** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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



AI	For th	e 2023 calendar year, or tax year beginning and	ending							
B	Check if applicab	e: C Name of organization		D Employer identifi	cation number					
	Addre	e THE ASPEN INSTITUTE, INC.								
	Name Chang			84-0399006						
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r					
	Final returr	/	700	(202) 736-58	00					
	termi ated	, , , , , , , , , , , , , , , , , , ,		G Gross receipts \$	633,009,589.					
	Amer	WASHINGTON, DC 20037		H(a) Is this a group re	eturn					
	Appli tion pend	F Name and address of principal officer: DANTED K. PORTERFTEDD		for subordinates	? Yes X No					
		SAME AS C ABOVE		H(b) Are all subordinates ir	ncluded? Yes No					
		empt status: 🗴 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)(1) c	or 527	If "No," attach a	list. See instructions					
	Webs			H(c) Group exemptio						
		rorganization: X Corporation Trust Association Other	L Year	of formation: 1949	A State of legal domicile: CO					
Pa	art I	Summary								
ĕ	1	Briefly describe the organization's mission or most significant activities:		TUTE IGNITES						
Governance		HUMAN POTENTIAL TO BUILD UNDERSTANDING AND CREATE NEW POSSIB								
ērn	2	Check this box if the organization discontinued its operations or dispos		1	sets.					
20 So	3				63					
		Number of independent voting members of the governing body (Part VI, line 1b)		·····	724					
ties	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		240						
Activities &	6	Total number of volunteers (estimate if necessary)			9,482,517.					
Ac	/a	Total unrelated business revenue from Part VIII, column (C), line 12			0.					
				Prior Year	Current Year					
	8	Contributions and grants (Part VIII, line 1h)		141,560,565.	177,730,506.					
anu	9	Program service revenue (Part VIII, line 2g)		51,436,477.	50,424,580.					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-3,167,472.	3,688,283.					
ž	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-67,644.	265,966.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		189,761,926.	232,109,335.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		25,386,898.	34,469,867.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)								
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	٥.					
g	. b	Total fundraising expenses (Part IX, column (D), line 25) 4, 374, 9	947.							
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		89,950,360.	103,495,390.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		192,935,305.	225,738,675.					
	19	Revenue less expenses. Subtract line 18 from line 12		-3,173,379.	6,370,660.					
S OF			Be	ginning of Current Year	End of Year					
sets	20	Total assets (Part X, line 16)		475,882,871.	519,114,037.					
Net Assets	21	Total liabilities (Part X, line 26)		103,756,532.	110,887,866.					
Re	22	Net assets or fund balances. Subtract line 21 from line 20		372,126,339.	408,226,171.					

Part II Signature Block

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

Sign	Signature of officer				Date		
Here	ANDREW AXELROD, EVP FIN. & ENTERPRISE	BUS. DEV					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature		Date	Check] PTIN	
Paid	AARON M. FOX	AARON M. FOX		10/14/24	self-employed	P01365820	
Preparer	Firm's name MARCUM LLP				Firm's EIN 11	-1986323	
Use Only	Firm's address 1899 L STREET, NW, SUITE	850					
	WASHINGTON, DC 20036				Phone no. (202)	227 - 4000	
May the I	RS discuss this return with the preparer shown abo	ve? See instructions				X Yes	No
LHA For	Paperwork Reduction Act Notice, see the separ	rate instructions.	332001 12-21-23			Form 99	0 (2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2023) THE ASPEN INSTITUTE, INC.	84-03990	06 Page
Pa	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
	Briefly describe the organization's mission:		
	WE DRIVE CHANGE THROUGH DIALOGUE, LEADERSHIP, AND ACTION TO HELP SOLVE SOCIETY'S GREATEST CHALLENGES.		
	SOCIETT 5 GREATEST CHADLENGES.		
	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?		Yes X N
	If "Yes," describe these new services on Schedule O.		
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes X N
	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as r	neasured by a	vnansas
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported.		
a	(Code:) (Expenses \$17,271,305. including grants of \$32,916,686.) (Revenue	le \$	20,967,524.
	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.		
b	(Code:) (Expenses \$19,499,709. including grants of \$) (Revenue)	ie\$	34,839.
	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 AND REFRESHES MIND,		
	BODY AND SPIRIT. ONE OF OUR PROGRAMS THAT USE THE CAMPUS IS OUR ASPEN		
	EXECUTIVE SEMINAR WHICH CHALLENGES INDIVIDUALS TO THINK MORE DEEPLY,		
	LISTEN MORE ATTENTIVELY, AND REFINE THEIR ABILITY TO LEAD IN AN INCREASINGLY COMPLEX AND CONFLICTING WORLD. SEMINAR PARTICIPANTS ENGAGE		
	IN CHALLENGING CONVERSATIONS ABOUT ENDURING QUESTIONS OF ETHICAL AND		
	EFFECTIVE LEADERSHIP, GAINING A GREATER CAPACITY TO LEAD WITH COURAGE		
	AND CONVICTION.		
C	(Code:) (Expenses \$16,712,757. including grants of \$) (Revenue)	e\$	16,583,566.
	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, ASPEN IDEAS 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.		
d	Other program services (Describe on Schedule O.)	2 500 555	
	(Expenses \$ 27,217,962. including grants of \$ 1,553,181.) (Revenue \$	3,529,661	•)
•	Total program service expenses180,701,733.		Form 990 (202
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Form 990 (2023)

THE ASPEN INSTITUTE, INC.

Part IV Checklist of Required Schedules

Page 3

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		X
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	X	
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		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
		6		<u> </u>
7				
		7	X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	X	
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
		10	X	
11				
	••			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		77	
		11a	X	
b		445	x	
_		11b	~	
С		110		x
d		11c		
u		11d	x	
•		11e	x	
•	• •	11f	х	
12a				
124		12a	х	
b	,	124		
~		12b		x
13		13		x
		14a		x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	 If Yes," complete Schedule A. as the arganization required to complete Schedule B, Schedule of Contributors? See instructions bit the organization ongage in finet or indirect political campaign activities on behalf of or in opposition to candidates for bubble office? If 'Yes,' complete Schedule C, Part I Schettin SD(1(5)) organizations. In old the organization engage in lobbying activities, or have a section 501(4) election in effect thang the tax year? If 'Yes,' complete Schedule C, Part II Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to rovide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to granization meant any donor advised funds or any similar funds or accounts for which donors have the right to Browle advice on the distribution or investment of amounts in such funds or accounts (P 'Yes,' complete Schedule D, Part I) Did the organization meant in soft funds or accounts in funds or accounts (P 'Yes,' complete Schedule D, Part I) Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part IV Did the organization is on the right to unrough a related organization, hold assets in donor-restricted endowments is supplicable. Did the organization share to any of the following questions is 'Yes,' then complete Schedule D, Part VI. Did the organization report an amount for inatter support and the part VI. Did the organization report an amount for insetments - program related in Part X, line 137, that is 5% or more of its total assets reported in Part X, line 167, 'Yes,' complete Schedule D, Part VI.			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	<u> </u>
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2023.04030 THE ASPEN INSTITUTE, INC. 192063_1

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Part IV Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х 23 Schedule J 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 Х 24a Schedule K. If "No," go to line 25a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease С 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 Х 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 Х Schedule I Part I 25b 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% х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 27 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 Х 27 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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If а х "Yes." complete Schedule L, Part IV 28a х b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If x 28c "Yes," complete Schedule L, Part IV х 29 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or gualified conservation x contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 Х 34 Part V line 1 x 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1069 **1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable h 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming С Х (gambling) winnings to prize winners? **1**c Form 990 (2023) 332004 12-21-23

2023.04030 THE ASPEN INSTITUTE, INC. 192063 1

84-0399006

Form	<u>990 (</u> 2023) THE ASPEN INSTITUTE, INC. 84-039900	6	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 724			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	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 account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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	х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			
17	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?	17		
	If "Yes," complete Form 6069.			
332005	12-21-23	Form	990	(2023)

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2023.04030 THE ASPEN INSTITUTE, INC. 192063_1

	Int VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.		5500	
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	check in Schedule C contains a response of hote to any line in this Part Vi			
	Alon / a dotoining Body and managomone		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 64		163	
14	If there are material differences in voting rights among members of the governing body, or if the governing	-		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b				
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		
2		2		x
2	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision	–		
3	of officers, directors, trustees, or key employees to a management company or other person?	3		x
		4		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?	6		
/a	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		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	· · · · · · · · · · · · · · · · · · ·	<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а		15a	х	
b		15b	x	
, D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16~	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
iud		16a		x
Ŀ	taxable entity during the year?	10a		
a	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	464		
	exempt status with respect to such arrangements?	16b		
200	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <u>AL, AK, AZ, AR, CA, CO, CT, FL, GA, IL, KS, KY</u>		availa	ble
17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)		
17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply.	s only)		
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O)			
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. Image: Image		cial	
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O)		cial	
Sec 17 18 19 20	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website Y Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an 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		cial	
17 18 19	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website Y Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an 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 INSTITUTE/JENNIFER JONES - (202) 736-5800		cial	
17 18 19	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website Y Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an 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	d finan	cial	

Form 990 (2		84-0399006	Page 1
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	ensated	
	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 Comple	ete this table for all persons required to be listed. Report compensation for the calendar year ending with	or within the organization	's tax year.

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one					ne	Reportable	Reportable	Estimated
	hours per				rson i	s both	n an	compensation	compensation	amount of
	week		cer ar	id a d	Irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con yee	_	1033-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DANIEL PORTERFIELD	40.00				-		-			
PRESIDENT & CEO		х		х				789,901.	0.	53,542.
(2) ELLIOT GERSON	40.00									
EXECUTIVE VP				х				576,899.	0.	57,030.
(3) DAVID LANGSTAFF	40.00									
EXECUTIVE VP				х				449,743.	0.	55,981.
(4) CYNTHIA MCKEE	40.00									
EVP INSTITUTIONAL ADVANCEMENT						X		450,314.	0.	38,085.
(5) ANDREW AXELROD	40.00									
EVP FINANCE & ENTERPRISE BUS DEV.				Х				452,148.	0.	12,450.
(6) STEPHEN PATRICK	40.00									
EXECUTIVE VP						x		370,953.	0.	59,855.
(7) ANNE MOSLE	40.00									
VP, EXECUTIVE DIRECTOR						X		366,704.	0.	59,864.
(8) JAMES SPIEGELMAN	40.00									
SENIOR ADVISOR						X		354,344.	0.	59,848.
(9) MIECHA FORBES	40.00									
VP, PEOPLE AND CULTURE						X		370,386.	0.	33,766.
(10) MARIA ACEBAL	40.00									
VP STRATEGIC DEV CORP SECRETARY				Х				340,907.	0.	39,213.
(11) MARGOT L. PRITZKER	1.00									
CHAIR		Х		х				0.	0.	0.
(12) KATHARINE ALBRIGHT	1.00									
TRUSTEE		Х						0.	0.	0.
(13) JEFFREY S. ARONIN	1.00									
TRUSTEE		Х						0.	0.	0.
(14) ALEX M. AZAR II	1.00									
TRUSTEE		Х						0.	0.	0.
(15) DONNA BARKSDALE	1.00									
TRUSTEE		Х						0.	0.	0.
(16) MERCEDES BASS	1.00									
TRUSTEE		Х						0.	0.	0.
(17) MIGUEL (MIKE) BEZOS	1.00									
TRUSTEE		Х						0.	0.	0.
332007 12-21-23										Form 990 (2023)

332007 12-21-23

Form 990 (2023)

15381014 150872 192063

Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloye	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B) (C)							(D) (E)			(F)		
Name and title	Average	(do not check more than one					nc	Reportable	Reportable			timate	əd
	hours per	box,	, unles	ss pei	rson i	s both	n an	compensation	compensatior	וו	an	nount	of
	week (list any		Jer an	uau	irecto	n/trus	lee)	- from	from related			other	
	hours for	ndividual trustee or director						the organization	organizations (W-2/1099-MIS)			pensa om th	
	related	e or c	stee			Isatec		(W-2/1099-MISC/	1099-NEC)	<i>,</i>		anizat	
	organizations	truste	al tru:		yee	um per		1099-NEC)	,		•	d relat	
	below	ridual	nstitutional trustee	er	Key employee	Highest compensated employee	ner				orga	anizati	ons
	line)	Indiv	Insti	Officer	Key e	High emp	Former						
(18) LAWRENCE BOBO	1.00												
TRUSTEE		Х						0.		٥.			0.
(19) BETH BROOKE	1.00												
TRUSTEE		Х						0.		٥.			0.
(20) WILLIAM BYNUM	1.00												
TRUSTEE		Х						0.		٥.			0.
(21) TROY CARTER	1.00												
TRUSTEE		Х						0.		٥.			0.
(22) CESAR R. CONDE	1.00												
TRUSTEE		Х						0.		٥.			0.
(23) PHYLLIS COULTER	1.00												
TRUSTEE		Х						0.		٥.			0.
(24) KATIE COURIC	1.00												
TRUSTEE		Х						0.		٥.			0.
(25) ANDREA CUNNINGHAM	1.00												
TRUSTEE		Х						0.		٥.			0.
(26) JAMES S. CROWN	1.00												
TRUSTEE		Х						0.		٥.			0.
1b Subtotal								4,522,299.		٥.		469,	634.
c Total from continuation sheets to Part VII								0.		٥.	0.		
d Total (add lines 1b and 1c)								4,522,299.		٥.	469,634.		
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	oove) wh	o re	eceived more than \$100,	000 of reportable				
compensation from the organization													246
										ſ		Yes	No
3 Did the organization list any former officer,		ee, k	ey e	mpl	loye	e, or	hig	hest compensated empl	oyee on				
line 1a? If "Yes," complete Schedule J for su											3		X
4 For any individual listed on line 1a, is the su	•		•					•	•				
and related organizations greater than \$150											4	X	
5 Did any person listed on line 1a receive or a													
rendered to the organization? <i>If "Yes," com</i>	plete Schedule	e J fo	or su	ich i	pers	on .					5		X
Section B. Independent Contractors									400.000 (. ,		
1 Complete this table for your five highest cor										ensat	ion fro	om	
the organization. Report compensation for t	he calendar ye	ear e	ndin	ig w	lith c	or wi	thin		ear.				
(A) Name and business	address							(B) Description of s	ervices	C))	;) nsatio	n
MOLINE CONSTRUCTION							_	Beschption of s			ompe	15410	
1312 W EXCHANGE PARKWAY, ALLEN, TX 75	013							CONSTRUCTION SERVI	CES		л	106	267
· · ·							_	STRATEGIC PLANNING			4	,400,	267.
SYPARTNERS LLC, 395 HUDSON STREET, 87 FLOOR, NEW YORK, NY 10014								SERVICES	CONSULTING		1	190	187
DAVID NELSON CONSTRUCTION CO								DERVICED			1	,490,	407.
3483-19 ALT, PALM HARBOR, FL 34683								CONSTRUCTION SERVI	CES		1	203	091.
ITHAKA HARBORS, ONE LIBERTY PLAZA 165	;						_	ASPEN LEADERSHIP P			±,	, 200,	
BROADWAY, NEW YORK, NY 10006								EVALUATION			1	18/	374
MOUNTAIN VIEW STAGING SERVICES							_				±,	,±0±,	374.
545 WEST 1300 NORTH, SPRINGVILLE, UT	84663							AUDIO VISUAL SERVI	CES		1	071	527.

2 Total number of independent contractors (including but not limited to those listed above) who received more than 63 \$100,000 of compensation from the organization

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2023)

332008 12-21-23

Part VII Section A. Officers, Director	s, Trustees, Key Er	nplo	yee	s, ai	nd F	ligh	est (compensated Employe	ees (continued)	
(A)	(B)			-	C)			(D)	(E)	
Name and title	Average			Pos				Reportable	Reportable	E
	hours	(cl	neck I	all :	that	app	ly)	compensation	compensation	6
	per week							from the	from related organizations	со
	(list any	ctor				n ploye		organization	(W-2/1099-MISC)	
	hours for	r dire				ted en		(W-2/1099-MISC)	,	0
	related	stee o	rustee		æ	pensa				a
	organizations	ual tru	ional 1		ploye	tcom				or
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
(27) KENNETH L. DAVIS, MD	1.00	=	_		×					
TRUSTEE		х						0.	0.	
(28) JOHN DOERR	1.00									
TRUSTEE		х						0.	0.	
(29) THELMA DUGGIN	1.00									
TRUSTEE		х						0.	0.	
(30) ARNE DUNCAN	1.00									
TRUSTEE		Х						0.	0.	
(31) MICHAEL D. EISNER	1.00									
TRUSTEE		X						0.	0.	
(32) L. BROOKS ENTWISTLE	1.00									
TRUSTEE		Х						0.	0.	<u> </u>
(33) ELIZABETH FLEMING	1.00									
TRUSTEE		Х						0.	0.	<u> </u>
(34) ROGER FERGUSON	1.00									
TRUSTEE		Х						0.	0.	
(35) HENRY LOUIS GATES, JR.	1.00							_	_	
TRUSTEE		Х						0.	0.	
(36) RUSSELL GOLDSMITH	1.00									
TRUSTEE	1.00	х						0.	0.	
(37) ANTONIO GRACIAS	1.00							0		
TRUSTEE	1 00	х						0.	0.	
(38) PATRICK W. GROSS TRUSTEE	1.00	x						0.	0.	
(39) ARJUN GUPTA	1 00	Δ						0.	0.	
TRUSTEE	1.00	x						0.	0.	
(40) JANE HARMAN	1.00	^				-		0.	· · ·	
TRUSTEE	1.00	x						0.	0.	
(41) KAYA HENDERSON	1.00							0.	•.	
TRUSTEE		x						0.	0.	
(42) MARK HOPLAMAZIAN	1.00								<u>.</u>	
·,		-				1				i

х

Х

Х

Х

Х

1.00

1.00

1.00

1.00

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

(43) GERALD D. HOSIER

(44) ROBERT HURST

(45) SONIA KAPADIA

(46) MICHAEL KLEIN

Total to Part VII, Section A, line 1c

Ο.

Ο.

Ο.

Ο.

Ο.

(F) Estimated amount of other compensation from the organization and related organizations

٥._

<u>0.</u>

Ο.

Ο.

0.

Ο.

Ο.

Ο.

Ο.

Ο.

0.

Ο.

0.

Ο.

