990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation: 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.

OMB No. 1545-

		he Treasury ue Service	- 00 00 <u></u>					Inspection
			endar year, or tax year beginning 01	-01-2022 , and ending 12-31-20	22			
B Che	ck if a	pplicable:	C Name of organization THE ASPEN INSTITUTE INC			D Employe	r identi	fication number
		change nange	THE ASPEN INSTITUTE INC			84-039	9006	
	tial re	-	Doing business as			-		
Fin retur	al n/termi	inated				_ E Telephone	numher	
		d return	Number and street (or P.O. box if mail is r 2300 N STREET NW 700	not delivered to street address) Room/s	uite	•		
Ар	plicati	on pending				(202) 7	36-58	00
			City or town, state or province, country, a WASHINGTON, DC 20037	nd ZIP or foreign postal code		G Gross rec	eipts \$ 2:	18,078,260
			F Name and address of principal of	ficer:	H(a) Is th	is a group re	turn for	
			DANIEL R PORTERFIELD 2300 N STREET NW 700		subo	ordinates?		Yes 🔽 No
			WASHINGTON, DC 20037			all subordina ıded?	tes	Yes No
I Tax	x-exe	mpt status:	▼ 501(c)(3)	no.) 4947(a)(1) or 527				e instructions.
J W	ebsit	te: WW	W.ASPENINSTITUTE.ORG		H(c) Grou	ip exemption	numbei	•
					_	1		
K Forn	n of o	rganization	Corporation Trust Association	Other	L Year of form	nation: 1949	M State CO	of legal domicile:
Da	art I	Sum	mary					
1 6			scribe the organization's mission or i	most significant activities:				
	,	WE DRIV	E CHANGE THROUGH DIALOGUE,		HELP SOLV	E SOCIETY'S	S GREA	TEST
)Ce	-	CHALLEN	GES.					
EL.								
Ne.	-							
Activities & Governance	_		is box 📶 if the organization discor of voting members of the governing b			1 25% of its r	net asse	ets. 65
×8			of independent voting members of the	, , , , ,			4	64
uge			nber of individuals employed in caler				5	764
Ę.			nber of volunteers (estimate if neces	, , , , , , , , , , , , , , , , , , , ,			6	130
A			elated business revenue from Part VI			7a	10,588,449	
	ь	Net unre	lated business taxable income from I	Form 990-T, Part I, line 11			7b	0
					Pr	ior Year		Current Year
9	8	Contribu	cions and grants (Part VIII, line 1h)			140,695,60)2	141,560,565
Revenue	9	Program	service revenue (Part VIII, line 2g)	28,586,93	51,436,4			
Rev			ent income (Part VIII, column (A), line	1,822,53				
			revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 141,618 revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 171,246,686					-67,644
					2)	171,246,68		189,761,926
			nd similar amounts paid (Part IX, colu			18,858,00	0	25,386,898
			paid to or for members (Part IX, colun other compensation, employee bene		10)	69,925,23	0	77,598,047
Expenses			onal fundraising fees (Part IX, column	* * * * * * * * * * * * * * * * * * * *	10)	09,923,23	0	77,398,047
Dell			aising expenses (Part IX, column (D), line 2					
西			penses (Part IX, column (A), lines 1:			54,990,52	27	89,950,360
			penses. Add lines 13-17 (must equa			143,773,76	55	192,935,305
	19	Revenue	less expenses. Subtract line 18 from	n line 12		27,472,92	21	-3,173,379
Net Assets or Fund Balances					Beginn	ing of Current Year		End of Year
alar	20	Total ass	ets (Part X, line 16)			465,514,93	33	475,882,871
t As			pilities (Part X, line 26)			53,081,49	_	103,756,532
žĒ	22	Net asse	ts or fund balances. Subtract line 21	from line 20		412,433,43	35	372,126,339
Pa	rt II	Sign	ature Block		I		· ·	
			perjury, I declare that I have examin					
		eage ana nas any kr	pelief, it is true, correct, and complete powledge.	e. Declaration of preparer (other t	nan officer) is	s based on all	intorm	ation of which
		Signat	ure of officer)23-10-13 ate		
Sign		7			De	ite		
Here	е		W AXELROD EVP FOR FINANCE r print name and title					
		7	·	T		T		
D - '		P	rint/Type preparer's name Pre	parer's signature		ieck if P	TIN 01365820)
Paid		-	rm's name MARCUM LLP			lf-employed rm's EIN ► 11-1	.986323	
Pre _l	•	er		0				
Use	Un	iiy F	rm's address 🕨 1899 L STREET NW SUITE 85	U	Ph	one no. (202) 2	27-4000	
			WASHINGTON, DC 20036				-	
			s this return with the preparer shown				.	Yes No
For P	aper	work Red	uction Act Notice, see the separate in	nstructions.	Cat. No. 1	1282Y		Form 990 (2022)

2 Did the organization undertake any significant program services during the year which were not listed on ☐Yes ☐ No If "Yes," describe these new services on Schedule O.

Page 2

Did the organization cease conducting, or make significant changes in how it conducts, any program Yes No If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others.

the total expenses, and revenue, if any, for each program service reported.

4d

(Code:) (Expenses \$ 95,042,121 including grants of \$ 24,624,398) (Revenue \$ 20,812,326) 4a POLICY PROGRAMS: THE ASPEN INSTITUTE'S POLICY PROGRAMS EXPLORE AND IDENTIFY SOLUTIONS FOR PROBLEMS RANGING FROM ECONOMIC DISTRESS TO EDUCATIONAL OPPORTUNITY, FROM CLIMATE CHANGE TO RACIAL DISPARITIES, IN AN EFFORT TO INFLUENCE DECISION-MAKERS IN THE PUBLIC AND PRIVATE SECTORS TO ADVANCE THE BEST AND MOST INSPIRED PROPOSALS. OUR POLICY PROGRAMS RANGE IN SIZE FROM \$100,000 TO \$15 MILLION IN ANNUAL REVENUE AND EXPENSES.

) (Expenses \$ 19,361,690 including grants of \$) (Revenue \$ 110.218) 4b (Code: CAMPUS ACTIVITIES: IN ADDITION TO ITS HEADQUARTERS IN WASHINGTON, DC, THE ASPEN INSTITUTE ALSO CONDUCTS MUCH OF ITS WORK ON ITS FOUNDING

CAMPUS IN ASPEN, COLORADO, WHICH PROVIDES NATURAL BEAUTY AND QUIET SURROUNDINGS THAT ENCOURAGE THOUGHTFUL REFLECTION THAT REFRESHES MIND, BODY AND SPIRIT, ONE OF OUR PROGRAMS THAT USE THE CAMPUS IS OUR ASPEN SEMINAR WHICH CHALLENGES INDIVIDUALS TO THINK MORE DEEPLY. AND CONVICTION.

LISTEN MORE ATTENTIVELY, AND REFINE THEIR ABILITY TO LEAD IN AN INCREASINGLY COMPLEX AND CONFLICTING WORLD. SEMINAR PARTICIPANTS ENGAGE IN CHALLENGING CONVERSATIONS ABOUT ENDURING QUESTIONS OF ETHICAL AND EFFECTIVE LEADERSHIP, GAINING A GREATER CAPACITY TO LEAD WITH COURAGE

) (Expenses \$ 15,274,949 including grants of \$) (Revenue \$ 4c (Code: 15,946,382)

PUBLIC PROGRAMS: THE INSTITUTE'S PUBLIC PROGRAMS ARE DESIGNED TO FREELY DISSEMINATE THE ORGANIZATION'S IDEAS AND TO PROVIDE THE PUBLIC WITH

OPPORTUNITIES TO CONVENE INCLUSIVELY AND ENGAGE IN THOUGHTFUL, NONPARTISAN DIALOGUE. OUR MAJOR EVENTS INCLUDE THE ASPEN IDEAS FESTIVAL,

SPOTLIGHT HEALTH, THE ASPEN SECURITY FORUM, CITY LAB AND ASPEN WORDS, THESE AND OUR OTHER PUBLIC FORUMS ENGAGE OVER 15,000 MEMBERS OF THE GENERAL PUBLIC ANNUALLY.

) (Expenses \$ 25,175,194 including grants of \$ 762,500) (Revenue \$ 4.340.741) (Code:

OTHER RESTRICTED PROGRAMS, ASPEN GLOBAL LEADERSHIP NETWORK AND INNOVATION FUNDS, YOUTH AND ENGAGEMENT, AND SEMINARS

Other program services (Describe in Schedule O.)

762,500) (Revenue \$ 25,175,194 including grants of \$ 4,340,741) (Expenses \$

Total program service expenses 154,853,954 Form 990 (2022)

Forr	n 990 (2022)			Page
Pa	rt 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🐒	2	Yes	
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		No
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	Yes	
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		No
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? <i>If "Yes," complete Schedule D, Part I 1981 </i>	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8	Yes	

complete Schedule D, Part III 🥵

negotiation services? If "Yes," complete Schedule D. Part IV 📆

VIII, IX, or X, as applicable.

16

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt

permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII,

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete

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 🐯 c 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 🐿 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 为 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

Did the organization's separate or consolidated financial statements for the tax year include a footnote that

12a បីធ្វើវិទ្ធាត្ត ទល្បានមន្ត្រាស់ នេះ ប្រជាជាតិ នៃ ប្រជាជាន នេះ ប្រជាជានិង នេះ ប្រជាជានិង ប្រជាជានិង នេះ ប្រជានិង នេះ ប្រជាជានិង នេះ ប្រជា

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . 🐒 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report on Part IX column (A), line 3, more than \$5,000 of grants or other assistance to or for

b Was the organization included in consolidated, independent audited financial statements for the tax year?

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

any foreign organization? If "Yes," complete Schedule F, Parts II and IV 🥦

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . .

14a Did the organization maintain an office, employees, or agents outside of the United States?

Did the organization, directly of through a related organization, hold assets in temporarily restricted endowments,

3

Yes

Form **990** (2022)

9

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

20a

20b

Νo

Νo

Nο

Nο

Νo

Nο

Nο

Νo

Form	990 (2022)			Page 4
Par	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	Yes	
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
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		No
b	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		
d	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 transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	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?	26		No
27	មីត្រីវិទិស "organization" 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		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?	30		No
31	មីរ៉េជ ^y អាច organization field attentionate, or dissolve and cease operations? If "Yes," complete schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?	33		No

"Yes," Complete Schedule R, Part II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

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 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V .

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable

b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

gaming (gambling) winnings to prize winners?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

and Part V, line 1 .

Part V

34

35a

35b

36

37

1,138

0

1a

1b

Yes

Form 990 (2022)

Nο

Nο

Nο

Νo

No

Form	990 (2022)			Page 5				
Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)							
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							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes					
3a	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a	Yes					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial b account, securities account, or other financial							
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	_						
	Wish the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		N o N o				
		5b 5c						
	c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?							
	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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		N o				
-	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	Yes					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes					
C	file Form 8282?	7c		No				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7g						
h	required?	79 7h						
		7						
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.							
	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b						
10	Section 501(c)(7) organizations. Enter:	90						
	Initiation fees and capital contributions included on Part VIII, line 12 10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b							
11	Section S01(c)(12) organizations. Enter:							
а	Gross income from members or shareholders							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note. See the instructions for additional information the organization must report on Schedule O.							
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 13b							
С	Enter the amount of reserves on hand							
	14a Did the organization receive any payments for indoor tanning services during the tax year?							
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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		Νo				
16	IS "Meso" ចូររាមនេះ នៃ Mesos samuetion at investment income?	16		No				
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17						
		F	orm 99 0	(2022)				

0 (2022)	Page
Governance, Management, and Disclosure.	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines
0. 01 . 101 1 . 1	

Form	990 (2022)					Page 6		
Par	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through			espons	e to line	S		
	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule Check if Schedule O contains a response or note to any line in this Part VI	e O. S	ee instructions.			. 🔽		
Se	ction A. Governing Body and Management					1		
					Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax	1a	6 5					
	Year-fire 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 in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent	1b	6 4					
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?	siness •	relationship with any	2		Νo		
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management control of the control		3		Νo			
4	Did the organization make any significant changes to its governing documents since	rior Form 990 was	4		Νo			
5	5 blad the organization become aware during the year of a significant diversion of the organization's assets? .							
6	6 Did the organization have members or stockholders?							
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?	elect or appoint one or	7a		Νo			
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?	members, stockholders,	7b		No			
8	Did the organization contemporaneously document the meetings held or written active year by the following: $ \frac{1}{2} \left(\frac{1}{2} \right) = \frac{1}{2} \left(\frac{1}{2} \right) $	ons ur	ndertaken during the					
а	The governing body?			8a	Yes			
b	Each committee with authority to act on behalf of the governing body?			8b	Yes			
9	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? <i>If "Yes," provide the names and addresses in Schedule O</i>							
Se	ction B. Policies (This Section B requests information about policies not	requ	ired by the Internal R	eveni	ue Cod	e.)		
					Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			10a		Νo		
b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization	. ,	10b					
11a	11a	Yes						

4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	4		Νo
5	600 her organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		Νo
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		No
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		N o
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	even	ue Cod	e.)
			Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
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	Yes	
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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	

10a	Did the organization have local chapters, branches, or affiliates?	10a		Νο			
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	Yes				
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	Yes				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes				
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	Yes				
13	Did the organization have a written whistleblower policy?	13	Yes				
14	Did the organization have a written document retention and destruction policy?	14	Yes				
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	Yes				
b	Other officers or key employees of the organization	15b	Yes				
	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		No			
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					
Se	ction C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed	л ті	KC KI	/ ME			
	`´ 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						
18	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that						

	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
6a	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		No
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		
Se	ction C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed A L , A K , A Z , A R , C A , C O , C T , F L , G . M D , M A , M I , M N , M S , M O , N H , N J , I O H , O K , O R , P A , R I , S C , T N , U T , V	NM,N	Y,ŃC	,ND,
8	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			

	= ** ** ** ** ** ** ** ** ** ** ** *							
	MD,MA,MI,MN,MS,MO,NH,NJ,NM,NY,NC,ND,							
	OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI							
.8	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T							
	(section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that							
	apply.							
	✓ Own website □ Another's website ▼ Upon request □ Other (explain in Schedule O)							

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ASPEN INSTITUTEJENNIFER JONES 2300 N STREET NW 700 WASHINGTON, DC 20037 (410) 353-3226 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, box 6 of 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, or 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.

(a) Name and title A	See the instructions for the order in which to Check this box if neither the organization r				V Cl	ırrer	nt offi	cer,	director, or tru	stee.		
(1) DAMIEL PORTERFIELD	(A)	(B) Average hours per week (list	Posi	(C) ition (do not check more	e tha	(D) Reportable compensation from the	(E) Reportable compensation from related	Estimated amount of other				
New York New York		related organizations below dotted	dividual		Officer	Key employee	→	Former	(W-2/1099- MISC/1099-	(W-2/1099- MISC/1099-	compensation from the organization and related organizations	
CALIFORNIA ONTIL 08/2022 X					х				846,440	0	57,720	
CARR - AS OF 08/2022	` '				Х				0	0	0	
TRUSTEE	` '				х				0	0	0	
TRUSTEE	` ,								0	0	0	
TRUSTEE									0	0	0	
TRUSTEE			Х						0	0	0	
TRUSTEE			Х						0	0	0	
X			X						0	0	0	
TRUSTEE	TRUSTEE		Х						0	0	0	
TRUSTEE	TRUSTEE		Х						0	0	0	
TRUSTEE	TRUSTEE		Х						0	0	0	
TRUSTEE	TRUSTEE		Х		 				0	0	0	
TRUSTEE	TRUSTEE		X		<u> </u>				0	0	0	
TRUSTEE	TRUSTEE		Х		[']				0	0	0	
TRUSTEE X 0 0	TRUSTEE		Х						0	0	0	
(17) KATTE COLIRIC	TRUSTEE		Х						0	0	0	
TRUSTEE X 0 0 0									0			

n	990	(2022)	
		,	

(18) ANDREA CUNNINGHAM

(19) KENNETH L DAVIS MD

(20) JOHN DOERR

(21) THELMA DUGGIN

(22) ARNE DUNCAN

(23) MICHAEL D EISNER

(24) L BROOKS ENTWISTLE

(25) ELIZABETH FLEMING

(26) ROGER FERGUSON

(27) HENRY LOUIS GATES JR

(28) RUSSELL GOLDSMITH

(29) ANTONIO GRACIAS

(30) PATRICK W GROSS

(31) ARJUN GUPTA

(32) JANE HARMAN

(33) KAYA HENDERSON

(34) MARK HOPLAMAZIAN

(35) GERALD D HOSIER

(36) ROBERT HURST

(37) SONIA KAPADIA

(38) MICHAEL KLEIN

(40) LAURA LAUDER

(41) MELONY LEWIS

(43) CRAIG MARTIN

(44) WILLIAM E MAYER

(45) BONNIE PALMER MCCLOSKEY

(46) ANNE WELSH MCNULTY

(47) DIANE L MORRIS

(48) KARLHEINZ MUHR

(49) CLARE MUNANA

(50) JERRY MURDOCK

(51) MARC NATHANSON

(52) HER MAJESTY QUEEN NOOR

(53) JACQUELINE NOVOGRATZ

(56) CARRIE WALTON PENNER

(57) CARLA PINEYRO-SUBLETT

(54) OLARA A OTUNNU

(55) ELAINE PAGELS

(58) WILLIAM RESNICK

(59) RICARDO SALINAS

(61) ROBERT K STEEL

(62) LAURIE M TISCH

(63) CHRISTOPHER VARELAS

(64) RODERICK K VON LIPSEY

(66) JESSIE WOOLLEY-WILSON

(67) ELLIOT GERSON

(68) DAVID LANGSTAFF

(70) MARIA ACEBAL

(72) CYNTHIA MCKEE

(73) STEPHEN PATRICK

(75) VIVIAN SCHILLER

EXECUTIVE DIRECTOR (76) ERIKA MALLIN

EXECUTIVE DIRECTOR

individual

MOLINE CONSTRUCTION MANAGEMENT

TENANT IMPROVEMENT SPECIALISTS

1312 W EXCHANGE PARKWAY ALLEN, TX 75013

167 FOREST DRIVE LONE HILL JOHANNESBURG 2191 SIX PRODUCTIONS LLC

713 EAST 23RD STREET CARSON, CA 90745

2100 DOLORES WAY CARBONDALE, CO 81623 BRAIN SOURCE INTERNATIONAL

42-44 BISHOPSGATE EC2N

LONDON

AIGSA NPC

2

(74) ANN MOSLE

EXEC VICE PRESIDENT (69) NAMITA KHASAT

CFO/CAO/TREASURER - UNTIL 06/2022

VP STRATEGIC DEV CORP SECRETARY (71) ANDREW AXELROD EVP FINANCE EBD, TREASURER - AS OF 09/2022

EVP INSTITUTIONAL ADVANCEMENT

(65) VIN WEBER

(60) ANNA DEAVERE SMITH

(42) JAMES M MANYIKA

(39) KELI LEE

TRUSTEE

(A)

Name and title

TRUSTEE 1.00

1.00

1.00

1.00

.....

