**Return of Organization Exempt From Income Tax** 

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

Department of the Treasury Internal Revenue Service

832001 12-31-18

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

| A F                         | or the            | 2018 calendar year, or tax year beginning and en  | nding      |                                 |                                  |              |
|-----------------------------|-------------------|---|------------|---------------------------------|----------------------------------|--------------|
| <b>B</b> (a                 | heck if pplicable | C Name of organization  |            | D Employer iden                 | tification number                |              |
|                             | Addres            | THE ASPEN INSTITUTE, INC.   |            |                                 |                                  |              |
|                             | Name change       | Doing business as   |            | 84-                             | -0399006                         |              |
| F                           | Initial return    |   | oom/suite  | E Telephone num                 | nber                             | _            |
|                             | Final return/     | 2300 N STREET, NW 70  |            | •                               | 2) 736-5800                      |              |
|                             | termin-<br>ated   | City or town, state or province, country, and ZIP or foreign postal code  |            | G Gross receipts \$             | 213,187,649                      | ₹.           |
|                             | Amend<br>return   | WASHINGTON, DC 2003/  |            | H(a) Is this a group            | p return                         |              |
|                             | Application       | F Name and address of principal officer: DANTED R. FORTERFIELD  |            | for subordina                   | ates? Yes X No                   | 0            |
|                             | pending           | SAME AS C ABOVE   |            | <b>H(b)</b> Are all subordinate | es included? Yes No              | 0            |
|                             |                   | mpt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or   | 527        | If "No," attacl                 | h a list. (see instructions)     |              |
|                             |                   | www.aspeninstitute.org  |            | H(c) Group exemp                | · ·                              | _            |
|                             |                   | organization: X Corporation Trust Association Other   | L Year o   | of formation: 1949              | M State of legal domicile; Co    | 0            |
| Pa                          | _                 | Summary   |            |                                 |                                  | —            |
| ø                           |                   | Briefly describe the organization's mission or most significant activities: THE ASPE  |            | TUTE IS A                       |                                  | _            |
| anc                         | -                 | ONPARTISAN FORUM FOR VALUES-BASED LEADERSHIP AND EXCHANGE OF  |            |                                 |                                  | —            |
| Activities & Governance     | l                 | Check this box  if the organization discontinued its operations or disposed   |            | 1                               | 1                                | 82           |
| 90                          | 1                 |   |            |                                 | <u> </u>                         | 81           |
| જ                           | 1                 | Sumber of independent voting members of the governing body (Part VI, line 1b)  Total number of individuals employed in calendar year 2018 (Part V, line 2a) |            |                                 |                                  | 82           |
| ties                        |                   | otal number of mulviduals employed in calendar year 2016 (Fart V, iline 2a)   |            |                                 |                                  | 90           |
| ξį                          |                   | otal number of volunteers (estimate in necessary)  otal unrelated business revenue from Part VIII, column (C), line 12                                      |            |                                 | 7a 10,975,638                    |              |
| ¥                           | 1                 | let unrelated business taxable income from Form 990-T, line 38  |            |                                 |                                  | 0.           |
|                             |                   |   |            | Prior Year                      | Current Year                     | _            |
| •                           | 8 (               | Contributions and grants (Part VIII, line 1h)   |            | 92,261,25                       |                                  | 7 <u>.</u>   |