Part VII Section A. Officers, Directors	, Trustees, Key Eı	nplo	yee	s, ai	nd H	ligh	est	Compensated Employe	es (continued)		
(A)	(B)		-		C)			(D)	(E)	(F)	
Name and title	Average			Pos	ition	ı		Reportable	Reportable	Estimated	
	hours	(c	heck	all t	that	app	ly)	compensation	compensation	amount of	
	per							from	from related	other	
	week (list any	tor				ployee		the organization	organizations (W-2/1099-MISC)	compensation from the	
	hours for	direct				ed em		(W-2/1099-MISC)	(112/1000/11100)	organization	
	related	tee or	ustee			ensate		(,		and related	
	organizations	al trus	nal tr		lo yee	dwoo				organizations	
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former				
	line)	Inc	lns	0H	Ke	Ĩ	Foi				
(47) KELI LEE TRUSTEE	1.00	x						0.	0.	(
(48) LAURA LAUDER	1.00								· ·		
TRUSTEE		х						0.	0.	(
(49) MELONY LEWIS	1.00										
TRUSTEE		х						0.	0.	(
(50) JAMES M. MANYIKA	1.00										
TRUSTEE		х						٥.	0.	(
(51) CRAIG MARTIN	1.00										
		х						0.	0.	(
(52) BONNIE PALMER MCCLOSKEY	1.00								0		
TRUSTEE (53) ANNE WELSH MCNULTY	1.00	Х						0.	0.		
TRUSTEE	1.00	x						0.	0.		
(54) DIANE L. MORRIS	1.00								.		
TRUSTEE		x						0.	0.		
(55) KARLHEINZ MUHR	1.00										
TRUSTEE		х						0.	0.		
(56) CLARE MUNANA	1.00										
TRUSTEE		х						0.	0.		
(57) JERRY MURDOCK	1.00										
TRUSTEE		х						0.	0.		
(58) HER MAJESTY QUEEN NOOR	1.00	-									
TRUSTEE	1.00	х						0.	0.		
(59) OLARA A. OTUNNU	1.00	x						0.	0		
TRUSTEE (60) ELAINE PAGELS	1.00	~				-		0.	0.		
TRUSTEE	1.00	x						0.	0.		
(61) ASUTOSH PADHI	1.00								· ·		
TRUSTEE		x						0.	0.		
(62) PERRI PELTZ	1.00										
TRUSTEE		х						0.	0.		
(63) CARRIE WALTON PENNER	1.00										
TRUSTEE		х						0.	0.		
(64) CARLA PINEYRO-SUBLETT	1.00										
TRUSTEE		х						0.	0.	(
(65) WILLIAM RESNICK	1.00	4.									
		х				<u> </u>		0.	0.		
(66) RICARDO SALINAS	1.00								_		
TRUSTEE		Х						0.	0.		

Form 990 THE ASPEN Part VII Section A. Officers, Directors	INSTITUTE, IN		Nec	6 2	nd H	liah	act (Compensated Employ	84-0399(
(A)	, Trustees, Key Er (B)		yee		na H C)	ngn	851 ((D)	es <u>(continued)</u> (E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
Name and the	hours	(check all that apply)					lv)	compensation	compensation	amount of
	per	(0.				<u> </u>	.,,	from	from related	other
	week					/ee		the	organizations	compensatio
	(list any	ector				old m		organization	(W-2/1099-MISC)	from the
	hours for	or dir	e e			tted e		(W-2/1099-MISC)		organizatior
	related	Istee	truste		æ	pensa				and related
	organizations	al tru	onal		plo ye	com				organization
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
(67) ANNA DEAVERE SMITH	1.00	<u> </u>	=	8	ž	Ŧ	F			
IRUSTEE	1.00	x						0.	0.	
(68) ROBERT K. STEEL	1.00								.	
IRUSTEE		x						0.	0.	
(69) LAURIE M. TISCH	1.00							- •	- •	
TRUSTEE		x						0.	0.	
(70) CHRISTOPHER VARELAS	1.00	-							·	
IRUSTEE		x						0.	0.	
(71) RODERICK K. VON LIPSEY	1.00									
TRUSTEE		х						0.	0.	
(72) VIN WEBER	1.00									
TRUSTEE		х						٥.	0.	
(73) JESSIE WOOLLEY-WILSON	1.00									
TRUSTEE		х						0.	0.	
		1								

332201 04-01-23

	990 (; t VII		ven	ue						
		Check if Schedule O	<u>cont</u> a	ains a respo	onse o	or note to any line	e in this Part VIII			[
							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue exclu from tax und
								Inclion revenue	business revenue	sections 512 -
Ś	1 a	1 a Federated campaigns 1a								
nut		Membership dues								
â		Fundraising events				1,843,068.				
LA		Related organizations								
ila		Government grants (contr				9,378,895.				
Sin										
er	T	All other contributions, gifts,				166,508,543.				
₽		similar amounts not included				9,436,141.				
and Other Similar Amounts	-	Noncash contributions included in	lines 1	a-1f 1g	Þ	5,430,141.	177 720 506			
a	h	Total. Add lines 1a-1f					177,730,506.			
						Business Code	20 512 004	20 512 004		
	2 a	CONTRACT REVENUE SEMINAR AND EVENT FEES			900099	30,713,004.	30,713,004.			
Revenue	b				900099	10,396,710.	10,396,710.			
ent	С	CONF./FACILITY FEES BOOK SALES		531390	9,308,990.		9,308,990.			
é	d			900099	5,876.	5,876.				
ш.	е									
	f	All other program service	rever	nue						
	g	Total. Add lines 2a-2f					50,424,580.			
	3	Investment income (including dividends, interest, and								
		other similar amounts)					3,770,754.		157,479.	3,613,2
	4	Income from investment of								
	5	Royalties								
				(i) Rea	I	(ii) Personal				
	6 a	Gross rents	6a	41,9	973.					
		Less: rental expenses	6b	169,2	208.					
		Rental income or (loss)	6c	-127,2						
		Net rental income or (loss)		/			-127,235.			-127,2
		Gross amount from sales of	,	(i) Securit	ies	(ii) Other				
	7 а			399,276,9						
		assets other than inventory	7a ·	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	/=J.					
	D	Less: cost or other basis			116					
		and sales expenses		399,359,4						
		Gain or (loss)	7c				00.454			
		Net gain or (loss)					-82,471.			-82,4
	8 a	Gross income from fundraisi	-							
5		including \$ 1,	843,	068. of						
		contributions reported on								
		Part IV, line 18			8a	166,163.				
	b	Less: direct expenses			8b	1,371,630.				
	с	Net income or (loss) from	fund	raising ever	nt <u>s</u>		-1,205,467.			-1,205,4
	9 a	Gross income from gamin	ig ac	tivities. See		7				
		Part IV, line 19			9a					
	b				9b					
		Net income or (loss) from			s					
		Gross sales of inventory, I	-	-						
		•			10a					
	h	and allowances 10a Less: cost of goods sold 10b								
		Net income or (loss) from				·				
+			54100		· j	Business Code				
	11 a	OTHER INCOME				900099	843,116.			843,1
an		SUBLEASE INCOME				900099	739,504.			739,5
ven	b	ADVERTISING INCOME				541800	16,048.		16,048.	, , , , , , , , , , , , , , , , , , , ,
Revenue	C					247000	10,048.		10,040.	
1		All other revenue				L	1 500 550			
		Total. Add lines 11a-11d					1,598,668.	44 41 4 -	0.400.51	0 0 -
	12	Total revenue. See instruction	nne				232,109,335.	41,115,590.	9,482,517.	3,780,7

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12 2023.04030 THE ASPEN INSTITUTE, INC. 192063_1

84-0399006 Page 10

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Х Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 25,165,910 25,165,910. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 1,114,825, 1,114,825. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 8,189,132 8,189,132. Benefits paid to or for members 4 5 Compensation of current officers, directors, 2,726,410 trustees, and key employees 2,827,815. 101,405. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 67,783,472. 50,502,655. 14,306,802. 2,974,015. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 6,235,742 5,560,531. 315,333 359,878. 6,151,369 5,427,529 446,504 277,336. 9 Other employee benefits 4,141,896 365,478 267,646. 4,775,020. 10 Payroll taxes Fees for services (nonemployees): 11 16,002,723 16,002,723. а Management 895,307. 179,249. 716,058 b Legal 167,517. 167,517. С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е 1,025,844. Investment management fees 1,025,844 f Other. (If line 11g amount exceeds 10% of line 25, g 36,295,465 26,839,245. 9,370,021 86,199. column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 4,866,231 2,556,407. 2,309,824 13 Office expenses _____ 1,935,876 1,727,230. 208,447 199. 14 Information technology 15 Royalties 5,796,984 3,691,827. 2,105,157 16 Occupancy 18,683,380, 17,625,908. 926,643 130,829. 17 Travel 18 Payments of travel or entertainment expenses 533,656. 533,656. for any federal, state, or local public officials 343,227 6,541,889 Conferences, conventions, and meetings 6,933,502. 48,386. 19 293,380, 153,768, 139,612 20 Interest Payments to affiliates 21 4,175,940 4,175,940 22 Depreciation, depletion, and amortization 483,462 57,322. 426,140 23 Insurance

2,258,771.

2,080,537

225,738,675,

723,856,

342,959.

13

2,258,771.

1,993,203

180,701,733

223,781.

112,871.

332010 12-21-23

24

а

b

С

d

е

25 26 371.

230,088.

4,374,947.

Other expenses. Itemize expenses not covered

PARTNER REIMBURSEMENTS

REPAIRS AND MAINTENANCE

PUBLICATIONS

All other expenses

BAD DEBT

Check here

above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

86,963

500,075.

40,661,995

84-0399006 Page 11

I u		Check if Schedule O contains a response or no	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			10,189,779.	1	11,119,375.
	2	Savings and temporary cash investments			23,540,105.	2	40,570,734.
	3	Pledges and grants receivable, net		39,355,994.	3	73,328,617.	
	4				8,632,723.	4	4,483,957.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe		6			
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			278,414.	8	332,405.
As	9				2,543,500.	9	4,059,323.
	10a	Land, buildings, and equipment: cost or other	1				
		basis. Complete Part VI of Schedule D	10a	126,963,998.			
	b	Less: accumulated depreciation		49,199,341.	74,468,353.	10c	77,764,657.
	11	Investments - publicly traded securities	78,563,638.	11	81,148,136.		
	12	Investments - other securities. See Part IV, line		169,017,803.	12	174,410,016.	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			69,292,562.	15	51,896,817.
	16	Total assets. Add lines 1 through 15 (must equ			475,882,871.	16	519,114,037.
	17	Accounts payable and accrued expenses			15,343,072.	17	18,384,226.
	18	Grants payable	I	2,140,947.	18	2,653,325.	
	19	Deferred revenue		15,882,204.	19	17,813,064.	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete			21		
ŝ	22	Loans and other payables to any current or form	ner offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
abil		controlled entity or family member of any of the		22			
1	23	Secured mortgages and notes payable to unrela	ated thir	d parties	3,780,000.	23	7,700,840.
	24	Unsecured notes and loans payable to unrelate	d third p	arties		24	
	25	Other liabilities (including federal income tax, pa	yables t	o related third			
		parties, and other liabilities not included on line	s 17-24).	Complete Part X			
		of Schedule D			66,610,309.	25	64,336,411.
	26	Total liabilities. Add lines 17 through 25			103,756,532.	26	110,887,866.
		Organizations that follow FASB ASC 958, che	eck here				
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			124,326,717.	27	123,295,839.
Ba	28	Net assets with donor restrictions		<u></u> L	247,799,622.	28	284,930,332.
pur		Organizations that do not follow FASB ASC 9	58, che	ck here			
Net Assets or Fund Balances		and complete lines 29 through 33.					
0	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or each	quipmer	it fund		30	
: As	31	Retained earnings, endowment, accumulated in	icome, c	or other funds		31	
Net	32	Total net assets or fund balances		L	372,126,339.	32	408,226,171.
	33				475,882,871.	33	519,114,037. Form 990 (2023)

Form 990 (2023)

332011 12-21-23

Form	990 (2023) THE ASPEN INSTITUTE, INC.	84-03990	06	Pa	_{ge} 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	232,	109,	335.
2	Total expenses (must equal Part IX, column (A), line 25)	2	225,	738,	675.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,	370,	660.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	372,	126,	339.
5	Net unrealized gains (losses) on investments	5	29,	416,	939.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		312,	233.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	408,	226,	171.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X 000	

Form **990** (2023)

SCHEDULE	A
----------	---

Department of the Treasury

(Form 990)

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.

OMB No. 1545-0047	
2023	

Open to Public

Namo	of the	organization	

mema	nevei	lue service	Go to www.irs.gov/	Form990 for instructior	is and the	latest inf	ormation.	-	Inspection		
Name	e of t	the organization							identification number		
Der	± 1		PEN INSTITUTE,						84-0399006		
Par		Reason for Public (ee instruction	IS.			
Г	rgan	ization is not a private found									
1 [_	A church, convention of chu				r)(a)01 n	I)(A)(I).				
2		A school described in section									
3 [\dashv	A hospital or a cooperative					•	VIII) Enter			
4 [A medical research organiza	ation operated in cor	njunction with a nospital	aescribea	in sectio	n 170(d)(1)(A)(III). Enter	the hospital's name,		
- [_	city, and state:	with a hanafit of a cal		or on or ot		verementel	nit doooriba			
5 [An organization operated for		lege of university owned	or operation	eu by a go	vernmentalu	nit describe			
e [section 170(b)(1)(A)(iv). (C		antal unit described in	nation 17	70/6//4//4	(.)				
6 [7 [x	A federal, state, or local gov	-						aublic deceribed in		
7 [
o [_	section 170(b)(1)(A)(vi). (C		(1)(A)(ui) (Complete Der	• 11 \						
8 [9 [=	A community trust describe			-	ad in aaniu	notion with a	land grant			
9 [An agricultural research org or university or a non-land-g	-			-		-	-		
		university:	grant college of agrici			lame, city	, and state of	the college			
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from o	ontribution	ne membereb	in fees and	d gross receipts from		
		activities related to its exem									
		income and unrelated busir									
		See section 509(a)(2). (Con				looo doqui		Janization			
11 [An organization organized a		velv to test for public sat	etv. See	section 50)9(a)(4).				
12		An organization organized a	-	•	•			rry out the	purposes of one or		
_		more publicly supported or		•				-			
		lines 12a through 12d that									
а		Type I. A supporting orga	anization operated, si	upervised, or controlled	by its supp	ported orga	anization(s), t	pically by	giving		
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	upporting		
		organization. You must o	complete Part IV, Se	ections A and B.							
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	[,] ing		
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported		
		_ organization(s). You mus	t complete Part IV,	Sections A and C.							
с		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,		
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.				
d		Type III non-functionally						-			
		that is not functionally int			•		-	l an attentiv	reness		
	_	requirement (see instructi	,	• •	,						
е		Check this box if the orga					Type I, Type	II, Type III			
4	F ot	functionally integrated, or									
		er the number of supported on vide the following informatior	•	d organization(s)							
9_		(i) Name of supported	(ii) EIN	(iii) Type of organization		nization listed	(v) Amount o	f monetary	(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	in your governi Yes	ng document?	support (see in	nstructions)	support (see instructions)		
				above (see instructions)							
Total									1		

84-0399006

Page **2**

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	108,438,960.	131,254,703.	140,723,732.	141,560,565.	177,730,506.	699,708,466.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	108,438,960.	131,254,703.	140,723,732.	141,560,565.	177,730,506.	699,708,466.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						65,965,384.
6	Public support. Subtract line 5 from line 4.						633,743,082.
	ction B. Total Support			L	ł		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	108,438,960.	131,254,703.	140,723,732.	141,560,565.	177,730,506.	699,708,466.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	-59,007.	535,540.	1,343,162.	2,450,146.	4,394,752.	8,664,593.
9	Net income from unrelated business						
-	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	799,478.	156,060.	394,530.	561,074.	843,116.	2,754,258.
11	Total support. Add lines 7 through 10	,	,	,	,	,	711,127,317.
12		etc. (see instruction	ns)			12	145,515,818.
	First 5 years. If the Form 990 is for th						
	organization, check this box and stor	•					
Sec	ction C. Computation of Publi						
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	column (f))		14	89.12 %
	Public support percentage from 2022					15	89.42 %
16a	33 1/3% support test - 2023. If the o	organization did no				ore, check this bo	k and
	stop here. The organization qualifies					·	v
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on l				
	and stop here. The organization qual	-				, 	
17a	10% -facts-and-circumstances test		• •				
	and if the organization meets the fact						
	meets the facts-and-circumstances te			•	•		
b	10% -facts-and-circumstances test	-			-		
	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
18	Private foundation. If the organization		•		••••		;
				,,,,	,		/Earm 000\ 2022

Schedule A (Form 990) 2023

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	i (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge \dots						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disgualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	6 (f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for t	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgar	nization,
Section C. Computation of Publ		•				
15 Public support percentage for 2023 (•	column (f))		15	%
16 Public support percentage from 2022					16	%
Section D. Computation of Inve						
17 Investment income percentage for 2					17	%
18 Investment income percentage from						<u>%</u>
19a 33 1/3% support tests - 2023. If the						
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2022. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	on alla not check a	box on line 14, 19	a, or iso, check t	nis box and see in		 lule A (Form 990) 2023
332023 12-21-23		18	3		Scriet	iule A (FUIII 990) 2023

Yes No

Part IV Supporting Organizations

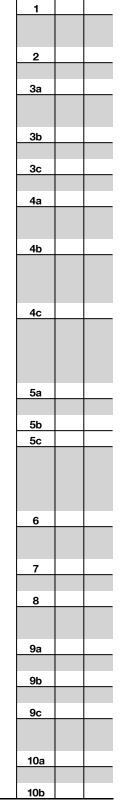
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

19

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Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 TH	ΙE	ASPEN	INSTITUTE,	INC.