.....

TRUSTEE

TRUSTEE

TRUSTEE 1.00

TRUSTEE 1.00

TRUSTEE 1.00

.....

.....

....

TRUSTEE

TRUSTEE

TRUSTEE_

.....

.....

TRUSTEE

.....

.....

.....

TRUSTEE

TRUSTEE

D. 10777

TRUSTEE

EXECUTIVE VP

. ---

EXECUTIVE DIRECTOR 40.00

VP, EXECUTIVE DIRECTOR 40.0

c Total from continuation sheets to Part VII, Section A .

Independent Contra

\$100,000 of compensation from the organization > 22

1b Sub-Total

d Total (add lines 1b and 1c) .

10.00

\$100,000 of reportable compensation from the organization \blacktriangleright 231

(A)

Name and business address

1.00

1.00

(B)

Average

hours per

week (list

any hours for

related

organizations

below dotted

line)

1.00

1.00

1.00

1.00

1.00

1.00 Х.

1.00

1.00

1.00

1.00

1.00

40.00

Total number of individuals (including but not limited to those listed above) who received more than

Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

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

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.

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than

Χ

Χ

Χ

Х

Χ

X

Х

545,243

490,660

486,422

315,896

103,929

428,564

355,509

352,297

367,026

352,522

......

Individual or director

trustee

(C)

Position (do not check more than one box,

unless person is both an officer and a

director/trustee)

Institutional Trustee;

(D)

Reportable

compensation

from the

organization

(W-2/1099-

MISC/1099-

NEC)

Highest co employee Former

compensat

ed

emplo

yee

(F)

Estimated

amount of

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

60,654

51,504

30,327

30,115

1,280

12,052

66,870

66,870

45,404

31,630

454,426

No

Νo

Νo

5,289,434

1,469,762

1,404,296

1,340,439

1,212,343

Form 990 (2022)

(C) Compensation

Yes

Yes

3

4

5

(B)

Description of services

SERVICES FOR EXPANDING ACCESS

CONSTRUCTION SERVICES

CONSTRUCTION SERVICES

AUDIOVISUAL SERVICES

STAFFING & PAYROLL SERVICES

TO HEALTHC

Reportable

compensation

from related

organizations

(W-2/1099-

MISC/1099-

NEC)

rm	990	
Part	VII	

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

	990 (2022) Stateme	nt of Revenue								Page 9
rar		chedule O contains a res	sponse or not	te to a	ny line in this Par	t VIII				\square
					(A) Total revenue	(B) Related exemp function reven	or ot on	(C) Unrelate busines revenu	exc ie tax u	(D) Revenue luded from nder sections 12 - 514
Contr	ibutions, Gifts, Gra	nts, and OtherAmt Simi	lar Amounts	1a Fe	ederated campaig		1a			
					embership dues		1b			
					undraising events elated organizatio		1c 1d	2,368	,529	
					overnment grants (cor		1e	7,410	,310	
				f All	l other contributions, g	jifts, grants,		404 704		
				ab a No	oove oncash contributions ir		1f	131,781	,/26	
				lin	es 1a - 1f:\$ otal. Add lines 1a-		1g	16,542	_	
		R		Code	otal. Add illies 1a-	.11	• •		141,560),565
	2a CONTRACT REVEN	IUE		00099	32,172,799	32	2,172,799)		
Jue Jue			_		10,226,810			10.	,226,810	
Program Service Revenue	b CONF./FACILITY FI	EES	53	31390	10,220,010			10,	,220,010	
90	c SEMINAR AND EVE	ENT FEES	90	00099	9,033,255	ğ	,033,255	5		
ervice	d BOOK SALES		_	20000	3,613		3,613	3		
E S			90	00099						
ogra	e									
ě	- All		_							
		am service revenue.	F1 42	6,477						
	• Total. Add lille	3 Investment income			s, interest, and					4 507 400
		other 49imUAreIPOHnitNestr					19,361		331,881	1,687,480
		5 Royalties				<u> </u>				
		Γ	(i) R		(ii) Personal					
		6a Gross rents	6a	52,32	22					
		b Less: rental								
		expenses c Rental	6b	154,72	25	_				
		income or		-102,40	03					
		d (Nets)ental income			(ii) Other	-10	02,403			-102,403
		7a Gross amount from sales of assets other	(i) Secu	9,294,92	, ,	63				
nne		Other basis and	7b 19	9,134,29	7,649,2	29				
ever		sales expenses C Gain or (loss)	7c	160,63	F 247.4	66				
<u>π</u>		d Net gain or (loss)			-5,347,4		36,833			-5,186,833
Other Revenue		8a Gross income from fund (not including \$ contributions reported of	2,368,529 of on line 1c).	f						
		See Part IV, line 18		8a						
		b Less: direct expen c Net income or (loss		8b			56,417			-1,266,417
		2 Net means or (1000	,		▶					, ,
		9a Gross income from	gaming							
		activities.	_	9a	1					
		See Part IV, line 19 b Less: direct expen		9b						
		c Net income or (loss	s) from gami	ng act	ivities					
		10a Gross sales of invereturns and allowa								
		b Less: cost of good		10a						
		c Net income or (loss								
		(11			•					
		11a SUBLEASE INCO	ME		Business Code 9000		10,344			710,344
_		b OTHER INCOME			9000	99 56	51,074			561,074
Othe	erRevenueMiscAmt	c ADVERTISING IN	NCOME		5418	000	29,758		29,758	
		d All other revenue								
		e Total. Add lines 11	la-11d .		•		01,176			
		12 Total revenue. See	instructions			189,76	51,926	41,209,667	10,588,449	-3,596,755
		-		_						

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must	complete all colum	ans All other organ	izations must comple	ete column (A)
Check if Schedule O contains a response or note to			izations must comple	
Oo not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	17,469,399	17,469,399		·
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,209,937	1,209,937		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	6,707,562	6,707,562		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,020,190	476,125	2,544,065	
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	59,579,011	45,516,710	11,227,936	2,834,365
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,487,330		5,487,330	
9 Other employee benefits	5,191,748	13,273,013	-8,917,856	836,591
LO Payroll taxes	4,319,768		4,319,768	
11 Fees for services (non-employees):				
a Management	15,798,971	15,798,971		
b Legal	950,984	604,376	346,608	
c Accounting	225,979		225,979	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,200,859		1,200,859	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	30,312,273	24,167,557	6,086,616	58,100
12 Advertising and promotion				
3 Office expenses	8,863,673	2,743,283	6,091,838	28,552
4 Information technology	1,340,920	1,102,634	227,737	10,549
5 Royalties				
L6 Occupancy	4,731,253	3,528,096	976,035	227,122
7 Travel	13,827,795	13,111,482	621,940	94,373
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	457,658	457,658		
19 Conferences, conventions, and meetings	5,334,429	5,184,095	111,711	38,623
20 Interest	142,740	142,740		
21 Payments to affiliates	2,336,218		2,336,218	
22 Depreciation, depletion, and amortization	595,588	61,274	534,314	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	333,300	31,274	334,314	
a PUBLICATIONS	1,781,633	1,678,749	87,928	14,956
b PARTNER REIMBURSEMENTS	1,402,353	1,402,353		
c REPAIRS AND MAINTENANCE	390,722	146,780	243,942	
d BAD DEBT	255,889	71,160		184,729
e All other expenses	423		423	
Total functional expenses. Add lines 1 through 24e	192,935,305	154,853,954	33,753,391	4,327,960
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720).				

	art X	Balance Sheet					Page 11
	art A	_	noto t	o any line in this Bart IV			
		Check if Schedule O contains a response or	note t	o any fine in this Part IX .	(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			15,569,294	1	10,189,779
	2	Savings and temporary cash investments	-		20,005,043	2	23,540,105
	3	Pledges and grants receivable, net	49,885,211	3	39,355,994		
	4	Accounts receivable, net			6,960,249	4	8,632,723
	5	Loans and other receivables from any current	or for	mer officer, director.			, ,
Assets	6	trustee, key employee, creator or founder, su controlled entity or family member of any of t Loans and other receivables from other disqu under section 4958(f)(1)), and persons desc	persons (as defined		5		
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			283,265	8	278,414
	9			–	2,147,646	9	2,543,500
A	_	Prepaid expenses and deferred charges .	i	, · · ·	2,147,040	9	2,343,300
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	119,491,753			
	ь	Less: accumulated depreciation	10b	45,023,400	76,579,120	10c	74,468,353
	11	Investments—publicly traded securities .	75,643,810	11	78,563,638		
	12	Investments—other securities. See Part IV, li	215,765,025	12	169,017,803		
	13	Investments—program-related. See Part IV, I	-,,-	13	,.		
	14	Intangible assets	· · ·		14		
	15	Other assets. See Part IV, line 11	2,676,270	15	69,292,562		
	16	Total assets: Add lines 1 through 15 (must e	465,514,933	16	475,882,871		
	17	Accounts payable and accrued expenses .	13,594,228	17	15,343,072		
	18	Grants payable	1,916,128	18	2,140,947		
	19	Deferred revenue			12,033,695	19	15,882,204
	20	Tax-exempt bond liabilities			12,000,000	20	10,002,201
		Escrow or custodial account liability. Comple		t IV of Schodulo D		21	
es	21	, ,				21	
Liabilities	22	Loans and other payables to any current or fo key employee, creator or founder, substantial controlled entity or family member of any of t	l contr	ibutor, or 35%		22	
Ë	23	Secured mortgages and notes payable to unr		_	3,780,000	23	3,780,000
	24	Unsecured notes and loans payable to unrela		· —	0,700,000	24	0,700,000
	25	Other liabilities (including federal income tax parties, and other liabilities not included on I	, paya	bles to related third	21,757,447	25	66,610,309
		Complete Part X of Schedule D			50.004.400		100 750 500
10	26	Total liabilities. Add lines 17 through 25 .			53,081,498	26	103,756,532
Ses		Organizations that follow FASB ASC 958, che	ck her	e 🕨 🔽 and complete			
Fund Balances	27	lines 27, 28, 32, and 33. Net assets without donor restrictions			157,173,863	27	124,326,717
9 8	28	Net assets with donor restrictions		Í	255,259,572	28	247,799,622
Ē		Organizations that do not follow FASB ASC 9	58 ch	eck here ▶ ☐ and			
Assets or F	29	complete lines 29 through 33. Capital stock or trust principal, or current fur		eck nere and		29	
ets	30	Paid-in or capital surplus, or land, building or		ment fund		30	
SS	31	Retained earnings, endowment, accumulated				31	<u> </u>
	32	Total net assets or fund balances	- =	_	412,433,435	32	372,126,339
Net	33	Total liabilities and net assets/fund balances			465,514,933	33	475,882,871
		· · · · · · · · · · · · · · · · · · ·			,- ,		Form 990 (2022)

10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column

Pai	tXII 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 🗸 Accrual Cother			
1	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
22	Word the organization's financial statements compiled or reviewed by an independent accountant?	22		N o

	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 ☑ Accrual ☐ Other				
_	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	a Were the organization's financial statements compiled or reviewed by an independent accountant?				
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

basis, consolidated basis, or both:

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

Separate basis

Schedule O.

Both consolidated and separate basis

2b

2c

За

3b

Yes

Yes

Yes

Yes Form 990 (2022)

Form 990 (2022)		
Additional Data		Return to Form
	C. C	
	Software ID:	
	Software Version:	
Form 990, Special Condition Description	on:	
	Special Condition Description	

(Form 990) Department of the Treasury

Internal Revenue Service

SCHEDULE A

Name of the organization THE ASPEN INSTITUTE INC

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.

Inspection

OMB No. 1545-0047

Employer identification number

84-0399006 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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).) 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 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

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 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or

university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

An organization that normally receives: (1) more than 331/3% 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).

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 II, Type III, functionally

integrated, or Type III non-functionally integrated supporting organization.

Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iv) Is the organization (iii) Type of (v) Amount of organization organization listed in your governing monetary support

(vi) Amount of other support (see (described on lines document? (see instructions) instructions) 1- 10 above (see instructions)) Yes No

Schedule A (Form 990) 2022

616,738,477

59,695,492

557,042,985

616,738,477

3,879,225

2,354,196

622,971,898

89.420 %

88.290 %

Schedule A (Form 990) 2022

143,506,092

(f) Total

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

	Section A. Public Support						-
	alendar year or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	94,760,517	108,438,960	131,254,703	140,723,732	141,560,565	616,738,47
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						

Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Tax revenues levied for the organization'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. 94,760,517

108,438,960

131,254,703

140,723,732

(e) 2022

12

14

141,560,565

141,560,565

2,450,146

561,074

Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) Amounts from line 4. .

> Gross income from interest, dividends, payments received on securities loans, rents, royalties

Net income from unrelated business activities, whether or not the business is regularly

10 Other income. Do not include gain or loss from the sale of

11 Total support. Add lines 7

capital assets (Explain in Part

carried on. .

VI.). .

through 10

and income from similar sources

(f) . .

Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly

supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column

> (a) 2018 94,760,517

> > -390,616

443,054

Public support percentage for 2020 Schedule A, Part II, line 14

Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))

Section C. Computation of Public Support Percentage

(b) 2019 108,438,960

-59,007

799,478

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

check this box and $\operatorname{\mathsf{stop}}$ here \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \square

16a 33 1/3% support test-2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test-2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

h 10%-facts-and-circumstances test-2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

(c) 2020 131,254,703

535,540

156,060

(d) 2021 140,723,732

1,343,162

394,530

che	edule A (Form 990) 2022						Page 3
P	art IIII Support Schedule f						
	(Complete only if you						
S	II. If the organization ection A. Public Support	rails to quality	dinder the te	sts listed below	r, please comple	ete Part II	l.)
	endar year						
	fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
	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. Add lines 7a and 7b						
	Public support. (Subtract line 7c						
	from line 6.)						
S	ection B. Total Support						
	endar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
-	fiscal year beginning in)			1 7			
.0a	Amounts from line 6 Gross income from interest,						
Ua	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
	 Unrelated business taxable income						
b	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975.						
С	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 the	-			•		` ' ' ' '
	check this box and stop here						
S	ection C. Computation of Publ						
15	Public support percentage for 2022 (15	
16	Public support percentage from 202					16	
S	ection D. Computation of Inve						
17	Investment income percentage for 2					· 17	
18	Investment income percentage from					18	
19a							
	more than 33 1/3%, check this box a						
b	33 1/3% support tests—2021. If the	-			•		_
	is not more than 33 1/3%, check this	, box and stop he	ere. The organiza	ation qualifies as	a publicly support	ted organiz	ation 🖊

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

Page 4

No

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you

hackad box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you

checked box	12d, of	Part I, com
CHECKEU	DOX 12D, OI	rait 1, con

checked box	12d, of Part I, complete Sections A and	D, and complete P	art V.)	
Section A.	All Supporting Organizations			

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines

satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if

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

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

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

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with

Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If

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)

b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the

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

assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from,

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)

b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and

purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

Substitutions only. Was the substitution the result of an event beyond the organization's control?

the filing organization's supported organizations? If "Yes," provide detail in Part VI.

