69,191,910.	10c	76,579,120
11	Investments - publicly traded securities		· · · +	32,770,950.	11	75,643,810
12	Investments - other securities. See Part IV, lir			188,820,548.	12	215,765,025
13	Investments - program-related. See Part IV, li			200,020,010.	13	220,700,020
14					14	
	Intangible assets			2,305,746.	15	2,676,270
15		Other assets. See Part IV, line 11			16	465,514,933
17		Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses			17	13,594,228
18				11,901,598.	18	1,916,128
19	Grants payable			6,737,446.	19	12,033,695
20	Deferred revenue			0,707,110.	20	12,000,000
21	Tax-exempt bond liabilities Escrow or custodial account liability. Comple				21	
00					21	
<u>se</u> 22	Loans and other payables to any current or f					
≣	trustee, key employee, creator or founder, su				00	
Liabilities		controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties			22	3,780,000
23					23	3,700,000
24	Unsecured notes and loans payable to unrela				24	
25	Other liabilities (including federal income tax,					
	parties, and other liabilities not included on li	nes 17-24). C	omplete Part X	20,997,410.	0.5	21,757,447
00	of Schedule D			41,995,580.		53,081,498
26	Total liabilities. Add lines 17 through 25			41,555,500.	26	33,001,430
ပ္သ	Organizations that follow FASB ASC 958, o	cneck nere				
<u>و</u> ا	and complete lines 27, 28, 32, and 33.			136,758,015.	07	157 173 963
<u>a</u> 27	Net assets without donor restrictions			215,472,537.	27	157,173,863
<u>86</u> 28	Net assets with donor restrictions			213,472,337.	28	255,259,572
<u> </u>	Organizations that do not follow FASB AS	C 958, cneck	nere 🕨 🔛			
<u> </u>	and complete lines 29 through 33.	al a			00	
29 چ <u>ئا</u> 29	Capital stock or trust principal, or current fur				29	
8 30	Paid-in or capital surplus, or land, building, o				30	
Net Assets or Fund Balances 27 28 29 31 32 32	Retained earnings, endowment, accumulated			252 222 552	31	410 422 425
_	Total net assets or fund balances			352,230,552.	32	412,433,435
33	Total liabilities and net assets/fund balances			394,226,132.	33	465,514,933

Form **990** (2021)

84-0399006

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	17:	.,246	,686.
2	Total expenses (must equal Part IX, column (A), line 25)				
3	Revenue less expenses. Subtract line 2 from line 1	3	2'	7,472	,921.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	35:	2,230	,552.
5	Net unrealized gains (losses) on investments	5	3:	2,537	,736.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		- 3	,000.
9	Other changes in net assets or fund balances (explain on Schedule O)	9		195	,226.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	41:	2,433	,435.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		20	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	it		
	Act and OMB Circular A-133?	-	3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audi	t		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

THE ASPEN INSTITUTE INC. 84-0399006 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132021 01-04-22

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

800	talls to quality under the tests	nated below, pleas	30 complete i ait ii	··· <i>)</i>			
	tion A. Public Support				T		
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	00 061 054	04 560 515	100 420 060	121 054 502	140 502 520	F.C. 430 1.C.C
	include any "unusual grants.")	92,261,254.	94,760,517.	108,438,960.	131,254,703.	140,723,732.	567,439,166.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge	00 001 054	04 760 517	100 420 000	121 254 702	140 722 722	FC7 430 1CC
	Total. Add lines 1 through 3	92,261,254.	94,760,517.	108,438,960.	131,254,703.	140,723,732.	567,439,166.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						62 570 247
_	column (f)						62,570,247.
	Public support. Subtract line 5 from line 4. etion B. Total Support						504,868,919.
		(-) 0047	(I-) 0040	(-) 0040	(-1) 0000	(-) 000d	(f) T-+-1
	ndar year (or fiscal year beginning in)	(a) 2017 92,261,254.	(b) 2018 94,760,517.	(c) 2019 108,438,960.	(d) 2020 131, 254, 703.	(e) 2021 140,723,732.	(f) Total 567,439,166.
	Amounts from line 4	92,201,254.	34,700,317.	100,430,300.	131,234,703.	140,723,732.	307,439,100.
ŏ	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	759,709.	-390,616.	-59,007.	535,540.	1,343,162.	2,188,788.
•	and income from similar sources	733,703.	330,010.	33,007.	333,340.	1,343,102.	2,100,700.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
IU	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)	434,052.	443,054.	799,478.	156,060.	394,530.	2,227,174.
44	Total support. Add lines 7 through 10	131,032.	113,031.	733,170.	130,000.	331,330.	571,855,128.
	Gross receipts from related activities,	oto (soo instructio	ne)			12	128,972,580.
	First 5 years. If the Form 990 is for the	•	,	ourth or fifth tax i	voor as a soction 5	•	
13	organization, check this box and stop	· ·	st, second, triird, i	ourin, or min tax y	real as a section of	J 1 (C)(S)	ightharpoonup
Sec	etion C. Computation of Publi		centage				
	Public support percentage for 2021 (li			column (f))		14	88.29 %
	Public support percentage from 2020					15	91.05 %
	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies						. 77
b	33 1/3% support test - 2020. If the o		-				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	_					
	meets the facts-and-circumstances te			=	-	3	▶ □
b	10% -facts-and-circumstances test	· ·					
	more, and if the organization meets th	_					
	organization meets the facts-and-circu				-		>
<u>18</u>	Private foundation. If the organization		-				
	<u> </u>		,				(Farm 000) 0001

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	ciow, picase com	piete i art ii.j				
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	(4) 2017	(6) 2010	(0) 2010	(4) 2020	(6) 2021	(i) Total
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for t	he organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organization	on,
check this box and stop here						>
Section C. Computation of Publ	ic Support Pe	rcentage				
15 Public support percentage for 2021 (line 8, column (f), o	divided by line 13,	column (f))		15	%
16 Public support percentage from 2020					16	%
Section D. Computation of Inves	stment Incom	e Percentage				
17 Investment income percentage for 2	021 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2021. If the	e organization did ı	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box a	nd stop here. The	e organization qual	ifies as a publicly s	supported organization	ation	> □
b 33 1/3% support tests - 2020. If the line 18 is not more than 33 1/3%, che	•			•	•	
20 Private foundation. If the organization						

1-04-22 Schedule A (Form 990) 2021

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- 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)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
4		
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
90		
10a		
10b		

132024 01-04-21

	Continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
'				
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
'				
	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	1		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
3				
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
1				
' a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below.	•		
a b	The organization satisfied the Activities rest. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in.	otrustio-	ıc)	
2	Activities Test. Answer lines 2a and 2b below.	อแนบแบก	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		.03	140
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
h	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	Zu		
D	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	, ,			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	ZU		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а		3a		
h	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	Od		
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	26		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	<u> </u>	

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	nizations				
1	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.						
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
a	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
c	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting orga	nization (see			
	instructions).		,	•			

THE ASPEN INSTITUTE, INC.

Page 7

Par	t V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	1		
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. 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 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
<u>a</u>	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7:			
a	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			

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
2017 AMOUNT: \$ 434,052.
2018 AMOUNT: \$ 443,054.
2019 AMOUNT: \$ 799,478.
2020 AMOUNT: \$ 156,060.
2021 AMOUNT: \$ 394,530.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

2021

TH	E ASPEN INSTITUTE, INC.	84-0399006				
Organization type (check	one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 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					
• •	is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	le. See instructions.				
-	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling yone contributor. Complete Parts I and II. See instructions for determining a contributor's	•				
Special Rules						
sections 509(a)(1) contributor, durin	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support of and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and g the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) IZ, line 1. Complete Parts I and II.	d that received from any one				
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.						
year, contribution is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a sexclusively for religious, charitable, etc., purposes, but no such contributions totaled mere the total contributions that were received during the year for an exclusively religious omplete any of the parts unless the General Rule applies to this organization because it ble, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>				
answer "No" on Part IV, lin	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fe 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, and requirements of Schedule B (Form 990).					
LHA For Paperwork Reduc	tion Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2021)				

Schedule B (Form 990) (2021)

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

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1			Person X Payroll
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 2	Name, address, and ZIP + 4	\$\$ 8,131,571.	Person X Payroll
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 3	Name, address, and ZIP + 4	\$\$, 7,225,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 6	Name, address, and ZIP + 4		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Page 2 Schedule B (Form 990) (2021)

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

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
7		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 8	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
9		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
10	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
11	Training and coop direction 1. 1	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Page 2 Schedule B (Form 990) (2021)