Yes No

No

Yes No

1

2

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

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
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. Section C. Type II Supporting Organizations

			Yes	
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 organization(s)	1		

	sported organ	11Zalio(113).	
Section D	All Type	III Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If</i> "Yes," <i>describe in</i> Part VI <i>the role the organization</i> 's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organizat	tion used to satisfy the Int	tegral Part Test during the v	ear (see instructions).
•	Check the box hext to the method that the organizat		legial Fait Test during the y	

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c [The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instruc	tion <u>s).</u>
------------	--	---	--	-----------------

20

- 2 Activities Test. Answer lines 2a and 2b below.
- 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.
- 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 organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

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.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions All other Type III non-functionally integrated supporting organizations must complete Sections A through E. Section A - Adjusted Net Income 1 (A) Prior Year (B) Current Year (optional) 1 2 (A) Prior Year (B) Current Year (optional) 1 2 2 (A) Prior Year (B) Current Year (optional) 1 1 2 (A) Prior Year (B) Current Year (optional) 1 Net short-term capital gain 1 (B) Current Year (optional) 2 3 Other gross income (see instructions) 3 (A) Prior Year (B) Current Year (optional) 4 Add lines 1 through 3. 4 (A) Add lines 1 through 3. (A) Add lines 1 through 3. (A) Add lines 1 through 3. (A) Prior Year (optional) (B) Current Year (optional) 5 Depreciation and depletion 5 (C) Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 (A) Prior Year (B) Cur	Sche	edule A (Form 990) 2023 THE ASPEN INSTITUTE, INC.			84-0399006	Page 6
All other Type III non-functionally integrated supporting organizations must complete Sections A through E. Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional) 1 Net short-term capital gain 1 - 2 Recoveries of prior-year distributions 2 - - 3 Other gross income (see instructions) 3 - - - 4 Add lines 1 through 3. 4 - - - - 5 Depreciation and depletion 5 -	Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orgar	nizations		
All other Type III non-functionally integrated supporting organizations must complete Sections A through E. Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional) 1 Net short-term capital gain 1 - 2 Recoveries of prior-year distributions 2 - - 3 Other gross income (see instructions) 3 - - - 4 Add lines 1 through 3. 4 - - - - 5 Depreciation and depletion 5 -	1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instr	uctions.
Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 Add lines 1 through 3. 4 5 Depreciation and depletion 5 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c						
2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 Add lines 1 through 3. 4 5 Depreciation and depletion 5 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c	Sect	ion A - Adjusted Net Income		(A) Prior Year		
3 Other gross income (see instructions) 3 4 Add lines 1 through 3. 4 5 Depreciation and depletion 5 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c	1	Net short-term capital gain	1			
4 Add lines 1 through 3. 4 5 Depreciation and depletion 5 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 6 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c	2	Recoveries of prior-year distributions	2			
5 Depreciation and depletion 5 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 6 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c	3	Other gross income (see instructions)	3			
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 6 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c	4	Add lines 1 through 3.	4			
collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c	5	Depreciation and depletion	5			
collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c	6	Portion of operating expenses paid or incurred for production or				
7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c						
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c		maintenance of property held for production of income (see instructions)	6			
Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Image: tag is a construction of tag is a construle of tag is a construction of tag is a co	7	Other expenses (see instructions)	7			
Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c	8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c	Sec	ion B - Minimum Asset Amount		(A) Prior Year		
a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c	1	Aggregate fair market value of all non-exempt-use assets (see				
b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c		instructions for short tax year or assets held for part of year):				
c Fair market value of other non-exempt-use assets 1c	а	Average monthly value of securities	1a			
	b	Average monthly cash balances	1b			
d Total (add lines 1a, 1b, and 1c) 1d	с	Fair market value of other non-exempt-use assets	1c			
	d	Total (add lines 1a, 1b, and 1c)	1d			
e Discount claimed for blockage or other factors	е	Discount claimed for blockage or other factors				
(explain in detail in Part VI):		(explain in detail in Part VI):				
2 Acquisition indebtedness applicable to non-exempt-use assets 2	2		2			
3 Subtract line 2 from line 1d. 3	3	Subtract line 2 from line 1d.	3			
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
see instructions).		see instructions).	4			
5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5	5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6 Multiply line 5 by 0.035. 6	6	Multiply line 5 by 0.035.	6			
7 Recoveries of prior-year distributions 7	7	Recoveries of prior-year distributions	7			
8 Minimum Asset Amount (add line 7 to line 6) 8	8	Minimum Asset Amount (add line 7 to line 6)	8			
Section C - Distributable Amount Current Year	Sec	ion C - Distributable Amount			Current Y	'ear
1 Adjusted net income for prior year (from Section A, line 8, column A) 1	1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2 Enter 0.85 of line 1. 2	2		2			
3 Minimum asset amount for prior year (from Section B, line 8, column A) 3	3					
4 Enter greater of line 2 or line 3.	4					
5 Income tax imposed in prior year 5	5	<u>v</u>	5			
6 Distributable Amount. Subtract line 5 from line 4, unless subject to						
emergency temporary reduction (see instructions).			6			
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	7		ally integrate	ed Type III supporting org	anization (see	

Schedule A (Form 990) 2023

332026 12-21-23

instructions).

THE ASPEN INSTITUTE, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Schedule A (Form 990) 2023

Section D - Distributions

84-0399006

Page 7

Current Year

1	Amounts paid to supported organizations to accomplish exempt purposes				
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	5		8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	ıs	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				

Schedule A (Form 990) 2023

84-0399006 Page **8**

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

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

2023 AMOUNT: \$	843,116.				
	561,074.	 	 	 	
2021 AMOUNT: \$	394,530.		 	 	
2020 AMOUNT: \$	156,060.				
2019 AMOUNT: \$	799,478.				

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

84-0399006

THE ASPEN INSTITUTE, INC.

Organization type (check	one):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

Schedule B

Department of the Treasury

Internal Revenue Service Name of the organization

(Form 990)

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

Special Rules

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

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

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

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

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

	B (Form 990) (2023)		Page 2
Name of o	rganization		Employer identification number
THE ASPE	N INSTITUTE, INC.		84-0399006
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
1		_ \$11,830, _	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
2		\$7,747, 	Person X Payroll
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	\$5,378,	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
4		\$5,104, 	000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
5		\$4,409,	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
6		\$4,187,	Person Payroll 075. Noncash X (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

323452 12-26-23

Schedule I Name of o	B (Form 990) (2023) rganization	Empi	Page 2 oyer identification number
THE ASPE	N INSTITUTE, INC.		34-0399006
Part I	Contributors (see instructions). Use duplicate copies of Part I if		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$3,775,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$3,567,096.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	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.)

Schedule B (Form 990) (2023)

323452 12-26-23

	B (Form 990) (2023)			Page 3
Name of o	rganization		Employe	er identification number
THE ASPE	EN INSTITUTE, INC.		84-	-0399006
Part II	Noncash Property (see instructions). Use duplicate copies of Part II in	f additional space is needed	d.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
1	28,573 SHARES OF AMAZON.COM	_		
<u>_</u>		\$3,099,	<u>,885.</u>	05/16/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
6	30,022 SHARES OF ALPHABET INC CL A	-		
6		\$4,187,	,075.	12/29/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		_ _ _ \$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		- - - - \$\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		_ _ _ \$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		_ _ _ \$		

323453 12-26-23

Schedule B (Form 990) (2023)

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Schedule I	B (Form 990) (2023)				Page 4				
Name of o	rganization				Employer identification number				
THE ASPE	EN INSTITUTE, INC.				84-0399006				
	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	through (e) and the following lin	ne entry. For orga	anizations	at total more than \$1,000 for the year				
	completing Part III, enter the total of exclusively religious, c Use duplicate copies of Part III if additional s	haritable, etc., contributions of \$1,00	JO or less for the y	/ear. (Enter this info. o	once.) •				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	cription of how gift is held				
-		(e) Transfer (·						
-	Transferee's name, address, a	nd ZIP + 4	Rela	ationship of tra	nsferor to transferee				
		-							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	cription of how gift is held				
-		(e) Transfer (of aift						
-	Transferee's name, address, and ZIP + 4		Rela	ationship of tra	nsferor to transferee				
		[
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	cription of how gift is held				
-		(e) Transfer (of gift						
-	Transferee's name, address, a	nd ZIP + 4	Rela	ationship of tra	nsferor to transferee				
		-							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	cription of how gift is held				
			·						
-		(e) Transfer (of gift						
-	Transferee's name, address, a	nd ZIP + 4	Rela	ationship of tra	nsferor to transferee				

Schedule B (Form 990) (2023)

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SC	HI	ED	U	LE	С

Department of the Treasury

Internal Revenue Service

(Form 990)

Political Campaign and Lobbying Activities

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

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

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

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

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

• Section 527 organizations: Complete Part I A only.

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

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

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

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

Nan	ne of organization			1	Emplo	oyer identification number
		INSTITUTE, INC.				84-0399006
Pa	rt I-A Complete if the org	anization is exempt under	r section 501(c) o	r is a section 527	7 org	anization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures				
Pa	rt I-B Complete if the org	anization is exempt under	r section 501(c)(3)	-		
2 3 4a	Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a section Was a correction made? Was a correction made? If "Yes," describe in Part IV.	incurred by organization managers n 4955 tax, did it file Form 4720 fo	s under section 4955 r this year?		\$	Yes No
1	Enter the amount directly expended Enter the amount of the filing organ exempt function activities	by the filing organization for sect ization's funds contributed to othe	on 527 exempt function or organizations for sec	n activities	\$	
3 4 5	Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses, and er made payments. For each organizat contributions received that were pro political action committee (PAC). If a	Add lines 1 and 2. Enter here and 1120-POL for this year? nployer identification number (EIN tion listed, enter the amount paid to pomptly and directly delivered to a s	d on Form 1120-POL,) of all section 527 poli from the filing organiza separate political organ	tical organizations to tion's funds. Also ent iization, such as a sep	, \$ which er the	Yes No the filing organization amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fr filing organization funds. If none, ente	ı's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2023

OMB No. 1545-0047

Open to Public

Inspection

23

LHA 332041 11-06-23

	E ASPEN INSTIT				399006 Page 2
Part II-A Complete if the organ	ization is exer	npt under sectio	n 501(c)(3) and file	d Form 5768 (el	ection under
section 501(h)).					
A Check if the filing organization	n belongs to an affi	liated group (and list i	n Part IV each affiliated	group member's nam	ne, address, EIN,
expenses, and share o	f excess lobbying e	expenditures).			
B Check if the filing organization	n checked box A ar	nd "limited control" pr	ovisions apply.		1
Limits ((The term "expenditu	on Lobbying Expe ires" means amou		.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influen	ce public opinion (prassroots lobbying)			
b Total lobbying expenditures to influen					
c Total lobbying expenditures (add lines	•				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (a		,			
f Lobbying nontaxable amount. Enter the	ne amount from the	e following table in bo	th columns.		
If the amount on line 1e, column (a) or (b) is: The lob	bying nontaxable an	nount is:		
not over \$500,000,	20% of	the amount on line 1e	9.		
over \$500,000 but not over \$1,000,00	0, \$100,00	0 plus 15% of the ex	cess over \$500,000.		
over \$1,000,000 but not over \$1,500,	000, \$175,00	00 plus 10% of the ex	cess over \$1,000,000.		
over \$1,500,000 but not over \$17,000	<u>,000, \$225,00</u>	0 plus 5% of the exce	ess over \$1,500,000.		
over \$17,000,000,	\$1,000,	000.			
g Grassroots nontaxable amount (enter	25% of line 1f)				
h Subtract line 1g from line 1a. If zero o	r less, enter -0-				
i Subtract line 1f from line 1c. If zero or	less, enter -0-				
j If there is an amount other than zero of	on either line 1h or	line 1i, did the organiz	zation file Form 4720		
reporting section 4911 tax for this yea					Yes No
(Some organizations that		eraging Period Unde 01(h) election do not	.,	f the five columns b	elow.
	See the separ	ate instructions for I	ines 2a through 2f.)		
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		1
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

332042 11-06-23

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

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	ı)	(b)
	e lobbying activity.	Yes	No	Amo	ount
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:			l	
а	Volunteers?		Х	l	
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
	Media advertisements?		X		
d	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		
	Grants to other organizations for lobbying purposes?		X		
-	Direct contact with legislators, their staffs, government officials, or a legislative body?	X			8,349.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X			
-	Other activities?	X			
	Total. Add lines 1c through 1i				8,349.
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6).	n 501(c)(c	o), or sec	ποη	
				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?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th				
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), sectio	n 501(c)(5	b), or sec	tion	-
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	'No" OR	(b) Part I	II-A, line	3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1	L	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a	ļ	
b	Carryover from last year		2 b		
с	Total		2c	L	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	L	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditures next year?		4	L	
5	Taxable amount of lobbying and political expenditures. See instructions		5	<u> </u>	
Pa	t IV Supplemental Information				
Prov	ide 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 a	nd 2 (see	
instr	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PAR	II-B, LINE 1, LOBBYING ACTIVITIES:				
ALLO	CATED SALARY EXPENSE FROM COMMUNICATION WITH LEGISLATORS REGARDING				

PENDING LEGISLATION.

Schedule C (Form 990) 2023

332043 11-06-23

					B No. 15	45 0047		
	n 990) Complete if the orga	al Financial Statements nization answered "Yes" on Form 990,			202	73		
	ment of the Treasury), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.			Open to nspecti			
	Bevenue Service Go to www.irs.gov/Form990 for instructions and the latest information. ame of the organization Employer							
Ivam	THE ASPEN INSTITUTE, INC.			-	399006	inumber		
Pa			coun	ts. Comp	lete if th	е		
	organization answered "Yes" on Form 990, Part IV, lin							
			b) Fund	ds and othe	r accou	nts		
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3 4	Aggregate value of grants from (during year)Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in		ls					
•	are the organization's property, subject to the organization's	-			Yes	No		
6	Did the organization inform all grantees, donors, and donor a							
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose conferri	ng					
	impermissible private benefit?				Yes	No		
Pa	Tt II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part IV,	line 7.					
1	Purpose(s) of conservation easements held by the organization							
	Preservation of land for public use (for example, recrea			•				
	X Protection of natural habitat	Preservation of a certil	fied his	toric structi	lre			
•	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualit day of the tax year.	fied conservation contribution in the form of a cor	nservat	Held at the l				
-			2a			1		
b	Total acreage restricted by conservation easements		2a 2b			 L3.50		
c	Number of conservation easements on a certified historic stru		2c					
d	Number of conservation easements included on line 2c acqu							
	on a historic structure listed in the National Register		2d					
3	Number of conservation easements modified, transferred, rel		zation o	during the ta	ax			
	year							
4	Number of states where property subject to conservation eas	sement is located1						
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of						
	violations, and enforcement of the conservation easements it				Yes	No		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation	n easer	nents durin	g the ye	ar		
-								
7	Amount of expenses incurred in monitoring, inspecting, hand	and enforcing conservation eas	sement	s during the	e year			
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(b)(4)(B)(i)						
-					Yes	No		
9	In Part XIII, describe how the organization reports conservation			1				
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statements tha	at desci	ribes the				
_	organization's accounting for conservation easements.							
Pa	t III Organizations Maintaining Collections of		imilar	Assets.				
	Complete if the organization answered "Yes" on Form							
1a	If the organization elected, as permitted under FASB ASC 95							
	of art, historical treasures, or other similar assets held for put		ice of p	UDIIC				
b	service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95		sheet	works of				
U	art, historical treasures, or other similar assets held for public							
	provide the following amounts relating to these items.		o, pub					
	(i) Revenue included on Form 990, Part VIII, line 1		9	6				
				S	1,0	96,267.		
2	If the organization received or held works of art, historical tre			_				
	the following amounts required to be reported under FASB A	SC 958 relating to these items:						
а	Revenue included on Form 990, Part VIII, line 1		\$	S				
b	Assets included in Form 990, Part X			6				

 $\mbox{LHA}~$ For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-28-23

Schedule D (Form 990) 2023

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Sche		INSTITUTE, INC.						-0399		Pá	_{age} 2
Par	t III Organizations Maintaining C	ollections of Art	t, Hist	orical Tre	asures, or	Other	Similar As	ssets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other records	s, checl	k any of the f	ollowing that i	make sig	nificant use o	of its			
	collection items (check all that apply).				C	Ū					
а	X Public exhibition	d		Loan or exc	hange prograr	n					
b	Scholarly research	е									
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	how th	nev further th	e organization	ı's exemi	ot purpose in	Part X	an.		
5	During the year, did the organization solicit o										
•	to be sold to raise funds rather than to be ma								Yes	X	No
Par	t IV Escrow and Custodial Arran							t IV lin			
	reported an amount on Form 990, Pa			organization			5111 000, 1 ai	,	0,01		
10	Is the organization an agent, trustee, custodi		liany for	contribution	e or other ass	ets not ir	ocluded				
Id									Yes		No
L	on Form 990, Part X?							. ட	Tes		
D	in res, explain the arrangement in Part XIII	and complete the lol	lowing	lable.					Amount		
	De sinsis e la la se								Amount		
	Beginning balance										
	Additions during the year						1d				
-	Distributions during the year						1e				
f	Ending balance						_ 1 f		1		7
	Did the organization include an amount on F						/?	ட	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds Complete if				, <u>, , , , , , , , , , , , , , , , , , </u>	<u> </u>			() =		
		(a) Current year		Prior year	(c) Two years		d) Three years		(e) Four	-	
1a	Beginning of year balance	145,168,006.		,705,742.					115,		
b	Contributions	12,003,961.		,335,244.	, ,		10,938,289. 1,418,72				
С	Net investment earnings, gains, and losses	17,171,830.	-23	,548,893.	30,072	,140.	10,092,	783.	15,	369,	499.
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs	21,484,518.	22	,324,087.	9,195	,723.	6,873,	615.	5,	524,	128.
f	Administrative expenses										
g	End of year balance	152,859,279.	145	,168,006.	178,705	,742.	140,520,	233.	126,	362,	776.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1	g, column (a)) held as:						
а	Board designated or guasi-endowment	27.5593	%	c , (,	,						
b	Permanent endowment 48.4614	%	_								
c	Term endowment 23.9793										
•	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse		tion the	at are held ar	nd administere	d for the					
ou	organization by:	solori or the organiza							Γ	Yes	No
	(i) Unrelated organizations?								3a(i)		X
									3a(ii)		x
h	If "Yes" on line 3a(ii), are the related organizations	tions listed as requir							3b		
4									30		
Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wment	iunus.							
1 41	Complete if the organization answere		Dart IV	/ line 112 S	ee Form 990	Dart X li	no 10				
				, 					()	<u> </u>	
	Description of property	(a) Cost or o		• •	or other	• •	cumulated		(d) Booł	value	e
		basis (investr	nent)		(other)	uepi	reciation		2	004	120
	Land				<u>,904,138.</u>		4 000 201			904,	
	Buildings				<u>,697,236.</u>		4,866,321	_		830,	
	Leasehold improvements				,881,710.		3,067,102	_		814,	
d	Equipment				,790,365.		5,655,839	_		134,	
	Other				,690,549.		5,610,079	•		080,	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part)	X, line 1	<u>0c. column</u>	<u>(B))</u>					-	657.
							Sch	edule	D (Form	ı 990)	2023

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) LIMITED PARTNERSHIPS	173,115,653.	END-OF-YEAR MARKET VALUE
(B) INVESTMENT CONTRACT	1,294,363.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	174,410,016.	

Part VIII Investments - Program Related.

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

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

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) DEFERRED TAX ASSET	1,841,267.
(2) SECURITY DEPOSITS	854,377.
(3) INVESTMENT RELATED RECEIVABLES	5,852,000.
(4) RIGHT OF USE ASSET - OPERATING	43,349,173.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	51,896,817.
Part X Other Liabilities	

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DEFERRED COMPENSATION	8,400,625.
(3)	LEASE LIABILITY - OPERATING	55,935,786.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	64,336,411.

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

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Sche	dule D (Form 990) 2023 THE ASPEN INSTITUTE, INC.				399006	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With I	Revenue per Re ⁻	turn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.				
1	Total revenue, gains, and other support per audited financial statements			1	262,4	134,738.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	29,416,939.			
b	Donated services and use of facilities	2b	393,470.			
с						
d						
е	Add lines 2a through 2d			2e	29,8	310,409.
3	Subtract line 2e from line 1			3	232,6	524,329.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,025,844.			
b	Other (Describe in Part XIII.)	4b	-1,540,838.			
с	Add lines 4a and 4b			4c	-5	514,994.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5		109,335.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents With	Expenses per F	Return		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.				
1	Total expenses and losses per audited financial statements			1	226,3	334,906.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	393,470.			
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d	1,228,605.			
е	Add lines 2a through 2d			2e	1,6	522,075.
3	Subtract line 2e from line 1			3	224,7	712,831.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,025,844.			
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c	1,0	25,844.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	225,7	738,675.
I D -	rt 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.