| Revenue                     | 1                 | Program service revenue (Part VIII, line 2g)  |            | 36,392,29                       |                                  |              |
| eve                         | l .               | nvestment income (Part VIII, column (A), lines 3, 4, and 7d)  |            | 341,90                          | 435,468                          | ₃.           |
| æ                           | 1                 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  |            | 333,73                          | 4. 433,053                       | <del>.</del> |
|                             | l .               | otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   |            | 129,329,18                      | 6. 134,132,712                   | 2.           |
|                             | 13 (              | Grants and similar amounts paid (Part IX, column (A), lines 1-3)  |            | 17,059,26                       | 0. 12,117,066                    | 5.           |
|                             | 14 E              | Benefits paid to or for members (Part IX, column (A), line 4)   |            |                                 | 0.                               | 0.           |
| S                           | 15 3              | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   |            | 52,723,25                       | 8. 59,399,347                    | 7.           |
| Expenses                    |                   | Professional fundraising fees (Part IX, column (A), line 11e)   |            |                                 | 0.                               | 0.           |
| xbe                         |                   | otal fundraising expenses (Part IX, column (D), line 25) 4,068,56   |            |                                 |                                  |              |
| Ш                           | 1                 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  |            | 67,213,31                       |                                  |              |
|                             | l                 | otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  |            | 136,995,83                      |                                  | _            |
|                             |                   | Revenue less expenses. Subtract line 18 from line 12  |            | -7,666,64                       |                                  | <u>.</u>     |
| SOF                         |                   |   | Beç        | ginning of Current Yea          | _                                | _            |
| Net Assets or Find Balances | 20                | otal assets (Part X, line 16)   |            | 333,208,12                      |                                  |              |
| let A                       | 21                | otal liabilities (Part X, line 26)  |            | 44,332,67<br>288,875,45         |                                  |              |
|                             | 22 I              | let assets or fund balances. Subtract line 21 from line 20  |            | 200,073,43                      | 270,700,032                      | <u>′·</u>    |
|                             |                   | ies of perjury, I declare that I have examined this return, including accompanying schedules ar   | nd stateme | nts, and to the hest of         | f my knowledge and helief it is  | _            |
|                             |                   | , and complete. Declaration of preparer (other than officer) is based on all information of which   |            |                                 | in my miowiougo una ponon, it io |              |
|                             |                   |   |            |                                 |                                  | _            |
| Sig                         | n                 | Signature of officer  |            | Date                            |                                  | _            |
| Her                         | 1                 | NAMITA KHASAT, EVP FIN.& ADMIN./CFO/TREASURER   |            |                                 |                                  |              |
|                             |                   | Type or print name and title  |            |                                 |                                  | _            |
|                             |                   | Print/Type preparer's name Preparer's signature   | D          | Oate Check                      | PTIN                             | _            |
| Paid                        | ı <u>İ</u>        | PRANK H. SMITH Frank H. Smith   | 0.9        | 9/24/19 self-en                 | mployed P00639053                |              |
| Prep                        | arer              | 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 IR            | S discuss this return with the preparer shown above? (see instructions)   |            |                                 | X Yes N                          | 0            |