Name of organization	Employer identification number
THE ASPEN INSTITUTE INC.	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
13		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
14		\$\$	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3 Schedule B (Form 990) (2021)

Employer identification number Name of organization THE ASPEN INSTITUTE, INC. 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		
	1,605 SHARES OF AMAZON (AMZN)				
1					
		\$5,048,897.	05/26/21		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	11,000 SHARES OF JOHNSON & JOHNSON				
14	-				
		\$1,769,174.	02/22/21		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			

Schedule B (Form 990) (2021)

lame of or	rganization			Employer identification number	
	N INSTITUTE, INC.			84-0399006	
Part III	Exclusively religious, charitable, etc., contributions from any one contributor. Complete columns (a) the	rough (e) and the following line en	try. For organizations		
	completing Part III, enter the total of exclusively religious, char Use duplicate copies of Part III if additional spa	itable, etc., contributions of \$1,000 or ace is needed.	less for the year. (Enter this info. on	ce.) ► \$	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held	
Part I	(b) Purpose of grit	(c) Use of gift	(d) Desi	cription of now girt is neid	
		(e) Transfer of gif	t		
	Transferee's name, address, and	ZIP + 4	Relationship of tra	nsferor to transferee	
					
(a) No. from	#ND 4.19	() 11	(1) 5		
Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held	
		(e) Transfer of gif	t		
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Door	cription of how gift is held	
Part I	(b) Full pose of gift	(c) Ose of gift	(u) Desi	Emption of now gift is field	
-					
		(e) Transfer of gif	t		
	Transferee's name, address, and	ZIP + 4	Relationship of tra	nsferor to transferee	
					
	-				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held	
Part I	(,	(-, 3	(,	<u></u>	
-		(a) Transfer of all			
		(e) Transfer of gif	ι		
	Transferee's name, address, and	ZIP + 4	Relationship of tra	nsferor to transferee	
					

Page 4

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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) organizat	ions: Complete Part III.			
Nan	ne of organization			Empl	oyer identification number
_		INSTITUTE, INC.			84-0399006
Pa	art I-A Complete if the org	anization is exempt und	er section 501(c)	or is a section 527 or	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures		> \$	
Pa	art I-B Complete if the org	anization is exempt und	er section 501(c)(3).	
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955	▶\$	
	Enter the amount of any excise tax				
3	If the organization incurred a section	n 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.	 		504/	1(0)
Pa	art I-C Complete if the org	anization is exempt und	er section 501(c),		
	Enter the amount directly expended	, , ,	•	***************************************	
2	Enter the amount of the filing organ				
_	exempt function activities				
3	Total exempt function expenditures				
4	line 17b				
4 5	Enter the names, addresses and en				
J	made payments. For each organizar				
	contributions received that were pro	•	0 0		•
	political action committee (PAC). If	additional space is needed, prov	vide information in Part	IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

Part II-A Complete if the org	anization is a		n 501(c)(3) and file		ection under
section 501(h)).		kempt under section		u i 0iiii 3700 (ei	ection under
		affiliated group (and list in	n Part IV each affiliated (group member's nam	ne, address, EIN,
expenses, and shar	•	,			
B Check ▶ ☐ if the filing organiza	tion checked box	A and "limited control" pr	ovisions apply.		
	ts on Lobbying Ex ditures" means ar	openditures nounts paid or incurred.	.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public opini	on (grassroots lobbying)			
b Total lobbying expenditures to influ					
c Total lobbying expenditures (add li	nes 1a and 1b)		To the second se		
d Other exempt purpose expenditure					
e Total exempt purpose expenditure	s (add lines 1c and	d 1d)			
f Lobbying nontaxable amount. Ente	er the amount from	the following table in bot	th columns.		
If the amount on line 1e, column (a) o	or (b) is: The	lobbying nontaxable an	nount is:		
Not over \$500,000	20%	of the amount on line 1e	t.		
Over \$500,000 but not over \$1,000	0,000 \$10	0,000 plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000 \$17	5,000 plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000 \$22	5,000 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,0	000,000.			
g Grassroots nontaxable amount (en	•				
h Subtract line 1g from line 1a. If zer					
i Subtract line 1f from line 1c. If zero	·		_		
j If there is an amount other than ze	•	,			_,,
reporting section 4911 tax for this		Access does Does at the de-			Yes No
(Some organizations the	hat made a sectio	Averaging Period Under n 501(h) election do not parate instructions for li	have to complete all o	f the five columns b	elow.
		penditures During 4-Ye			
Colonday					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(8	a) 	(b)
of the lobbying activity.	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or			
local legislation, including any attempt to influence public opinion on a legislative matter			
or referendum, through the use of:			
a Volunteers?		Х	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		Х	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		Х	1 0
g Direct contact with legislators, their staffs, government officials, or a legislative body?		v	1,2
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?i Other activities?		X X	
j Total. Add lines 1c through 1i			1,2
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	ion 501(c)(b), or sec	ction
			Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?		4	
		<u>1</u>	
 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from 	the prior year	2	etion
 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from 	the prior year ion 501(c)(2 ? 3 5), or sec	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	the prior year ion 501(c)(t d "No" OR	2 3 5), or sec (b) Part	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	the prior year ion 501(c)(l d "No" OR	2 3 5), or sec (b) Part	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members	the prior year ion 501(c)(l d "No" OR	2 3 5), or sec (b) Part	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	the prior year ion 501(c)(t d "No" OR itical	2 3 5), or sec (b) Part I	
 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year 	the prior year ion 501(c)(t d "No" OR itical	2 3 5), or sec (b) Part I	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	the prior year ion 501(c)(t d "No" OR	2 7 3 5), or sec (b) Part I	
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Employer identification number

THE ASPEN INSTITUTE, INC. 84-0399006 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? 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 Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 X Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a 263.88 Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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:

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

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

Schedule D (Form 990) 2021

Assets included in Form 990, Part X

Par	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, or Othe	er Simila	r Assets	(continu	ıed)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the f	ollowing that make	significant	use of its	,	
	collection items (check all that apply):							
а	X Public exhibition	d	Loan or excl	hange program				
b	b Scholarly research e Other							
С	c Preservation for future generations							
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.							
5	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 ma						Yes	X No
Par	rt IV Escrow and Custodial Arrang		ete if the organization	n answered "Yes" o	n Form 99	D, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par	•						
1a	Is the organization an agent, trustee, custodia						_	
	on Form 990, Part X?					L	Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:			1		
							Amount	
С	Beginning balance							
d	Additions during the year							
е	Distributions during the year							
f	Ending balance				<u>If</u>		7	
	Did the organization include an amount on Fo				•		Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.							
Par	rt V Endowment Funds. Complete in					vooro book	(-) Four :	vooro book
		(a) Current year 140,520,233.	(b) Prior year	(c) Two years back 115,098,677.	_	years back		years back
	Beginning of year balance	17,309,092.	126,362,776.	, ,		95,266.		379,276.
b	Contributions	30,072,140.	10,938,289.					65,941.
C	Net investment earnings, gains, and losses	30,072,140.	10,092,783.	15,369,499.	-4,0	594,709.	10,3	999,814.
a	Grants or scholarships							
е	Other expenditures for facilities	9,195,723.	6,873,615.	5,524,128.	3 2	79,083.	4 4	167,828.
f	and programs Administrative expenses	3,133,723.	0,075,015.	3,321,120.	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,.	.,020.
g		178,705,742.	140,520,233.	126 362 776.	115 (98 677.	119 (77 203.
2	End of year balance [Provide the estimated percentage of the current p				, , , ,		,	7-1
a	Board designated or quasi-endowment	36.3143	%	, ricia as.				
b	Permanent endowment 24.6738	%						
	Term endowment ► 39.0119							
•	The percentages on lines 2a, 2b, and 2c shou							
За	Are there endowment funds not in the posses	•	tion that are held an	d administered for	the organiz	ation		
	by:	J			Ü		[Yes No
	(i) Unrelated organizations						3a(i)	Х
	(ii) Related organizations						3a(ii)	Х
b	If "Yes" on line 3a(ii), are the related organiza						3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Par	rt VI Land, Buildings, and Equipm							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part >	(, line 10.			
	Description of property	(a) Cost or o	ther (b) Cost	' '	Accumulat		(d) Book	value
		basis (investn		. ,	epreciation	1		
1a	Land			,411,093.				111,093.
b	Buildings			,504,315.	42,288			215,868.
С	Leasehold improvements			,927,593.	2,859			067,796.
d	Equipment			,661,797.	6,252			109,049.
	Other		· ·	,533,543.	7,058	229.		175,314.
Total	I. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, column (B), line 10	Oc.)				79,120.
						Schedule	D (Form	990) 2021

(B) (C) (D)

Part VII	Investments -	Other	Securities
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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	1,227,786.	END-OF-YEAR MARKET VALUE						
(B) LIMITED PARTNERSHIPS	214,537,239.	END-OF-YEAR MARKET VALUE						
(C)								

(E) (F) (G) (H)

215,765,025. Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT AND LEASE INCENTIVE	13,972,765.
(3) DEFERRED COMPENSATION	7,711,589.
(4) CAPITAL LEASE OBLIGATIONS	56,093.
(5) DUE TO AFFILIATE	17,000.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	21,757,447.