35

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

332054 09-28-23

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023
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Part XIII Supplemental Information (continued) ENJOYED BY GUESTS WHO VISIT AND STAY AT OUR RESORT. THIS ART COLLECTION IS MADE UP OF PHOTOS FROM FRANZ BERKO, OFFICIAL PHOTOGRAPHER FOR THE INSTITUTE, AS WELL AS ART IN VARIOUS MEDIUMS BY HERBERT BAYER. BAYER WAS THE ARCHITECT FOR OUR CAMPUS, AND ALSO DESIGNED SEVERAL OF THE LAND FORMS THROUGHOUT OUR PROPERTY. ONE GALLERY ON PROPERTY IS DEDICATED SOLELY TO THE WORK OF BAYER. ALTHOUGH THE ARTWORK IS HELD ON THE BOOKS AT COST. IT HAS AN INSURED FAIR VALUE OF \$3.1 MILLION. PART V, LINE 4: 4.5% OF A 12 QUARTER ROLLING AVERAGE OF THE FUNDS ARE USED TO FUND PROGRAMMATIC WORK OF THE INSTITUTE. PART X, LINE 2: MANAGEMENT OF THE INSTITUTE BELIEVES THAT IT HAS NO MATERIAL UNCERTAINTY IN INCOME TAXES AND, ACCORDINGLY, IT WILL NOT RECOGNIZE ANY LIABILITY FOR UNRECOGNIZED TAXES IN ITS FINANCIAL STATEMENTS. PART XI, LINE 4B - OTHER ADJUSTMENTS: SPECIAL EVENT EXPENSES -1,371,630. RENTAL EXPENSES -169,208. TOTAL TO SCHEDULE D, PART XI, LINE 4B -1,540,838. PART XII, LINE 2D - OTHER ADJUSTMENTS: SPECIAL EVENT EXPENSES 1,371,630. RENTAL EXPENSES 169,208. REFUNDED GRANTS -312,233. TOTAL TO SCHEDULE D, PART XII, LINE 2D 1,228,605. Schedule D (Form 990) 2023

332055 09-28-23

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Internal Revenue Service	Go to w	ww.irs.gov/Form	990 for instructions and the latest in	nformation.	Insp	ection
Name of the organization					Employer identi	ication number
THE ASPEN INSTITUTE, II					84-0399006	
		ctivities Out	side the United States. Comple	ete if the organ	ization answered ""	Yes" on
Form 990, Part IV						
-	•		is to substantiate the amount of its gra he selection criteria used to award the			Yes 🗌 No
	Ū			•		
2 For grantmakers. Desc United States.	ribe in Part V the	organization's p	procedures for monitoring the use of its	grants and ot	ner assistance outs	ide the
	Ŭ	·	n be duplicated if additional space is n	,		(0) Tabal
(a) Region	(b) Number of offices in the region	employees,	 (d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region) 	is a prog describe	vity listed in (d) gram service, specific type (s) in the region	(f) Total expenditures for and investments in the region
			PROGRAM SERVICES AND GRANTS			
CENTRAL AMERICA AND THE CARIBBEAN	0	0		GRANTS, MEE PROGRAMMATI	TINGS, AND C ACTIVITIES	1,646,354.
			PROGRAM SERVICES AND GRANTS			
EAST ASIA AND THE	0	0		GRANTS, MEE		1 045 915
PACIFIC	0	0	REGION.	PROGRAMMATI	C ACTIVITIES	1,045,815.
			PROGRAM SERVICES AND GRANTS			
EUROPE (INCLUDING			TO RECIPIENTS LOCATED IN	GRANTS, MEE	TINGS, AND	
ICELAND & GREENLAND)	0	0	REGION.	PROGRAMMATI	C ACTIVITIES	5,042,156.
			PROGRAM SERVICES AND GRANTS			
MIDDLE EAST AND				GRANTS, MEE	TINGS, AND	
NORTH AFRICA	0	0	REGION.	PROGRAMMATI	C ACTIVITIES	715,536.
			PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN	GRANTS, MEE	TINGS AND	
NORTH AMERICA	0	0			C ACTIVITIES	1,948,787.
			AGENTS FOR CONDUCTING			
RUSSIA AND	0	0		GRANTS, MEE		250.000
NEIGHBORING STATES	0	0	ACTIVITIES.	PROGRAMMATI	C ACTIVITIES	250,029.
			PROGRAM SERVICES AND GRANTS			
			TO RECIPIENTS LOCATED IN	GRANTS, MEE	TINGS, AND	
SOUTH AMERICA	0	0	REGION.	PROGRAMMATI	C ACTIVITIES	1,143,673.
			PROGRAM SERVICES AND GRANTS			
	_	-		GRANTS, MEE		
SOUTH ASIA	0	0	REGION.	PROGRAMMATI	C ACTIVITIES	371,144.
3 a Subtotalb Total from continuation	0	U				12,163,494.
sheets to Part I	0	0				4,991,986.
c Totals (add lines 3a						

Statement of Activities Outside the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

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

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Schedule F (Form 990) 2023

17,155,480.

OMB No. 1545-0047

Open to Public

LHA 332071 11-29-23

and 3b)

SCHEDULE F (Form 990)

Department of the Treasury

Schedule F (Form 990)	THE ASPEN IN	STITUTE, INC	•	84-0399006	Page 1
Part I Continuatio	n of Activitie	s per Region	• (Schedule F (Form 990), Part I, line 3)	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	 (e) If activity listed in (d) is a program service, describe specific type of service(s) in region 	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0			GRANTS, MEETINGS, AND PROGRAMMATIC ACTIVITIES	4 001 096
SUD-SANARAN AFRICA			REGION.	FROGRAMMATIC ACTIVITIES	4,991,986.
Totals					4,991,986.
· · · · · · · · · · · · · · · · · · ·	1	1			, , .

332181 04-01-23 Schedule F (Form 990) 2023

THE ASPEN INSTITUTE, INC.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN	SUPPORT AMP HEALTH					
		AFRICA	WORK	1,062,315.	WIRE TRANSFER	Ο.		
		SUB-SAHARAN AFRICA	SUPPORT AMP HEALTH WORK	900,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	SUPPORT GOYN INITIATIVE	506,383.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUPPORT GOYN INITIATIVE	354,105.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	STEVENS INITIATIVE VIRTUAL EXCHANGE PROGRAM	308,741.	WIRE TRANSFER	0.		
		CENTRAL AMERICA	SUPPORT GUATEMALA ECONOMIC DEVELOPMENT INITIATIVE	267,463.	WIRE TRANSFER	0.		
		NORTH AMERICA	SUPPORT CHAPTER OPERATIONS	239,455.	WIRE TRANSFER	0.		
0 Estadosta		SOUTH ASIA	SUPPORT GOYN INITIATIVE		WIRE TRANSFER	0.		

39

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

3 Enter total number of other organizations or entities

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Schedule F (Form 990) 2023

46 25

84-0399006

Schedule F (Form 990)		EN INSTITUTE, INC.			84-0399			Page 2
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		CENTRAL AMERICA						
			SUPPORT GEDI PROJECT	186,579.	WIRE TRANSFER	Ο.		
			SUPPORT GOYN INITIATIVE	177 070	WIRE TRANSFER	0.		
		SOUTH AMERICA		177,070.	WIKE IKANSFER	0.		
			SUPPORT CHAPTER					
		AFRICA	OPERATIONS	175,059.	WIRE TRANSFER	0.		-
		CENTRAL AMERICA						
		AND THE CARIBBEAN	SUPPORT GEDI PROJECT	152,274.	WIRE TRANSFER	0.		
		EAST ASIA AND THE						
		PACIFIC	OPERATIONS	151,267.	WIRE TRANSFER	0.		
			SUPPORT GOYN	145 500				
		AFRICA	INITIATIVE	145,598.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING	SMALL AND GROWING					
		ICELAND &	BUSINESS EVIDENCE					
		GREENLAND)	FUND GRANT	143,056.	WIRE TRANSFER	0.		
			SUPPORT GUATEMALA ECONOMIC DEVELOPMENT					
		AND THE CARIBBEAN		135,600.	WIRE TRANSFER	0.		
			SUPPORT CHAPTER	120 040		0.		
		SOUTH ASIA	OPERATIONS	128,848.	WIRE TRANSFER	υ.		

Schedule F (Form 990)	THE ASP	EN INSTITUTE, INC.			84-039	9006		Page 2
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1))	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
			SUPPORT CHAPTER					
		NORTH AMERICA	OPERATIONS	127,458.	WIRE TRANSFER	0.		
			SUPPORT GUATEMALA					
		CENTRAL AMERICA	ECONOMIC DEVELOPMENT					
		AND THE CARIBBEAN	INITIATIVE	125,895.	WIRE TRANSFER	0.		
		MIDDLE EAST AND	STEVENS INITIATIVE VIRTUAL EXCHANGE					
		NORTH AFRICA	PROGRAM	121,580.	WIRE TRANSFER	٥.		
		CENTRAL AMERICA						
		AND THE CARIBBEAN	GEDI GRANT	119,886.	WIRE TRANSFER	Ο.		
			SUPPORT GOYN					
		NORTH AMERICA	INITIATIVE	117,303.	WIRE TRANSFER	Ο.		
			SUPPORT CHAPTER					
		SOUTH AMERICA	OPERATIONS	109,854.	WIRE TRANSFER	Ο.		
		EAST ASIA AND THE	DIGITAL FOULTRY					
		PACIFIC	ACCELERATOR AWARD	106,000.	WIRE TRANSFER	٥.		
		SUB-SAHARAN	DIGITAL EQUITY					
		AFRICA	ACCELERATOR AWARD	105,000.	WIRE TRANSFER	Ο.		
		EAST ASIA AND THE	DIGITAL FOULTRY					
		PACIFIC	ACCELERATOR AWARD	104,000.	WIRE TRANSFER	0.		

Schedule F (Form 990)	THE ASP	EN INSTITUTE, INC.			84-0399	9006		Page 2
Part II Continuation	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
			DIGITAL EQUITY ACCELERATOR AWARD	104,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	DIGITAL EQUITY ACCELERATOR AWARD	103,000.	WIRE TRANSFER	0.		
			DIGITAL EQUITY ACCELERATOR AWARD	102,000.	WIRE TRANSFER	0.		
			DIGITAL EQUITY ACCELERATOR AWARD	101,000.	WIRE TRANSFER	0.		
			DIGITAL EQUITY ACCELERATOR AWARD	100,000.	WIRE TRANSFER	0.		
			DIGITAL EQUITY ACCELERATOR AWARD	100,000.	WIRE TRANSFER	0.		
			DIGITAL EQUITY ACCELERATOR AWARD	100,000.	WIRE TRANSFER	0.		
			ARGIDIUS SCALE PROJECT GRANT	96,968.	WIRE TRANSFER	0.		
			SUPPORT GOYN INITIATIVE	88,813.	WIRE TRANSFER	0.		

Schedule F (Form 990)	THE ASP	EN INSTITUTE, INC.			84-039	9006		Page 2
Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)		- 1
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	STEVENS INITIATIVE VIRTUAL EXCHANGE PROGRAM	85,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	SUPPORT GUATEMALA ECONOMIC DEVELOPMENT INITIATIVE	69,451.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	SUPPORT GUATEMALA ECONOMIC DEVELOPMENT INITIATIVE	66,039.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	STEVENS INITIATIVE VIRTUAL EXCHANGE PROGRAM	64,856.	WIRE TRANSFER	0.		
		SOUTH AMERICA	SUPPORT GUATEMALA ECONOMIC DEVELOPMENT INITIATIVE	54,647.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	AGEI ACTION LAB GRANT	53,195.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SUPPORT AFRICA IMPACT FORUM	50,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	MCNULTY PRIZE LEAREATE GRANT	35,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	TO PROVIDE ADVOCACY AND COMMUNITY ORGANIZATION AROUND COVID-19 PREVENTION	30,000.	WIRE TRANSFER	0.		

Chedule F (Form 990) Part II Continuation c		THE ASPEN INSTITUTE, INC. 84-0399006 ants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)						Page
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		SOUTH AMERICA	MCNULTY FOUNDATION GRANT	28,846.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	SUPPORT WOMEN ENTREPRENEAURS	25,000.	WIRE TRANSFER	0.		
			SUPPORT GOYN INITIATIVE	25,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	MCNULTY GLOBAL IMPACT FUND AWARD	25,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	MCNULTY GLOBAL IMPACT FUND AWARD	25,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MCNULTY GLOBAL IMPACT FUND AWARD	25,000.	WIRE TRANSFER	0.		
			SUPPORT AFRICA IMPACT FORUM	24,870.	WIRE TRANSFER	0.		
			SUPPORT AFRICA IMPACT FORUM	24,250.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SUPPORT WOMEN-OWNED BUSINESS	22,607.	WIRE TRANSFER	0.		

Schedule F (Form 990)		EN INSTITUTE, INC.			84-0399			Page
Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9			
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
			SUPPORT WOMEN-OWNED					
		SOUTH ASIA	MICRO ENTERPRISES	22,250.	WIRE TRANSFER	0.		
		CENTRAL AMERICA	SUPPORT GUATEMALA ECONOMIC DEVELOPMENT					
		AND THE CARIBBEAN	INITIATIVE	21,539.	WIRE TRANSFER	Ο.		
			COMMUNITY BASED ORGANIZATIONS AND					
		SOUTH ASIA	VACCINE DISTRIBUTION	20,462.	WIRE TRANSFER	ο.		
			MULTIVERSE GLOBAL					
		CENTRAL AMERICA AND THE CARIBBEAN	INCLUSIVE GROWTH SPARK GRANT AWARD	20 000	WIRE TRANSFER	0.		
		SOUTH ASIA	MCNULTY PRIZE CATALYST FUND GRANT	20 000	WIRE TRANSFER	0.		
		SOUTH ASIA	CATALISI FOND GRANT	20,000.	WIRE IRANSFER	0.		
			SUPPORT WOMEN	20.000		0		
		NORTH AMERICA	ENTREPRENEAURS	20,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN	SUPPORT SMALL					
		AFRICA	BUSINESS	15,501.	WIRE TRANSFER	0.		
		MIDDLE EAST AND	MCNULTY GLOBAL IMPACT					
		NORTH AFRICA	FUND AWARD	15,000.	WIRE TRANSFER	0.		
			SUPPORT GUATEMALA					
		CENTRAL AMERICA	ECONOMIC DEVELOPMENT					
		AND THE CARIBBEAN	INITIATIVE	13,058.	WIRE TRANSFER	0.		

Schedule F (Form 990)		EN INSTITUTE, INC.			84-0399			Page 2
	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9			1
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SUB-SAHARAN	DIGITAL EQUITY					
		AFRICA	ACCELERATOR AWARD	10,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN	SUPPORT GOYN					
		AFRICA	INITIATIVE	9,410.	WIRE TRANSFER	0.		
		SUB-SAHARAN	AFRICA LEADERSHIP					
		AFRICA	INITIATIVE	8,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN	SUPPORT GOYN					
		AFRICA	INITIATIVE	8,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE	DIGITAL EQUITY					
		PACIFIC	ACCELERATOR AWARD	8,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE	DIGITAL EQUITY					
		PACIFIC	ACCELERATOR AWARD	8,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	SUPPORT GEDI PROJECT	7,548.	WIRE TRANSFER	0.		
			AGEI CAPACITY					
		SOUTH ASIA	BUILDING GRANT	6,569.	WIRE TRANSFER	0.		
			STEVENS INITIATIVE					
		MIDDLE EAST AND	VIRTUAL EXCHANGE					
		NORTH AFRICA	PROGRAM	5,777.	WIRE TRANSFER	0.		

Schedule	F (Form 990) 2023 T	HE ASPEN INSTITUTE	, INC.		84	4-0399006	
Part III	Grants and Other Assistance	e to Individuals Outside	e the United Sta	tes. Complete i	f the organization answered "Yes" o	n Form 990, Part	IV, line 16.
	Part III can be duplicated if a	dditional space is needed	d.				

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	CENTRAL AMERICA						
HONORARIUM	AND THE CARIBBEAN	1	1,000.	WIRE	0.		
	CENTRAL AMERICA						
AWARDS	AND THE CARIBBEAN	1	425.	WIRE	0.		
	EUROPE (INCLUDING						
	ICELAND AND						
AWARDS	GREENLAND)	1	400.	WIRE	0.		
	MIDDLE EAST AND	_	6 500				
HONORARIUM	NORTH AFRICA	5	6,500.	WIRE	0.		
	MIDDLE EAST AND						
AWARDS	NORTH AFRICA	5	3,090.	WIRE	Ο.		
	NORTH AMERICA		,				
	(WHICH INCLUDES						
	CANADA AND						
HONORARIUM	MEXICO, BUT NOT	2	4,700.	WIRE	0.		
	SUB-SAHARAN	-	2,500.	MIDE	0.		
STIPEND	AFRICA	5	2,500.	WIKE	0.		

47

Schedule F (Form 990) 2023

84-0399006

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

Schedule F (Form 990) 2023

332074 11-29-23

84-0399006	Page 5
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Part V Supplemental Information

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

PART I, LINE 2:

THE INSTITUTE PERIODICALLY ENGAGES OTHER ENTITIES TO FURTHER THE

OBJECTIVES SET FORTH IN OUR GRANT AGREEMENTS. THIS IS TYPICALLY DONE VIA

SUB-AWARDS OR RE-GRANTS THAT RUN CONCURRENTLY WITH THE PRIME AWARD IN

WHICH THE SUB RECIPIENTS ARE ADVISED OF ALL APPLICABLE LAWS AND

REGULATIONS, AND ALL APPROPRIATE FLOW-DOWN PROVISIONS FROM THE PRIME

AGREEMENT. ALL SUB GRANTEES OR SERVICE PROVIDERS MUST ALSO CERTIFY THAT

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

TO ANY INDIVIDUAL OR ENTITY INVOLVED WITH TERRORISM (INCLUDING ANY

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

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

THIS CERTIFICATION MUST BE GROUNDS FOR IMMEDIATE TERMINATION OF THE

LETTER OF AGREEMENT AND RETURN OF ALL GRANT FUNDS.

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

ARE DETERMINED JOINTLY BY THE RESPONSIBLE PROGRAM MANAGER AND RESPECTIVE

GRANT ADMINISTRATOR/FINANCIAL ANALYST. THIS INCLUDES THE ROUTINE RECEIPT

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

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

OF SITE VISITS IF NECESSARY. THE INSTITUTE IS NOTIFIED WHENEVER PROBLEMS,

DELAYS OR OTHER CONDITIONS DEVELOP WHICH WOULD HAVE SIGNIFICANT IMPACT

UPON THE PROJECT. BUDGET REVISIONS ARE ALLOWED WITHIN THE PARAMETERS SET

FORTH IN EACH SUB AWARD. THE PAYMENT SCHEDULE AND THE DEGREE OF

FLEXIBILITY OFFERED MAY DEPEND ON PREVIOUS EXPERIENCE WITH THE RECIPIENT,

THE DEGREE OF EXTERNAL OVERSIGHT BY OTHER PARTIES, AND THE SOPHISTICATION

49

OF THE RECIPIENT'S ADMINISTRATIVE SYSTEMS.