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

supporting organization had an interest? If "Yes," provide detail in Part VI.

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,

1

Yes

section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization

2

За

3b

3с

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b Schedule A (Form 990) 2022

describe the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of status under

was described in section 509(a)(1) or (2).

amendment to the organizing document).

organization's organizing document?

"Yes," complete Part I of Schedule L (Form 990).

(1) or (2))? If "Yes," provide detail in Part VI.

organizations)? If "Yes," answer line 10b below.

whether the organization had excess business holdings).

you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

or supervised by or in connection with its supported organizations.

3b and 3c below.

made the determination.

organization's involvement.

Parent of Supported Organizations. Answer lines 3a and 3b below.

each of the supported organizations? If "Yes" or "No", provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI. the role played by the organization in this regard.*

Supporting Organizations (continued)

Page 5

11	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 11a above?	11a				
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in	11c				
	Part VI.					
<u>S</u>	ection B. Type I Supporting Organizations					
			Yes	No		
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1				
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s)					
	that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting					
	organization.	2				
S	ection C. Type II Supporting Organizations					
	section of Type 12 supporting organizations		Yes	No		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or					
	trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported Section 25. All Type III Supporting Organizations					
_		1				
	actron-D:-Antriype III Supporting Organizations					
			Yes	No		
1						
year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) co						
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported					
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?					
	organization maintained a close and continuous working relationship with the supported organization(s).	2				
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a					
_	significant voice in the organization's investment policies and in directing the use of the organization's income or	_				
	assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations	3				
	ection E. Type III Functionally-Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructio	ns):			
,	The organization satisfied the Activities Test. Complete line 2 below.					
	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 government entity instructions)	(see				
2	Activities Test. Answer lines 2a and 2b below.		Yes	No		
;	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities					
	constituted substantially all of its activities.	2a				
ا	b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the					

2b

За

3b

Income tax imposed in prior year

instructions)

temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See

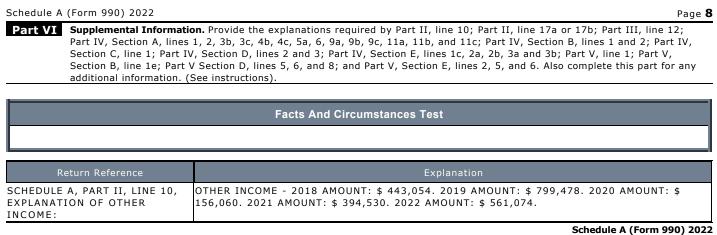
Page **6**

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

(continued)

Page **7**

Part V Type III Non-Functionally Integrat	ed 509(a)(3) Support	ting	(continue	
Section D ^{Orชลรน์สัติปี่ถิชิกิร}		1		Current Year
1 Amounts paid to supported organizations to accompli	sh exempt purposes	1		
2 Amounts paid to perform activity that directly further organizations, in	s exempt purposes of suppo	rted 2	1	
excess of income from activity				
3 Administrative expenses paid to accomplish exempt p	ourposes of supported organ	nizations 3		
4 Amounts paid to acquire exempt-use assets		4		
5 Qualified set-aside amounts (<i>prior IRS approval require</i>	ed - provide details in Part V	'I) 5		
6 Other distributions (describe in Part VI). See instruct	tions	6		
7 Total annual distributions. Add lines 1 through 6.		7		
8 Distributions to attentive supported organizations to (provide details in Part VI). See instructions	which the organization is re	sponsive 8		
9 Distributable amount for 2022 from Section C, line 6		9		
10 Line 8 amount divided by Line 9 amount		1	0	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistrik Pre-20:		(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6				_
Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI).				
See instructions.				
3 Excess distributions carryover, if any, to 2022:				
a From 2017				
b From 2018				
d From 2020				
e From 2021				
f Total of lines 3a through e				
g Applied to underdistributions of prior years				
h Applied to 2022 distributable amount				
i Carryover from 2017 not applied (see instructions)				
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: \$				
a Applied to underdistributions of prior years				
b Applied to 2022 distributable amount				
c Remainder. Subtract lines 4a and 4b from line 4.				
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI				
See instructions. 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.				
7 Excess distributions carryover to 2023. Add lines 3j and 4c.				
8 Breakdown of line 7:				
a Excess from 2018				
b Excess from 2019				
c Excess from 2020				
d Excess from 2021				
e Excess from 2022				chedule A (Form 990) (2022)
			S	cnedule A (FORM 990)(ノロノノ))



Schedule B OMB No. 1545-0047 Schedule of Contributors (Form 990) Attach to Form 990, 990-EZ, or 990-PF. 2022 Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization **Employer identification number** THE ASPEN INSTITUTE INC 84-0399006 Organization type (check one): Filers of: Section: Form 990 or 990-F7 ☐ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the **General Rule** or a **Special Rule**. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

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

Name of organization THE ASPEN INSTITUTE INC

Employer identification number 84-0399006

Part I Contributors	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
RESTRICTED		\$ RESTRICTED	Person Payroll Noncash
	,		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>-</u>		\$	Person Payroll Noncash (Complete Part II for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	contributions.) (d) Type of contribution
-		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part II

(a)

No. from

Part I

(d)

Date received

Schedule B (Form 990) (2022)

Page 3

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
-	
(a) No. from Part I	(b) Description of noncash property given

(a)

(b) No. from Part I

Description of noncash property given (b)

Description of noncash property given

(a) No. from Part I (b)

(a)

No. from Part I

Description of noncash property given

(b)

Description of noncash property given

(c)

FMV (or estimate) (See instructions)

FMV (or estimate)

(See instructions)

Employer identification number

84-0399006

(c)

FMV (or estimate)

(See instructions)

(c)

\$

Date received

(d)

SCHEDULE C (Form 990)

Department of the Treasury

Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Political Campaign and Lobbying Activities

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ►Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

 Section 527 organizations: Complete Part I-A only. If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then Section 501(c)(4), (5), or (6) organizations: Complete Part III.

•	section 301(c)(4), (3), or (6) organizations. Complete Fait III.				
	ne of the organization ASPEN INSTITUTE INC Employer id	entifi	ication num	ber	
	84-039900	16			
Part	t I-A Complete if the organization is exempt under section 501(c) or is a section 52	27 o	rganizati	ion.	
1	Provide a description of the organization's direct and indirect political campaign activities in Part IV. See ins definition of "political campaign activities."	truct	ions for		
2	Political campaign activity expenditures. See instructions	\$			
3	Volunteer hours for political campaign activities. See instructions				
Par	t I-B Complete if the organization is exempt under section 501(c)(3).				
1	Enter the amount of any excise tax incurred by the organization under section 4955	\$			
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$			
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?		Yes	☐ No	
4a	Was a correction made?		Yes	☐ No	
	If "Yes," describe in Part IV.				
Par	TI-C Complete if the organization is exempt under section 501(c), except section 5	01(c)(3).		
1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$			

-	Enter the amount unectry	expended by the ming organiza	tion for section 327 exempt fund	cion activities \$				
2	2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities							
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b							
4								
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.								
(a)	Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0			
1								
2								
3								
4								
5								
6								
For F	Paperwork Reduction Act Noti	ice, see the instructions for Form 9	990. Cat No.	50084S School	tule C (Form 990) 2021			

Part II-B

Page 3

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying		u <i>)</i>	(5	
activ		Yes	No	Amo	unt
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:				
а	Volunteers?		Νo		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes			
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
е	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes			297
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes			104
i	Other activities?		Νo		
j	Total. Add lines 1c through 1i				401
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo		
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?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section section 501(c)(6).	501 (c)(5), o	r	
				Ye	s No

Complete if the organization is exempt under section 501(c)(3) and has NOT

filed Form 5768 (election under section 501(h)).

			Yes	No			
1	Were substantially all (90% or more) dues received nondeductible by members?	1					
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2					
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3					
Par	Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A.						

				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N line 3, is answered "Yes."				
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b	Carryover from last year	2b			
		_			

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

Explanation

ALLOCATED SALARY EXPENSE FROM COMMUNICATION WITH LEGISLATORS REGARDING

Part IV **Supplemental Information**

PENDING LEGISLATION.

PART II-B, LINE 1:

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

SCHEDULE D

(Form 990)

Supplemental Financial Statements ▶ Complete if the organization answered "Yes," on Form 990,

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. Open to Public Inspection

	ame of the organization IE ASPEN INSTITUTE INC	Employer identification number
III	E ASPEN INSTITUTE INC	84-0399006
Ρā	art I Organizations Maintaining Donor Advised Funds	or Other Similar Funds or Accounts.
	Complete if the organization answered "Yes" on Form 9	
		r advised funds (b) Funds and other accounts
	Total number at end of year	
	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
ŀ	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing the the organization's property, subject to the organization's exclusive leg	
5	Did the organization inform all grantees, donors, and donor advisors in charitable purposes and not for the benefit of the donor or donor advisor impermissible private benefit?	or, or for any other purpose conferring
Pa	ITT II Conservation Easements. Complete if the organization answered "Yes" on Form 9	990, Part IV, line 7.
L	Purpose(s) of conservation easements held by the organization (check	
_	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically important land area
	▼ Protection of natural habitat	Preservation of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conse	
а	easement on the last day of the tax year. Total number of conservation easements	Held at the End of the Year 2a 1
b	Total acreage restricted by conservation easements	2b 13.50
_	Number of conservation easements on a certified historic structure inc	cluded in (a) 2c
C		
d	Number of conservation easements included in (c) acquired after 7/25, historic structure listed in the National Register	706, and not on a 2d
3	Number of conservation easements modified, transferred, released, extrax year $\frac{1}{2}$	tinguished, or terminated by the organization during the
1	Number of states where property subject to conservation easement is	s located 1
5	Does the organization have a written policy regarding the periodic mon violations, and enforcement of the conservation easements it holds? .	nitoring, inspection, handling of
5	Staff and volunteer hours devoted to monitoring, inspecting, handling year	of violations, and enforcing conservation easements during the
	<u> </u>	
7	Amount of expenses incurred in monitoring, inspecting, handling of vices \$	olations, and enforcing conservation easements during the year
3	Does each conservation easement reported on line $2(d)$ above satisfy (B)(i) and section $170(h)(4)(B)(ii)$?	
9	In Part XIII, describe how the organization reports conservation easer balance sheet, and include, if applicable, the text of the footnote to th	,
aı	the organization's accounting for conservation easements. rt III Organizations Maintaining Collections of Art, His	
	Complete if the organization answered "Yes" on Form 9	
la	If the organization elected, as permitted under FASB ASC 958, not to of art, historical treasures, or other similar assets held for public exhibservice, provide, in Part XIII, the text of the footnote to its financial s	bition, education, or research in furtherance of public
b	If the organization elected, as permitted under FASB ASC 958, to repo art, historical treasures, or other similar assets held for public exhibiti 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 · · · · · · · · · · · · · · · · · ·	
2	If the organization received or held works of art, historical treasures, or following amounts required to be reported under FASB ASC 958 relations.	or other similar assets for financial gain, provide the
а		_
b	Assets included in Form 990, Part X	· · · · · · · · · · · · · · · · · · ·

Part XIII.

Public exhibition

Scholarly research

collection items (check all that apply):

Preservation for future generations

Page 2

Pa	Complete if the organization a Part X, line 21.		n Form 990, Part	IV, line 9, or re	ported an amou	unt on Form 990,
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?					es No
b	If "Yes," explain the arrangement in Part	XIII and complete t	the following table:		Amour	nt
С	Beginning balance			1c		
d	Additions during the year			1d		<u> </u>
е	Distributions during the year			1e		<u>.</u>
f	Ending balance			. 1f		
2a	Did the organization include an amount o If "Yes," explain the arrangement in Part					
b	art V Endowment Funds.	AIII. CHECK HEIE II	the explanation has	s been provided if	I Pait XIII	
	Complete if the organization a					
		(a) Current year	1 1		1	ck (e) Four years back
	Beginning of year balance	178,705,74		126,362,776		
	Contributions	22.540.00		10,938,289 10,092,783		, , , , , , , , , , , , , , , , , , ,
С	Net investment earnings, gains, and losse	S 23/3 10/03	30,072,110	10,032,703	13,303,13	1,031,703
d	Grants or scholarships					
е	Other expenditures for facilities and programs	22,324,08	7 9,195,723	6,873,615	5,524,12	8 3,279,083
f	Administrative expenses					
g	End of year balance	145,168,00	178,705,742	140,520,233	126,362,77	115,098,677
2	Provide the estimated percentage of the c	•	ance (line 1g, colun	nn (a)) held as:		
а	Board designated or quasi-endowment	29.862 %				
b						
С						
2-	The percentages on lines 2a, 2b, and 2c Are there endowment funds not in the pos	•		ld and administrate	ad for the	
3a	organization by:	ssession of the orga	ilization that are he	iu aliu aulililistere	ed for the	Yes No
	(i) Unrelated organizations					3a(i) No
	(ii) Related organizations					3a(ii) No
b	If "Yes" on 3a(ii), are the related organiz	ations listed as requ	uired on Schedule R	?		3b
4	Describe in Part XIII the intended uses of	f the organization's	endowment funds.			
Pa	rt VI Land, Buildings, and Equip	-				
	Complete if the organization a	nswered "Yes" or				
	Description of property (a) Cost or of (investigation)		ost or other basis (other)	(c) Accumulated	depreciation	(d) Book value
1a	Land		3,904,13	8		3,904,13
b	Buildings		93,984,76	7	33,078,006	60,906,76
С	Leasehold improvements					
d	Equipment		6,632,87	8	5,078,263	1,554,61
е	Other		14,969,97	0	6,867,131	8,102,83

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

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

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . .

d Loan or exchange programs

Other _____

(a) Description of security or category (c) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives	Part VII	Investments - Other Securities. Complete if the organization answered "Yes" of	on Form 990. Part	t IV. line 11b.Se	e Form 99	00. Part X. line 12.
10		(a) Description of security or category			(c) Method	of valuation:
102.771.796 F	(1) Financia			Cost	or end-or-	year market value
(a) INVESTMENT CONTRACT						
(6) (7) (8) (9) (9) (9) (9) (10) (11) (12) (13) (14) (15) (15) (16) (17) (18) (18) (18) (18) (18) (18) (18) (18			167,771,7	98		F
(c) (c) (d) (d) (e) (f) (f) (f) (f) (f) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h	(B) INVESTMENT CONTRACT		1,246,0	05		F
(1) Total: (Column (a) must equal Form 990, Fort X, col. (8) line 12.) Part X (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (d) Book value (e) Description of investment (e) Book value (f) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Book value (h) Book v	(B)					
(6) (7) (8) (8) (9) Total Column (3) must equal from 1909. Part X, col. (8) Nex 12.) (9) Description of investment (9) Description of investment (9) Book value (1) (2) (3) (4) (5) (6) (6) (7) (8) (9) Total Column (3) must equal from 900, Part X, col. (8) Nex 12.) Total Column (3) must equal from 900, Part X, col. (8) Nex 12.) Total Column (3) must equal from 900, Part X, col. (8) Nex 12.) Total Column (3) must equal from 900, Part X, col. (8) Nex 12.) Total Column (3) must equal from 900, Part X, col. (8) Nex 12.) Total Column (3) must equal from 900, Part X, col. (8) Nex 12.) Total Column (3) must equal from 900, Part X, col. (8) Nex 12.) Total Column (3) must equal from 900, Part X, col. (8) Nex 12.) Total Column (3) must equal from 900, Part X, col. (8) Nex 12.) Total Column (3) must equal from 900, Part X, col. (8) Nex 12.) Total Column (3) must equal from 900, Part X, col. (8) Nex 12.) Total Column (3) must equal from 900, Part X, col. (8) Nex 12.) Total Column (4) must equal from 900, Part X, col. (8) Nex 12.) Lead to the column (4) must equal from 900, Part X, col. (8) Nex 12.) Lead to the column (5) must equal from 900, Part X, col. (8) Nex 12.) Lead to the column (6) must equal from 900, Part X, col. (8) Nex 12.) Lead to the column (6) must equal from 900, Part X, col. (8) Nex 12.) Lead to the column (6) must equal from 900, Part X, col. (8) Nex 12.) Lead to the column (6) must equal from 900, Part X, col. (8) Nex 12.) Lead to the column (6) must equal from 900, Part X, col. (8) Nex 12.) Lead to the column (6) must equal from 900, Part X, col. (8) Nex 12.) Lead to the column (7) must equal from 900, Part X, col. (8) Nex 12.) Lead to the column (8) must equal from 900, Part X, col. (8) Nex 12.) Lead to the column (8) must equal from 900, Part X, col. (8) Nex 12.) Lead to the column (8) must equal from 900, Part X, col. (8) Nex 12.) Lead to the column (8) Must equal from 900, Part X, col. (8) Nex 12.) Lead to the column (8) Must equal from 900, Part X, col. (8) Nex 12.) Lead t	(C)					
(6) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	(D)					
(6) (7) (8) (9) (9) (14) (15) (15) (15) (16) (17) (18) (18) (18) (19) (19) (19) (19) (19) (19) (19) (19	(E)					
Total. (Column (i) must equal form \$90, Part X, cal. (ii) ine 12.) 169,017,802	(F)					
Testal. (Column (b) must equal from 900, Part X, col. (d) line 12.) Part X 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) Nethod of valuation: Cost or end-of-year market value (b) Book value (c) Nethod of valuation: Cost or end-of-year market value (c) A cost of end-of-year market value (d) Cost or end-of-year market value (e) Book value (f) Cost or end-of-year market value (f) Cost or end-of-year market value (g) Cost or end-of-year market value (g) Cost or end-of-year market value (h) Cost or end-of-year market value (g) Cost or end-of-year market value (h) Cost or end-of-year market value (g) Cost or end-of-year market value (g) Cost or end-of-year market value (h) Cost or end-of-year market value (g) Cost or end-of-year market value (h) Cost or end-of-year market value (g) Cost or end-of-year market value (h) Cost or end-of-year market value (g) Cost or end-of-year market value (h) Cost or end-of-year market value (g) Cost or end-of-year market value (h) Cost or end-of-year market value (g) Cost or end-of-year market value (h) Cost or end-of-year market value (h) Cost or end-of-year market value (g) Cost or end-of-year market value (h) Cost or end-of-year market value (h) Book value (h	(G)					
Investments - Program Related. Complete if the organization answered (*Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	(H)					
New Street Section Program Related.	Total. (Colum	an (b) must equal Form 990, Part X, col. (B) line 12.)	169.017.8	0.3		
(a) Description of investment (b) Book value (c) Method of Valuation: Cost or end-of-year market value (d) (d) (d) (d) (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	Part	Investments - Program Related.	•	•	.a. Farma 0	00 Dark V line 12
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Fart X, col. (8) 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 (c) DESCRIPTION ASSET (b) Book value (d) DESCRIPTION ASSET (d) PART X, LEASE RIGHT-OF-USE ASSET (d) PART X, LEASE RIG	VIII		on Form 990, Pari		(c)	Method of valuation:
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (t)) must equal form 990, Part X, cal.(B) line 12.) Part XX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete If the organization 2 (a) Description (b) Book value (1) OPERATING LEASE RICHT-OF-USE ASSET (1,64), 227 (2) OEFERRED TAX ASSET (1,64), 227 (3) SECURITY OF POPOSITS (3) SECURITY OF POPOSITS (4) SET OF POPOSITS (5) SEE OF ORGANIZATION OF ORG	(1)				Cost or	end-of-year market value
(4) (5) (6) (7) (8) (9) Total. (Column (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. 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) OPERATING LEASE RIGHT-OF-USE ASSET (1,641,257 (2) OPERATING LEASE RIGHT-OF-USE ASSET (1,641,257 (3) SECURITY OF POSITS (8,53,590) (4) INVESTMENT RELATED RECEIVABLES (20,000,000) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) L (a) Description of liability (b) Book value (1) Federal income taxes (4) (5) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) A (b) Book value (c) Federal income taxes (4) (5) (6) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9						
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(8) line 13.) Part XX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (1)DERATING LEASE RIGHT-OF-USE ASSET 46,597,705 (2)DEFERRED TAX ASSET 45,597,705 (2)DEFERRED TAX ASSET 45,597,705 (2)DEFERRED TAX ASSET 57,500 (2)DEFERRED TAX ASSET 57,500 (3)SECURITY DEPOSITS 57,500 (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(8) line 15.)						
(6) (7) (8) (9) Total. (Column (b) must equal form 990, Part X, col.(8) line 13.) Part XX 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) DERATING LEASE RIGHT-OF-USE ASSET 4, 581, 267 (3) SECURITY DEPOSITS 5, 583,590 (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(8) line 15.)						
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(8) line 13.) PATE IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (1) DESCRIPTION LEASE RIGHT-OF-USE ASSET 46,597,705 (3) SECURITY DEPOSITS 583,3590 (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(8) line 15.) 69,292,562 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 (4) (5) (6)	(4)					
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) PRITIX 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)OPERATING LEASE RIGHT-OF-USE ASSET 46,597,705 (3)SECURITY DEPOSITS 5833,590 (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) 69,292,562 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 (1) Federal income taxes (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 66,610,309 Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 66,610,309 Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 66,610,309	(5)					
(8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part XX 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)OPERATING LEASE RIGHT-OF-USE ASSET 1,841,267 (2)DEFERRED TAX ASSET 1,841,267 (3)SECURITY DEPOSITS 2,0000,000 (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) 5,972,562 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 (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 5,900, Part X, line 25. 1. (a) Description of liability (b) Book value (b) Book value (c) Federal income taxes (d) (e) (f) (f) (g) (h) (h) (h) (h) (h) (h) (h	(6)					
Total. (Column (b) must equal Form 990, Part X, col.(8) line 13.) Part XX Other Assets. (a) Description (b) Book value (1) OPERATING LEASE RIGHT-OF-USE ASSET 46,597,705 1.841,267 (3) SECURITY DEPOSITS 61,841,267 (3) SECURITY DEPOSITS 65,599 (4) INVESTMENT RELATED RECEIVABLES 20,000,000 (4) (5) (6) (7) (7) (7) (7) (7) (8) (9) (9) (1) 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. (a) Description of liability (b) Book value (1) Federal income taxes (4) (5) (6) (7) (7) (8) (9) (9) (1) Part X (1) Part X (1) Part X (2) Part X (3) Description of liability (4) Part X (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) Part X (1) Part X (2) Part X (3) Description of liability (4) Part X (5) Part X (6) Part X (6) Part X (7) Part X (8) Part X (9) Part X (9) Part X (1) Part X	(7)					
Total. (Column (b) must equal Form 990, Part X, col.(8) 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) OPERATING LEASE RIGHT-OF-USE ASSET 46,597,705 (2) DEFERRED TAX ASSET 1,841,267 (3) SECURITY DEPOSITS 883,590 (4) PORTON RELATED RECEIVABLES 20,000,000 (5) (6) (7) (8) (9) (9) (9) (1) Foderal income taxes (1) Foderal income taxes (4) (9) Part X, col.(8) line 15.)	(8)					
Part IX	(9)					
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) OPERATING LEASE RIGHT-OF-USE ASSET (2) DEFERRED TAX ASSET (3) EQUITY DEPOSITS (3) ESCURITY DEPOSITS (4) INVESTMENT RELATED RECEIVABLES (2) 0,000,000 (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) (a) Description of liability (b) Book value (1) Federal income taxes (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) (a) Description of liability (b) Book value (1) Federal income taxes (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) (a) Description of liability (b) Book value (1) Federal income taxes (4) (5) (6) (7) (8)	Total. (Colum	nn (b) must equal Form 990, Part X, col.(B) line 13.)				
(a) Description (b) Book value (1)OPERATING LEASE RIGHT-OF-USE ASSET 46,597,705 (3)SECURITY DEPOSITS 853,590 (4)INVESTMENT RELATED RECEIVABLES 20,000,000 (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) 1. (a) Description of liability (b) Book value (c) (f) (g) (g) (g) (g) (h) Book value (h) Federal income taxes (h) (h) Book value (h) Fotal. (column (b) must equal Form 990, Part X, col.(B) line 25.) (h) Book value (h) Fotal. (column (b) must equal Form 990, Part X, col.(B) line 25.) (h) Book value (h) Fotal. (column (b) must equal Form 990, Part X, col.(B) line 25.) (h) Book value (h) Fotal. (column (b) must equal Form 990, Part X, col.(B) line 25.) (h) Book value (h) Fotal. (column (b) must equal Form 990, Part X, col.(B) line 25.) (h) Book value (h) Fotal. (column (b) must equal Form 990, Part X, col.(B) line 25.) (h) Book value (h) Fotal. (column (b) must equal Form 990, Part X, col.(B) line 25.) (h) Gook value form 990, Part X, col.(B) line 25.) (h) Gook value form 990, Part X, col.(B) line 25.) (h) Gook value form 990, Part X, col.(B) line 25.) (h) Gook value form 990, Part X, col.(B) line 25.) (h) Gook value form 990, Part X, col.(B) line 25.) (h) Gook value form 990, Part X, col.(B) line 25.) (h) Gook value form 990, Part X, col.(B) line 25.) (h) Gook value form 990, Part X, col.(B) line 25.) (h) Gook value form 990, Part X, col.(B) line 25.)	Part IX		n Form 990 Part	IV line 11d See	Form 990	Part Y line 15
(2)DEFERRED TAX ASSET (3)SECURITY DEPOSITS (8)STANDAM (1) (20,000,000) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(8) line 15.)		(a) Description	77 77 77 77 77 77 77 77 77 77 77 77 77	10, me 110. sec	7 01111 7 7 0	(b) Book value
(4) INVESTMENT RELATED RECEIVABLES 20,000,000 (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶ 69,292,562 Part X Other Liabilities.						1,841,267
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)						
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)						20,000,000
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	(5)					
(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 (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) • 66,610,309 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(6)					
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 (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) • 66,610,309 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(7)					
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 (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) • 66,610,309 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(8)					
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 (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) • 66,610,309 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(9)					
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 (4) (5) (6) (7) (8) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) • 66,610,309 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		mp (h) must equal Form 000 Part V cal (P) line 15				60 202 562
See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		Other Liabilities.			. •	69,292,362
(1) Federal income taxes (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the			n Form 990, Part	IV, line 11e or 1	.1f.	
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the			liability			(b) Book value
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 66,610,309 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		Income taxes				
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 66,610,309 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(5)					
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 66,610,309 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(6)					
(8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the						
(9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 66,610,309 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the						
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the						
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		(h) must accord 5				
	2. Liability	for uncertain tax positions. In Part XIII, provide the te			s financial	statements that reports the

Sche	dule D (Form 990) 2021					Page 4
Pa	Return.	Revenue per Audited Financial Sta			per	
		inization answered 'Yes' on Form 990,				
1		r support per audited financial statements			1	152,972,648
2		t not on Form 990, Part VIII, line 12:	ı	1		
а	Net unrealized gains (losses) of	on investments	2a	-37,324,235		
b	Donated services and use of fa	acilities	2b	203,427		
С	Recoveries of prior year grants	·	2 c			
d	Other (Describe in Part XIII.)		2d			
е	Add lines 2a through 2d				2e	-37,120,808
3	Subtract line 2e from line 1 .				3	190,093,456
4	Amounts included on Form 990), Part VIII, line 12, but not on line 1:				
а		ided on Form 990, Part VIII, line 7b	4a	1,200,859		
b	Other (Describe in Part XIII.)	·	4b	-1,532,389		
c	•				4c	-331,530
5		4c. (This must equal Form 990, Part I, line			5	189,761,926
_		Expenses per Audited Financial St				
Fal		nization answered 'Yes' on Form 990,			s pei	Return.
1		audited financial statements			1	193,279,744
2	Amounts included on line 1 but	t not on Form 990, Part IX, line 25:				
а	Donated services and use of fa		2a	203,427		
b			2b	2007.27		
c	Other losses		2c			
d			2d	1 242 204		
a	Other (Describe in Part XIII.)		Zū	1,342,294		
е	Add lines 2a through 2d				2e	1,545,721
3	Subtract line 2e from line 1 .				3	191,734,023
4), Part IX, line 25, but not on line 1:				
a		uded on Form 990, Part VIII, line 7b	4a	1,200,859		
b	Other (Describe in Part XIII.)		4b	423		
С	Add lines 4a and 4b				4c	1,201,282
5		d 4c. (This must equal Form 990, Part I, line	18)		5	192,935,305
_	t XIII	a rea (This mast equal Form 550, Fart 1, me	. 10.)	<u> </u>		132,333,303
	pplemental Information					
		r Part II, lines 3, 5, and 9; Part III, lines 1a	and 4	· Part IV lines 1h and 2h	. Dart	: V lino 4: Part V lino
		t XII, lines 2d and 4b. Also complete this pa				
	Return Reference		Exp	olanation		
PART	II, LINE 5:	THE INSTITUTE CONTINUES TO COMPL CONSERVATION EASEMENT HELD, WHI				
PART	THE INSTITUTE HOLDS A CONSERVATION EASEMENT ON THE BALAI					
DAD	III, LINE 4:	CONTRIBUTED PARCEL OF LAND WAS B AT OUR ASPEN MEADOWS CAMPUS, AS				
TAK	III, LINE 4.	ART THAT IS ON DISPLAY BOTH IN GAL GUESTS WHO VISIT AND STAY AT OUR PHOTOS FROM FRANZ BERKO, OFFICIA ART IN VARIOUS MEDIUMS BY HERBER' CAMPUS, AND ALSO DESIGNED SEVERA ONE GALLERY ON PROPERTY IS DEDICA	LERIE RESO L PHO T BAY AL OF	ES AND PUBLIC SPACES RT. THIS ART COLLECT TOGRAPHER FOR THE ER. BAYER WAS THE ALTHE LAND FORMS THR SOLELY TO THE WORK	I. IT I ION I INSTI RCHIT OUGH OF BA	IS ENJOYED BY IS MADE UP OF TUTE, AS WELL AS FECT FOR OUR HOUT OUR PROPERTY. AYER. ALTHOUGH THE
		ARTWORK IS HELD ON THE BOOKS AT C MILLION.	JUST,	II HAS AN INSURED FA	AIK V	ALUE OF \$3.1
	- V TNE 4:	4 EN OF A 12 OHADTED BOLLING AVED	A C F (OF THE FUNDS ARE HOL	- D TO	- FUND

5 Total expenses. Add lines 3	and 4c. (This must equal Form 990, Part I, line 18.)	5	192,935,305						
Part XIII Supplemental Information									
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.									
Return Reference	Explanation								
PART II, LINE 5:	THE INSTITUTE CONTINUES TO COMPLY WITH TERMS OF CONTRACT GOVERNING THE CONSERVATION EASEMENT HELD, WHICH INCLUDES PROTECTION OF NATURAL HABITAT.								
PART II, LINE 9:	THE INSTITUTE HOLDS A CONSERVATION EASEMENT ON THE BALANCE SHEET AND THE CONTRIBUTED PARCEL OF LAND WAS BOOKED AS REVENUE FOR THE YEAR IT WAS GIFTED.								
PART III, LINE 4:	AT OUR ASPEN MEADOWS CAMPUS, ASPEN, COLORADO, WE HAVE A LARGE COLLECTION OF ART THAT IS ON DISPLAY BOTH IN GALLERIES AND PUBLIC SPACES. IT IS ENJOYED BY GUESTS WHO VISIT AND STAY AT OUR RESORT. THIS ART COLLECTION IS MADE UP OF PHOTOS FROM FRANZ BERKO, OFFICIAL PHOTOGRAPHER FOR THE INSTITUTE, AS WELL AS ART IN VARIOUS MEDIUMS BY HERBERT BAYER. BAYER WAS THE ARCHITECT FOR OUR CAMPUS, AND ALSO DESIGNED SEVERAL OF THE LAND FORMS THROUGHOUT OUR PROPERTY. ONE GALLERY ON PROPERTY IS DEDICATED SOLELY TO THE WORK OF BAYER. ALTHOUGH THE ARTWORK IS HELD ON THE BOOKS AT COST, IT HAS AN INSURED FAIR VALUE OF \$3.1 MILLION.								
PART V, LINE 4:	4.5% OF A 12 QUARTER ROLLING AVERAGE OF THE FUNDS ARE USE PROGRAMMATIC WORK OF THE INSTITUTE.	D TO	FUND						
PART X, LINE 2:	PART X, LINE 2: MANAGEMENT OF THE INSTITUTE BELIEVES THAT IT HAS NO MATERIAL UNCERTAINTY IN INCOME TAXES AND, ACCORDINGLY, IT WILL NOT RECOGNIZE ANY LIABILITY FOR UNRECOGNIZED TAXES IN ITS FINANCIAL STATEMENTS.								
PART XI, LINE 4B - OTHER ADJUSTMENTS:	SPECIAL EVENT EXPENSES -1,378,087. RENTAL EXPENSES -154,725 LOSS 423.	5. FOF	REIGN EXCHANGE						
PART XII, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENT EXPENSES 1,378,087. RENTAL EXPENSES 154,725190,518.	REFU	NDED GRANTS						
PART XII, LINE 4B - OTHER ADJUSTMENTS:	, ,								
Schedule D (Form 990) 2021									