^{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

Sche	dule D (Form 990) 2021 THE ASPEN INSTITUTE, INC.			84-03	99006	Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With F	Revenue per Re	turn.		
`	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	203,4	443,337.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	32,537,736.			
b	Donated services and use of facilities		136,516.			
С	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	1 1				
е	Add lines 2a through 2d			2e	32,6	574,252.
3	Subtract line 2e from line 1			3	170,	769,085.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,200,594.			
b	Other (Describe in Part XIII.)	. – – –	-722,993.			
	Add lines 4a and 4b		,	4c	4	477,601.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5		
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per R	_		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		•			
1	Total expenses and losses per audited financial statements			1	143	237,454.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					,
a	Donated services and use of facilities	2a	136,516.			
_			200,020.			
b	Prior year adjustments					
C	Other losses		527,767.			
d	Other (Describe in Part XIII.)			0.		564,283.
e	Add lines 2a through 2d			2e		573,171.
3	Subtract line 2e from line 1			3	142,	3/3,1/1.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	1 200 504			
a	Investment expenses not included on Form 990, Part VIII, line 7b		1,200,594.			
b	Other (Describe in Part XIII.)				1 1	200 504
_C	Add lines 4a and 4b			4c		200,594.
D ₂	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information.			5	143,	773,765.
		B / II / /		5		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part			; Part X,	ine 2; Part	XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	itional inform	ation.			
D3.D0	TT TIME F					
PART	II, LINE 5:					
miin	THORTHUM COMMINING TO COMPLY WITH MERNO OF COMPLYON COMPLYING	2 mii				
THE	INSTITUTE CONTINUES TO COMPLY WITH TERMS OF CONTRACT GOVERNING	5 THE				
COM	TRUMBLON DAGRADAM WELD WILLIAM THAT VIDE A PROMEOMICAL OF NAMEDAL A					
CONS	ERVATION EASEMENT HELD, WHICH INCLUDES PROTECTION OF NATURAL I	HABITAT.				
D. D. D.	TT TTMD 0					
PARI	II, LINE 9:					
THE	INSTITUTE HOLDS A CONSERVATION EASEMENT ON THE BALANCE SHEET	AND THE				
CONT	RIBUTED PARCEL OF LAND WAS BOOKED AS REVENUE FOR THE YEAR IT	WAS				
GIFT	ED.					
PART	III, LINE 4:					
AT C	UR ASPEN MEADOWS CAMPUS, ASPEN, COLORADO, WE HAVE A LARGE COLI	LECTION				
	DE SUID TO OV DIODY IN DOCUMENT OF STREET	T.0				
OF A	RT THAT IS ON DISPLAY BOTH IN GALLERIES AND PUBLIC SPACES. IT	IS				

SPECIAL EVENT EXPENSES 597,369.

RENTAL EXPENSES 125,624.

REFUNDED GRANTS -195,226.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 527,767.

Schedule D (Form 990) 2021

SCHEDULE F (Form 990)

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.

GRANTS, MEETINGS AND

GRANTS, MEETINGS AND

PROGRAMMATIC ACTIVITIES.

PROGRAMMATIC ACTIVITIES.

OMB No. 1545-0047

247,442.

302,606.

Department of the Treasury

EUROPE (INCLUDING ICELAND & GREENLAND)

MIDDLE EAST AND

NORTH AFRICA

v/Form990 for instructions and the latest information

internal Revenue Service	₽ GO to	www.iis.gov/Fc		illiorillation.	ilispe	Clion			
Name of the organization					Employer identifi	cation number			
THE ASPEN INSTITUTE	, INC.				84-0399006				
Part I General Ir	formation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered "Y	es" on			
Form 990, Pa	art 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? X Yes No								
United States.	United States.								
(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, pro- gram services, investments, grants to recipients located in the region)	(e) If acting is a production described	vity listed in (d) gram service, specific type (s) in the region	(f) Total expenditures for and investments in the region			
EAST ASIA AND THE	0		PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION.	GRANTS, MEE	TINGS AND	296,065.			
			PROGRAM SERVICES AND GRANTS						

TO RECIPIENTS LOCATED IN

PROGRAM SERVICES AND GRANTS

PROGRAM SERVICES AND GRANTS

TO RECIPIENTS LOCATED IN

REGION.

REGION.

0

0

0

0

			FROGRAM DERVICES IND GRANTS		
			TO RECIPIENTS LOCATED IN	GRANTS, MEETINGS AND	
NORTH AMERICA	0	0	REGION.	PROGRAMMATIC ACTIVITIES.	258,997.
			PROGRAM SERVICES AND GRANTS		
			TO RECIPIENTS LOCATED IN	GRANTS, MEETINGS AND	
SOUTH AMERICA	0	0	REGION.	PROGRAMMATIC ACTIVITIES.	1,036,460.
			PROGRAM SERVICES AND GRANTS		
			TO RECIPIENTS LOCATED IN	GRANTS, MEETINGS AND	
SOUTH ASIA	0	0	REGION.	PROGRAMMATIC ACTIVITIES.	1,047,116.
			PROGRAM SERVICES AND GRANTS		
			TO RECIPIENTS LOCATED IN	GRANTS, MEETINGS AND	
SUB-SAHARAN AFRICA	0	0	REGION.	PROGRAMMATIC ACTIVITIES.	1,228,618.
3 a Subtotal	0	0			4,417,304.
b Total from continuation					

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

Schedule F (Form 990) 2021

4,417,304.



and 3b)

sheets to Part I c Totals (add lines 3a

Schedule F (Form 990) 2021

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SUB-SAHARAN	CHAPTER OPERATIONS					
		AFRICA	SUPPORT	365,387.	WIRE TRANSFER	0.		
			SUPPORT GOYN INITIATIVE	353,500.	WIRE TRANSFER	0.		
			SUPPORT CHAPTER					
		AFRICA	OPERATIONS IN AFRICA	336,586.	WIRE TRANSFER	0.		
			CAPACITY PLANNING WORK, SUPPORT GOYN INITIATIVE	325 000	WIRE TRANSFER	0.		
		SOUTH ASTA	INITIATIVE	323,000.	WIRE TRANSFER	0.		
			CAPACITY PLANNING WORK, SUPPORT GOYN					
		SOUTH ASIA	INITIATIVE	325,000.	WIRE TRANSFER	0.		
			CAPACITY PLANNING WORK, SUPPORT GOYN					
		SOUTH AMERICA	INITIATIVE	325,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE	CHAPTER OPERATIONS SUPPORT	275 815	WIRE TRANSFER	0.		
		11101110	5011011	273,013.	WIRE HUMBIER	•		
			SUPPORT GOYN INITIATIVE	250 000	WIRE TRANSFER	0.		
O Fatantat !			ecognized as charities by the f	· · · · · · · · · · · · · · · · · · ·		0.		1

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

.....

Schedule F (Form 990) 2021

25

3 Enter total number of other organizations or entities

THE ASPEN INSTITUTE, INC.

Schedule F (Form 990)

Part II Continuation of	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F.)						F (Form 990), Part II, line 1)		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
			CHAPTER OPERATIONS						
			SUPPORT	88,602.	WIRE TRANSFER	0.			
		MIDDLE EAST AND	STEVENS INITIATIVE						
		NORTH AFRICA	CULTURAL EXCHANGE	88,354.	WIRE TRANSFER	0.			
				,					
			CHAPTER OPERATIONS SUPPORT	78 923.	WIRE TRANSFER	0.			
				,		- •			
			SUPPORT EQUITY AT THE LAST MILE INITIATIVE	75 000	WIRE TRANSFER	0.			
		BOOTH ASTA	DASI MIDE INITIATIVE	73,000.	WIKE TRANSFER	0.			
			ANDE CHAPTER SUPPORT	50.050					
		AFRICA	GRANT	53,052.	WIRE TRANSFER	0.		+	
		MIDDLE EAST AND	STEVENS INITIATIVE						
		NORTH AFRICA	CULTURAL EXCHANGE	47,419.	WIRE TRANSFER	0.			
		SUB-SAHARAN	CHAPTER OPERATIONS						
			SUPPORT	42,997.	WIRE TRANSFER	0.			
		EUROPE (INCLUDING	SUPPORT PARTNERSHIPS						
			SUSTAINABLE SMALL AND						
			GROWING BUSINESSES	42,692.	WIRE TRANSFER	0.			
		MIDDLE EAST AND	STEVENS INITIATIVE						
		NORTH AFRICA	CULTURAL EXCHANGE	36,088.	WIRE TRANSFER	0.			