332075 11-29-23

Part V Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PARTICIPANTS ARE EXPECTED TO COMPLY WITH ALL RELEVANT U.S. LAWS. PRIOR TO
ISSUING AWARDS TO FOREIGN ENTITIES, THE PROGRAMS ARE BEING ASKED TO
COMPLETE A DUE DILIGENCE CHECKLIST, WHICH INCLUDES ADDITIONAL INFORMATION
ABOUT THE SUB RECIPIENT INCLUDING: ANY REASONABLY AVAILABLE HISTORICAL
INFORMATION ABOUT THE GRANTEE THAT ASSURES THE INSTITUTE OF THE GRANTEE'S
IDENTITY AND INTEGRITY SUCH AS THE JURISDICTION IN WHICH A GRANTEE
ORGANIZATION IS INCORPORATED OR FORMED; COPIES OF INCORPORATING OR OTHER
GOVERNING INSTRUMENTS; INFORMATION ON THE INDIVIDUALS WHO FORMED AND
OPERATE THE ORGANIZATION; AND INFORMATION RELATING TO THE GRANTEE'S
OPERATING HISTORY; THE GRANTEE OR SERVICE PROVIDER'S NAME IN ENGLISH, AND
THE LANGUAGE OF ORIGIN, AND ANY ACRONYM OR OTHER NAMES USED TO IDENTIFY
THE GRANTEE; THE JURISDICTIONS IN WHICH A GRANTEE OR SERVICE PROVIDER
MAINTAINS A PHYSICAL PRESENCE; THE GRANTEE OR SERVICE PROVIDER'S POSTAL,
EMAIL AND WEBSITE ADDRESSES AND PHONE NUMBERS FOR EACH PLACE OF BUSINESS.
THE INSTITUTE ALSO CONDUCTS A REASONABLE SEARCH OF PUBLICLY AVAILABLE
INFORMATION TO DETERMINE WHETHER THE GRANTEE OR SERVICE PROVIDER IS
SUSPECTED OF ACTIVITY RELATING TO TERRORISM, INCLUDING TERRORIST
FINANCING OR OTHER SUPPORT.
PART I, LINE 3:
THE CASH METHOD OF ACCOUNTING WAS USED TO ACCOUNT FOR FOREIGN
EXPENDITURES.
PART II, COLUMN (D):
REGION: SOUTH ASIA
(D) PURPOSE OF GRANT: TO PROVIDE ADVOCACY AND COMMUNITY ORGANIZATION
AROUND COVID-19 PREVENTION AND VACCINES AWARENESS

15381014 150872 192063

332075 11-29-23

Schedule F (Form 990) 2023

84-0399006

Page 5

Part V Supplemental Information

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

PART III, COL (C):

THIS COLUMN REPRESENTS THE ACTUAL NUMBER OF GRANT RECIPIENTS.

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$15				r 19,	or if the	2023
Department of the Treasury		Attach to Form 990 c						Open to Public Inspection
Internal Revenue Service Name of the organization		o www.irs.gov/Form990 for instruc	tions	and th	ne latest information	า.	Employer i	-
Name of the organization		INSTITUTE, INC.					84-0399	dentification number
Part I Fundrais		Complete if the organization answe	red "Y	es" or	n Form 990. Part IV. li	ine 1		
	complete this part				,,			
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions email solicitations itations olicitations on have a written o ted in Form 990, Pa	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p	tion of tion of fundra (incluc	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	-	Y	'es 🗌 No
b If "Yes," list the 10 compensated at le	0	viduals or entities (fundraisers) pursus organization.	ant to	agreer	ments under which th	ne fur	ndraiser is to	be
(i) Name and addres or entity (fund	s of individual	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (c	Amount paio or retained by fundraiser ted in col. (i)	(VI) Amount paid to (or retained by)
			Yes	No				
Total								
		n is registered or licensed to solicit c		utions	or has been notified	it is e	exempt from	registration

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

52 2023.04030 THE ASPEN INSTITUTE, INC. 192063_1 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			EZ, lines I and 6D. List ev	e 1				
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events			
	4	ANNUAL AWARDS			()			
		DINNER	SUMMER CELEBRATION	2	(add col. (a) through			
		(event type)	(event type)	(total number)	col. (c))			
Ine								
Revenue	1 Gross receipts	866,535.	406,880.	735,816.	2,009,231.			
۳		· · · · · ·						
	2 Less: Contributions	786,635.	372,080.	684,353.	1,843,068.			
	3 Gross income (line 1 minus line 2)	79,900.	34,800.	51,463.	166,163.			
	4 Cash prizes							
	5 Noncash prizes			33,304.	33,304.			
ses								
Direct Expenses	6 Rent/facility costs	90,473.	15,769.	47,083.	153,325.			
Ä								
ect	7 Food and beverages	114,644.	41,776.	48,123.	204,543.			
ā								
	8 Entertainment	80,348.	5,688.	46,154.	132,190.			
	9 Other direct expenses	581,070.	162,386.	104,812.	848,268.			
	10 Direct expense summary. Add lines 4 through	9 in column (d)			1,371,630.			
	11 Net income summary. Subtract line 10 from line 3, column (d)							
Pa	art III Gaming. Complete if the organization a	nswered "Yes" on Form	990, Part IV, line 19, or re	eported more than				

\$15,000 on Form 990-EZ, line 6a.

	. ,				
Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve					
	1 Gross revenue				
SS	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
Direct E	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	└── Yes % └── No	Yes %	Yes %	
	7 Direct expense summary. Add lines 2 through	5 in column (d)			
	8 Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Enter the state(s) in which the organization conduc	cts gaming activities:			
	Is the organization licensed to conduct gaming ac	tivities in each of these	states?		
ŭ	If "No," explain:				
	Were any of the organization's gaming licenses really If "Yes," explain:				Yes No
22200	 			Scho	dule G (Form 990) 2023
20200				Oche	

Schedule G (Form	990) 2023	THE ASPEN INSTITUTE	, INC.	84-0	399006	Page 3
11 Does the orga	anization conduct ga	ming activities with nonme	nbers?		Yes	No
			or a member of a partnership or other e			
to administer	charitable gaming?				Yes	No No
13 Indicate the p	percentage of gaming	g activity conducted in:				
a The organization	tion's facility				13a	%
					13b	%
14 Enter the nam	ne and address of the	e person who prepares the	organization's gaming/special events bo	ooks and records:		
Name						
A status a s						
Address						
15a Does the org	anization have a con	tract with a third party from	whom the organization receives gaming	revenue?	Yes	No No
b If "Yes " ente	r the amount of dam	ing revenue received by the	organization \$	and the amount		
	venue retained by the					
	r name and address					
,						
Name						
Address						
16 Gaming mana	ager information:					
Nama						
Name						
Gaming man	ager compensation	\$				
elanning main	igo: componication	÷				
Description o	f services provided					
Direct	or/officer	Employee	Independent contractor			
17 Mandatory di				1- 1-		
			e distributions from the gaming proceed		Yes	🗌 No
	te gaming license?		be distributed to other exempt organization			
		ies during the tax year		tions of spent in the		
			nations required by Part I, line 2b, colu	mns (iii) and (v); and Par	t III, lines 9,	9b, 10b,
			y additional information. See instruction		, ,	, ,
			-			
				0-11		000) 0000
332083 09-13-23			54	Sched	ule G (Form	əəu) 2023

THE ASPEN INSTITUTE, INC.

chedule G (Form 990) THE ASPEN INSTITUTE, INC.	84-0399006	Page
Part IV Supplemental Information (continued)		
	Schedule G (Fo	erm ۹
84 04-01-23		
55		

15381014 150872 192063

55 2023.04030 THE ASPEN INSTITUTE, INC. 192063_1

SCHEDULE I Grants and Other Assistance to Organizations, (Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							
Department of the Treasury Internal Revenue Service		Go to www.irs	Attach to Form a.gov/Form990 for		ation.		Open to Public Inspection
Name of the organization THE ASPEN INS	TITUTE, INC.						Employer identification number 84-0399006
Part I General Information on Grants a							
 Does the organization maintain records t criteria used to award the grants or assis Describe in Part IV the organization's pro- 	stance?	-			-		
Part II Grants and Other Assistance to I recipient that received more than S	Domestic Organiz	zations and Domestic	Governments. C	Complete if the org	anization answered "Y	es" on Form 990, Parl	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ZERO EMISSION MARITIME BUYERS ALLIANCE – 1015 15TH STREET, NW, SUITE 1000 – WASHINGTON, DC 20005	92-2453446	501(C)(3)	1,553,181.	0.			SUPPORT OPERATING ACTIVITIES
ITHAKA HARBORS INC 165 BROADWAY NEW YORK, NY 10006	13-3857105	501(C)(3)	1,134,374.	0.			AMERICAN TALENT INITIATIVE (ATI) GRANT
INTERNATIONAL RESEARCH & EXCHANGES BOARD INC - 1275 K STREET NW, SUITE 600 - WASHINGTON, DC 20005	22-3087809	501(C)(3)	1,020,705.	0.			STEVENS INITIATIVE VIRTUAL EXCHANGE PROGRAM
SOLIYA INC 261 MADISON AVENUE, 9TH FLOOR NEW YORK, NY 10016	32-0060209	501(C)(3)	951,334.	0.			STEVENS INITIATIVE VIRTUAL EXCHANGE PROGRAM
GLOBAL DEVELOPMENT INCUBATOR INC 1634 I STREET NW, SUITE 300 WASHINGTON, DC 20006	14-1945286	501(C)(3)	935,000.	0.			GLOBAL OPPORTUNITY YOUTH NETWORK (GOYN) GRANT
AFS INTERCULTURAL PROGRAMS, INC. 5 HANOVER SQUARE, SUITE 1402 NEW YORK, NY 10004	13-5596742	501(C)(3)	763,623.	0.			STEVENS INITIATIVE VIRTUAL EXCHANGE PROGRAM
2 Enter total number of section 501(c)(3) and							148.
3 Enter total number of other organizations	s listed in the line 1	I table					

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable
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82-5026325 501(C)(3)

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

(d) Amount of

CLEARPATH, INC.

518 C STREET NE, SUITE 300 WASHINGTON, DC 20002

organization or government		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
							GUATEMALA
POMONA IMPACT FOUNDATION							ENTREPRENEURSHIP
2678 NW 23RD WAY							DEVELOPMENT INITIATIVE
BOCA RATON, FL 33431	81-2867074	501(C)(3)	679,004.	0.			GRANT
IEARN INC							
475 RIVERSIDE DRIVE, SUITE 450							STEVENS INITIATIVE
NEW YORK, NY 10115	13-3782233	501(C)(3)	637,454.	0.			VIRTUAL EXCHANGE PROGRAM
EQUAL MEASURE							OPPORTUNITY YOUTH FORUM
520 WALNUT STREET, SUITE 1450							(OYF) ANNUAL ASSESSMENT
PHILADELPHIA, PA 19106	23-2694572	501(C)(3)	535,000.	0.			STIPEND
	23-2094372	501(0)(5)	555,000.	0.			
CRITERION INSTITUTE							
81 CHURCH HILL ROAD							
HADDAM, CT 06438	27-3458737	501(C)(3)	505,999.	0.			GENDER LENS INVESTING
AMARILLO COLLEGE FOUNDATION							
PO BOX 447							
AMARILLO, TX 79178	75-6029084	501(C)(3)	500,000.	Ο.			2023 ASPEN PRIZE WINNER
,,			,				
IMPERIAL COMMUNITY COLLEGE							
DISTRICT - 380 E. ATEN ROAD -							
IMPERIAL, CA 92251	95-6006350	501(C)(3)	500,000.	٥.			2023 ASPEN PRIZE WINNER
INSTITUTE OF INTERNATIONAL							
EDUCATION - ONE WORLD TRADE							
CENTER, 36TH FLOOR - NEW YORK, NY							STEVENS INITIATIVE
10007	13-1624046	501(C)(3)	485,339.	Ο.			VIRTUAL EXCHANGE PROGRAM
							ADVANCING RACIAL EQUITY
TEACHERS COLLEGE COLUMBIA							IN BACHELOR'S ATTAINMENT
UNIVERSITY - 525 W 120TH STREET,							THROUGH TRANSFER PROJECT
BOX 30 - NEW YORK, NY 10027	13-1624202	501(C)(3)	445,750.	0.			GRANT

Ο.

(e) Amount of

(f) Method of

(g) Description of

Schedule I (Form 990)

CLEARPATH AWARD

84-0399006

(h) Purpose of grant

380,000.

Schedule I (Form 990)	THE ASPE	EN INSTITUTE,	INC.
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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IMPACTASSETS INC							
4340 EAST WAY HIGHWAY							
BETHESDA, MD 20814	26-2048480	501(C)(3)	359,586.	0.			GENDER SMART INVESTING
MAPWORKS LEARNING							
6821 KINCAID AVENUE							STEVENS INITIATIVE
FALLS CHURCH, VA 22042	46-5120723	501(C)(3)	353,383.	0.			VIRTUAL EXCHANGE PROGRAM
WORLD LEARNING INC							
1 KIPLING ROAD, PO BOX 676							STEVENS INITIATIVE
BRATTLEBORO, VT 05302	03-0179592	501(C)(3)	346,790.	0.			VIRTUAL EXCHANGE PROGRAM
JOBS FOR THE FUTURE INC							
50 MILK STREET, 17TH FLOOR							TECHNICAL ASSISTANCE
BOSTON, MA 02109	06-1164568	501(C)(3)	333,500.	0.			AWARD
				· ·			GLOBAL OPPORTUNITY YOUTH
CHILDREN & NATURE NETWORK							NETWORK (GOYN) GRANT,
1611 COUNTY ROAD B WEST, SUITE 320							, STEVENS INITIATIVE
ROSEVILLE, MN 55113	14-1959018	501(C)(3)	303,251.	0.			VIRTUAL EXCHANGE PROGRAM
PARTNERS IN HEALTH							
800 BOYLSTON STREET, SUITE 300							
BOSTON, MA 02199	04-3567502	501(C)(3)	290,000.	0.			MOVE UP GLOBAL GRANT
RESEARCH FOUNDATION OF THE CITY	01 000,002	501(0)(5)					
UNIVERSITY OF NEW YORK - 230 WEST							
41ST STREET, 7TH FLOOR - NEW YORK,							STEVENS INITIATIVE
NY 10036	13-1988190	501(C)(3)	287,862.	0.			VIRTUAL EXCHANGE PROGRAM
NEW YORK ACADEMY OF SCIENCES							
1617 THIRD AVENUE, PO BOX 287146							STEVENS INITIATIVE
NEW YORK, NY 10128	13-1773640	501(C)(3)	243,156.	0.			VIRTUAL EXCHANGE PROGRAM
REGENTS OF THE UNIVERSITY OF							
CALIFORNIA - 1111 FRANKLIN SREET,							ATI ACCELERATING TRANSFE
10TH FLOOR - OAKLAND, CA 94607	94-3067788	501(0)(2)	230,000.	0.			GRANT

DEVELOPMENT CORPORATION - 301 EAST

PINE STREET, SUITE 174-A -

ORLANDO, FL 32801

1						
GLOBAL NOMADS GROUP INC						
132 NASSAU STREET, SUITE 822						STEVENS INITIATIVE
NEW YORK, NY 10038	75-2750127	501(C)(3)	219,329.	0.		VIRTUAL EXCHANGE PROGRAM
BOARD OF TRUSTEES OF THE LELAND						RELIGIOUS PLURALISM
STANFORD JUNIOR UNIVERSITY - 3145						FUNDERS CIRCLE (RPFC)
PORTER DRIVE - PALO ALTO, CA 94304	94-1156365	501(C)(3)	203,677.	0.		HONORARIUM
BOSTON PRIVATE INDUSTRY COUNCIL,						
INC 2 OLIVER STREET, 3RD FLOOR						DATA FOR IMPACT (D4I)
- BOSTON, MA 02109	04-2676661	501(C)(3)	200,000.	0.		GRANT
COMMUNITY CENTER FOR EDUCATION						
RESULTS - 707 S. GRADY WAY, SUITE						DATA FOR IMPACT (D4I)
600 - RENTON, WA 98057	27-1667560	501(C)(3)	200,000.	0.		GRANT
GEORGE MASON UNIVERSITY FOUNDATION						
INC - 4400 UNIVERSITY DRIVE, MSN						COLLEGE EXCELLENCE
<u>1A3 - FAIRFAX, VA 22030</u>	54-1603842	501(C)(3)	200,000.	0.		PROGRAM (CEP) AWARD
PHILADELPHIA YOUTH NETWORK INC						
400 MARKET STREET, SUITE 200	00 00001EE	E01(0)(2)	200,000	0		DATA FOR IMPACT (D4I)
PHILADELPHIA, PA 19106	23-2993155	501(C)(3)	200,000.	0.		GRANT
US CHAMBER OF COMMERCE FOUNDATION						STRENGTHENING EMPLOYER
1615 H STREET NW						JOB QUALITY: TPM
WASHINGTON, DC 20062	46-1561597	501(C)(3)	198,375.	0.		EXTENSION MODULE
BLACK BUSINESS COMMUNITY			100,075.			
						1

(d) Amount of

cash grant

225,000

(e) Amount of

noncash

assistance

0.

0.