| Pai | rt III Statement of Program Service Accomplishments   |     |
|-----|---|-----|
|     | Check if Schedule O contains a response or note to any line in this Part III  | ٦   |
| 1   | Briefly describe the organization's mission: THE ASPEN INSTITUTE IS A PEOPLE-SERVING ORGANIZATION THAT WORKS WITH                                 |     |
|     | PARTNERS ACROSS THE UNITED STATES AND AROUND THE WORLD TO BUILD A   | _   |
|     | FREE, JUST, AND EQUITABLE SOCIETY. THE INSTITUTE CREATES POSITIVE   | _   |
|     | CHANGE BY INSPIRING INCLUSIVE DIALOGUE AND EMPOWERING LEADERS TO SOLVE  | _   |
| 2   |   | _   |
| 2   | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X No. | _   |
|     |   | 3   |
| _   | If "Yes," describe these new services on Schedule O.  |     |
| 3   | Did the organization cease conducting, or make significant changes in how it conducts, any program services?                                      | 3   |
| 4   | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.              |     |
|     | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and      |     |
|     | revenue, if any, for each program service reported.   |     |
| 4a  | (Code: ) (Expenses \$ 67,095,234. including grants of \$ 11,647,066. ) (Revenue \$ 10,783,490.  |     |
|     | POLICY PROGRAMS: THE INSTITUTE'S 32 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 LEGISLATORS AND OTHER DECISION-MAKERS AND  | _   |
|     | ADVANCE THE BEST AND MOST INSPIRED PROPOSALS. OUR POLICY PROGRAMS RANGE   | _   |
|     | IN SIZE FROM \$100,000 TO \$8 MILLION IN ANNUAL REVENUE AND EXPENSES.   | _   |
|     |   | _   |
|     |   | _   |
|     |   | _   |
|     |   | _   |
|     |   | _   |
|     |   | _   |
|     |   | _   |
| 4b  | (Code:) (Expenses \$16,949,805. including grants of \$) (Revenue \$9,996,387.   | _ ) |
|     | CAMPUS ACTIVITIES: IN ADDITION TO ITS HEADQUARTERS IN WASHINGTON, DC,   |     |
|     | THE INSTITUTE ALSO CONDUCTS MUCH OF ITS WORK ON TWO CAMPUSES - IN   |     |
|     | ASPEN, COLORADO AND ON THE WYE RIVER, ON MARYLAND'S EASTERN SHORE. BOTH   |     |
|     | CAMPUSES PROVIDE NATURAL BEAUTY AND QUIET SURROUNDINGS WHICH ENCOURAGE  |     |
|     | THOUGHTFUL REFLECTION THAT REFRESHES MIND, BODY AND SPIRIT.   |     |
|     |   |     |
|     |   | _   |
|     |   | _   |
|     |   | _   |
|     |   | _   |
|     |   | _   |
|     |   | _   |
|     |   | _   |
| 4c  | (Code:) (Expenses \$12,494,496.   | _ ) |
|     |   | _   |
|     | FREELY DISSEMINATE THE ORGANIZATION'S IDEAS, AND TO PROVIDE THE PUBLIC  |     |
|     | WITH OPPORTUNITIES TO CONVENE INCLUSIVELY AND ENGAGE IN THOUGHTFUL,   |     |
|     | NONPARTISAN DIALOGUE. OUR MAJOR EVENTS INCLUDE THE ASPEN IDEAS  |     |
|     | FESTIVAL, SPOTLIGHT HEALTH, THE ASPEN SECURITY FORUM, AND THE ASPEN   |     |
|     | WORDS PROGRAM. THESE AND OUR OTHER PUBLIC FORUMS ENGAGE OVER 15,000   |     |
|     | MEMBERS OF THE GENERAL PUBLIC ANNUALLY.   |     |
|     |   | _   |
|     |   | _   |
|     |   | _   |
|     |   | _   |
|     |   | _   |
|     |   | _   |
| 4d  | Other program services (Describe in Schedule O.)  |     |
|     | (Expenses \$ 15,281,239. including grants of \$ 435,000.) (Revenue \$ 3,470,735.)   | _   |
| 4e  | Total program service expenses ► 111,820,774.   |     |