Schedule F (Form 990)

THE ASPEN INSTITUTE, INC.

Part II Continuation of							Schedule F (Form 990), Part II, line 1)			
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
		SUB-SAHARAN	AGORA PARTICIPATION							
			AWARD	24,000.	WIRE TRANSFER	0.				
				,						
			SUPPORT ACCELERATING							
			WOMEN-LED VENTURES			_				
		AFRICA	PROJECT	21,595.	WIRE TRANSFER	0.				
			SUPPORT ACCELERATING							
			WOMEN-LED VENTURES							
		SOUTH AMERICA	PROJECT	20,262.	WIRE TRANSFER	0.				
		GUD GAUADAN								
			GLOBAL INCLUSIVE GROWTH SPARK GRANT	20 000	WIRE TRANSFER	0.				
		III KI CII	DROWIN DIMER CHART	20,000.	WIRE HUMBIER	0.				
		NORTH AMERICA	MCNULTY PRIZE AWARD	15,030.	WIRE TRANSFER	0.				
		SUB-SAHARAN	MCNULTY GLOBAL							
			RESPONSE FUND AWARD	15,000.	WIRE TRANSFER	0.				
		l .	l.	i.	1	ı l				

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. (h) Method of valuation (book, FMV, appraisal, other) (f) Amount of (c) Number of (d) Amount of (e) Manner of (g) Description of (a) Type of grant or assistance (b) Region cash disbursement recipients cash grant noncash noncash assistance assistance EAST ASIA AND THE HONORARIUM PACIFIC 18,000. WIRE TRANSFER 0. EAST ASIA AND THE EVENT PARTICIPATION STIPEND PACIFIC 2,250. WIRE TRANSFER 0. EUROPE (INCLUDING ICELAND AND HONORARIUM GREENLAND) 1,000. WIRE TRANSFER 0. MIDDLE EAST AND HONORARIUM NORTH AFRICA 1,563. WIRE TRANSFER 0.

Schedule F (Form 990) 2021



Sched	ule F (Form 990) 2021 THE ASPEN INSTITUTE, INC.	84-0399006	Page 4
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)	X 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	X 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	X 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	X 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	X No

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)

Schedule F (Form 990) 2021

Yes X No

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Page 5

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 GRANTEES OR SERVICE PROVIDERS MUST ALSO CERTIFY THAT

THEY DO NOT AND WILL NOT KNOWINGLY PROVIDE MATERIAL SUPPORT OR RESOURCES

TO ANY INDIVIDUAL OR ENTITY INVOLVED WITH TERRORISM (INCLUDING ANY

INDIVIDUALS, ENTITIES, OR GROUPS SUBJECT TO OFAC SANCTIONS) OR TO ANYONE

WHO ACTS AS AN AGENT FOR SUCH AN INDIVIDUAL OR ENTITY. ANY VIOLATION OF

THIS CERTIFICATION MUST BE GROUNDS FOR IMMEDIATE TERMINATION OF THE

LETTER OF AGREEMENT AND RETURN OF ALL GRANT FUNDS.

THE FREQUENCY AND SCOPE OF THE RESEARCH PROGRAM'S MONITORING PROCEDURES

ARE DETERMINED JOINTLY BY THE RESPONSIBLE PROGRAM MANAGER AND RESPECTIVE

GRANT ADMINISTRATOR/FINANCIAL ANALYST. THIS INCLUDES THE ROUTINE RECEIPT

AND REVIEW OF THE NARRATIVE AND FINANCIAL REPORTS, A REVIEW OF EXPENSES

TO BUDGET. THE OPTION TO PERFORM AUDITS. AND ALLOWS FOR THE PERFORMANCE

OF SITE VISITS IF NECESSARY. THE INSTITUTE 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

Schedule F (Form 990) 2021

Page 5

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 (INCLUDING ICELAND & GREENLAND)

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

SMALL AND GROWING BUSINESSES INITIATIVE

47 2021.04030 THE ASPEN INSTITUTE, ORY 192063 1

Schedule F	(Form 990) 2021 THE ASPEN INSTITUTE, INC.	84-0399006	Page 5
Part V	Supplemental Information		<u> </u>
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (account	unting method; amounts of	
	investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting met		
	(estimated number of recipients), as applicable. Also complete this part to provide any additional info		
	(committee number of rediploite), as applicable. Also complete time part to provide any additional line	mination. Occ motractions.	
DADM TTT	GOT (G):		
PART III,	COL (C):		
	NAV DEDDEGENER EUR LEEVIL NEUGER AF GRANE DEGENERA		
THIS COLU	MN REPRESENTS THE ACTUAL NUMBER OF GRANT RECIPIENTS.		

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	INCOLUMN TAC					Employer ide 84-039900	ntification number
	INSTITUTE, INC. Complete if the organization answe	red "Y	es" or	n Form 990. Part IV. li	ne 17		
required to complete this part							
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations 	e Solicita	tion of	non-g	Check all that apply. overnment grants nment grants			
c Phone solicitations d In-person solicitations	g Special	fundra	ising	events			
 2 a Did the organization have a written of key employees listed in Form 990, Pa b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the 	art VII) or entity in connection with pointing or entities (fundraisers) pursu	rofessi	onal fu	undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser red in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Fotal			>				
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from re	gistration

Schedule G (Form 990) 2021

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

	chedule G (Form 990) 2021 THE ASPEN INSTITUTE, INC. 84-0399006 Page 2								
Pa	ırt I								
		of fundraising event contributions and gr	oss income on Form 990	-EZ, lines 1 and 6b. List e	events with gross receipt	ts greater than \$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events			
				SOCRATES BENEFIT		1 ' '			
			SUMMER CELEBRATION	DINNER	2	(add col. (a) through			
			(event type)	(event type)	(total number)	col. (c))			
e			(6.10.11.1)	(oront typo)	(10141111111111111111111111111111111111				
Revenue	١,	Out an area data	431,842.	3/0 127	363,068.	1 144 037			
Be	'	Gross receipts	451,042.	349,127.	303,000.	1,144,037.			
	_		424 112	222 127	250 660	1 115 007			
	2	Less: Contributions	424,112.	333,127.	358,668.	1,115,907.			
	3	Gross income (line 1 minus line 2)	7,730.	16,000.	4,400.	28,130.			
	4	Cash prizes							
	5	Noncash prizes							
es									
ens	6	Rent/facility costs	111.		54,094.	54,205.			
Direct Expenses									
St.	7	Food and beverages	31,779.	34,278.		66,057.			
j.	-		,	,		,			
	8	Entertainment	1,016.		1,216.	2,232.			
	9				· · · · · · · · · · · · · · · · · · ·	474,875.			
	10	A 1111 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1		•		597,369.			
						-569,239.			
D	ırt I	Net income summary. Subtract line 10 from I		. 000 Dart IV line 10 au		-309,239.			
ГС			answered "Yes" on Form	1990, Part IV, line 19, or	reported more than				
	ı -	\$15,000 on Form 990-EZ, line 6a.	T		I	1.0			
ē			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add			
enc						col. (a) through col. (c)			
Revenue									
	1	Gross revenue							
S	2	Cash prizes							
nse									
Expenses	3	Noncash prizes							
rect	4	Rent/facility costs							
Ë									
	5	Other direct expenses							
		·	Yes %	Yes %	Yes %				
	6	Volunteer labor	No No	No No	No —				
	-								
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		•				
	8	Net gaming income summary. Subtract line 7	7 from line 1 column (d)		•				
		The garming moome summary. Oubtract line 7	non inc 1, column (a)			l.			
9	En	ter the state(s) in which the organization condu	icte gaming activities:						
-			_	otataa?		Yes No			
a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain:									
C) IT	No, explain:							
	_								
40	<u></u>	and the companies of th		and the second state of the second	0				
		ere any of the organization's gaming licenses re			year'?	Yes No			
b	If "	Yes," explain:							
	_								