(f) Method of

valuation

(book, FMV,

appraisal, other)

(g) Description of

non-cash assistance

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

(c) IRC section

if applicable

(b) EIN

38-3382353 501(C)(3)

59-3179911 501(C)(3)

THE ASPEN INSTITUTE, INC. Schedule I (Form 990)

(a) Name and address of

organization or government

100 MICHIGAN STREET NE, MC 004

COREWELL HEALTH

GRAND RAPIDS, MI 49503

84-0399006 Page 1

(h) Purpose of grant

or assistance

CRIMINAL JUSTICE REFORM

INITIATIVE (CJRI) AWARD

PROGRAM

Schedule I (Form 990)

SUPPORT COMMUNITY DEVELOPMENT FINANCIAL

INSTITUTIONS

190,000,

Schedule I (Form 990) THE ASPEN INST Part II Continuation of Grants and Other A	1	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990). Pa		84-0399006 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INSTITUTE CAPITAL INC							SUPPORT COMMUNITY
114 W PARRISH STREET							DEVELOPMENT FINANCIAL
DURHAM, NC 27702	56-2142717	501(C)(3)	190,000.	0.			INSTITUTIONS
NORTHERN GREAT LAKES INITIATIVES							
1401 PRESQUE ISLE AVENUE,							SUPPORT COMMUNITY
JACOBETTI SUITE 2 - MARQUETTE, MI							DEVELOPMENT FINANCIAL
49855	47-3130767	501(C)(3)	190,000.	0.			INSTITUTIONS
	1, 5156,67	501(0)(0)	150,000.				
FLORIDA INTERNATIONAL UNIVERSITY							
BOARD OF TRUSTEES - 11200 SW 8TH							STEVENS INITIATIVE
STREET CSC314 - MIAMI, FL 33199	65-0177616	501(C)(3)	188,649.	0.			VIRTUAL EXCHANGE PROGRAM
,				- •			INNOVATION FUND PLANNIN
ONE STAR JUSTICE ALLIANCE							PHASE AWARD, AUSTIN
3809 SOUTH 1ST							OPPORTUNITY YOUTH
AUSTIN, TX 78704	82-2345921	501(C)(3)	184,000.	0.			COLLABORATIVE (AOYC)
AMERICA-MIDEAST EDUCATIONAL &							
TRAINING SERVICES INC - 2025 M							
STREET NW, SUITE 600 - WASHINGTON,							STEVENS INITIATIVE
DC 20036	53-0243270	501(C)(3)	173,676.	0.			VIRTUAL EXCHANGE PROGRAM
EDUCATION FOR SHARING INC							
PO BOX 12981							STEVENS INITIATIVE
LA JOLLA, CA 92037	80-0934649	501(C)(3)	170,537.	0.			VIRTUAL EXCHANGE PROGRAM
,			,				GUATEMALA
IERCY CORPS							ENTREPRENEURSHIP
45 SW ANKENY STREET							DEVELOPMENT INITIATIVE
PORTLAND, OR 97204	91-1148123	501(C)(3)	170,172.	0.			GRANT
,			,				
BRIYA PUBLIC CHARTER SCHOOL							
2333 ONTARIO ROAD NW							2GEN BEST PRACTICES
WASHINGTON, DC 20009	20-4497716	501(C)(3)	170,000.	0.			ACCELERATOR FUND GRANT
FAMILYAID BOSTON, INC.							
3815 WASHINGTON STREET, SUITE #3							2GEN BEST PRACTICES
BOSTON, MA 12130	04-2105756	501(C)(3)	170,000.	٥.			ACCELERATOR FUND GRANT

MEDSTAR HEALTH RESEARCH INSTITUTE

8094 SANDPIPER CIRCLE NOTTINGHAM, MD 21236

			1			
1714 FRANKLIN STREET, SUITE 100-17	4					DEVELOPMENT FINANCIAL
OAKLAND, CA 94612	47-0898054	501(C)(3)	170,000.	Ο.		INSTITUTIONS
JEREMIAH PROGRAM						
615 1ST AVENUE NE, SUITE 210						2GEN BEST PRACTICES
MINNEAPOLIS, MN 55413	41-1801834	501(C)(3)	170,000.	Ο.		ACCELERATOR FUND GRANT
KANSAS ASSOCIATION OF CHILD CARE						
RESOURCE AND REFERRAL AGENCIES -						
1508 EAST IRON AVENUE - SALINA, KS						2GEN BEST PRACTICES
67401	48-1102008	501(C)(3)	170,000.	Ο.		ACCELERATOR FUND GRANT
SPRINGBOARD TO OPPORTUNITIES						
3000 OLD CANTON ROAD, SUITE 470						2GEN BEST PRACTICES
JACKSON, MS 39216	46-1917760	501(C)(3)	170,000.	0.		ACCELERATOR FUND GRANT
UNITED WAY OF SAN ANTONIO AND						
BEXAR COUNTY - 700 S ALAMO STREET						2GEN BEST PRACTICES
- SAN ANTONIO, TX 78205	74-1272381	501(C)(3)	170,000.	Ο.		ACCELERATOR FUND GRANT
UTEC INC						
17 WARREN STREET						2GEN BEST PRACTICES
LOWELL, MA 01852	38-3669532	501(C)(3)	170,000.	0.		ACCELERATOR FUND GRANT
VALLEY SETTLEMENT						
1901 GRAND AVENUE, SUITE 206						2GEN BEST PRACTICES
GLENWOOD SPRINGS, CO 81601	81-2401368	501(C)(3)	170,000.	0.		ACCELERATOR FUND GRANT
	1	1	1		1	1

(d) Amount of

cash grant

170,000

(e) Amount of

noncash

assistance

0.

0.

(f) Method of

valuation

(book, FMV,

appraisal, other)

(g) Description of

non-cash assistance

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

(c) IRC section

if applicable

(b) EIN

52-0820662 501(C)(3)

52-6056274 501(C)(3)

THE ASPEN INSTITUTE, INC. Schedule I (Form 990)

(a) Name and address of

organization or government

GARRETT COUNTY MD COMMUNITY ACTION COMMITTEE, INC - 104 EAST CENTER

STREET - OAKLAND, MD 21550

ICAFUND

84-0399006 Page 1

(h) Purpose of grant

or assistance

2GEN BEST PRACTICES

SUPPORT COMMUNITY

ACCELERATOR FUND GRANT

2GEN BEST PRACTICES

ACCELERATOR FUND GRANT

169,625.

Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	irt II.)	84-0399006 Pag
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO ENTERPRISE FUND 1888 SHERMAN STREET, SUITE 530 DENVER, CO 80203	84-0837398	501(C)(3)	167 500	0.			SUPPORT COMMUNITY DEVELOPMENT FINANCIAL INSTITUTIONS
DENVER, CO 80203	04-003/390	501(C)(3)	167,500.	0.			INSTITUTIONS
NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION - 700 CHILDRENS DRIVE -							2GEN BEST PRACTICES
COLUMBUS, OH 43205	31-1036370	501(C)(3)	166,439.	0.			ACCELERATOR FUND GRANT
CLIMB 1709 CAREY AVENUE CHEYENNE, WY 82001	20-1523033	501(C)(3)	165,000.	0.			2GEN BEST PRACTICES ACCELERATOR FUND GRANT
COASTAL ENTERPRISES INC 30 FEDERAL STREET, SUITE 100	01-0347504	501(0)(2)	164,800.	0.			SUPPORT COMMUNITY DEVELOPMENT FINANCIAL INSTITUTIONS
BRUNSWICK, ME 04011 JUSTINE PETERSEN HOUSING AND	01-0347504	501(C)(3)	164,000.	0.			INSTITUTIONS
REINVESTMENT CORPORATION - 1023 N GRAND BOULEVARD - SAINT LOUIS, MO 63106	43-1769074	501(C)(3)	160,000.	0.			SUPPORT COMMUNITY DEVELOPMENT FINANCIAL INSTITUTIONS
NEW MOMS, INC. 5317 W CHICAGO AVENUE CHICAGO, IL 60651	36-3265804	501(C)(3)	154,330.	0.			2GEN BEST PRACTICES ACCELERATOR FUND GRANT
COLORADO YOUTH FOR A CHANGE 1390 LAWRENCE STREET, SUITE 200 DENVER, CO 80204	20-2501002	501(C)(3)	150,000.	0.			BELONGING, MEANING, WELLBEING, AND PURPOSE (BMWP) AWARD
LIFT, INC 999 NORTH CAPITOL STREET NE, SUITE WASHINGTON, DC 20002	52-2168409	501(C)(3)	150,000.	0.			2GEN BEST PRACTICES ACCELERATOR FUND GRANT
LOS ALAMOS NATIONAL LABORATORY FOUNDATION - 1112 PLAZA DEL NORTE - ESPANOLA, NM 87532	74-2853972		150,000.	0.			OPPORTUNITY YOUTH FORUM (OYF) AND IMPA - IMPACT FUND GRANTS

Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	84-0399006 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARTNERS IN DEVELOPMENT FOUNDATION 2040 BACHELOT STREET							BELONGING, MEANING,
HONOLULU, HI 96817	94-3271325	501(C)(3)	150,000.	0.			WELLBEING, AND PURPOSE (BMWP) AWARD
	51 52,1525	501(0)(0)	130,000.				SUPPORT OF THE GUATEMAL
PRO MUJER INC							ENTREPRENEURSHIP
1515 MADISON AVENUE, 8TH FLOOR							DEVELOPMENT INITIATIVE
NEW YORK, NY 10022	98-0115409	501(C)(3)	150,000.	0.			(GEDI)
GLOBAL TIES US							
1250 H STREET NW, SUITE 305							STEVENS INITIATIVE
WASHINGTON, DC 20005	52-0848094	501(C)(3)	146,438.	0.			VIRTUAL EXCHANGE PROGRAM
MICRO ENTERPRISE SERVICES OF							SUPPORT COMMUNITY
OREGON - 4008 NE MLK JR BOULEVARD	20-4379510	501(C)(2)	145,000.	0.			DEVELOPMENT FINANCIAL INSTITUTIONS
- PORTLAND, OR 97212	20-4379510	501(0)(3)	145,000.	0.			
FUND FOR PUBLIC SCHOOLS, INC.							
52 CHAMBERS STREET, ROOM 305							
NEW YORK, NY 10007	11-2656137	501(C)(3)	142,978.	0.			AC BROOKLYN GRANT
GAMES FOR CHANGE INC							
PO BOX 770699							STEVENS INITIATIVE
WOODSIDE, NY 11377	26-2623362	501(C)(3)	130,217.	0.			VIRTUAL EXCHANGE PROGRAM
CALIFORNIA FARMLINK							SUPPORT COMMUNITY
335 SPRECKELS DRIVE, SUITE F	04 2222620	E01(0)(2)	120.000	0			DEVELOPMENT FINANCIAL
APTOS, CA 95003	94-3332630	501(C)(3)	130,000.	0.			INSTITUTIONS
KIND FOUNDATION INC							
PO BOX 705, MIDTOWN STATION							STEVENS INITIATIVE
NEW YORK, NY 10018	81-0856748	501(C)(3)	128,214.	0.			VIRTUAL EXCHANGE PROGRAM
· · · ·		,					
PLUGGED IN BAND PROGRAM INC							
40 FREEMAN PLACE							STEVENS INITIATIVE
NEEDHAM, MA 02492	65-1195693	501(C)(3)	122,441.	Ο.			VIRTUAL EXCHANGE PROGRAM

Part II Continuation of Grants and Other A		1					
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CULTURINGUA							
8920 JOHN BARRETT DRIVE							STEVENS INITIATIVE
SAN ANTONIO, TX 78240	84-1940407	501(C)(3)	121,361.	0.			VIRTUAL EXCHANGE PROGRAM
NEW SCHOOLS FOR NEW ORLEANS INC							
1555 POYDRAS STREET, SUITE 781							ASPEN CHALLENGE 2023
NEW ORLEANS, LA 70112	02-0773717	501(C)(3)	113,935.	0.			GRANT
TEXAS NETWORK OF YOUTH SERVICES							TEXAS EMEDGING LEADEDS
INC - PO BOX 26855 - AUSTIN, TX 78755	75-1791374	501(C)(3)	104,318.	0.			TEXAS EMERGING LEADERS BOARD (TELB) GRANT
78755	/5-1/915/4	501(C)(3)	104,518.	υ.			BOARD (IELB) GRANI
AFRICAN DEVELOPMENT CENTER							SUPPORT COMMUNITY
1931 5TH STREET SOUTH							DEVELOPMENT FINANCIAL
MINNEAPOLIS, MN 55454	20-0553370	501(C)(3)	100,000.	0.			INSTITUTIONS
NARRATIVE NATION, INC.							
48 LONGSHORE STREET							IMPA - 2022 FELLOWS
BAY SHORE, NY 11706	82-3760872	501(C)(3)	95,000.	0.			IMPACT FUND GRANT
NATIONAL LEAGUE OF CITIES							
INSTITUTE INC - 660 N CAPITOL STREET NW, SUITE 450 - WASHINGTON,							IMPA - 2022 FELLOWS
DC 20001	52-6055762	501(C)(3)	91,000.	0.			IMPA - 2022 FELLOWS IMPACT FUND GRANT
	52 0055702	501(0)(3)	51,000.				
SOCIAL VENTURE PARTNERS TUCSON							
5049 EAST BROADWAY BOULEVARD, SUITE	2						IMPA - 2022 FELLOWS
TUCSON, AZ 85711	82-2964855	501(C)(3)	90,000.	Ο.			IMPACT FUND GRANT
							INNOVATION FUND PLANNING
AMERICAN YOUTH WORKS							PHASE AWARD, OPPORTUNITY
1901 E BEN WHITE BOULEVARD							YOUTH FORUM (OYF)
AUSTIN, TX 78741	74-2197942	501(C)(3)	85,000.	0.			HONORARIUM
CATHOLIC UNIVERSITY OF AMERICA							
620 MICHIGAN AVENUE NE, LEAHY HALL							POLITICS OF VULNERABILIT
WASHINGTON, DC 20064	53-0196583	501(C)(3)	84,671.	Ο.			PROJECT

Schedule I (Form 990) THE ASPEN INSTITUTE, INC.

84-0399006 Page 1

Part II Continuation of Grants and Other A	, .	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990). Pa	rt II.)	Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLIANCE OF COMMUNITY ASSISTANCE							
MINISTRIES INC - 710 N POST OAK							
ROAD, SUITE 210 - HOUSTON, TX							INNOVATION FUND PLANNING
77024	27-5410988	501(C)(3)	84,000.	0.			PHASE AWARD
							INNOVATION FUND AND TEXAS
BIG BROTHERS BIG SISTERS OF EL							OPPORTUNITY YOUTH FORUM
PASO INC - 1724 WYOMING AVENUE -							(TOYF) PLANNING PHASE
EL PASO, TX 79902	74-1970973	501(C)(3)	84,000.	0.			AWARDS
CITIZENS FOR EDUCATIONAL							
EXCELLENCE INC - PO BOX 261125 -							INNOVATION FUND PLANNING
CORPUS CHRISTI, TX 78426	75-3137924	501(C)(3)	84,000.	0.			PHASE AWARD
RESTORE EDUCATION INC							
PO BOX 692338							INNOVATION FUND PLANNING
SAN ANTONIO, TX 78269	26-2966263	501(C)(3)	84,000.	0.			PHASE AWARD
TEXAS INTERNATIONAL EDUCATION							
CONSORTIUM - 1103 W 24TH STREET -							STEVENS INITIATIVE
AUSTIN, TX 78705	74-2383582	501(C)(3)	81,734.	0.			VIRTUAL EXCHANGE PROGRAM
WILLIAM DAVIDSON INSTITUTE AT THE							
UNIVERSITY OF MICHIGAN - 724 E							
UNIVERSITY AVENUE, WYLY HALL,							STEVENS INITIATIVE
FLOOR 1 - ANN ARBOR, MI 48109	38-3048086	501(C)(3)	81,470.	0.			VIRTUAL EXCHANGE PROGRAM
MILLENNIAL ACTION PROJECT							
1701 RHODE ISLAND AVENUE NW							IMPA - 2022 FELLOWS
WASHINGTON, DC 20036	47-2802851	501(0)(3)	79,500.	0.			IMPACT FUND GRANT
ADDITINGTON, DC 20030	47 2002051	501(0/(3/	15,500.	0.			IMIACI FOND GRANI
EL PASO INDEPENDENT SCHOOL							
DISTRICT - PO BOX 20500 - EL PASO							POSTSECONDARY LEADERSHIP
тх 79998	74-6000769	gov'T	75,000.	0.			ACTIVATION FUND GRANT
HUMAN RESOURCE DEVELOPMENT COUNCIL							BELONGING, MEANING,
OF DISTRICT IX INC - 32 S TRACY							WELLBEING, AND PURPOSE
AVENUE - BOZEMAN, MT 59715	81-0350886	501(C)(3)	75,000.	0.			(BMWP) AWARD

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LONG BEACH CITY COLLEGE 4901 EAST CARSON STREET, Y-14 LONG BEACH, CA 90808	95-2654140	501(C)(3)	75,000.	0.			POSTSECONDARY LEADERSHIP ACTIVATION FUND GRANT
LOS ANGELES COMMUNITY COLLEGE DISTRICT - 770 WILSHIRE BOULEVARD - LOS ANGELES, CA 90017	42-1252620	501(C)(3)	75,000.	0.			POSTSECONDARY LEADERSHIF ACTIVATION FUND GRANT
MONTGOMERY COLLEGE FOUNDATION INC 9221 CORPORATE BOULEVARD ROCKVILLE, MD 20850	52-1267008	501(C)(3)	75,000.	0.			POSTSECONDARY LEADERSHIP ACTIVATION FUND GRANT
MYPATH 2430 MISSION STREET SAN FRANCISCO, CA 94110	94-3098928	501(C)(3)	75,000.	0.			OPPORTUNITY YOUTH FORUM (OYF) GRANT
SOURCE GLOBAL, PBC 1465 N SCOTTSDALE ROAD SCOTTSDALE, AZ 85257	47-2200450	N/A	75,000.	0.			MCNULTY PRIZE WINNER
WE GOT US NOW, INC 228 PARK AVENUE S, PMB 83277 NEW YORK, NY 10003	36-4819384	501(C)(3)	75,000.	0.			ASCEND FELLOWSHIP IMPACT FUND GRANT
SAN AUGUSTINE INDEPENDENT SCHOOL DISTRICT – 1002 BARRETT STREET – SAN AUGUSTINE, TX 75972	75-6002410	gov'ī	74,000.	0.			INNOVATION FUND PLANNING PHASE AWARD, OPPORTUNITY YOUTH FORUM (OYF) GRANT
JASPER INDEPENDENT SCHOOL DISTRICT 128 PARK STREET JASPER, TX 75951	74-6001456	gov't	66,000.	0.			OPPORTUNITY YOUTH FORUM (OYF) DATA ENHANCEMENT GRANT
MISSOURI STATE UNIVERSITY 901 S NATIONAL AVENUE SPRINGFIELD, MO 65897	44-6000308	501(C)(3)	61,178.	0.			STEVENS INITIATIVE VIRTUAL EXCHANGE PROGRAM

Schedule I (Form 990)	THE ASPEN	INSTITUTE,	INC.
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(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(6)	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
HEART OF TEXAS BEHAVIORAL HEALTH							
NETWORK - PO BOX 890 - WACO, TX 76703	74-1622958	۲ ۲ ۲	60,000.	0.			INNOVATION FUND PLANNING PHASE AWARD
78785	74-1022950	307 1		0.			FIASE AWARD
SEATTLE UNIVERSITY							
901 12TH AVENUE	01 05 55 00 5	F01 (a) (2)	57.000				STEVENS INITIATIVE
SEATTLE, WA 98122	91-0565006	501(C)(3)	57,980.	0.			VIRTUAL EXCHANGE PROGRAM
TIDEPOOL PROJECT							NONPROFIT FELLOWSHIP
555 BRYANT STREET, BOX 429							PARTICIPATION AND
PALO ALTO, CA 94301	46-2302287	501(C)(3)	56,500.	0.			HONORARIUM
EMPOWER MT							BELONGING, MEANING,
2300 REGENT STREET, SUITE 101							WELLBEING, AND PURPOSE
MISSOULA, MT 59801	81-0526099	501(C)(3)	50,000.	0.			(BMWP) AWARD
OHIO STATE UNIVERSITY							
901 WOODY HAYES BOULEVARD							KESSLER SCHOLARS COLLAB
COLUMBUS, OH 43210	31-6025986	501(C)(1)	50,000.	0.			GRANT
TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 622 WEST							
113TH STREET - NEW YORK, NY 10025	13-5598093	501(C)(3)	50,000.	Ο.			FFEI – IMPACT FUND GRANT
WORLD RESOURCES INSTITUTE							
10 G STREET NE, SUITE 800	52-1257057	F01(0)(2)	E0.000	0.			TRACK II US-INDIA DIALOGUE AWARD
WASHINGTON, DC 20002	52-1257057	501(0)(5)	50,000.	0.			DIALOGUE AWARD
WORLD WIDE SCHOLASTIC ESPORTS							
FOUNDATION INC - 1428 TUGALOO							STEVENS INITIATIVE
DRIVE NE - BROOKHAVEN, GA 30319	85-3869024	501(C)(3)	48,162.	0.			VIRTUAL EXCHANGE PROGRAM
FIDES CENTER							OPPORTUNITY YOUTH FORUM
1012 TORNEY AVENUE							(OYF) HONORARIUM, IMPA -
SAN FRANCISCO, CA 94129	94-3213100	501(C)(3)	47,500.	Ο.			IMPACT FUND GRANT