SCHEDULE F

(Form 990)

Department of the Treasury

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

OMB No. 1545-0047

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Internal Revenue Service						anopedion
Name of the organization THE ASPEN INSTITUTE INC					Employer identi	ification number
Part I General Informat "Yes" on Form 990,			the United States.	Complete		ation answered
1 For grantmakers. Does the officer assistance, the grant to award the grants or ass	e organization tees' eligibility	maintain reco for the grants	or assistance, and the			✓ Yes No
 For grantmakers. Describe assistance outside the Uni 		organization's	procedures for monito	oring the ι	ise of its grant	s and other
3 Activites per Region. (The foll	owing Part I, line	e 3 table can be	duplicated if additional s	pace is nee	eded.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	program s	ty listed in (d) is a service, describe ific type of s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA AND TH CARIBBEAN	E 0	0	PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION.	AND PRO	MEETINGS, GRAMMATIC ES	1,198,724
(2) EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION.	AND PRO ACTIVITI	_	600,839
(3) EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION.	AND PRO	MEETINGS, GRAMMATIC ES	3,999,924
(4) MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION.	AND PRO	MEETINGS, GRAMMATIC ES	1,119,657
(5) NORTH AMERICA	0	0	PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION.	AND PRO	MEETINGS, GRAMMATIC	588,57€
(6) RUSSIA AND NEIGHBORING STATES	0	0	AGENTS FOR CONDUCTING MEETINGS AND PROGRAMMATIC ACTIVITIES.		MEETINGS, GRAMMATIC ES	98,200
(7) SOUTH AMERICA	0	0	PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION.	AND PRO	MEETINGS, GRAMMATIC ES	1,435,346
(8) SOUTH ASIA	0	0	PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION.	AND PRO	GRAMMATIC	538,705
(9) SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION.	AND PRO	GRAMMATIC	4,113,256
(
12)						
13) (14)						
(15)						
16) (17)						
3a Sub-total b Total from continuation sheets	0	C				9,579,971
to Part I c Totals (add lines 3a and 3b)	0 0			N. Foot	22W 5 1	4,113,256
For Paperwork Reduction Act Notice, s	see tne Instructio	ns tor Form 990.	Cat	. No. 5008	s∠w Sched u	ile F (Form 990) 2022

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

	,	Trediplette Wild ree			auphoutou ii auunii		•	
1 (a) Name of organization	(b) IRS code section and EIN (if	(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,
(1)	applicable)	SUB-SAHARAN AFRICA	SUPPORT AMP HEALTH WORK	1,354,292	WIRE TRANSFER	0		appraisal, other)
(2)		CENTRAL AMERICA AND THE		600,000	WIRE TRANSFER	0		
(3)		CARIBBEAN CENTRAL AMERICA AND THE		596,942	WIRE TRANSFER	0		
(4)		CARIBBEAN EUROPE	SUPPORT GEDI	532,700	WIRE TRANSFER	0		
(5)		MIDDLE EAST AND	PROJECT STEVENS		WIRE TRANSFER	0		
		NORTH AFRICA	INITIATIVE CULTURAL EXCHANGE	,				
(6)		SUB-SAHARAN AFRICA	SUPPORT CHAPTER OPERATIONS	369,591	WIRE TRANSFER	0		
(7)		SOUTH AMERICA	SUPPORT GOYN INITIATIVE	346,334	WIRE TRANSFER	0		
(8)		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	SUPPORT CHAPTER OPERATIONS IN MEXICO	305,594	WIRE TRANSFER	0		
(9)		MIDDLE EAST AND NORTH AFRICA	STEVENS INITIATIVE CULTURAL EXCHANGE	219,773	WIRE TRANSFER	0		
10)		EAST ASIA AND THE PACIFIC	CHAPTER OPERATIONS SUPPORT		WIRE TRANSFER	0		
11)		MIDDLE EAST AND NORTH AFRICA	STEVENS INITIATIVE CULTURAL EXCHANGE	137,599	WIRE TRANSFER	0		
(12)		SOUTH AMERICA	SUPPORT CHAPTER OPERATIONS IN BRAZIL	117,082	WIRE TRANSFER	0		
(13)		SOUTH AMERICA	SUPPORT GOYN INITIATIVE	101,000	WIRE TRANSFER	0		
(14)		SOUTH ASIA	CHAPTER OPERATIONS SUPPORT	95,534	WIRE TRANSFER	0		
(15)		SUB-SAHARAN AFRICA	CHAPTER OPERATIONS SUPPORT	92,705	WIRE TRANSFER	0		
(16)		SOUTH ASIA	SUPPORT GOYN INITIATIVE	91,200	WIRE TRANSFER	0		
(17)		SUB-SAHARAN AFRICA	SUPPORT GOYN INITIATIVE	82,000	WIRE TRANSFER	0		
18)		MIDDLE EAST AND NORTH AFRICA	STEVENS INITIATIVE CULTURAL	80,954	WIRE TRANSFER	0		
(SUB-SAHARAN	EXCHANGE SUPPORT GOYN	77,000	WIRE TRANSFER	0		
19)		AFRICA MIDDLE EAST AND NORTH AFRICA	INITIATIVE STEVENS INITIATIVE	76,078	WIRE TRANSFER	0		
(21)		SUB-SAHARAN AFRICA	CULTURAL EXCHANGE SUPPORTING START-UPS IN	70,727	WIRE TRANSFER	0		
(22)		SUB-SAHARAN AFRICA	RWANDA PROMOTING WOMEN LED	62,469	WIRE TRANSFER	0		
(23)		MIDDLE EAST AND	MARKETS IN MALAWI STEVENS	58,306	WIRE TRANSFER	0		
23)		NORTH AFRICA	INITIATIVE CULTURAL EXCHANGE	50.110				
24)		SOUTH AMERICA	CHAPTER OPERATIONS SUPPORT		WIRE TRANSFER	0		
(25)		MIDDLE EAST AND NORTH AFRICA	WOMEN'S LEADERSHIP VIRTUAL EXCHANGE: YOUTH SHARE DIGITAL STORIES	54,626	WIRE TRANSFER	0		
(26)		SUB-SAHARAN AFRICA	SUPPORT CHAPTER OPERATIONS IN AFRICA	54,260	WIRE TRANSFER	0		
(27)		SUB-SAHARAN AFRICA	SUPPORT GEDI PROJECT	46,805	WIRE TRANSFER	0		
(28)		SOUTH AMERICA	SUPPORT GEDI PROJECT	45,248	WIRE TRANSFER	0		
(29)		SOUTH AMERICA	SUPPORT CHAPTER OPERATIONS	43,552	WIRE TRANSFER	0		
30)		SOUTH AMERICA	SUPPORT GEDI PROJECT		WIRE TRANSFER	0		
(31)		SOUTH ASIA	SUPPORT EQUITY AT THE LAST MILE INITIATIVE		WIRE TRANSFER	0		
(32)		SOUTH ASIA	CAPACITY PLANNING WORK	24,000	WIRE TRANSFER	0		
(33)		SOUTH AMERICA	SUPPORT GEDI PROJECT	22,452	WIRE TRANSFER	0		
(34)		SOUTH ASIA	2022 MCNULTY CATALYST FUND EAST MOJO		WIRE TRANSFER	0		
(35)		SOUTH ASIA	2022 SPARK GRANT RECIPIENT		WIRE TRANSFER	0		
(36)		SUB-SAHARAN AFRICA	2022 CATALYST FUND AWARD NUTM	20,000	WIRE TRANSFER	0		
(37)		SUB-SAHARAN AFRICA	2022 SPARK GRANT RECIPIENT	20,000	WIRE TRANSFER	0		
(38)		MIDDLE EAST AND NORTH AFRICA	MCNULTY FOUNDATION SUB	15,000	WIRE TRANSFER	0		
(SUB-SAHARAN	AWARD RECIPIENT PAYMENT 1 OF 2 SUPPORT	12.000	WIRE TRANSFER	0		
39)		AFRICA	COMMUNITIES FIRST CATALYST FUND	·		U		
(40)		SUB-SAHARAN AFRICA	SUPPORT COMMUNITIES FIRST CATALYST FUND	13,000	WIRE TRANSFER	0		

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

3 Enter total number of other organizations or entities .

25

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 Part III can be duplicated if additional space is needed. (c) Number of (d) Amount of (e) Manner of cash (f) Amount of (g) Description (a) Type of grant or (b) Region (h) Method of

4,000 WIRE

934 WIRE

500 WIRE

10,000 WIRE

482 WIRE

2

assistance		recipients	cash grant	disbursement	noncash assistance	of noncash assistance	valuation (book, FMV, appraisal, other)
(1) HONORARIUM	EAST ASIA AND THE PACIFIC	4	18,000	WIRE			
(2) AWARDS	EAST ASIA AND THE PACIFIC	6	4,565	WIRE			
(3) HONORARIUM	EUROPE (INCLUDING ICELAND AND GREENLAND)	4	22,000	WIRE			

(4) HONORARIUM MIDDLE EAST AND

(5) AWARDS

(8) AWARDS

(9)

10) 11) 12) 13) 14) 15) 16) 17) 18)

(6) HONORARIUM

(7) HONORARIUM

NORTH AFRICA

NORTH AFRICA

SUB-SAHARAN AFRICA

SUB-SAHARAN

NEWLY INDEPENDENT STATES

AFRICA

RUSSIA AND THE

MIDDLE EAST AND

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.

ReturnReference	Explanation
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 ADVISEO 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 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 PRANTES, 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 OR FORMED; COPIES OF INCORPORATING OR OTHER GOVERNING INSTRUMENTS; INFORMATION ON THE ROUTION OF THE GRANTEE'S IDENTITY AND INTEGRITY SUCH AS THE PROGRAMS ARE BEING ASKED TO IDENTIFY THE GRANTEE OR GRANTE OR SERVI
	Calcadula E (Farm 000) 2022
	Schedule F (Form 990) 2022

Additional Data Software ID: Software Version:

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a.

2022

Open to Public

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ.

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

Inspection

Employer identification number

THE ASPEN INSTITUTE INC 84-0399006 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If Yes, list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to individual from activity (or retained by) (or retained by) fundraiser have organization or entity (fundraiser) custody or fundraiser listed in control of col. (i) contributions? Yes No

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

registration or licensing.

	edule G (Form 990) 2022		1 II) (II	5 000 5 17/1	Page 2
Ра	rt II Fundraising Events. Comp more than \$15,000 of fundra events with gross receipts gr	aising event contribut			
	3.000 .000.ptc 3.	(a) Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		ANNUAL AWARDS DINNER (event type)	SUMMER CELEBRATION (event type)	(total number)	col. (c))
Revenue		(event type)	(event type)		
~					
	1 Gross receipts	1,494,700	350,770	634,729	2,480,199
	2 Less: Contributions	1,419,900	341,670	606,959	2,368,529
	3 Gross income (line 1 minus line 2)	74,800	9,100	27,770	111,670
	4 Cash prizes				
S	5 Noncash prizes				
Direct Expenses	6 Rent/facility costs	37,791	22,291	14,130	74,212
Δ.	7 Food and beverages		44,775	54,938	99,713
ect	8 Entertainment	1,199		28,791	31,213
ā	9 Other direct expenses	782,968	·	174,228	1,172,949
	10 Direct expense summary. Add lines 4		-		1,378,087
Pai	11 Net income summary. Subtract line 1 till Gaming. Complete if the org			art IV line 19 or ren	-1,266,417 ported more than
Revenue	\$15,000 on Form 990-EZ, lin		(b) Pull tabs/Instant bingo/progressive	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Rev			bingo		
S	1 Gross revenue				
Direct Expenses	2 Cash prizes				
Ψ	3 Noncash prizes				
irec	4 Rent/facility costs				
	5 Other direct expenses	_	_	_	
	6 Volunteer labor	Yes% No	☐ Yes%_ ☐ No	☐ Yes <u>%</u> ☐ No	
	7 Direct expense summary. Add lines 2	through 5 in column (d)		
	8 Net gaming income summary. Subtrac	ct line 7 from line 1, colu	umn (d)	<u> </u>	
9 a b	Enter the state(s) in which the organization licensed to conduct If "No," explain:	gaming activities in eac	ch of these states? .		
10a b		licenses revoked, susper	nded or terminated durin	g the tax year?	Yes No

Sche	edule G (Form 990) 2022					Page 3
11	Does the organization con	iduct gaming activities with nonmen	nbers?	. _ Y	es No	
12			or a member of a partnership or other entity	_ Y	es No	
13	Indicate the percentage o	f gaming activity conducted in:				
а	The organization's facility	·		13a		%
b	An outside facility			13b		%
14	Enter the name and addre	ess of the person who prepares the o	organization's gaming/special events books a	nd records:		
	Name					
	Address •					
15a	revenue?		whom the organization receives gaming		es No	
b		t of gaming revenue received by the e retained by the third party	organization * \$ and	the		
c	If "Yes," enter name and a	address of the third party:				
	Name					
	Address •					
16	Gaming manager informat					
	Name					
	Caming manager company	sation 🕨 \$				
	Gaining manager compens	5411011 - \$				
	Description of services pr	ovided				
	>					
	Director/officer	Employee	□ Indoordant contrasts			
	□ Director/officer	Employee	☐ Independent contractor			
17	Mandatory distributions:					
а	•	ed under state law to make charitab	le distributions from the gaming proceeds to			
	retain the state gaming li	cense?		\[Y	es \square No	
b		•	tributed to other exempt organizations or spe	ent		
Do		exempt activities during the tax yea		(:::)		
Pal	rt IV Supplemental : Part III, lines 9,	9b, 10b, 15b, 15c, 16, and 17b	anations required by Part I, line 2b, col , as applicable. Also provide any addition	onal inforn	and (v); nation. Se	ana e
	instructions. Return Reference		Explanation			
			Schedu	le G (Form 9	90) 2022	
Ac	dditional Data			Reti	urn to For	m_
		Softwar	re TD:			

Software Version:

Note: To capture the full content of the Treasury Internal Revenue Service	Gı Gov	rants and Oth vernments an	elect landscape mer Assistance d Individuals in answered "Yes," on F Attach to Form 99 agov/Form990 for the	to Organizat n the United S orm 990, Part IV, lin	ions, States ne 21 or 22.	Ор	No. 1545-0047 2022 en to Public Inspection
Name of the organization THE ASPEN INSTITUTE INC Part I General Information 1 Does the organization maintain re the selection criteria used to awa 2 Describe in Part IV the organization Part II Grants and Other Assistance that received more than \$5 (a) Name and address of organization	ecords to substant rd the grants or a on's procedures for the to Domestic Org	ciate the amount of the assistance? or monitoring the use ganizations and Dome be duplicated if addition (c) IRC section	of grant funds in the estic Governments. Co tional space is needed	United States. mplete if the organiz (e) Amount of non-	zation answered "Yes" (f) Method of	on Form 990, Part IV, line 21,	▼ Yes No for any recipient Purpose of grant
or government (1) A L CHANDLER CONSULTING PO BOX 7775 SAN FRANCISCO, CA 94120 (2) ACHIEVING THE DREAM INC 8483 GEORGIA AVENUE SUITE	27-1732193	(if applicable) N/A 501(C)(3)	grant 8,300	cash assistance 0	valuation (book, FMV, appraisal, other)	noncash assistance or a	ORARIUM FOR AKER AT DERSHIP COUNCIL
500 SILVER SPRING, MD 20910 (3) ADVOCACY BLUEPRINTS LLC 3 TINGEY SQUARE SE WASHINGTON, DC 20003 (4) AFRICAN DEVELOPMENT CENTER 1931 5TH STREET SOUTH MINNEAPOLIS, MN 55454 (5) AFRICAN ENTREPRENEURSHIP	83-3647736 20-0553370 46-0743201	N/A 501(C)(3) 501(C)(3)	5,900 100,000 116,250			SUP DEV FIN/ INS	MATE COHORT CHING PORT COMMUNITY ELOPMENT ANCIAL TITUTIONS ANCING WOMEN'S
COLLECTIVE PO BOX 209 CLINTON, WA 98236 (6) AGAPE CHILD AND FAMILY SERVICES INC 3160 DIRECTORS ROW MEMPHIS, TN 38131 (7) ALLIANCE FOR CHILDREN'S RIGHTS 3333 WILSHIRE BOULEVARD	23-7039683	501(C)(3)	50,000			EMP CATA FAM PAR PRO BUIL ECO	OWERMENT ALYST FUND ILY PROSPERITY ENT VOICE JECT LDING SYSTEMS FOR TH OPPORTUNITY
SUITE 550 LOS ANGELES, CA 90010 (8) ALLIANCE OF COMMUNITY ASSISTANCE MINISTRIES INC 710 N POST OAK ROAD SUITE 210 HOUSTON, TX 77024 (9) ALTEREA INC 251 CHESTNUT AVENUE PALO ALTO, CA 94306	27-5410988 85-0576711	501(C)(3) N/A	288,000	0		BUII ECO YOU INFO DISO	LDING SYSTEMS FOR TH OPPORTUNITY DRMATION DRDER PRIZE IPETITION SEMI-
(10) AMERICA-MIDEAST EDUCATIONAL & TRAINING SERVICES INC 2025 M STREET NW SUITE 600 WASHINGTON, DC 20036 (11) AMERICAN ASSOCIATION OF STATE COLLEGES AND UNIVERSITIES 1717 RHODE ISLAND AVENUE NW SUITE	53-0243270 52-0747578	501(C)(3) 501(C)(3)	129,634 60,000	0		STE' CUL' TRAI EQU FOR	NALIST AWARD VENS INITIATIVE TURAL EXCHANGE NSFER SUCCESS & ITY INTENSIVE 69 INSTITUTIONS TIATIVE
70 WASHINGTON, DC 20036 (12) AMERICAN MUSLIM FUND PO BOX 1533 FREMONT, CA 94538 (13) BARNARD COLLEGE 3009 BROADWAY NEW YORK, NY 10027 (14) BELOVED COMMUNITY INC	81-2936073 13-1628149 81-3388287	501(C)(3) 501(C)(3) 501(C)(3)	64,817 25,000 100,000			CUL ⁻ ATI GRA	HWAYS TO CAREER
1700 S RAMPART STREET NEW ORLEANS, LA 70113 (15) BLACK BUSINESS COMMUNITY DEVELOPMENT CORPORATION 301 EAST PINE STREET SUITE 174-A ORLANDO, FL 32801 (16) BLACKFEET COMMUNITY COLLEGE PO BOX 819	59-3179911 81-0378943	501(C)(3) 501(C)(3)	75,000			SUP DEV FINA INS	PORT COMMUNITY ELOPMENT ANCIAL TITUTIONS DING FOR BLACK & IVE FAMILY JECT
BROWNING, MT 59417 (17) BOSTON PRIVATE INDUSTRY COUNCIL INC 2 OLIVER STREET 3RD FLOOR BOSTON, MA 02109 (18) BOWIE STATE UNIVERSITY 14000 JERICHO PARK ROAD BOWIE, MD 20715 (19) BROWN UNIVERSITY	04-2676661 52-1899085 05-0258809	501(C)(3) 501(C)(3) 501(C)(3)	487,600 75,000 50,000	0		FOR BUII ECO YOU ASP NAT FUTU	UM IN THE LDING SYSTEMS FOR TH OPPORTUNITY EN BLACK AND IVE FAMILY URES FUND GRANT KESSLER
CONTROLLERS OFFICE BOX J PROVIDENCE, RI 02912 (20) BUSTELO SOLUTIONS INC 1708 ELIZABETH AVENUE WINSTONSALEM, NC 27103 (21) CALCEF INNOVATIONS 436 14TH STREET SUITE 1220 OAKLAND, CA 94612 (22) CALIFORNIA FARMLINK	84-3305704 26-1339988 94-3332630	N/A 501(C)(3) 501(C)(3)	8,500 100,000 100,000	0		COL SUB HP E ACC MEN SUP ENT	OLARS LABORATIVE AWARD DIGITAL ELERATOR TOR HONORARIUM PORT GREEN ERPRISES PROJECT
335 SPRECKELS DRIVE SUITE F APTOS, CA 95003 (23) CAPITA SOCIAL INC 100 W WASHINGTON STREET SUITE 200 GREENVILLE, SC 29601 (24) CATHOLIC UNIVERSITY OF AMERICA 620 MICHIGAN AVENUE NE LEAHY HALL	82-1145065 53-0196583	501(C)(3)	35,000 49,391	0		FIN/ INS [*] NEW FUN INIT WOR POL: VUL	ELOPMENT ANCIAL TITUTIONS VENTURE D/NARRATIVE TIATIVE KK IN THE ITICS OF NERABILITY JECT
162 WASHINGTON, DC 20064 (25) CENTER FOR AMERICAN PROGRESS 1333 H STREET NW 10TH FLOOR WASHINGTON, DC 20016 (26) CENTRE COLLEGE 600 WEST WALNUT STREET DANVILLE, KY 40422 (27) CHEYENNE RIVER YOUTH	30-0126510 61-0444671 46-0423106	501(C)(3) 501(C)(3) 501(C)(3)	50,000			PAR' TRAI DIAI KES:	TNERSHIP IN THE CK UU US-INDIA LOGUE SLER SCHOLARS SUBGRANT PORT FRESH
PROJECT INC PO BOX 410 EAGLE BUTTE, SD 57625 (28) COASTAL ENTERPRISES INC 30 FEDERAL STREET SUITE 100 BRUNSWICK, ME 04011 (29) COLLEGIATE ACADEMIES 5552 READ BOULEVARD NEW ORLEANS, LA 70153	01-0347504	501(C)(3)	100,000	0		SUP DEV FINA INS	CKS INITIATIVE PORT COMMUNITY ELOPMENT ANCIAL TITUTIONS HWAYS TO CAREER
(30) COLORADO DEPARTMENT OF HUMAN SERVICES 1575 SHERMAN STREET DENVER,C O 80203 (31) COLORADO ENTERPRISE FUND 1888 SHERMAN STREET SUITE 530 DENVER,C O 80203 (32) COMMUNITIES UNLIMITED	84-0644739 84-0837398 71-0464321	501(C)(3)	100,000	0		PAR PRO SUP DEV FIN, INS	ILY PROSPERITY ENT VOICE JECT PORT COMMUNITY ELOPMENT ANCIAL TITUTIONS
INC 3 EAST COLT SQUARE DRIVE FAYETTEVILLE, AR 72703 (33) COMMUNITY CENTER FOR EDUCATION RESULTS 1200 12TH AVENUE SOUTH SUITE 701 SEATTLE, WA 98144	27-1667560	501(C)(3)	184,286			THE ROU ADV EQU SUP FOR	PORT FOR DATA IMPACT
(34) CRITERION INSTITUTE 81 CHURCH HILL ROAD HADDAM, CT 06438 (35) CROSSROADS CULTURAL ARTS CENTER 32 DELTA AVENUE CLARKSDALE, MS 38614 (36) CULTURINGUA 8920 JOHN BARRETT DRIVE SAN ANTONIO, TX 78240	27-3458737 47-3839541 84-1940407	501(C)(3) 501(C)(3) 501(C)(3)	50,000 49,836	0		INVI YOU FUN	DER LENS ESTING TH LED CHANGE D VENS INITIATIVE TURAL EXCHANGE
(37) DENVER WORLD AFFAIRS COUNCIL 3607 MARTIN LUTHER KING JR BOULEVARD DENVER,C O 80205 (38) DINE COLLEGE PO BOX C-12 TSAILE,AZ 86556 (39) DUKE UNIVERSITY 324 BLACKWELL STREET	45-4346778 86-0215931 56-0532129	501(C)(3) TRIBAL UNIV. 501(C)(3)	79,000	0		WAR SUC	VENS INITIATIVE TURAL EXCHANGE RRIOR PARENT CESS INITIATIVE TNERSHIP AWARD PARTICIPATION
324 BLACKWELL STREET WASHINGTON BUILDING SUITE 850 DURHAM,NC 27708 (40) ENGINEERING WORLD HEALTH 331 WEST MAIN STREET SUITE 511 DURHAM,NC 27701 (41) EQUAL MEASURE 520 WALNUT STREET SUITE 1450	62-1868670	501(C)(3) 501(C)(3)	66,913 483,950	0		IN 2 NICI FOR ROU STE CUL	021 ASPEN- HOLAS WATER UM AND NDTABLES VENS INITIATIVE TURAL EXCHANGE
520 WALNUT STREET SUITE 1450 PHILADELPHIA, PA 19106 (42) FAMILY AND WORKFORCE CENTERS OF AMERICA 6347 PLYMOUTH AVENUE SAINT LOUIS, MO 63133 (43) FFEI 651 N BROAD STREET MIDDLETOWN, DE 19709 (44) FIRST SUN EAP ALLIANCE	23-2694572 45-3762044 85-3946311 57-0964632	501(C)(3) 501(C)(3) 501(C)(3) N/A	483,950 31,000 65,074 20,000			FOR FAM PAR PRO FUTT EMP INIT 2022	UM ILY PROSPERITY ENT VOICE JECT URE FEMALES OWERMENT TATIVE 2 MCNULTY
INC 2700 MIDDLEBURG DRIVE SUITE 208 COLUMBIA, SC 29204 (45) FLORIDA INTERNATIONAL UNIVERSITY BOARD OF TRUSTEES 11200 SW 8TH STREET CSC314 MIAMI, FL 33199 (46) GAMES FOR CHANGE INC	57-0964632 65-0177616 26-2623362	501(C)(3)	240,151	0		STE CUL	VENS INITIATIVE TURAL EXCHANGE
PO BOX 770699 WOODSIDE, NY 11377 (47) GEORGE MASON UNIVERSITY FOUNDATION INC 4400 UNIVERSITY DRIVE MSN 1A3 FAIRFAX, VA 22030 (48) GLOBAL HEALTH CORPS INC 318 WEST 39TH STREET SUITE 9L NEW YORK, NY 10018	54-1603842 80-0512336	501(C)(3) 501(C)(3)	10,000	0		GEO UNIT FOU HON SUP COM CATA	TURAL EXCHANGE RGE MASON VERSITY NDATION IORARIUM PORT IMUNITIES FIRST ALYST FUND
(49) GLOBAL NOMADS GROUP INCONE PENN PLAZA SUITE 6224 NEW YORK, NY 10119 (50) GLOBAL TIES US 1000 VERMONT AVENUE NW SUITE 12000 WASHINGTON, DC 20005 (51) GRAMBLING STATE UNIVERSITY 403 SOUTH MAIN STREET	75-2750127 52-0848094 72-6000751	501(C)(3) 501(C)(3) 501(C)(3)	740,128 114,102 75,000	0		STE'CUL' STE'CUL'	VENS INITIATIVE TURAL EXCHANGE VENS INITIATIVE TURAL EXCHANGE ERIOR PARENT CESS INITIATIVE
403 SOUTH MAIN STREET GRAMBLING, LA 71247 (52) HARLEM COMMUNITY & ACADEMIC PARTNERSHIP PO BOX 217 NEW YORK, NY 10029 (53) HOPE COLLEGE 141 E 12TH STREET HOLLAND, MI 49423	45-5157713 38-1381271	501(C)(3) 501(C)(3)	20,000	0		AWA TALE PRO ACC INCI	2 MCNULTY ALYST AWARD ARD FOR AMERICAN ENT INITIATIVE'S MISING PRACTICE ELERATOR FOR REASING ERSITY IN THE
(54) HUMAN RESOURCE DEVELOPMENT COUNCIL OF DISTRICT IX INC 32 S TRACY AVENUE BOZEMAN, MT 59715	81-0350886 23-7310660	501(C)(3) 501(C)(3)	50,000	0		DIVE STU GRA CON COL FOC OPP IN BOZ MON	
(55) HUMBOLDT AREA FOUNDATION 363 INDIANOLA ROAD BAYSIDE, CA 95524 (56) INNER CITY ADVISORS 2323 BROADWAY OAKLAND, CA 94612 (57) INSTITUTE CAPITAL INC PO BOX 1331 DURHAM, NC 27702	23-7310660 47-0898054 56-2142717	501(C)(3) 501(C)(3) 501(C)(3)	100,000	0		PAR OPP NAT SUP DEV FINA INS	TICIPATION IN ORTUNITY YOUTH IONAL NETWORK PORT COMMUNITY ELOPMENT ANCIAL TITUTIONS PORT COMMUNITY ELOPMENT ANCIAL
(58) INSTITUTE OF INTERNATIONAL EDUCATION ONE WORLD TRADE CENTER 36TH FLOOR NEW YORK, NY 10007 (59) INTERNATIONAL RESEARCH & EXCHANGES BOARD INC 1275 K STREET NW SUITE 600 WASHINGTON, DC 20005	22-3087809	501(C)(3) 501(C)(3)	380,674			STE CUL	TITUTIONS VENS INITIATIVE TURAL EXCHANGE VENS INITIATIVE TURAL EXCHANGE
(60) ITHAKA HARBORS INC 101 GREENWICH STREET NEW YORK,NY 10006 (61) JARVIS CHRISTIAN COLLEGE HIGHWAY 80 E 7631 PRIVATE ROAD	13-3857105 75-0995027	501(C)(3) 501(C)(3)	1,245,996 75,000			THE TALE EXP, EDU LOW INC	TICIPATION IN AMERICAN ENT INITIATIVE TO AND ACCESS TO CATION FOR //MODERATE OME STUDENTS RIOR PARENT CESS INITIATIVE
HAWKINS,TX 75765 (62) JASPER INDEPENDENT SCHOOL DISTRICT 128 PARK STREET JASPER,TX 75951 (63) JOBS FOR THE FUTURE INC 88 BROAD STREET BOSTON,MA 02109 (64) JUSTICE MAPPING CENTER	74-6001456 06-1164568 20-5537766	GOV'T 501(C)(3) 501(C)(3)	68,667 63,000 155,562			PAR OPP NAT GRA PAR OPP NAT	NT FOR TICIPATION IN ORTUNITY YOUTH IONAL NETWORK NT FOR TICIPATION IN ORTUNITY YOUTH IONAL NETWORK
INC 49 BAYVIEW AVENUE GROUND FLOOR PORT WASHINGTON,NY 11050 (65) JUSTINE PETERSEN HOUSING AND REINVESTMENT CORPORATION 1023 N GRAND BOULEVARD SAINT LOUIS,MO 63106 (66) KCE LLC 10633 COURTNEY ROAD	43-1769074 84-2737650	501(C)(3) N/A	100,000	0		SUP DEV FINA INS	MINAL JUSTICE ORM INITIATIVE PORT COMMUNITY ELOPMENT ANCIAL TITUTIONS ORARIUM FOR TICIPATION IN
(67) KENNESAW STATE UNIVERSITY RESEARCH AND SERVICE FOUNDATION INC	37-1535589	501(C)(3)	44,796	0		REC SELI FOR PRE: FELL COM EXC WON VIRT YOU	RUITMENT AND ECTION PROCESS THE ASPEN SIDENTIAL LOWSHIP FOR IMUNITY COLLEGE ELLENCE MEN'S LEADERSHIP FUAL EXCHANGE: TH SHARE DIGITAL
1000 CHASTAIN ROAD KENNESAW, GA 30144 (68) LAGUANA COMMUNITY FOUNDATION PO BOX 62 LAGUANA, NM 87026 (69) LEBANON VALLEY COLLEGE 101 NORTH COLLEGE AVENUE ANNVILLE, PA 17003	46-0990639 23-1352354	501(C)(3)	25,000			FRES ECM - LA COM FOU AWA TALE PRO	RIES SHTRACKS AFCS C REGRANTS 2022 GUNA IMUNITIES NDATION IRD FOR AMERICAN ENT INITIATIVE'S MISING PRACTICE
(70) LEGAL AID AT WORK 180 MONTGOMERY STREET SUITE 600 SAN FRANCISCO, CA 94104 (71) LISA FITZPATRICK & ASSOCIATES MD PC 475 K STREET NW	94-2783401 27-2966840	501(C)(3) N/A	50,000	0		INCI DIVI STU FAM PAR PRO	ELERATOR FOR REASING ERSITY IN THE DENT BODY ILY PROSPERITY ENT VOICE JECT 2 MCNULTY PRIZE ALYST FUND
WASHINGTON, DC 20001 (72) LOCAL INITIATIVES SUPPORT CORPORATION 28 LIBERTY STREET 34TH FLOOR NEW YORK, NY 10005 (73) MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVENUE NE49-3142 CAMBRIDGE, MA 02139	13-3030229 04-2103594	501(C)(3) 501(C)(3)	55,000 35,207	0		PAR OPP NAT ADV EMP	NT FOR TICIPATION IN ORTUNITY YOUTH IONAL NETWORK ANCING WOMEN'S OWERMENT ALYST FUND
(74) MDC INC 307 WEST MAIN STREET DURHAM,NC 27701 (75) MELLIS LLC 10600 JOLLYVILLE RD AUSTIN,TX 78759 (76) MICRO ENTERPRISE	56-0894222 82-4512041 20-4379510	501(C)(3) N/A	6,000	0		PAR THR ROU ADV EQU HON 202: SITE	ORARIUM FOR TICIPATION IN IVE RURAL NDTABLE ON ANCING RURAL ITY ORARIUM FOR 3 ASPEN PRIZE ES VISITS