Schedule G (Form 990) 2021

132082 10-21-21

Sch	edule G (Form 990) 2021 THE ASPEN INSTITUTE, INC.	4-039	9006	Page 3
11	Does the organization conduct gaming activities with nonmembers?	[Yes	☐ No
	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:			
а	The organization's facility	1	3a	%
	An outside facility		3b	%
	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 \$\bigs\\$ and the amount			
_	of gaming revenue retained by the third party > \$			
c	If "Yes," enter name and address of the third party:			
Ū	The root, which have and address of the time party.			
	Name			
	Address ▶			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
u	retain the state gaming license?	Г	Yes	☐ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	۔ ∟ د		
	organization's own exempt activities during the tax year > \$	•		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part II	I. lines 9.	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		.,,	,,
	·, ·, ·-, ·, · ·, · · · · · · · ·			

Schedule G (Form 990)	THE ASPEN INSTITUTE, INC.	84-0399006	Page 4
Schedule G (Form 990) Part IV Supplemental Info	mation (continued)		
	(continued)		
-			

Schedule G (Form 990)

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 for the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization							Employer identification number
THE ASPEN INS	TITUTE, INC.						84-0399006
Part I General Information on Grants a							
1 Does the organization maintain records to							
criteria used to award the grants or assis	stance?						Yes No
2 Describe in Part IV the organization's pro						/ # F 200 D 1	W. F. O. C.
Part II Grants and Other Assistance to recipient that received more than S					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ITHAKA HARBORS INC 2 RECTOR STREET							COLLABORATION IN THE AMERICAN TALENT
NEW YORK, NY 10006	13-3857105	501(C)(3)	741,000.	0.			INITIATIVE
SOLIYA INC 261 MADISON AVENUE, 9TH FLOOR NEW YORK, NY 10016	32-0060209	501(C)(3)	641,157.	0.			STEVENS INITIATIVE CULTURAL EXCHANGE
ALAMO COMMUNITY COLLEGE DISTRICT 2222 NORTH ALAMO STREET SAN ANTONIO, TX 78215	74-6002173	501(C)(3)	600,000.	0.			ASPEN PRIZE AWARD WINNER
EQUAL MEASURE 520 WALNUT STREET, SUITE 1450 PHILADELPHIA, PA 19106	23-2694572	501(C)(3)	557,010.	0.			SUPPORT OYF ASPEN FORUM, WORK IN THE ASPEN CRIMINAL JUSTICE REFORM INITIATIVE
BOSTON PRIVATE INDUSTRY COUNCIL INC - 2 OLIVER STREET, 3RD FLOOR - BOSTON, MA 02109	04-2676661	501(C)(3)	550,000.	0.			FORUM IN YOUTH-LED CHANGE
ALLIANCE FOR CHILDRENS RIGHTS 3333 WILSHIRE BOULEVARD SUITE 550 LOS ANGELES, CA 90010	95-4358213	501(C)(3)	450,000.	0.			BUILDING ECOSYSTEMS FOR YOUTH OPPORTUNITY IMPLEMENTATION
2 Enter total number of section 501(c)(3) a	-	·					
3 Enter total number of other organizations	s listed in the line	1 table) 0.

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

Schedule I (Form 990) 2021



Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
GLOBAL NOMADS GROUP								
132 NASSAU STREET, SUITE 822							STEVENS INITIATIVE	
NEW YORK, NY 10038	75-2750127	501(C)(3)	438,853.	0.			CULTURAL EXCHANGE	
INTERNATIONAL RESEARCH AND								
EXCHANGES BOARD INC - 1275 K								
STREET, NW, SUITE 600 -							STEVENS INITIATIVE	
WASHINGTON, DC 20005	22-3087809	501(C)(3)	425,212.	0.			CULTURAL EXCHANGE	
WORLD LEARNING INC								
							CMESSENC INTMIAMISSE	
1 KIPLING ROAD, PO BOX 676 BRATTLEBORO, VT 05302	03-0179592	501/C\/3\	408,270.	0.			STEVENS INITIATIVE CULTURAL EXCHANGE	
THE BOARD OF TRUSTEES OF THE	03-0179392	501(0)(3)	400,270.	0.			COLIORAL EXCHANGE	
LELAND STANFORD JUNIOR UNIVERSITY								
- 3145 PORTER DRIVE, SUITE 142 -							ASPEN RISING PRESIDENTS	
PALO ALTO, CA 94304	94-1156365	501(C)(3)	402,564.	0.			FELLOWSHIP	
ALLIANCE OF COMMUNITY ASSITANCE								
MINISTRIES, INC 710 NORTH POST							BUILDING ECOSYSTEMS FOR	
OAK ROAD, SUITE 210 - HOUSTON, TX							YOUTH OPPORTUNITY	
77024	27-5410988	501(C)(3)	300,000.	0.			IMPLEMENTATION	
TIDES CENTER								
1012 TORNEY AVENUE	04 2012100	E01 (G) (3)	200 000	0			OYIF NETWORK BUILD	
SAN FRANCISCO, CA 94129	94-3213100	501(C)(3)	300,000.	0.			NETWORK GRANT	
YOUTHBUILD NEWARK							BUILDING ECOSYSTEMS FOR	
571 CENTRAL AVENUE, 2ND FLOOR							YOUTH OPPORTUNITY	
NEWARK, NJ 07107	75-3187358	501(C)(3)	300,000.	0.			ACCELERATOR GRANT	
			<u> </u>					
CRITERION INSTITUTE, INC.								
81 CHURCH HILL ROAD							GLOBAL AFFAIRS CANADA	
HADDAM, CT 06438	27-3458737	501(C)(3)	297,629.	0.			GENDER LENS INVESTING	
JUSTICE MAPPING CENTER								
49 BAYVIEW AVENUE, GROUND FLOOR							WORK IN THE ASPEN	
APARTMENT - PORT WASHINGTON, NY							CRIMINAL JUSTICE REFORM	
11050	20-5537766	501(C)(3)	250,000.	0.			INITIATIVE	

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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant if applicable valuation non-cash assistance or assistance organization or government cash grant noncash (book, FMV. assistance appraisal, other) GLOBAL DEVELOPMENT INCUBATOR INC 1634 I ST NW, SUITE 300 WASHINGTON, DC 20006 14-1945286 501(C)(3) 225,000 0 SUPPORT GOYN INITIATIVE TMPACT ASSETS 4340 EAST WEST HIGHWAY GLOBAL AFFAIRS CANADA BETHESDA, MD 20814 26-2048480 501(C)(3) 0 GENDER LENS INVESTING 216.836 PHILADELPHIA YOUTH NETWORK COLLABORATION ON ECONOMIC 400 MARKET STREET, SUITE 200 OPPORTUNITIES PROGRAM PHILADELPHIA, PA 19106 23-2993155 501(C)(3) 200,000 0 REIMAGINE RETAIL PROJECT COMMUNITY FOUNDATION OF GREATER BIRMINGHAM - 2100 FIRST AVE NORTH SUPPORT OF THE INCLUSIVE SUITE 700 - BIRMINGHAM, AL 35203 63-1209631 501(C)(3) 0 AMERICA PROJECT 184,380, YOUTHBUILD USA INC 1785 COLUMBUS AVENUE, SUITE 500 22-3076454 501(C)(3) ROXBURY, MA 02119 0. 170,000. SUPPORT GOYN INITIATIVE OPPORTUNITY YOUTH COMMUNITY CENTER FOR EDUCATION REENGAGEMENT MEETINGS AND RESULTS - 1200 12TH AVENUE SOUTH. NETWORK PROVIDER SUITE 701 - SEATTLE, WA 98144 27-1667560 501(C)(3) CONVENINGS 168,957, 0. CITY OF LONG BEACH WORKING SUPPORT OF THE 411 WEST OCEAN BOULEVARD ASPEN POLICY ACCELERATION 95-6000733 GOVERNMENT PARTNERSHIP GRANT LONG BEACH, CA 90802 150,000 0. GEORGIA DEPARTMENT OF EARLY CARE AND LEARNING - 2 MARTIN LUTHER WORKING SUPPORT OF THE KING JR DR SE, SUITE 754 EAST ASPEN POLICY ACCELERATION TOWER - ATLANTA, GA 30334 58-2238669 GOVERNMENT 150,000. 0. PARTNERSHIP GRANT MINNESOTA OFFICE OF HIGHER EDUCATION - 1450 ENERGY PARK WORKING SUPPORT OF THE DRIVE, SUITE 350 - SAINT PAUL, MN ASPEN POLICY ACCELERATION 55108 41-6007162 GOVERNMENT 0. PARTNERSHIP GRANT 150 000.