Schedule I (Form 990) THE ASPEN INS Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	art II.)	84-0399006 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KISSAQ KINGIKMIURAGUQTUAT							
709 WINTER HAVEN STREET							IMPA - 2022 FELLOWS
ANCHORAGE, AK 99504	92-0448891	501(C)(3)	35,000.	0.			IMPACT FUND GRANT
KOCHAI BOOKS INC							
3215 TREASURE ISLAND ROAD							2023 ASPEN WORDS LITERAR
WEST SACRAMENTO, CA 95691	82-3842413	N/A	35,000.	0.			PRIZE (AWLP) WINNER
ONEAMERICA							
1225 S WELLER STREET, #430							IMPA - 2022 FELLOWS
SEATTLE, WA 98144	20-0384893	501(C)(3)	32,000.	0.			IMPACT FUND GRANT
,				••			TO PROVIDE ADVOCACY AND
SHINING HOPE FOR COMMUNITIES INC							COMMUNITY ORGANIZATION
175 VARICK STREET, 6TH FLOOR							AROUND COVID-19
NEW YORK, NY 10014	27-1493201	501(C)(3)	30,000.	0.			PREVENTION AND VACCINES
WILKES COUNTY NC							
6598 BOONE TRAIL	56-6001133	0.017 ['] m	30.000	0.			2022 NITIVES NEAVED ANADD
MILLERS CREEK, NC 28651	50-0001133	GOV T	30,000.	0.			2023 WILKES WEAVER AWARD GLOBAL OPPORTUNITY YOUTH
LOCAL INITIATIVES SUPPORT							NETWORK (GOYN) AND
CORPORATION - 28 LIBERTY STREET,							OPPORTUNITY YOUTH FORUM
34TH FLOOR - NEW YORK, NY 10005	13-3030229	501(C)(3)	27,400.	0.			(OYF) GRANTS
	10 0000220	501(0)(0)	27,100.	••			
ROSE WOMEN'S FOUNDATION							
22 SANDALFOOT COURT							SUPPORT FOR WOMEN
POTOMAC, MD 20854	82-4390107	501(C)(3)	27,225.	0.			MICRO-ENTERPRISES
							OPPORTUNITY YOUTH FORUM
HUMBOLDT AREA FOUNDATION							(OYF) DATA ENHANCEMENT
990 FRONT STREET							GRANT AND VISIT
CRESCENT, CA 95546	23-7310660	501(C)(3)	26,000.	0.			HONORARIUM
LAGUANA COMMUNITY FOUNDATION							TO SUPPORT PARTICIPATION
PO BOX 62							IN OPPORTUNITY YOUTH
LAGUANA, NM 87026	46-0990639	501(C)(3)	25,000.	0.			FORUM

Schedule I (Form 990) THE ASPEN INSTITUTE, INC.

84-0399006 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEXICAN AMERICAN CHAMBER OF							
COMMERCE - 222 MERCHANDISE MART							
PLAZA, SUITE 1212 - CHICAGO, IL 60654	36-3778777	501(C)(6)	25,000.	0.			IHCC CORAMA PLATFORM
		501(0)(0)		••			
MIAMI FOUNDATION INC							
40 NW 3RD STREET, SUITE 305							CITY LEARNING AND ACTION
MIAMI, FL 33128	65-0350357	501(C)(3)	25,000.	0.			LAB
MONTANA HIGHER EDUCATION STUDENT							BELONGING, MEANING,
ASSISTANCE CORPORATION - PO BOX							WELLBEING, AND PURPOSE
5209 - HELENA, MT 59604	81-0393527	501(C)(3)	25,000.	0.			(BMWP) AWARD
WESTSIDE DEVELOPMENT CORPORATION							
610 SW 41ST STREET							
SAN ANTONIO, TX 78237	38-3765724	N/A	25,000.	0.			NAVIGATOR PROGRAM
AMARILLO AREA FOUNDATION INC							
801 S FILMORE, SUITE 700							INNOVATION FUND PLANNING
AMARILLO, TX 79101	75-0978220	501(C)(3)	24,000.	0.			PHASE AWARD
GREATER WACO COLLECTIVE IMPACT							TNNOVARION FUND DI ANNING
INITIATIVE – 1105 WOODED ACRES DRIVE, SUITE 400 – WACO, TX 76710	46-5714986	501(C)(3)	24,000.	0.			INNOVATION FUND PLANNING PHASE AWARD
54141, 55111 400 WACO, 18 /0/10	40 3714900	501(0)(3)	24,000.				
UNIVERSITY OF TEXAS AT EL PASO							
500 W UNIVERSITY AVENUE							INNOVATION FUND
EL PASO, TX 79968	74-6000813	501(C)(3)	24,000.	0.			SUPPLEMENTAL AWARD
VILCAP INC							
VILCAP INC 1101 K STREET NW, SUITE 920							ADVANCING WOMEN'S
WASHINGTON, DC 20005	27-4059343	501(C)(3)	22,098.	0.			EMPOWERMENT CATALYST FUNI
,			, , , , , , , , , , , , , , , , , , , ,				
ARIZONA STATE UNIVERSITY							
PO BOX 876011							STEVENS INITIATIVE
TEMPE, AZ 85287	86-0196696	501(C)(3)	20,677.	Ο.		1	VIRTUAL EXCHANGE PROGRAM

Part II Continuation of Grants and Other A							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AEQUITAS HEALTH							
908 S. BUCKEYE AVENUE							MCNULTY PRIZE CATALYST
SIOUX FALLS, SD 57110	86-1852003	501(C)(3)	20,000.	0.			FUNDING
CENTER FOR AMERICAN PROGRESS							
1333 H STREET NW, 10TH FLOOR							TRACK II US-INDIA
WASHINGTON, DC 20016	30-0126510	501(C)(3)	20,000.	0.			DIALOGUE PARTNERSHIP
FINPUBLICA, INC.							
70 HOLLYWOOD DRIVE							ADAM WASSERMAN'S SPARK
HASTINGS ON HUDSON, NY 10706	92-0703540	501(C)(3)	20,000.	Ο.			GRANT AWARD 2023
,			,				
HEAR FOUNDATION							
200 S. LINDEN AVENUE							
PITTSBURGH, PA 15208	88-1887320	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
PROCURE IMPACT							
2709 WOOLLEY PLACE							LAUREN MCCANN'S SPARK
FALLS CHURCH, VA 22046	92-3508063	N/A	20,000.	Ο.			GRANT AWARD 2023
,			,				
RECONSTRUCTION US, INC							
1283 TUNICA STREET, BOX 80160							
MEMPHIS, TN 38108	85-0672416	N/A	20,000.	0.			PROGRAM SUPPORT
ONSLOW COUNTY PUBLIC SCHOOLS							
200 BROADHURST ROAD							STEVENS INITIATIVE
JACKSONVILLE, NC 28540	56-6001089	GOV ' T	19,231.	Ο.			VIRTUAL EXCHANGE PROGRAM
	50 0001005		19,201.				
SMITHSONIAN INSTITUTION							
PO BOX 37012, MRC 1205							STEVENS INITIATIVE
WASHINGTON, DC 20013	53-0206027	501(C)(3)	18,065.	0.			VIRTUAL EXCHANGE PROGRAM
DENVER WORLD AFFAIRS COUNCIL							
3607 MARTIN LUTHER KING JR BOULEVA	R						STEVENS INITIATIVE
DENVER, CO 80205	45-4346778	501(C)(3)	13,185.	Ο.			VIRTUAL EXCHANGE PROGRA

CONNECT TO COMPETE, INC.

LOS ANGELES, CA 90015

714 W OLYMPIC BOULEVARD, SUITE 924

······ · · · · · · · · · · · · · · · ·			,			
CHEYENNE RIVER YOUTH PROJECT INC						
PO BOX 410						SUPPORT FRESH TRACKS
EAGLE BUTTE, SD 57625	46-0423106	501(C)(3)	10,000.	0.		INITIATIVE
	10 0120100	501(0)(0)	10,000.			
GOOD JOBS INSTITUTE						
104 MT AUBURN STREET, 5F						ECONOMIC OPPORTUNITIES
CAMBRIDGE, MA 02138	82-0730634	501(C)(3)	10,000.	0.		PROGRAM (EOP) GRANT
· · · · · · · · · · · · · · · · · · ·						
HOOPA TRIBAL EDUCATION ASSOCIATION	ſ					TO SUPPORT YOUTH
PO BOX 1348						ATTENDANCE AT THE
HOOPA, CA 95546	94-1477040	TRIBAL UNIV.	10,000.	0.		OPPORTUNITY YOUTH FORUM
ACHIEVING THE DREAM, INC.						RELIGIOUS PLURALISM
8483 GEORGIA AVENUE, SUITE 500						FUNDERS CIRCLE (RPFC)
SILVER SPRING, MD 20910	27-1635830	501(C)(3)	9,500.	0.		HONORARIUM
						BRAVE HEART FELLOWSHIP
JENNA MAKES GOOD						STIPEND, DEMOCRACY IS
1111 NELSON STREET						INDIGENOUS PROJECT
HOMINY, OK 74035	50-2276305	N/A	8,500.	0.		SUPPORT AWARD
BUSTELO SOLUTIONS INC						
5644 N. BOSTON AVENUE						ACCELERATOR PROGRAM
PORTLAND, OR 97217	84-3305704	N/A	8,000.	0.		HONORARIUM
VERITAS GLOBAL ADVISORS LLC						
1117 11TH SREET, APT 7		NT ()				ACCELERATOR PROGRAM
SANTA MONICA, CA 90403	82-2863686	N/A	8,000.	0.		HONORARIUM
						2023 DIGITAL EQUITY

(d) Amount of

cash grant

12,000.

(e) Amount of

noncash

assistance

Ο.

(f) Method of

valuation

(book, FMV,

appraisal, other)

(g) Description of

non-cash assistance

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

(c) IRC section

if applicable

(b) EIN

26-4158944 N/A

45-4868462 501(C)(3)

THE ASPEN INSTITUTE, INC. Schedule I (Form 990)

(a) Name and address of

organization or government

4653 CARMEL MOUNTAIN ROAD, SUITE 30

MARCHITECTURE

SAN DIEGO, CA 92130

84-0399006

(h) Purpose of grant

or assistance

ACCELERATOR PROGRAM

HONORARIUM

ACCELERATOR HONORARIUM,

Schedule I (Form 990)

NONPROFIT FELLOWSHIP

PARTICIPATION

7,000,

0.

Schedule I (Form 990) THE ASPEN INST	,						84-0399006 Pag
Part II Continuation of Grants and Other A				vernments (Sche		rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DATAKIND, INC							
271 CADMAN PLZ E, UNIT 24554							NONPROFIT FELLOWSHIP
BROOKLYN, NY 11202	46-4082076	501(C)(3)	6,750.	0.			PARTICIPATION
G CODE INC							
43 HUTCHINGS STREET							NONPROFIT FELLOWSHIP
	84-4207656	F(1/a)/2	6,750.	0.			PARTICIPATION
BOSTON, MA 02121	84-4207656	501(C)(3)	6,750.	0.			PARTICIPATION
LAND INSTITUTE							
2440 E WATER WELL ROAD							NONPROFIT FELLOWSHIP
SALINA, KS 67401	48-0842156	501(C)(3)	6,750.	0.			PARTICIPATION
NORMER GIDE HOUGING GENMED							
NORWEST SIDE HOUSING CENTER 5233 WEST DIVERSEY							NONPROFIT FELLOWSHIP
	20-1413891	501(c)(3)	6 750	0.			PARTICIPATION
CHICAGO, IL 60639	20-1413891	501(C)(5)	6,750.	0.			PARTICIPATION
NPOWER INC.							
55 WASHINGTON STREET, SUITE 560							NONPROFIT FELLOWSHIP
BROOKLYN, NY 11201	13-4145441	501(C)(3)	6,750.	0.			PARTICIPATION
PACIFIC PEERING CONSERVANCY INC							
2288 GLENMORE TERRACE							NONPROFIT FELLOWSHIP
ROCKVILLE, MD 20850	93-2751274	N/A	6,750.	0.			PARTICIPATION
	55 1751171		0,100.	.			
ROCHESTER INSTITUTE OF TECHNOLOGY							
7 LOMB MEMORIAL DRIVE							NONPROFIT FELLOWSHIP
ROCHESTER, NY 14623	16-0743140	501(C)(3)	6,750.	0.			PARTICIPATION
FECH INTEGRITY INSTITUTE							
.47 WITHERS STREET, APT. R							NONPROFIT FELLOWSHIP
BROOKLYN, NY 11211	87-2867555	501(C)(3)	6,750.	0.			PARTICIPATION
	2007555		0,,50.				OPPORTUNITY YOUTH FORU
AY AREA COMMUNITY RESOURCES INC							(OYF) ANNUAL ASSESSMEN
.71 CARLOS DRIVE							STIPEND AND TRAVEL
SAN RAFAEL, CA 94903	94-2346815	501(C)(3)	6,500.	0.			SUPPORT GRANT

84-0399006 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							OPPORTUNITY YOUTH FORUM
CAPITAL WORKFORCE PARTNERS INC							(OYF) ANNUAL ASSESSMENT
ONE UNION PLACE							STIPEND AND TRAVEL
HARTFORD, CT 06103	06-1013293	501(C)(3)	6,500.	0.			SUPPORT GRANT
							OPPORTUNITY YOUTH FORUM
COMMUNITY FOUNDATION FOR GREATER							(OYF) ANNUAL ASSESSMENT
BUFFALO INC - 726 EXCHANGE STREET,							STIPEND AND TRAVEL
SUITE 525 - BUFFALO, NY 14210	22-2743917	501(C)(3)	6,500.	0.			SUPPORT GRANT
							OPPORTUNITY YOUTH FORUM
DETROIT EMPLOYMENT SOLUTIONS							(OYF) ANNUAL ASSESSMENT
CORPORATION - 115 ERSKINE, 2ND							STIPEND AND LEARNING
FLOOR - DETROIT, MI 48201	38-3353746	501(C)(3)	6,500.	0.			GRANT FOR DETROIT
EDUDREAM							
227 W MONROE STREET, SUITE 2100							NONPROFIT FELLOWSHIP
CHICAGO, IL 60606	81-2532495	N/A	6,500.	0.			PARTICIPATION
							OPPORTUNITY YOUTH FORUM
UNIVERSITY OF MAINE SYSTEM INC							(OYF) ANNUAL ASSESSMENT
96 FALMOUTH STREET, PO BOX 9300							STIPEND AND TRAVEL
PORTLAND, ME 04104	01-6000769	501(C)(3)	6,500.	0.			SUPPORT GRANT
							OPPORTUNITY YOUTH FORUM
URBAN STRATEGIES COUNCIL							(OYF) ANNUAL ASSESSMENT
2323 BROADWAY, SUITE 103							STIPEND AND LEARNING
OAKLAND, CA 94612	94-3044453	501(C)(3)	6,500.	0.			PARTNER GRANT
URBAN CODERS GUILD							
1037 WEST 63RD STREET NORTH	00 00000000	F01 (a) ())	6 285	0			NONPROFIT FELLOWSHIP
TULSA, OK 74126	82-2797562	501(C)(3)	6,375.	0.			PARTICIPATION
PARKER INSTITUTE FOR CANCER							
IMMUNOTHERAPY - 1 LETTERMAN DRIVE							NONPROFIT FELLOWSHIP
D3500 - SAN FRANCISCO, CA 94129	47-3355381	501(C)(3)	6,000.	0.			PARTICIPATION
55500 - SAN FRANCISCO, CA 54125	#/-220220T	501(0/(5/	0,000.	0.			TANITOIRATION
MDC INC							COMMUNITY STRATEGIES
307 WEST MAIN STREET							GROUP (CSG) 2023 RARE AND
DURHAM, NC 27701	56-0894222	501(C)(3)	5,500.	0.			TRALE HONORARIUM

Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OMMUNITIES UNLIMITED INC							COMMUNITY STRATEGIES
EAST COLT SQUARE DRIVE							GROUP (CSG) 2023 RARE AN
AYETTEVILLE, AR 72703	71-0464321	501(C)(3)	5,250.	0.			TRALE HONORARIUM
ALLOWA RESOURCES INC							COMMUNITY STRATEGIES
01 NE 1ST STREET, SUITE A							GROUP (CSG) 2023 TRALE
NTERPRISE, OR 97828	91-1794627	501(C)(3)	5,250.	0.			HONORARIUM

Schedule I (Form 990)

Schedule I (Form 990) 2023 THE ASPEN

THE ASPEN INSTITUTE, INC.

84-0399006

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
IONORARIA	373	665,829.	0.		
EVENT PARTICIPATION STIPEND	101	170,415.	٥.		
WARDS	49	278,581.	0.		
MANDO	49	270,501.			
Part IV Supplemental Information. Provide the information	required in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
ART I, LINE 2:					
HE INSTITUTE PERIODICALLY ENGAGES OTHER ENTITIE	S TO FURTHER TH	E OBJECTIVES			
ET FORTH IN OUR GRANT AGREEMENTS. THIS IS TYPIC	ALLY DONE VIA S	UB-AWARDS OR			
E-GRANTS THAT RUN CONCURRENTLY WITH THE PRIME A	WARD IN WHICH T	'HE SUB			
ECIPIENTS ARE ADVISED OF ALL APPLICABLE LAWS AN	D REGULATIONS,	AND ALL			
APPROPRIATE FLOW-DOWN PROVISIONS FROM THE PRIME	AGREEMENT. ALL	SUB GRANTEES			
R SERVICE PROVIDERS MUST ALSO CERTIFY THAT IT D	OES NOT AND WIL	L NOT			
NOWINGLY PROVIDE MATERIAL SUPPORT OR RESOURCES	TO ANY INDIVIDI	IAL OR ENTITY			

KNOWINGLY PROVIDE MATERIAL SUPPORT OR RESOURCES TO ANY INDIVIDUAL OR ENTITY

INVOLVED WITH TERRORISM (INCLUDING ANY INDIVIDUALS ENTITIES OR GROUPS

Part IV Supplemental Information subject to ofac sanctions) or to anyone who acts as an agent for such an

INDIVIDUAL OR ENTITY, ANY VIOLATION OF THIS CERTIFICATION MUST BE GROUNDS

FOR IMMEDIATE TERMINATION OF THE LETTER OF AGREEMENT AND RETURN OF ALL

GRANT FUNDS.