### Part IV Checklist of Required Schedules

|             |  |        | Yes | No   |
|-------------|--|--------|-----|--|
| 1           | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?                              |        |     |  |
|             | If "Yes," complete Schedule A  | 1      | Х   |  |
| 2           | Is the organization required to complete Schedule B, Schedule of Contributors?   | 2      | Х   |  |
| 3           | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for  |        |     |  |
|             | public office? If "Yes," complete Schedule C, Part I   | 3      |     | х  |
| 4           | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect |        |     |  |
| •           | during the tax year? If "Yes," complete Schedule C, Part II  | 4      | Х   |  |
| 5           | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or     |        |     |  |
| J           |  | 5      |     | x  |
| 6           | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III                                   |        |     | <del></del>                                      |
| 6           | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to        |        |     | x  |
| _           | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I     | 6      |     |  |
| 7           | Did the organization receive or hold a conservation easement, including easements to preserve open space,                        | _      | 77  |  |
|             | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                             | 7      | X   | <u> </u>   |
| 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           | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for    |        |     |  |
|             | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?        |        |     |  |
|             | If "Yes," complete Schedule D, Part IV   | 9      |     | Х  |
| 10          | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent    |        |     |  |
|             | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   | 10     | Х   |  |
| 11          | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X |        |     |  |
|             | as applicable.   |        |     |  |
| а           | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,      |        |     |  |
| _           | Part VI  | 11a    | Х   |  |
| h           | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total      |        |     |  |
| D           | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b    | х   |  |
| _           | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total       | 110    |     |  |
| C           |  | 44-    |     | x  |
|             | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c    |     |  |
| a           | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in     |        |     |  |
|             | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d    | 37  | X  |
| е           | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X            | 11e    | X   | _  |
| f           | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses          |        |     |  |
|             | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X           | 11f    | X   | <u> </u>   |
| 12a         | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete              |        |     |  |
|             | Schedule D, Parts XI and XII   | 12a    | Х   |  |
| b           | Was the organization included in consolidated, independent audited financial statements for the tax year?                        |        |     |  |
|             | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional            | 12b    |     | Х  |
| 13          | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                | 13     |     | Х  |
| 14a         | Did the organization maintain an office, employees, or agents outside of the United States?                                      | 14a    |     | Х  |
| b           | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,          |        |     |  |
|             | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000       |        |     |  |
|             | or more? If "Yes," complete Schedule F, Parts I and IV   | 14b    | Х   |  |
| 15          | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any        |        |     |  |
|             | foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15     | Х   |  |
| 16          | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to         |        |     |  |
|             | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16     | Х   |  |
| 17          |  | 10     |     |  |
| 17          | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,          | 47     |     | x  |
| 40          | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   | 17     |     | <del>                                     </del> |
| 18          | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines     | ا مر ا | v   |  |
|             | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18     | Х   | _  |
| 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  |
| <b>20</b> a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                      | 20a    |     | Х  |
| b           | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                     | 20b    |     | <u> </u>   |
| 21          | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or                      |        |     |  |
|             | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II                                | 21     | X   |  |

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# Form 990 (2018) THE ASPEN INSTITUTE, INC. Part IV Checklist of Required Schedules (continued)

|      |   |         | Yes | No   |
|------|---|---------|-----|--|
| 22   | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on   |         |     |  |
|      | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22      | Х   |  |
| 23   | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current  |         |     |  |
|      | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete  |         |     |  |
|      | Schedule J  | 23      | Х   | <u> </u>   |
| 24a  | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the   |         |     |  |
|      | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete  |         |     |  |
|      | Schedule K. If "No," go to line 25a   | 24a     |     | Х  |
| b    | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b     |     | <u> </u>   |
| С    | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease  |         |     |  |
|      | any tax-exempt bonds?   | 24c     |     | <u> </u>   |
| d    | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d     |     | <u> </u>   |
| 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     |     | X  |
| b    | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and  |         |     |  |
|      | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete   |         |     |  |
|      | Schedule L, Part I  | 25b     |     | X  |
| 26   | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or   |         |     |  |
|      | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"  |         |     |  |
|      | complete Schedule L, Part II  | 26      |     | X  |
| 27   | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial  |         |     |  |
|      | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member   |         |     |  |
|      | of any of these persons? If "Yes," complete Schedule L, Part III  | 27      |     | Х  |
| 28   | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV   |         |     |  |
|      | instructions for applicable filing thresholds, conditions, and exceptions):   |         |     | 77   |
| _    | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | 28a     |     | X  |
| b    | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28b     |     | Х  |
| С    | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,   |         |     | x  |
|      | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  | 28c     | х   |  |
| 29   | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 29      | Λ   | <del>                                     </del> |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation   |         | х   |  |
| 24   | contributions? If "Yes," complete Schedule M  | 30      | Λ   | <b>_</b>   |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations?  | 31      |     | x  |
| 22   | If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete   | 31      |     |  |
| 32   | , · ·   | 32      |     | x  |
| 33   | Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations   | 32      |     | <del></del>                                      |
| 33   |   | 33      |     | х  |
| 34   | sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i> Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete Schedule R, Part II, III, or IV, and</i> | - 33    |     |  |
| J-T  | Part V. line 1  | 34      |     | x  |
| 35.2 | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a     |     | X  |
|      | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity   | 000     |     |  |
| ~    | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35b     |     |  |
| 36   | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  |         |     |  |
| -    | If "Yes." complete Schedule R, Part V, line 2   | 36      |     | х  |
| 37   | Did the organization conduct more than 5% of its activities through an entity that is not a related organization  |         |     |  |
|      | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | 37      |     | х  |
| 38   | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  |         |     |  |
|      | Note. All Form 990 filers are required to complete Schedule O   | 38      | Х   |  |
| Pai  |   |         |     |  |
|      | Check if Schedule O contains a response or note to any line in this Part V  | <u></u> |     |  |
|      |   |         | Yes | No   |
| 1a   | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  |         |     |  |
| b    | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0  |         |     |  |
| С    | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  |         |     |  |
|      | (gambling) winnings to prize winners?   | 1c      | Х   |  |