(76) MICRO ENTERPRISE SERVICES OF OREGON 4008 NE MLK JR BOULEVARD PORTLAND, OR 97212 (77) MOVE UP GLOBAL INC 1325 WASHINGTON STREET CANTON, MA 02021 (78) NATIONAL ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN 1401 H STREET NW SUITE 600	84-4023422 36-6009499	501(C)(3) 501(C)(3) 501(C)(3)	13,000	0		DEV FIN/ INS ⁻ SUP COM CAT/ FAM PAR	PORT COMMUNITY ELOPMENT ANCIAL TITUTIONS PORT IMUNITIES FIRST ALYST FUND ILY PROSPERITY ENT VOICE JECT
WASHINGTON, DC 20005 (79) NATIONAL CAROLINA AGRICULTURAL & TECHNICAL STATE UNIVERSITY 1601 EAST MARKET STREET GREENSBORO, NC 27411 (80) NEW AMERICA FOUNDATION 740 15TH STREET NW SUITE 900 WASHINGTON, DC 20005 (81) NEW MEXICO COMMUNITY	56-6000007 52-2096845 85-0311210	501(C)(3) 501(C)(3) 501(C)(3)	5,200 50,000	0		RAN RIGI SEM	RRIOR PARENT CESS INITIATIVE KING DIGITAL HTS INFO PRIZE I-FINALIST AWARD
FOUNDATION 8 CALLE MEDICO SANTA FE, NM 87505 (82) NEW ORLEANS CAREER CENTER 2733 ESPLANADE AVENUE NEW ORLEANS, LA 70119 (83) NEW ORLEANS YOUTH ALLIANCE 1705 A SOUTH WHITE STREET	82-2541222 82-4252541	501(C)(3) 501(C)(3)	100,000	0		PAR OPP NAT PATI FUN GRA PAR OPP	TICIPATION IN ORTUNITY YOUTH IONAL NETWORK HWAYS TO CAREER D NT FOR TICIPATION IN ORTUNITY YOUTH
NEW ORLEANS, LA 70125 (84) NEW SCHOOLS FOR NEW ORLEANS INC 1555 POYDRAS STREET SUITE 781 NEW ORLEANS, LA 70112 (85) NEW VENTURE FUND 1201 CONNECTICUT AVENUE NW SUITE 300 WASHINGTON DC 20036	02-0773717	501(C)(3) 501(C)(3)	110,579 75,000			SEC FUN CHA ORL	IONAL NETWORK OND ROUND TEAM DING FOR ASPEN LLENGE: NEW EANS VENTURE D/NARRATIVE
WASHINGTON, DC 20036 (86) NEW YORK ACADEMY OF SCIENCES 1617 THIRD AVENUE PO BOX 287146 NEW YORK, NY 10128 (87) NORTHERN GREAT LAKES INITIATIVES 1401 PRESQUE ISLE AVENUE JACOBETTI SUITE 2	13-1773640 47-3130767	501(C)(3) 501(C)(3)	281,419	0		SUP DEV FINA	VENS INITIATIVE TURAL EXCHANGE PORT COMMUNITY ELOPMENT ANCIAL TITUTIONS
SUITE 2 MARQUETTE,MI 49855 (88) NORTHWESTERN MEMORIAL HOSPITAL 541 N FAIRBANKS COURT ROOM 130 CHICAGO,IL 60202 (89) ONSLOW COUNTY SCHOOLS 200 BROADHURST ROAD JACKSONVILLE,NC 28540 (90) PAARS STAAT LLC	37-0960170 56-6001089 85-3521018	501(C)(3) GOV'T	24,442 20,000			NEW FUN INIT	V VENTURE D/NARRATIVE TIATIVE VENS INITIATIVE TURAL EXCHANGE 2 SPARK GRANT
(90) PAARS STAAT LLC 2222 HALLOW LANE BOWIE, MD 20716 (91) PACIFIC COMMUNITY VENTURES INC 1700 BROADWAY SUITE 300 OAKLAND, CA 94612 (92) PARTNERS IN DEVELOPMENT FOUNDATION 2040 BACHELOT ST HONOLULU, HI 96817	77-0485877	N/A 501(C)(3) 501(C)(3)	20,000 785,664 50,000			SUP DEV FIN/ INS ⁻ GRA PAR OPP	2 SPARK GRANT IPIENT PORT COMMUNITY ELOPMENT ANCIAL TITUTIONS NT FOR TICIPATION IN ORTUNITY YOUTH IONAL NETWORK
HONOLULU, HI 96817 (93) PHILADELPHIA YOUTH NETWORK INC 400 MARKET STREET SUITE 200 PHILADELPHIA, PA 19106 (94) POMONA IMPACT FOUNDATION 2678 NW 23RD WAY BOCA RATON, FL 33431 (95) PRESIDENT AND TRUSTEES OF BATES COLLEGE	23-2993155 81-2867074 01-0211781	501(C)(3) 501(C)(3) 501(C)(3)	200,000 62,656 50,000	0		NAT GRA PAR OPP NAT SUP PRO	
OF BATES COLLEGE 221 LANE HALL 2 ANDREWS ROAD LEWISTON, ME 04240 (96) PUEBLO OF JEMEZ 4471 HIGHWAY 4 JEMEZ PUEBLO, NM 87024 (97) RECONCILE NEW ORLEANS INC 1631 ORETHA CASTLE HALEY BOULEVARD		GOV'T 501(C)(3)	100,000	0		GRA PAR OPP NAT	SUBGRANT NT FOR TICIPATION IN ORTUNITY YOUTH IONAL NETWORK HWAYS TO CAREER
BOULEVARD NEW ORLEANS, LA 70113 (98) REGENTS OF THE UNIVERSITY OF CALIFORNIA AT RIVERSIDE 900 UNIVERSITY AVE RIVERSIDE, CA 92521 (99) RESEARCH FOUNDATION OF THE CITY UNIVERSITY OF NEW	95-6006142	501(C)(3) 501(C)(3)	50,000 381,183			TALE PRO ACC INCI DIVE STU STE	ARD FOR AMERICAN ENT INITIATIVE'S MISING PRACTICE ELERATOR FOR REASING ERSITY IN THE DENT BODY VENS INITIATIVE TURAL EXCHANGE
THÉ CITY UNIVERSITY OF NEW YORK 230 WEST 41ST STREET 7TH FLOOR NEW YORK, NY 10036 (100) SAN AUGUSTINE INDEPENDENT SCHOOL DISTRICT 1002 BARRETT STREET SAN AUGUSTINE, TX 75972 (101) SAN JACINTO COMMUNITY COLLEGE FOUNDATION INC	75-6002410	GOV'T 501(C)(3)	50,000	0		GRA PAR OPP NAT HON MEN	NT FOR TICIPATION IN ORTUNITY YOUTH IONAL NETWORK ORARIUM FOR TOR AND FACULTY
COLLEGE FOUNDATION INC 4624 FAIRMONT PARKWAY SUITE 212 PASADENA,TX 77504 (102) SCHOOL BOARD OF MIAMI DADE COUNTY FLORIDA 1450 NE 2ND AVENUE MIAMI,FL 33132 (103) SEATTLE UNIVERSITY 901 12TH AVENUE	59-6000572 91-0565006	GOV'T 501(C)(3)	70,349			ADV ASP FELL COM EXC 202: CHA PAR STIF	TOR AND FACULTY ISOR FOR THE EN PRESIDENTIAL OWSHIP FOR IMUNITY COLLEGE ELLENCE 2 ASPEN LLENGE MIAMI TICIPATION PEND VENS INITIATIVE TURAL EXCHANGE
901 12TH AVENUE SEATTLE, WA 98122 (104) SERES GLOBAL 1804 S VIEWCREST LANE SPOKANE VALLEY, WA 99212 (105) SHINING HOPE FOR COMMUNITIES INC 175 VARICK STREET 6TH FLOOR NEW YORK, NY 10014 (106) SIMPLE SECRETS LLC	47-1287984 27-1493201 84-1775840	501(C)(3) 501(C)(3) 501(C)(3) N/A	20,000 30,000 35,000	0		CUL' 202; REC SUP THE INIT	TURAL EXCHANGE 2 SPARK GRANT IPIENT PORT EQUITY AT LAST MILE TIATIVE EN WORDS
146 BAINBRIDGE STREET BROOKLYN,NY 11233 (107) SOLIYA INC 261 MADISON AVENUE 9TH FLOOR NEW YORK,NY 10016 (108) SOURCE GLOBAL PBC 1465 N SCOTTSDALE ROAD SCOTTSDALE,AZ 85257 (109) STEVENS INSTITUTE OF	32-0060209 47-2200450 22-1487354	N/A 501(C)(3) N/A 501(C)(3)	35,000 816,170 75,000 25,000	0		LITE WIN STE CUL	RARY PRIZE 2022 NER VENS INITIATIVE TURAL EXCHANGE 2 JOHN P. MCNULTY ZE LAUREATE
TECHNOLOGY ONE CASTLE POINT ON HUDSON HOBOKEN,NJ 07030 (110) STILLMAN COLLEGE 3601 STILLMAN BOULEVARD TUSCALOOSA,AL 35401 (111) STONE CHILD COLLEGE	22-1487354 63-0315535 81-0420650	501(C)(3) 501(C)(3) 501(C)(3)	75,000 75,000	0		TALE PRO ACC INCI DIVE STU WAR SUC	ENT INITIATIVE'S MISING PRACTICE ELERATOR FOR REASING ERSITY IN THE DENT BODY ERIOR PARENT CESS INITIATIVE
(111) STONE CHILD COLLEGE ROCKY BOY ROUTE BOX 1082 BOX ELDER,MT 59521 (112) STONY BROOK FOUNDATION INC 230 ADMINISTRATION BUILDING STONY BROOK,NY 11794 (113) TAOS PUEBLO CENTRAL MANAGEMENT SYSTEM (CMS)	81-0420650 11-6077945 85-0222954	501(C)(3) 501(C)(3) GOV'T	25,000	0		AWA TALE PRO ACC INCI DIVE STU	RIOR PARENT CESS INITIATIVE ARD FOR AMERICAN ENT INITIATIVE'S MISING PRACTICE ELERATOR FOR REASING ERSITY IN THE DENT BODY NT FOR TICIPATION IN
MANAGEMENT SYSTEM (CMS) ADMINISTRATION 1075 VETERANS HIGHWAY TAOS,NM 87571 (114) TEACHERS COLLEGE COLUMBIA UNIVERSITY 525 W 120TH STREET BOX 30 NEW YORK,NY 10027 (115) TEXAS NETWORK OF YOUTH SERVICES INC 7703 NORTH LAMAR SUITE 260	13-1624202	501(C)(3)	334,000	0		PAR OPP NAT SUP COL DELI INIT	TICIPATION IN ORTUNITY YOUTH IONAL NETWORK PORT COMMUNITY LEGES PROMISE IVERY (CCRC) TIATIVE LEMENT THE TEXAS RGING LEADERS
	94-1156365	501(C)(3) 501(C)(3)	106,750			ASPI PRE: FELL SUP COM	
SEATTLE, WA 98166 (118) THE CORPORATION OF SAINT MARY'S COLLEGE NOTRE DAME 158 LEMANS HALL NOTRE DAME, IN 46556 (119) THE DIGDEEP RIGHT TO WATER PROJECT 3308 DESCANSO DRIVE LOS ANGELES, CA 90021 (120) THE DUKES GROUP	35-0868158 46-0686920 85-2759357	501(C)(3) 501(C)(3) N/A	,	0		KES: ATI	SLER SCHOLARS SUBGRANT 2 SPARK GRANT IPIENT ORARIUM FOR
10602 WOOD POINTE TERRACE GLENN DALE, MD 20769 (121) THE FORUM FOR YOUTH INVESTMENT 7064 EASTERN AVENUE NW WASHINGTON, DC 20012	52-2242472	501(C)(3)	100,000	0		MEN ADV ASP FELL COM EXC	TOR AND FACULTY ISOR FOR THE EN PRESIDENTIAL LOWSHIP FOR IMUNITY COLLEGE ELLENCE LD INITIATIVE
(122) THE GLOBAL DEVELOPMENT INCUBATOR INC 1401 K STREET NW SUITE 900 WASHINGTON, DC 20005 (123) THE HOPI FOUNDATION LOMASUMI'NANGWTUKWSIWMANI PO BOX 301 KYKOTSMOVI, AZ 86039 (124) THE KIND FOUNDATION INC 3 TIMES SQUARE 12TH FLOOR	74-2488628	501(C)(3) 501(C)(3) 501(C)(3)	352,000 50,000 249,683		-	OPP FOR GRA	PORT GOYN TIATIVE ORTUNITY YOUTH UM CONVENING NT VENS INITIATIVE TURAL EXCHANGE
NEW YORK, NY 10036 (125) THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK PO BOX 9 ALBANY, NY 12201 (126) THE TROY ANDREWS FOUNDATION 5500 PRYTANIA STREET SUITE 338 NEW ORLEANS, LA 70115	14-1368361 45-4524559	501(C)(3)	80,630 50,000	0		STE CUL	VENS INITIATIVE TURAL EXCHANGE HWAYS TO CAREER
	38-3048086 47-2478889	501(C)(3) 501(C)(3)	76,329 196,000			BUII ECO	VENS INITIATIVE TURAL EXCHANGE LDING SYSTEMS FOR TH OPPORTUNITY
CHICAGO,IL 60606 (129) UNIVERSITY OF DAYTON 300 COLLEGE PARK DAYTON,OH 45469 (130) UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 104 AIRPORT DRIVE CB 1270	31-0536715 56-6001393	501(C)(3) 501(C)(3)	75,000 50,000	0		YOU AWA TALE PRO ACC INCI DIVE STU AWA TALE PRO	TH OPPORTUNITY IRD FOR AMERICAN ENT INITIATIVE'S MISING PRACTICE ELERATOR FOR REASING ERSITY IN THE DENT BODY IRD FOR AMERICAN ENT INITIATIVE'S MISING PRACTICE
(131) UNIVERSITY OF PITTSBURGH 116 ATWOOD STREET SUITE 201 PITTSBURG, PA 15260 (132) UNIVERSITY OF TENNESSEE KNOXVILLE	25-0965591 62-6001636	501(C)(3) 501(C)(3)	50,000 25,000	0		ACC INCI DIVE STU ATI SCH COL SUB AWA TALE	ELERATOR FOR REASING ERSITY IN THE DENT BODY KESSLER OLARS LABORATIVE AWARD IRD FOR AMERICAN ENT INITIATIVE'S
KNOXVILLE 201 ANDY HOLT TOWER KNOXVILLE,TN 37996 (133) UNIVERSITY OF TEXAS AT EL PASO	74-6000813 46-1561597	501(C)(3) 501(C)(3)	50,000	0		PRO ACC INCI DIVE STU OPP FOR GRA	MISING PRACTICE ELERATOR FOR REASING ERSITY IN THE DENT BODY ORTUNITY YOUTH UM CONVENING
` ,		,(-)	, 500	5		SCA FOR DEV TRA AND EMP EMP COL THA U.S. COM	
EL PASO 500 W UNIVERSITY AVENUE EL PASO,TX 79968 (134) US CHAMBER OF				0		FOU TALE MAN FRAI	NDATION'S ENT PIPELINE AGEMENT (TPM)
EL PÁSO 500 W UNIVERSITY AVENUE EL PASO,TX 79968 (134) US CHAMBER OF COMMERCE FOUNDATION 1615 H STREET NW	27-4059343 91-1794627	501(C)(3) 501(C)(3)	11,871 5,250	0		CATA HON PAR THR ROU	OWERMENT ALYST FUND ORARIUM FOR TICIPATION IN IVE RURAL NDTABLE ON
EL PASO 500 W UNIVERSITY AVENUE EL PASO,TX 79968 (134) US CHAMBER OF COMMERCE FOUNDATION 1615 H STREET NW WASHINGTON,DC 20062 (135) VILCAP INC 1101 K STREET NW SUITE 920 WASHINGTON,DC 20005 (136) WALLOWA RESOURCES INC 401 NE 1ST STREET SUITE A ENTERPRISE,OR 97828 (137) WASHINGTON UNIVERSITY 700 ROSEDALE AVENUE CB 1034 SAINT LOUIS,MO 63112 (138) WEST MICHIGAN CENTER FOR ARTS AND TECHNOLOGY 614 FIRST STREET NW SUITE 300 GRAND RAPIDS,MI 49504	91-1794627 43-0653611 74-3120354	501(C)(3) 501(C)(3) 501(C)(3)	5,250	0		CATA HON PAR THR ROU ADV EQU ATI SCH COL SUB WOR CRIM	ANCING WOMEN'S OWERMENT ALYST FUND ORARIUM FOR TICIPATION IN IVE RURAL NDTABLE ON ANCING RURAL ITY KESSLER OLARS LABORATIVE AWARD RK IN THE ASPEN MINAL JUSTICE ORM INITIATIVE
EL PASO 500 W UNIVERSITY AVENUE EL PASO,TX 79968 (134) US CHAMBER OF COMMERCE FOUNDATION 1615 H STREET NW WASHINGTON,DC 20062 (136) WASHINGTON,DC 20005 (136) WALLOWA RESOURCES INC 401 NE 1ST STREET SUITE A ENTERPRISE,OR 97828 (137) WASHINGTON UNIVERSITY 700 ROSEDALE AVENUE CB 1034 SAINT LOUIS,MO 63112 (138) WEST MICHIGAN CENTER FOR ARTS AND TECHNOLOGY 614 FIRST STREET NW SUITE 300 GRAND RAPIDS,MI 49504 (139) WOFFORD COLLEGE 429 NORTH CHURCH STREET SPARTANBURG,SC 29303 (140) WORKSOURCE - GREATER AUSTIN AREA 9001 N IH 35 SUITE 110 E	91-1794627	501(C)(3)	5,250	0		CATA HON PAR THR ROU ADV EQU ATI SCH COL SUB WOR CRII REFE	ANCING WOMEN'S OWERMENT ALYST FUND ORARIUM FOR TICIPATION IN IVE RURAL NDTABLE ON ANCING RURAL ITY KESSLER OLARS LABORATIVE AWARD KIN THE ASPEN MINAL JUSTICE ORM INITIATIVE
EL PÁSO 500 W UNIVERSITY AVENUE EL PASO,TX 79968 (134) US CHAMBER OF COMMERCE FOUNDATION 1615 H STREET NW WASHINGTON,DC 20062 (136) WALLOWA RESOURCES INC 401 NE 1ST STREET SUITE A ENTERPRISE,OR 97828 (137) WASHINGTON UNIVERSITY 700 ROSEDALE AVENUE CB 1034 SAINT LOUIS,MO 63112 (138) WEST MICHIGAN CENTER FOR ARTS AND TECHNOLOGY 614 FIRST STREET NW SUITE 300 GRAND RAPIDS,MI 49504 (139) WOFFORD COLLEGE 429 NORTH CHURCH STREET SPARTANBURG,SC 29303	91-1794627 43-0653611 74-3120354 57-0314422	501(C)(3) 501(C)(3) 501(C)(3)	5,250 50,000 150,000 25,000	0 0 0		CATA HON PAR THR ROU ADV EQU ATI SCH COL SUB WOR CRIIR REFO AWA TALE PRO ACC INCI DIVE STU BUIL ECO YOU STE' CUL'	ANCING WOMEN'S OWERMENT ALYST FUND ORARIUM FOR TICIPATION IN IVE RURAL NDTABLE ON ANCING RURAL ITY KESSLER OLARS LABORATIVE AWARD RK IN THE ASPEN MINAL JUSTICE ORM INITIATIVE ARD FOR AMERICAN ENT INITIATIVE'S MISSING PRACTICE ELERATOR FOR REASING ERSITY IN THE DENT BODY LDING SYSTEMS FOR