Schedule I (Form 990)



(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
PENNSYLVANIA DEPARTMENT OF HUMAN							WORKING SUPPORT OF THE
SERVICES - PO BOX 2675 -							ASPEN POLICY ACCELERATION
HARRISBURG, PA 17105	23-6003113	GOVERNMENT	150,000.	0.			PARTNERSHIP GRANT
STATE BOARD FOR COMMUNITY COLLEGES							
AND OCCUPATIONAL EDUCATION - 9101							WORKING SUPPORT OF THE
EAST LOWRY BOULEVARD - DENVER, CO							ASPEN POLICY ACCELERATION
80230	38-3721881	GOVERNMENT	150,000.	0.			PARTNERSHIP GRANT
STATE OF RHODE ISLAND AND							
PROVIDENCE PLANTATIONS - ONE							WORKING SUPPORT OF THE
CAPITAL HILL - PROVIDENCE, RI							ASPEN POLICY ACCELERATION
02908	05-6000522	GOVERNMENT	150,000.	0.			PARTNERSHIP GRANT
VILCAP INC							
1101 K STREET NW, SUITE 920							ADVANCING WOMEN'S
WASHINGTON, DC 20005	27-4059343	501(C)(3)	149,963.	0.			EMPOWERMENT CATALYST FUND
70DG 70D 700 700 700							
JOBS FOR THE FUTURE INC							SUPPORT PARTICIPATION OF
88 BROAD STREET, 8TH FLOOR	06-1164568	E01/G\/3\	126 000	0.			GLOBAL OPPORTUNITY YOUTH FORUM
BOSTON, MA 02110 THE WILLIAM DAVIDSON INSTITUTE AT	00-1104500	501(C)(3)	136,000.	0.			FORUM
THE UNIVERSITY OF MICHIGAN - 724 E							
UNIVERSITY AVENUE - ANN ARBOR, MI							STEVENS INITIATIVE
48109	38-3048086	501(C)(3)	133,531.	0.			CULTURAL EXCHANGE
		552(5)(5)	100,001.	•			
GAMES FOR CHANGE INC							
PO BOX 770699							STEVENS INITIATIVE
WOODSIDE, NY 11377	26-2623362	501(C)(3)	130,042.	0.			CULTURAL EXCHANGE
-			1				
ENACTUS US							
3253 E CHESTNUT EXPRESSWAY							STEVENS INITIATIVE
SPRINGFIELD, MO 65802	74-2148471	501(C)(3)	120,818.	0.			CULTURAL EXCHANGE
BUILD COMMONWEALTH INC							
22 BATTERYMARCH STREET, SUITE 501							RACIAL & GENDER WEALTH
BOSTON, MA 02109	04-3540147	501(C)(3)	120,000.	0.			GAP IN AMERICA DATA

Schedule I (Form 990)



Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INNER CITY EDUCATION FOUNDATION							
3855 W SLAUSON AVENUE							REIMAGINING SCHOOL SPORTS
LOS ANGELES, CA 90043	95-4548521	501(C)(3)	120,000.	0.			CHARTER SCHOOL WINNER
,			,				
INSTITUTE OF INTERNATIONAL							
EDUCATION - 809 UNITED NATIONS							STEVENS INITIATIVE
PLAZA - NEW YORK, NY 10017	13-1624046	501(C)(3)	118,903.	0.			CULTURAL EXCHANGE
MASSACHUSETTS INSTITUTE OF							
TECHNOLOGY - 77 MASSACHUSETTS							ADVANCING WOMEN'S
AVENUE - CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	114,793.	0.			EMPOWERMENT CATALYST FUND
DIODIDA INTERNATIONAL INVIVEDICATIV							
FLORIDA INTERNATIONAL UNIVERSITY							GENTLEMA TATALA
BOARD OF TRUSTEES - 11200 SW 8TH	65-0177616	E01/G\/3\	114 620	0.			STEVENS INITIATIVE CULTURAL EXCHANGE
STREET CSC314 - MIAMI, FL 33199 AMERICAN ASSOCIATION STATE	03-0177010	501(C)(3)	114,639.	0.			COLIURAL EXCHANGE
COLLEGES AND UNIVERSITIES - ONE							
DUPONT CIRCLE NW, SUITE 410 -							SCALING PARTNERS
WASHINGTON, DC 20036	53-0196569	501(C)(3)	110,000.	0.			CURRICULUM
WORKSOURCE GREATER AUSTIN AREA							GRANT TO SUPPORT AUSTIN
WORKFORCE BOARD - 9001 N IH 35,							OPPORTUNITY YOUTH
SUITE 110E - AUSTIN, TX 78753	74-2327454	501(C)(3)	105,000.	0.			COLLABORATIVE
THE DISTRICT BOARD OF TRUSTEES OF							
BROWARD COLLEGE FLORIDA - 6400 NW							
6TH WAY - FORT LAUDERDALE, FL							ASPEN PRIZE FINALIST
33309	59-1216107	501(C)(3)	101,500.	0.			AWARD
DENVER WORLD AFFAIRS COUNCIL							
3607 MARTIN LUTHER KING JR BOULEVAL							STEVENS INITIATIVE
DENVER, CO 80205	45-4346778	501(C)(3)	101,207.	0.			CULTURAL EXCHANGE
AMARILIO TINTOR GOLLEGE REGERES							
AMARILLO JUNIOR COLLEGE DISTRICT PO BOX 447							
	75-6000031	501(C)(3)	100,000.	0.			RISING STAR AWARD
AMARILLO, TX 79178	13-0000031	DOT (C)(3)	100,000.	<u>. </u>			KIDING BIAK WMWD

Schedule I (Form 990)



Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
ARIZONA STATE UNIVERSITY								
PO BOX 876011							SCALING PARTNERS	
TEMPE, AZ 85287	86-0196696	501(C)(3)	100,000.	0.			CURRICULUM	
FORUM FOR YOUTH INVESTMENT								
7064 EASTERN AVENUE, NW							FUND FOR YOUTH	
WASHINGTON, DC 20012	52-2242472	501(C)(3)	100,000.	0.			CONNECTIVITY GRANT	
NEW ORLEANS YOUTH ALLIANCE							BUILDING ECOSYSTEMS FOR	
1705 A SOUTH WHITE STREET							YOUTH OPPORTUNITY	
NEW ORLEANS, LA 70125	82-4252541	501(C)(3)	100,000.	0.			ACCELERATOR GRANT	
RESEARCH FOUNDATION OF THE CITY			,					
UNIVERSITY OF NEW YORK - 230 WEST								
41ST STREET, 7TH FLOOR - NEW YORK,							STEVENS INITIATIVE	
NY 10036	13-1988190	501(C)(3)	99,211.	0.			CULTURAL EXCHANGE	
EMPOWERMT								
2300 REGENT STREET, SUITE 101								
MISSOULA, MT 59801	81-0526099	501(C)(3)	90,000.	0.			FORUM IN YOUTH-LED CHANGE	
GLOBAL TIES US								
1250 H STREET, NW, #305							STEVENS INITIATIVE	
WASHINGTON, DC 20005	52-0848094	501(C)(3)	82,520.	0.			CULTURAL EXCHANGE	
AMERICAN MUSLIM FUND								
41041 TRIMBOLI WAY, SUITE 1533							STEVENS INITIATIVE	
FREMONT, CA 94538	81-2936073	501(C)(3)	81,378.	0.			CULTURAL EXCHANGE	
ENGINEERING WORLD HEALTH								
331 W MAIN STREET #511							STEVENS INITIATIVE	
DURHAM, NC 27701	62-1868670	501(C)(3)	80,863.	0.			CULTURAL EXCHANGE	
PRESIDENT & BOARD OF TRUSTEES OF								
SANTA CLARA COLLEGE - 500 EL							ADVANGING MOVEN'S	
CAMINO REAL - SANTA CLARA, CA	04 1156617	E01/G\/3\	70 605	0.			ADVANCING WOMEN'S	
95053	94-1156617	DUI(C)(3)	78,625.	υ.			EMPOWERMENT CATALYST FUN	