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

DETERMINED JOINTLY BY THE RESPONSIBLE PROGRAM MANAGER AND RESPECTIVE GRANT

ADMINISTRATOR/FINANCIAL ANALYST. THIS INCLUDES THE ROUTINE RECEIPT AND

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

BUDGET, THE OPTION TO PERFORM AUDITS, AND ALLOWS FOR THE PERFORMANCE OF

SITE VISITS IF NECESSARY. THE INSTITUTE IS NOTIFIED WHENEVER PROBLEMS

DELAYS OR OTHER CONDITIONS DEVELOP WHICH WOULD HAVE SIGNIFICANT IMPACT UPON

THE PROJECT. BUDGET REVISIONS ARE ALLOWED WITHIN THE PARAMETERS SET FORTH

IN EACH SUB AWARD. THE PAYMENT SCHEDULE AND THE DEGREE OF FLEXIBILITY

OFFERED MAY DEPEND ON PREVIOUS EXPERIENCE WITH THE RECIPIENT, THE DEGREE OF

EXTERNAL OVERSIGHT BY OTHER PARTIES, AND THE SOPHISTICATION OF THE

RECIPIENT'S ADMINISTRATIVE SYSTEMS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: LONE STAR JUSTICE ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: INNOVATION FUND PLANNING PHASE

AWARD, AUSTIN OPPORTUNITY YOUTH COLLABORATIVE (AOYC) GRANT

NAME OF ORGANIZATION OR GOVERNMENT: SHINING HOPE FOR COMMUNITIES INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE ADVOCACY AND COMMUNITY

ORGANIZATION AROUND COVID-19 PREVENTION AND VACCINES AWARENESS

NAME OF ORGANIZATION OR GOVERNMENT:

332291 04-01-23 Schedule I (Form 990)

76 2023.04030 THE ASPEN INSTITUTE, INC. 192063_1 Part IV Supplemental Information

DETROIT EMPLOYMENT SOLUTIONS CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: OPPORTUNITY YOUTH FORUM (OYF) ANNUAL

ASSESSMENT STIPEND AND LEARNING GRANT FOR DETROIT COLLABORATIVE

Schedule I (Form 990)

SC	Compensation Information					47		
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	23	2		
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.						
Depar	rtment of the Treasury	Attach to Form 990.		Open to Public				
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	Employer id	Inspection dentification numbe				
inari	ne of the organizatior	THE ASPEN INSTITUTE, INC.	84-03		on nui	mber		
Pa	rt I Question	s Regarding Compensation	04-05	99000				
					Yes	No		
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990.		103			
		line 1a. Complete Part III to provide any relevant information regarding these items.	;					
	First-class or c	harter travel Housing allowance or residence for perso	nal use					
	X Travel for companions Payments for business use of personal residence							
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S					
	Discretionary s	spending account Personal services (such as maid, chauffer	ır, chef)					
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or						
-		provision of all of the expenses described above? If "No," complete Part III to explain		. 1 b	X			
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,			v			
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		. 2	Х			
2	Indianta which if ar	by of the following the experimentian used to establish the componentian of the experimetion?						
3		ny, of the following the organization used to establish the compensation of the organization's actor. Check all that apply. Do not check any boxes for methods used by a related organizati						
		ation of the CEO/Executive Director, but explain in Part III.						
	X Compensation							
	Independent compensation consultant Independent compensation consultant							
	X Form 990 of other organizations X Approval by the board or compensation committee							
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a re	lated organization:						
а	Receive a severanc	e payment or change-of-control payment?		. 4a		X		
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		. 4b		X		
С		eive payment from an equity-based compensation arrangement?		. 4 c		X		
	If "Yes" to any of lin	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	.							
_		(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation overvice of	n					
~	contingent on the re The organization?			Ea		x		
a b		ation?				X		
U		ation?		55				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n					
Ŭ	contingent on the n							
а	-			6a		x		
		ation?				x		
		or 6b, describe in Part III.						
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	;					
	not described on lir	nes 5 and 6? If "Yes," describe in Part III		7		х		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the						
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		. 8		X		
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in						
	Regulations section			9				
For	Paperwork Reducti	ion Act Notice, see the Instructions for Form 990.	Schedu	le J (Forr	n 990)) 2023		

LHA 332111 11-06-23

84-0399006

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

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

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

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) DANIEL PORTERFIELD	(i)	666,400.	0.	123,501.	43,120.	10,422.	843,443.	0.	
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) ELLIOT GERSON	(i)	490,845.	0.	86,054.	49,500.	7,530.	633,929.	0.	
EXECUTIVE VP	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) DAVID LANGSTAFF	(i)	441,293.	0.	8,450.	47,215.	8,766.	505,724.	0.	
EXECUTIVE VP	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) CYNTHIA MCKEE	(i)	445,433.	0.	4,881.	33,000.	5,085.	488,399.	0.	
EVP INSTITUTIONAL ADVANCEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) ANDREW AXELROD	(i)	450,000.	0.	2,148.	7,615.	4,835.	464,598.	0.	
EVP FINANCE & ENTERPRISE BUS DEV.	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) STEPHEN PATRICK	(i)	368,437.	0.	2,516.	49,500.	10,355.	430,808.	0.	
EXECUTIVE VP	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) ANNE MOSLE	(i)	364,103.	0.	2,601.	49,500.	10,364.	426,568.	0.	
VP, EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(8) JAMES SPIEGELMAN	(i)	346,914.	0.	7,430.	49,500.	10,348.	414,192.	0.	
SENIOR ADVISOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(9) MIECHA FORBES	(i)	369,508.	0.	878.	23,406.	10,360.	404,152.	0.	
VP, PEOPLE AND CULTURE	(ii)	0.	0.	0.	0.	0.	0.	0.	
(10) MARIA ACEBAL	(i)	316,100.	22,291.	2,516.	37,323.	1,890.	380,120.	0.	
VP STRATEGIC DEV CORP SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
(ii) (i)									
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2023

Part III Supplemental Information

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

PART I, LINE 1A:

THE ASPEN INSTITUTE FOLLOWS A POLICY GOVERNING EXPENSE REIMBURSEMENT AND

COMPLIES WITH TRAVEL GUIDELINES APPLICABLE TO ALL EMPLOYEES.

Schedule J (Form 990) 2023

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

	Inspection
ployer	identification number

ſ

Name of the organization

THE	ASPEN	INSTITUTE.	INC.
	TIOT DIG	INDITIOID,	±110.

Employer identification	or
84-039900	6

Par	tl Ty	pes of Property				•			
	·		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	s
1	Art - Work	s of art							
2		rical treasures							
3		ional interests							
4		d publications							
5		and household goods							
6		other vehicles							
7		l planes							
8		al property							
9		- Publicly traded	X	43	9,436,141.	FMV			
10		- Closely held stock							
11		- Partnership, LLC, or							
	trust inter								
12		- Miscellaneous							
13	Qualified	conservation contribution -							
	Historic s	tructures							
14									
15									
16		e - Commercial							
17		te - Other							
18		es							
19		ntory							
20		d medical supplies							
21	Taxiderm	۶							
22		artifacts							
23		specimens							
24		jical artifacts							
25	Other	()							
26	Other	()							
27	Other	()							
28	Other	()							
29	Number c	f Forms 8283 received by the organi	zation during	g the tax year for c	ontributions				
	for which	the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29				
								Yes	No
30a	During the	e year, did the organization receive b	y contributic	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold	I for at least 3 years from the date of	the initial co	ntribution, and whi	ich isn't required to be used	or			
	exempt p	urposes for the entire holding period	?				30a		х
b	If "Yes," o	lescribe the arrangement in Part II.							
31	Does the	organization have a gift acceptance	policy that re	equires the review of	of any nonstandard contribut	ions?	31	X	<u> </u>
32a	Does the	organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				
	contributi	ons?					32a		х
b		lescribe in Part II.							
33	If the orga	anization didn't report an amount in c	olumn (c) fo	r a type of property	/ for which column (a) is cheo	ked,			

describe in Part II.

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23

Schedule M (Form 990) 2023 THE ASPEN INSTITUTE, INC.

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

SCHEDULE M, PART I, COLUMN (B):

THIS COLUMN REPRESENTS THE NUMBER OF ACTUAL CONTRIBUTIONS, NOT THE

NUMBER OF ITEMS CONTRIBUTED.

SCHEDULE M, LINE 32B:

THE INSTITUTE HAS A WRITTEN GIFT ACCEPTANCE POLICY. IF A DONOR WANTS TO

GIVE A GIFT OUTSIDE OF THAT POLICY, IT WILL BE REVIEWED BY SENIOR

MANAGEMENT AND, IF NECESSARY, REFERRED TO THE BOARD OF TRUSTEES.

Schedule M (Form 990) 2023

332142 09-11-23

82 2023.04030 THE ASPEN INSTITUTE, INC. 192063_1

SCHEDULE O	Supplemental Information to Form 990 or 990		OMB No. 1545-0047
(Form 990)	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.		ZUZ3 Open to Public
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.		Inspection
Name of the organizatio	n THE ASPEN INSTITUTE, INC.		identification number 99006
FORM 990, PART I,	LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
FOR A BETTER WORLD	. WE DRIVE CHANGE THROUGH DIALOGUE, LEADERSHIP, AND		
ACTION TO HELP SOL	VE THE GREATEST CHALLENGES OF OUR TIME IN SERVICE OF		
A MORE FREE, JUST,	AND EQUITABLE SOCIETY. WE DO THIS BY FACILITATING		
DIALOGUE AND CURAT	ING CONVENINGS, DEVELOPING LEADERS AND LEADERSHIP,		
AND ENABLING SOLUT	IONS.		
FORM 990, PART III	, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
THE ASPEN INSTITUT	E IGNITES HUMAN POTENTIAL TO BUILD UNDERSTANDING AND		
CREATE NEW POSSIBI	LITIES FOR A BETTER WORLD. WE DRIVE CHANGE THROUGH		
DIALOGUE, LEADERSH	IP, AND ACTION TO HELP SOLVE THE GREATEST CHALLENGES		
OF OUR TIME IN SER	VICE OF A MORE FREE, JUST, AND EQUITABLE SOCIETY. WE		
DO SO BY CONVENING	A BROAD SPECTRUM OF PEOPLE, WITH A FOCUS ON		
DIALOGUE, COMMUNIT	Y BUILDING, AND CREATIVE COLLABORATION; CREATING		
TRANSFORMATIONAL E	XPERIENCES THAT ENABLE DIVERSE LEADERS TO DISCOVER		
AND REFINE THEIR A	PPROACHES; AND ENABLING POWERFUL, PRACTICAL, AND		
APPLICABLE SOLUTIO	NS THAT ACCELERATE PROGRESS, EMPHASIZING CO-CREATION		
AND PARTNERSHIP. 1	HE ASPEN INSTITUTE IS HEADQUARTERED IN WASHINGTON,		
DC, AND HAS A CAMP	US IN ASPEN, COLORADO, AS WELL AS AN INTERNATIONAL		
NETWORK OF PARTNER	s.		
FORM 990, PART III	, LINE 4D, OTHER PROGRAM SERVICES:		
OTHER RESTRICTED F	ROGRAMS, ASPEN GLOBAL LEADERSHIP NETWORK AND		
INNOVATION FUNDS,	YOUTH AND ENGAGEMENT, AND SEMINARS		
·	962. INCL GRANTS OF \$ 1,553,181. REVENUE \$ 3,529,661.	Caba	
LHA 332211 11-14-23	ion Act Notice, see the Instructions for Form 990 or 990-EZ.	Sched	lule O (Form 990) 2023

Name of the organization

THE ASPEN INSTITUTE, INC.

Page 2 Employer identification number 84-0399006

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:

ALL ASPEN INSTITUTE TRUSTEES AND EMPLOYEES ARE REQUIRED ANNUALLY TO

COMPLETE AND SIGN A DISCLOSURE AND ACKNOWLEDGEMENT FORM RELATED TO THE

INSTITUTE'S CONFLICT OF INTEREST POLICY. SPECIFICALLY, ALL TRUSTEES AND

EMPLOYEES ARE REQUIRED TO ACKNOWLEDGE THAT THEY HAVE READ, UNDERSTOOD, AND

ARE COMMITTED TO ABIDING BY THE INSTITUTE'S CONFLICT OF INTEREST POLICY,

AND TO MAKE CERTAIN DISCLOSURES ABOUT THEIR ACTIVITIES OUTSIDE OF WORK AND

FINANCES TO HELP IDENTIFY POSSIBLE CONFLICTS OF INTEREST. ALL EMPLOYEE

FORMS ARE SUBMITTED TO THE HUMAN RESOURCES DEPARTMENT, WHICH REVIEWS THEM

AND HAS DISCRETION, IN COORDINATION WITH THE GENERAL COUNSEL AND SENIOR

MANAGEMENT, TO MAKE RECOMMENDATIONS OR RAISE CONCERNS WITH AFFECTED

INDIVIDUALS AS APPROPRIATE. ALL TRUSTEE FORMS ARE SUBMITTED TO THE OFFICE

84

332212 11-14-23

Schedule O (Form 990) 2023 Name of the organization	Page 2 Employer identification number
THE ASPEN INSTITUTE, INC.	84-0399006
OF THE CORPORATE SECRETARY, WHICH REVIEWS THEM ALONG WITH THE GENERAL	
COUNSEL. MAJOR CONFLICT OF INTEREST ISSUES INVOLVING TRUSTEES AND/OR SENIOR	
MANAGEMENT ARE REFERRED TO THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES FOR	
RESOLUTION. THE CORPORATE SECRETARY, GENERAL COUNSEL AND SENIOR MANAGEMENT	
REGULARLY CONFER WITH THE CHAIR OF THE AUDIT COMMITTEE REGARDING THE	
INSTITUTE'S CONFLICT OF INTEREST POLICY AND ANY CONFLICT OF INTEREST	
ISSUES.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE INSTITUTE CONTRACTS WITH AN EXTERNAL COMPENSATION FIRM TO PERFORM A	
MARKET ANALYSIS TO SET THE SALARY RANGES FOR ALL OF OUR POSITIONS ANNUALLY.	
THE COMPENSATION FIRM ANALYZES SALARIES FROM LIKE ORGANIZATIONS TO	
DETERMINE THE APPROPRIATE SALARY RANGE FOR EACH POSITION IN THE INSTITUTE.	
THE INSTITUTE'S COMPENSATION PHILOSOPHY IS THAT WE GENERALLY TARGET THE	
50TH PERCENTILE OF THE MARKET FOR OUR POSITIONS.	
IN ADDITION TO THE ANNUAL MARKET ANALYSIS FOR ALL POSITIONS, WE CONTRACT	
WITH AN EXTERNAL COMPENSATION CONSULTANT BI-ANNUALLY TO CONDUCT AN IN-DEPTH	
ANALYSIS FOR OUR PRESIDENT/CEO AND EACH OF OUR EXECUTIVE OFFICERS. EACH	
EXECUTIVE'S TOTAL COMPENSATION IS BENCHMARKED AGAINST SIMILAR POSITIONS IN	
COMPARABLE ORGANIZATIONS IN LABOR MARKETS IN WHICH THE INSTITUTE COMPETES	
FOR EXECUTIVE TALENT. THE RECOMMENDATIONS OF THE CONSULTANT ARE PRESENTED	
TO THE EXECUTIVE COMMITTEE OF THE BOARD FOR THEIR REVIEW AND ENDORSEMENT.	
THE PRESIDENT/CEO'S SALARY IS THEN PRESENTED TO THE FULL BOARD FOR FINAL	
APPROVAL.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	

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

Name of the organization	NC	Employer identification number
THE ASPEN INSTITUTE, IN	NC.	84-0399006
DH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI		
FORM 990, PART VI, SECTION C, LINE 19:		
THE DOCUMENTS ARE ALL PUBLISHED ON OUR WEBS	ITE AND MADE AVAILABLE BY	
REQUEST.		
FORM 990, PART IX, LINE 11G, OTHER FEES:		
CONTRACTED SERVICES:		
PROGRAM SERVICE EXPENSES	2,946,020.	
MANAGEMENT AND GENERAL EXPENSES	1,561,155.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	4,507,175.	
CONSULTANTS:		
PROGRAM SERVICE EXPENSES	16,072,037.	
MANAGEMENT AND GENERAL EXPENSES	3,722,539.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	19,794,576.	
MODERATOR AND SPEAKER:		
PROGRAM SERVICE EXPENSES	983,834.	
MANAGEMENT AND GENERAL EXPENSES	4,400.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	988,234.	
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CONTRIBUTING WRITERS AND RAPPORTEURS:		
PROGRAM SERVICE EXPENSES	238,999.	
MANAGEMENT AND GENERAL EXPENSES	0.	
332212 11-14-23	86	Schedule O (Form 990) 202
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15381014 150872 192063

Name of the organization THE ASPEN INSTITUTE, INC.		Employer identification number 84-0399006
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	238,999.	
TEMPORARY SERVICES:		
PROGRAM SERVICE EXPENSES	321 426	
MANAGEMENT AND GENERAL EXPENSES		
FUNDRAISING EXPENSES		
TOTAL EXPENSES		
CONTRACTUAL INTERNATIONAL STAFF:		
PROGRAM SERVICE EXPENSES	1,748,825.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	1,748,825.	
TRANSPORTATION AND SECURITY SERVICES:		
PROGRAM SERVICE EXPENSES	695,647.	
MANAGEMENT AND GENERAL EXPENSES	6,071.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	701,718.	
PHOTOGRAPHY :		
PROGRAM SERVICE EXPENSES	277,817.	
MANAGEMENT AND GENERAL EXPENSES	3,734.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	281,551.	
ART INSTALLATION:		
332212 11-14-23	87	Schedule O (Form 990) 2023

Name of the organization THE ASPEN INSTITUTE, INC.	Employer identification number 84-0399006	
PROGRAM SERVICE EXPENSES	60,466.	
MANAGEMENT AND GENERAL EXPENSES	10,675.	
	0.	
FUNDRAISING EXPENSES		
TOTAL EXPENSES	71,141.	
IT SUPPORT SERVICES:		
PROGRAM SERVICE EXPENSES	415,643.	
MANAGEMENT AND GENERAL EXPENSES	3,126,391.	
FUNDRAISING EXPENSES	85,243.	
TOTAL EXPENSES	3,627,277.	
EQUIPMENT/VEHICLE RENTAL:		
PROGRAM SERVICE EXPENSES	7,209.	
MANAGEMENT AND GENERAL EXPENSES	414,658.	
FUNDRAISING EXPENSES	956.	
TOTAL EXPENSES	422,823.	
AUDIO VISUAL/DIGITAL SERVICES:		
PROGRAM SERVICE EXPENSES	2,808,382.	
MANAGEMENT AND GENERAL EXPENSES	115,642.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	2,924,024.	
PROMOTIONAL EXPENSE:		
PROGRAM SERVICE EXPENSES	262,940.	
MANAGEMENT AND GENERAL EXPENSES	21,467.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	284,407.	
332212 11-14-23	88	Schedule O (Form 990) 202

Name of the organization THE ASPEN INSTITUTE,	INC.		Employer identification number 84-0399006
TOTAL OTHER FEES ON FORM 990, PART IX, LIN	E 11G, COL A	36,295,465.	
FORM 990, PART XI, LINE 9, CHANGES IN NET	ASSETS:		
REFUNDED GRANTS		312,233.	
332212 11-14-23			Schedule O (Form 990) 202