Page 2

Part III	Grants and Other
	Part III can be d

(1) HONORARIA

(4) TRAVEL STIPEND

(5) HEALTH STIPEND

(3) AWARDS

(5)

(6)

(7)

Part IV

Return Reference

PART I, LINE 2:

Part IIII Grants and Other Assistance to	Domestic Individuals. Compl	ete if the organization a	inswered "Yes" on Form	n 990, Part IV, line 22.						
Part III can be duplicated if additional space is needed.										
(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuati						

(2) EVENT PARTICIPATION STIPEND

Part III	Grants a	and Oth	er Assis
	Part III	can be	duplica
			0. U. U. U. U.

Schedule 1	(FOIIII 990) 2022
Part III	Grants and Other
	Part III can bo di

Cabadula I (Farm 000) 2022

- ted if additional space is needed.
 - (b) Number of

Explanation

recipients 311

179

4 1

43

- - 757,500
 - 329,800 65,987

(c) Amount of

cash grant

- 41,800 14,850

OF EXTERNAL OVERSIGHT BY OTHER PARTIES, AND THE SOPHISTICATION OF THE RECIPIENT'S ADMINISTRATIVE SYSTEMS.

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

SUB GRANTEES OR SERVICE PROVIDERS MUST ALSO CERTIFY THAT IT DOES NOT AND WILL NOT KNOWINGLY PROVIDE MATERIAL SUPPORT OR RESOURCES TO ANY INDIVIDUAL OR ENTITY INVOLVED WITH TERRORISM (INCLUDING ANY INDIVIDUALS ENTITIES OR GROUPS SUBJECT TO OFAC 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

(d) Amount of

noncash assistance

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

(e) Method of valuation

(book, FMV, appraisal, other)

- THE INSTITUTE PERIODICALLY ENGAGES OTHER ENTITIES TO FURTHER THE OBJECTIVES SET FORTH IN OUR GRANT AGREEMENTS. THIS IS

Schedule I (Form 990) 2022

(f) Description of noncash assistance

Schedule J		Comp	pensation Information		OMB No.	1545	-0047	
► Complete if the org			rs, Directors, Trustees, Key Employees, and Highest Compensated Employees anization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. */Form990 for instructions and the latest information.			2022 Open to Public		
	al Revenue Service	Go to <u>www.ns.gov/ro</u>	ringso for instructions and the latest infor	nation.		ectio		
	me of the organiz			Employer identif				
THE	E ASPEN INSTITUTE I	NC		84-0399006				
Pa	rt I Questi	ons Regarding Compensatio	n	104 0333000				
						Yes	No	
1a			ovided any of the following to or for a person to provide any relevant information regard					
	First-class	or charter travel	Housing allowance or residence fo	r personal use				
	▼ Travel for	companions	Payments for business use of pers	sonal residence				
	Tax idemn	ification and gross-up payments	Health or social club dues or initia	tion fees				
	Discretion	ary spending account	Personal services (e.g., maid, chau	ffeur, chef)				
b	If any of the ho	xes on line 1a are checked, did the	organization follow a written policy regarding	navment or				
-	•	•	described above? If "No," complete Part III		1b	Yes		
2	Did the organiz	ation require substantiation prior to	reimbursing or allowing expenses incurred b	ıv all	ı	ı	ı	
_	-	·	cutive Director, regarding the items checke	,	2	Yes		

				1
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	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	✓ Compensation committee ✓ Written employment contract ✓ Independent compensation consultant ✓ Compensation survey or study ✓ Form 990 of other organizations ✓ 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:			

	used by a related organization to establish compensation of the CEO/Execu	tive Director, but explain in Part III.			
		rment contract survey or study e board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line organization or a related organization:	: 1a, with respect to the filing			
а	Receive a severance payment or change-of-control payment?		4a '	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirem	ent plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arra	ngement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable am	ounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete line	es 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organized compensation contingent on the revenues of:	ration pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	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 organized compensation contingent on the net earnings of:	ration pay or accrue any			
-	The organization?	4	6-		N.o.

6a Νo 6b Νo If "Yes," on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 7 Νo

Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was

8

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

(A) Name and Title	columns (B)(i)-(iii) for each listed individual must equal the (A) Name and Title		of W-2, 1099-MIS	3C compensation	, (C) Retirement	(D)	(E) Total of	(F)
	1		and/or 1099-NEC (ii) Bonus & incentive compensation		and other deferred compensation	Nontaxable benefits	columns (B)(i)-(D)	Compensation is column (B) reported as deferred on price Form 990
1DANIEL PORTERFIELD	(i)	724,256	118,620	3,564	36,600	21,120	904,160	0
PRESIDENT & CEO	(ii)							
ZELLIOT GERSON	(i)	0 534,119	0	0 11,124	0 45,750	0 14,904	0 605,897	0
EXECUTIVE VP	(ii)							
3DAVID LANGSTAFF EYEC VICE PRESIDENT	(i)	U	0	0 6,858	36,600	0 14,904	0 542,164	0
EXEC VICE PRESIDENT	(ii)							
4NAMITA KHASAT CFO/CAO/TREASURER - UNTIL 06/2022	(i)	215,723	0	0 270,699	0 22,875	0 7,452	0 516,749	0
CFO/CAU/TREASURER - UNTIL U0/2022	(ii)							
5CYNTHIA MCKEE EVP INSTITUTIONAL ADVANCEMENT	(i)	425,000	0	0 3,564	0 4,692	7,360	0 440,616	0
EVP INSTITUTIONAL ADVANCEMENT	(ii)							
6STEPHEN PATRICK EXECUTIVE DIRECTOR	(i)	354,267	0	1,242	0 45,750	0 21,120	0 422,379	0
EXECUTIVE DIRECTOR	(ii)							
7 ANN MOSLE VP, EXECUTIVE DIRECTOR	(i)		0	2,322	0 45,750	0 21,120	0 419,167	0
VP, EALCOTIVE DIRECTOR	(ii)							
8 VIVIAN SCHILLER EXECUTIVE DIRECTOR	(i)	363,462	0	3,564	30,500	14,904	0 412,430	0
EXECUTE DIRECTOR	(ii)							
9ERIKA MALLIN EXECUTIVE DIRECTOR	(i)	350,200	0	2,322	23,950	7,680	384,152	0
EALCOTTE DIRECTOR	(ii)							
10MARIA ACEBAL VP STRATEGIC DEV CORP SECRETARY	(i)	301,154	13,500	1,242	30,115	0	346,011	0
VI 5113112515 521 2211 225	(ii)							
					-		<u> </u>	
		_	-		<u> </u>	 	-	-
			<u> </u>	<u> </u>	<u> </u>	<u> </u>	-	<u> </u>
			'				!	
			'		'		'	
	'	1					Sabadula 1	(Form 990) 202

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

Page 3

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

Return Reference Explanation

PART I, LINE 1A ITHE ASPEN INSTITUTE FOLLOWS A POLICY GOVERNING EXPENSE REIMBURSEMENT AND COMPLIES WITH TRAVEL GUIDELINES APPLICABLE

TO ALL EMPLOYEES.

PART I, LINE 4A SEVERANCE WAS PAID TO CFO/CAO/TREASURER OF \$237,448, WHICH IS REPORTED IN SCHEDULE J, PART II, COLUMN B(III).



(Form 990)

SCHEDULE M

Noncash Contributions

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

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

▶ Attach to Form 990.

Open to Public Inspection

	e of the organization ASPEN INSTITUTE INC				Employer identifica	tion nu	mber	
					84-0399006			
Pa	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, lin 1g	Method of noncash contri		_	nts
	Art—Works of art							
2	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	X	2 6	16,542,64	5 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							
	Archeological artifacts							
25	Other ► ()							
26	Other ► ()							
	Other ▶ ()							
28	Other ▶ ()							
29	Number of Forms 8283 received by for which the organization complet				29			
							Yes	No
30a	During the year, did the organizat it must hold for at least three year exempt purposes for the entire ho	rs from the	date of the initial contribut					
	exempt purposes for the entire no					30a		Νo
b	If "Yes," describe the arrangemer							
31	Does the organization have a gift	acceptance	policy that requires the re	eview of any nonstandard	contributions?	31	Yes	

b If "Yes," describe in Part II.

describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

32a

Page 2 Schedule M (Form 990) (2022) Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. Return Reference ITHIS COLUMN REPRESENTS THE NUMBER OF ACTUAL CONTRIBUTIONS, NOT THE NUMBER OF PART I, COLUMN (B): ITEMS CONTRIBUTED. PART I, 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 M (Form 990) (2022)

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Employer identification number

Name of the or	ganization UTE INC	Employer identification number		
		84-0399006		
Return Reference	Explanation			
FORM 990, PART III, LINE 1	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 VI, SECTION B, LINE 11B	THE FEDERAL FORM 990 OF THE INSTITUTE IS PREPARED BY AN EXTERNAL ACCOUNTING FIRM USING INFORMATION OBTAINED FROM INSTITUTE'S STAFF. ONCE THE INITIAL DRAFT IS PREPARED, IT IS REVIEWED BY SR. FINANCE/ACCOUNTING STAFF. IF NECESSARY, CHANGES ARE MADE AND ANOTHER DRAFT IS ISSUED. THE SECOND DRAFT FORM 990 IS REVIEWED BY AN APPOINTED MEMBER OF THE AUDIT COMMITTEE ALONG WITH THE EVP FINANCE & ENTERPRISE BUSINESS DEVELOPMENT. 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	ACKNOWLEDGEMENT FORM RELATED TO THE INSTITUTE'S CONFLICT OF INTEREST POLICY. SPECIFICALLY, ALL TRUSTEES			
FORM 990, PART VI, SECTION B, LINE 15	THE INSTITUTE CONTRACTS WITH AN EXTERNAL COMPENSATION FIRM TO PERFORM A SALARY RANGES FOR ALL OF OUR POSITIONS ANNUALLY. THE COMPENSATION FIRM ORGANIZATIONS TO DETERMINE THE APPROPRIATE SALARY RANGE FOR EACH POSITIC COMPENSATION PHILOSOPHY IS THAT WE GENERALLY TARGET THE 50TH PERCENTILE POSITIONS. IN ADDITION TO THE ANNUAL MARKET ANALYSIS FOR ALL POSITIONS, WE COMPENSATION CONSULTANT BI-ANNUALLY TO CONDUCT AN IN-DEPTH ANALYSIS FOR OUR EXECUTIVE OFFICERS. EACH EXECUTIVE'S TOTAL COMPENSATION IS BENCHMAR COMPARABLE ORGANIZATIONS IN LABOR MARKETS IN WHICH THE INSTITUTE COMPET RECOMMENDATIONS OF THE CONSULTANT ARE PRESENTED TO THE EXECUTIVE COMMEVIEW AND ENDORSEMENT. THE PRESIDENT/CEO'S SALARY IS THEN PRESENTED TO APPROVAL.	M ANALYZES SALARIES FROM LIKE ION IN THE INSTITUTE. THE INSTITUTE'S E OF THE MARKET FOR OUR E CONTRACT WITH AN EXTERNAL OR OUR PRESIDENT/CEO AND EACH OF EKED AGAINST SIMILAR POSITIONS IN ES FOR EXECUTIVE TALENT. THE MITTEE OF THE BOARD FOR THEIR		
FORM 990, PART VI, SECTION C, LINE 19	THE DOCUMENTS ARE ALL PUBLISHED ON OUR WEBSITE AND MADE AVAILABLE BY RE	EQUEST.		
FORM 990, PART IX, LINE 11G	CONSULTANTS: PROGRAM SERVICE EXPENSES 13,215,371. MANAGEMENT AND GENE FUNDRAISING EXPENSES 21,037. TOTAL EXPENSES 17,563,841. CONTRACTED SERVICE 3,106,471. MANAGEMENT AND GENERAL EXPENSES 782,367. FUNDRAISING EXPENSE SUPPORT SERVICE: PROGRAM SERVICE EXPENSES 2,155,781. MANAGEMENT AND GE FUNDRAISING EXPENSES 5,182. TOTAL EXPENSES 2,703,898. CONTRACTUAL INTERNA EXPENSES 2,464,545. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 4010 VISUAL/DIGITAL SERVICES: PROGRAM SERVICE EXPENSES 1,867,320. MANAGE 91,851. FUNDRAISING EXPENSES 21,148. TOTAL EXPENSES 1,980,319. MODERATOR AN EXPENSES 692,464. MANAGEMENT AND GENERAL EXPENSES 174,397. FUNDRAISING E 868,526. TEMPORARY SERVICES: PROGRAM SERVICE EXPENSES 209,449. MANAGEME FUNDRAISING EXPENSES 504. TOTAL EXPENSES 262,703. PHOTOGRAPHY: PROGRAM MANAGEMENT AND GENERAL EXPENSES 49,934. FUNDRAISING EXPENSES 477. TOTAL EXPENSE: PROGRAM SERVICE EXPENSES 477. TOTAL EXPENSE: PROGRAM SERVICE EXPENSES 339. TOTAL EXPENSES 141,116. MANAGEMENT AND GENERAL EXPENSES 19 INSTALLATION: PROGRAM SERVICE EXPENSES 35,116. MANAGEMENT AND GENERAL EXPENSES 19 INSTALLATION: PROGRAM SERVICE EXPENSES 35,116. MANAGEMENT AND GENERAL EXPENSES 14,044.	ES: PROGRAM SERVICE EXPENSES S 7,468. TOTAL EXPENSES 3,896,306. IT ENERAL EXPENSES 542,935. ATIONAL STAFF: PROGRAM SERVICE ENSES 0. TOTAL EXPENSES 2,464,545. MENT AND GENERAL EXPENSES ND SPEAKER: PROGRAM SERVICE EXPENSES 1,665. TOTAL EXPENSES ENT AND GENERAL EXPENSES 52,750. SERVICE EXPENSES 198,269. L EXPENSES 248,680. PROMOTIONAL ENSES 35,540. FUNDRAISING RS: PROGRAM SERVICE EXPENSES 6. TOTAL EXPENSES 102,416. ART		
FORM 990, PART XI, LINE 9:	REFUNDED GRANTS 190,518.			