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							SUPPORT GRANT TO	
990 FRONT STREET							COMMUNITY/TRIBAL	
CRESCENT CITY, CA 95531	23-7310660	501(C)(3)	75,000.	0.			COLLABORATIVE	
SHINING HOPE FOR COMMUNITIES INC								
175 VARICK STREET							SUPPORT EQUITY AT THE	
NEW YORK, NY 10014	27-1493201	501(C)(3)	75,000.	0.			LAST MILE INITIATIVE	
,			1				OPPORTUNITY YOUTH	
COMMUNITIES UNLIMITED INC							REENGAGEMENT MEETINGS AND	
3 EAST COLT SQUARE DRIVE							NETWORK PROVIDER	
FAYETTEVILLE, AR 72703	71-0464321	501(C)(3)	70,000.	0.			CONVENINGS	
THE RESEARCH FOUNDATION FOR THE								
STATE UNIVERSITY OF NEW YORK - PO							STEVENS INITIATIVE	
BOX 9 - ALBANY, NY 12201	14-1368361	501(C)(3)	69,368.	0.			CULTURAL EXCHANGE	
THE KIND FOUNDATION INC								
PO BOX 705, MIDTOWN STATION	01 0056540	F01/G1/21	60.300				STEVENS INITIATIVE	
NEW YORK, NY 10018	81-0856748	501(C)(3)	68,390.	0.			CULTURAL EXCHANGE	
NEW YORK ACADEMY OF SCIENCES								
1617 3RD AVENUE, PO BOX 287146							STEVENS INITIATIVE	
NEW YORK, NY 10128	13-1773640	501(C)(3)	67,899.	0.			CULTURAL EXCHANGE	
AMERICA MIDEAST EDUCATIONAL AND			1 , , , , ,					
TRAINING SERVICES INC - 2025 M								
STREET, NW, SUITE 600 -							STEVENS INITIATIVE	
WASHINGTON, DC 20036	53-0243270	501(C)(3)	66,445.	0.			CULTURAL EXCHANGE	
NEW MEXICO ASSOCIATION OF								
GRANTMAKERS - PO BOX 70126 -							OPPORTUNITY YOUTH	
ALBUQUERQUE, NM 87197	85-0437031	501(C)(3)	60,000.	0.			ECOSYSTEM SUPPORT GRANT	
NORTH CAROLINA STATE UNIVERSITY							SUPPORT ACCELERATING	
2701 SULLIVAN DRIVE, CAMPUS BOX 72							WOMEN-LED VENTURES	
RALEIGH, NC 27695	56-6000756	P01(C)(3)	58,500.	0.			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.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
CLEAN AIR TASK FORCE INC								
114 STATE STREET, 6TH FLOOR							ADVANCE ZERO-EMISSION	
BOSTON, MA 02109	04-3512550	501(C)(3)	50,000.	0.			MARITIME SHIPPING	
NTTER 11-40-1-40-1-40-1-40-1-40-1-40-1-40-1-4								
NUETA HISDATSA SAHNISH COLLEGE 301 COLLEGE DRIVE							CHAMPIONS FOR CHANGE	
NEW TOWN, ND 58763	45-0322990	501(C)(3)	50,000.	0.			INITIATIVE	
SOCIAL SCIENCE RESEARCH COUNCIL	45 0322550	301(0/(3/	30,000.	· ·			INITIATIVE	
300 CADMAN PLAZA WEST, ONE								
PIERREPONT PLAZA, 15TH FLOOR -							SUPPORT OYF ASPEN FORUM	
BROOKLYN, NY 11201	13-1325070	501(C)(3)	50,000.	0.			COMMUNITIES	
YOUTHPRISE 3001 BROADWAY STREET NE, SUITE 330								
MINNEAPOLIS, MN 55413	27-4126970	501(C)(3)	50,000.	0.			YOUTH-LED CHANGE FUND	
THE ASIA SOCIETY 725 PARK AVENUE				_			STEVENS INITIATIVE	
NEW YORK, NY 10021	13-3234632	501(C)(3)	45,035.	0.			CULTURAL EXCHANGE	
THE BROOKINGS INSTITUTION 1775 MASSACHUSETTS AVENUE, NW WASHINGTON, DC 20036	53-0196577	501(C)(3)	45,000.	0.			J. SCHUETZ FELLOWSHIP AGREEMENT	
CNATURENET 1611 COUNTY ROAD B WEST, SUITE 320							SUPPORT FRESH TRACKS	
ROSEVILLE, MN 55113	14-1959018	501(C)(3)	40,000.	0.			INITIATIVE	
THE SAND COUNTY FOUNDATION INC 131 W WILSON STREET, SUITE 610 MADISON, WI 53703	39-6089450	501(C)(3)	40,000.	0.			AWARD FOR 2021 WATER FORUM PARTNERSHIP	
			1					
UNDER ONE ROOF 21 KEMP COURT	66 1071541	E01/G)/2)	25 000	0.			GLOBAL INCLUSIVE GROWTH	
ALAMO, CA 94507	66-1871541	DOT(C)(3)	35,000.	U.			SPARKS GRANT	

Schedule I (Form 990)



Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
AFRICAN ENTREPRENEURSHIP COLLECTIVE - PO BOX 209 - CLINTON, WA 98236	46-0743201	501(C)(3)	32,250.	0.			ADVANCING WOMEN'S EMPOWERMENT CATALYST FUND		
ONSLOW COUNTY PUBLIC SCHOOLS 200 BROADHURST ROAD JACKSONVILLE, NC 28540	56-6001089	501(C)(3)	30,543.	0.			STEVENS INITIATIVE CULTURAL EXCHANGE		
CHEYENNE RIVER YOUTH PROJECT PO BOX 410 EAGLE BUTTE, SD 57625	46-0423106	501(C)(3)	25,000.	0.			CHAMPIONS FOR CHANGE INITIATIVE		
THE HOPI FOUNDATION PO BOX 301 KYKOTSMOVI, AZ 86039	74-2488628	501(C)(3)	25,000.	0.			DATA FOR IMPACT RURAL AND TRIBAL DATA ENHANCEMENT GRANT		
THE UNIVERSITY OF TEXAS AT AUSTIN 110 INNER CAMPUS DRIVE, STOP K5300 AUSTIN, TX 78712	74-6000203	501(C)(3)	25,000.	0.			SUPPORT OYF ASPEN FORUM		
THE TRUSTES OF THE UNIVERSITY OF PENNSLYLVANIA - 3451 WALNUT STREET, ROOM 329 - PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	24,500.	0.			COLLABORATION ON COMMUNITY-BASED EFFORTS OF CIVIC SCIENCE		
BOARD OF EDUCATION OF FREDERICK COUNTY - 191 S EAST STREET - FREDERICK, MD 21701	52-6000941	501(C)(3)	20,000.	0.			AWARD FOR LARGE SUBURBAN REIMAGINING SCHOOL SPORTS WINER		
COMMUNITY FOUNDATION FOR GREATER BUFFALO INC - 726 EXCHANGE STREET, SUITE 525 - BUFFALO, NY 14210	22-2743917	501(C)(3)	20,000.	0.			OPPORTUNITY YOUTH FORUM LEARNING GRANT		
SCIENCE LEADERSHIP ACADEMY HOME AND SCHOOL ASSOCIATION - 1482 GREEN STREET - PHILADELPHIA, PA 19130	61-1513400	501(C)(3)	20,000.	0.			PRIVATE SCHOOL WINNER REIMAGINING SCHOOL SPORTS		

Schedule I (Form 990)



Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
TRINITY SCHOOL OF DURHAM AND CHAPEL HILL - 4011 PICKETT ROAD - DURHAM, NC 27705	56-1926923	501(C)(3)	20,000.	0.			AWARD FOR PRIVATE SCHOOL	
SEATTLE UNIVERSITY 901-12TH AVENUE, PO BOX 222000 SEATTLE, WA 98122	91-0565006	501(C)(3)	14,230.	0.			STEVENS INITIATIVE CULTURAL EXCHANGE	
TEXAS INTERNATIONAL EDUCATION CONSORTIUM - 1103 W 24TH STREET - AUSTIN, TX 78705	74-2383582	501(c)(3)	13,437.	0.			STEVENS INITIATIVE CULTURAL EXCHANGE	
DUKE UNIVERSITY PO BOX 104132 DURHAM, NC 27708	56-0532129	501(C)(3)	10,000.	0.			PARTNERSHIP AWARD FOR THEIR PARTNERSHIP IN THE 2021 ASPEN-NICHOLAS WATER FORUM AND ROUNDTABLES	
CATHOLIC UNIVERSITY OF AMERICA 620 MICHIGAN AVENUE, NE WASHINGTON, DC 20064	53-0196583	501(C)(3)	8,275.	0.			WORK IN THE POLITICS OF VULNERABILITY PROJECT	
THE URBAN OASIS INC 2812 CLIFTON AVENUE BALTIMORE, MD 21216	84-3768675	501(C)(3)	7,000.	0.			WEAVER AWARDS	
VILLAGE OF VIOLETVILLE INC 1218 HAVERHILL ROAD BALTIMORE, MD 21229	84-2168228	501(C)(3)	7,000.	0.			WEAVER AWARDS	
HISPANIC UNITY OF FLORIDA INC 5840 JOHNSON STREET HOLLYWOOD, FL 33021	59-2230272	501(C)(3)	6,000.	0.			2GEN LEVEL UP PRIZE PAYMENT	
ACHIEVING THE DREAM 8484 GEORGIA AVENUE, SUITE 500 SILVER SPRING, MD 20910	27-1635830	501(C)(3)	5,500.	0.			COHORT HONORARIUM	

Schedule I (Form 990)



(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	200	469,450.	0.		
AWARDS	41	155,561.	0.		
EVENT PARTICIPATION STIPEND	53	75,433.	0.		
HEALTH STIPEND	14	22,500.	0.		
TRAVEL STIPEND	14	18,000.	0.		
Part IV Supplemental Information. Provide the information rec	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
THE INSTITUTE PERIODICALLY ENGAGES OTHER ENTITIES	TO FURTHER TH	E OBJECTIVES			
SET FORTH IN OUR GRANT AGREEMENTS. THIS IS TYPICAL	LY DONE VIA S	UB-AWARDS OR			
RE-GRANTS THAT RUN CONCURRENTLY WITH THE PRIME AWA	RD IN WHICH T	HE SUB			
RECIPIENTS ARE ADVISED OF ALL APPLICABLE LAWS AND					
APPROPRIATE FLOW-DOWN PROVISIONS FROM THE PRIME AG	,				
OR SERVICE PROVIDERS MUST ALSO CERTIFY THAT IT DOE					
KNOWINGLY PROVIDE MATERIAL SUPPORT OR RESOURCES TO	ANY INDIVIDU	AL OK ENTITY			
INVOLVED WITH TERRORISM (INCLUDING ANY INDIVIDUALS	ENTITIES OR	GROUPS			

Schedule I (Form 990)

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)									
(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				
PRIZES	4.	37,500.	0.						

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.

SCHEDULE J (Form 990)

Compensation Information

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

THE ASPEN INSTITUTE, INC.

Employer identification number 84-0399006

Pa	art I Questions Regarding Compensation						
			Yes	No			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,						
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or charter travel Housing allowance or residence for personal use						
	Travel for companions Payments for business use of personal residence						
	Tax indemnification and gross-up payments Health or social club dues or initiation fees						
	Discretionary spending account Personal services (such as maid, chauffeur, chef)						
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х				
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?	2	Х				
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.						
	X Compensation committee						
	Independent compensation consultant X Compensation survey or study						
	Form 990 of other organizations X 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:						
а	Receive a severance payment or change-of-control payment?	4a		X			
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X			
С	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:			v			
	The organization?	5a		X			
b	Any related organization?	5b					
_	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:			v			
	The organization?	6a		X			
b	Any related organization?	6b		Х			
_	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	_		х			
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		^			
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v			
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section 53.4958-6(c)?	9		ĺ			

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

Schedule J (Form 990) 2021

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-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred (D) Nontaxable benefits		(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DANIEL PORTERFIELD	(i)	532,293.	108,127.	3,564.	32,346.	22,426.	698,756.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ELLIOT GERSON	(i)	444,033.	0.	6,858.	43,500.	16,001.	510,392.	0.
EXECUTIVE VP	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) NAMITA KHASAT	(i)	404,670.	0.	3,564.	40,711.	16,046.	464,991.	0.
CFO/CAO/TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DAVID LANGSTAFF	(i)	346,999.	0.	6,858.	33,461.	23,498.	410,816.	0.
EXEC VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) STEPHEN PATRICK	(i)	329,441.	0.	1,242.	43,500.	22,325.	396,508.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JANE WALES	(i)	339,656.	0.	11,124.	43,500.	2,042.	396,322.	0.
VP, EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ANN MOSLE	(i)	325,350.	0.	2,322.	43,500.	22,332.	393,504.	0.
VP, EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) VIVIAN SCHILLER	(i)	342,815.	0.	3,564.	29,000.	15,924.	391,303.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ERIKA MALLIN	(i)	347,508.	0.	2,322.	25,709.	8,988.	384,527.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MARIA ACEBAL	(i)	260,760.	16,500.	1,198.	24,541.	22,335.	325,334.	0.
VP STRATEGIC DEV CORP SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ERIC MOTLEY	(i)	279,917.	0.	498.	28,442.	10,755.	319,612.	0.
EVP, CORP SECRETARY - UNTIL 08/2021	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021



SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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 for instructions and the latest information.

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

Par	rt 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 determ noncash contribution	_	ts
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	Х	48	10,448,358.	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	-	•				
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29			LNA
30a	During the year, did the organization receive by					Yes	No
	must hold for at least three years from the date	of the initia	I contribution, and	which isn't required to be us	sed for		
	exempt purposes for the entire holding period?				30	3	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance po				ions?31	Х	—
32a	Does the organization hire or use third parties or contributions?			· ·	32	3	х
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is chec	cked,		
	describe in Part II.						

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

Schedule M (Form 990) 2021

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE M, PART I, COLUMN (B):
THIS COLUMN REPRESENTS THE NUMBER OF ACTUAL CONTRIBUTIONS, NOT THE
NUMBER OF ITEMS CONTRIBUTED.
SCHEDULE M, LINE 32B:
THE INSTITUTE HAS A WRITTEN GIFT ACCEPTANCE POLICY. IF A DONOR WANTS TO
GIVE A GIFT OUTSIDE OF THAT POLICY, IT WILL BE REVIEWED BY SENIOR
MANAGEMENT AND, IF NECESSARY, REFERRED TO THE BOARD OF TRUSTEES.

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

84-0399006 THE ASPEN INSTITUTE, INC. 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/PUBLIC PROGRAMS/YOUTH AND ENGAGEMENT/SEMINARS EXPENSES \$ 20,382,851. INCL GRANTS OF \$ 553,984. REVENUE \$ 6,328,121. FORM 990, PART VI, SECTION B, LINE 11B:

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

Schedule O (Form 990) 2021

11021003 150872 192063

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

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021		Page 2
Name of the organization THE ASPEN INSTITUTE, INC.		Employer identification number 84-0399006
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY O	F 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 DOCUMENTS ARE ALL PUBLISHED ON OUR WEBSITE AND MADE AVA	ILABLE BY	
REQUEST.		
FORM 990, PART IX, LINE 11G, OTHER FEES:		
CONTRACTUAL INTERNATIONAL STAFF:		
PROGRAM SERVICE EXPENSES	1,533,184.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	1,533,184.	
IT SUPPORT SERVICE:		
PROGRAM SERVICE EXPENSES	713,331.	
MANAGEMENT AND GENERAL EXPENSES	1,579,761.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	2,293,092.	
CONSULTANTS:		
PROGRAM SERVICE EXPENSES	12,656,972.	
MANAGEMENT AND GENERAL EXPENSES	1,233,268.	
FUNDRAISING EXPENSES	2,125.	
TOTAL EXPENSES	13,892,365.	

Schedule O (Form 990) 2021		Page 2
Name of the organization THE ASPEN INSTITUTE, INC.		Employer identification number 84-0399006
CONTRIBUTING WRITERS AND RAPPORTEURS:		
PROGRAM SERVICE EXPENSES	195,257.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	195,257.	
TEMPORARY SERVICES:		
PROGRAM SERVICE EXPENSES	181,943.	
MANAGEMENT AND GENERAL EXPENSES	72,308.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	254,251.	
PHOTOGRAPHY:		
PROGRAM SERVICE EXPENSES	185,475.	
MANAGEMENT AND GENERAL EXPENSES	5,787.	
FUNDRAISING EXPENSES	2,863.	
TOTAL EXPENSES	194,125.	
PROMOTIONAL EXPENSE:		
PROGRAM SERVICE EXPENSES	94,239.	
MANAGEMENT AND GENERAL EXPENSES	28,456.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	122,695.	
CONTRACTED SERVICES:		
PROGRAM SERVICE EXPENSES	1,076,540.	
MANAGEMENT AND GENERAL EXPENSES	1,294,280.	
FUNDRAISING EXPENSES	64,198.	
132212 11-11-21		Schedule O (Form 990) 2021

Schedule O (Form 990) 2021		Page Page
Name of the organization THE ASPEN INSTITUTE, INC.		Employer identification number 84-0399006
TOTAL EXPENSES	2,435,018.	
AUDIO VISUAL/DIGITAL SERVICES:		
PROGRAM SERVICE EXPENSES	765,981.	
MANAGEMENT AND GENERAL EXPENSES	58,536.	
FUNDRAISING EXPENSES	71,287.	
TOTAL EXPENSES	895,804.	
MODERATOR AND SPEAKER:		
PROGRAM SERVICE EXPENSES	519,669.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	1,750.	
TOTAL EXPENSES	521,419.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	22,337,210.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
REFUNDED GRANTS	195,226.	