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| Form | 990 (2018) THE ASPEN INSTITUTE, INC.   | 84-039900                    | 6   | Р   | age 5 |
|------|--|------------------------------|-----|-----|-------|
| Par  | Tt 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,                          | <br>                         |     |     |       |
|      | filed for the calendar year ending with or within the year covered by this return                                    | <b>2a</b> 682                |     |     |       |
| b    | If at least one is reported on line 2a, did the organization file all required federal employment tax return         | ıs?                          | 2b  | Х   |       |
|      | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions             | ) <sup> </sup>               |     |     |       |
| За   | Did the organization have unrelated business gross income of \$1,000 or more during the year?                        |                              | За  | Х   |       |
| b    | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C          | )                            | 3b  | Х   |       |
|      | At any time during the calendar year, did the organization have an interest in, or a signature or other a            |                              |     |     |       |
|      | financial account in a foreign country (such as a bank account, securities account, or other financial ac            | ccount)?                     | 4a  |     | Х     |
| 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 Ac                | counts (FBAR).               |     |     |       |
| 5a   | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                |                              | 5a  |     | Х     |
| b    | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction      | tion?                        | 5b  |     | Х     |
| С    | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  |                              | 5c  |     |       |
| 6a   | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the               |                              |     |     |       |
|      | any contributions that were not tax deductible as charitable contributions?  | -                            | 6a  |     | х     |
| b    | If "Yes," did the organization include with every solicitation an express statement that such contribution           | ons 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 serv | vices provided to the payor? | 7a  | х   |       |
| b    |  |                              | 7b  | Х   |       |
| С    | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa              | s required                   |     |     |       |
|      | to file Form 8282?   |                              | 7c  |     | х     |
| 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 co             | ntract?                      | 7e  |     | Х     |
| f    | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra            | act?                         | 7f  |     | Х     |
| g    | If the organization received a contribution of qualified intellectual property, did the organization file For        | rm 8899 as required?         | 7g  |     |       |
| h    | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization       | ion 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    |  | 10b                          |     |     |       |
| 11   | Section 501(c)(12) organizations. Enter:   |                              |     |     |       |
| а    | Gross income from members or shareholders  | 11a                          |     |     |       |
| b    | Gross income from other sources (Do not net amounts due or paid to other sources against                             |                              |     |     |       |
|      | amounts due or received from them.)  | 11b                          |     |     |       |
| 12a  | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form                 | 1041?                        | 12a |     |       |
|      | If "Yes," enter the amount of tax-exempt interest received or accrued during the year                                | 12b                          |     |     |       |
| 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 |     |       |
|      | <b>Note.</b> 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  |  |                              | 14a |     | Х     |
| b    | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule              | 0                            | 14b |     |       |
| 15   | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner                |                              |     |     |       |
|      | excess parachute payment(s) during the year?   |                              | 15  |     | Х     |
|      | If "Yes," see instructions and file Form 4720, Schedule N.   |                              |     |     |       |
| 16   | Is the organization an educational institution subject to the section 4968 excise tax on net investment              | income?                      | 16  |     | Х     |

Form **990** (2018)

If "Yes," complete Form 4720, Schedule O.

84 - 0399006Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

|     | Check if Schedule O contains a response or note to any line in this Part VI   |        |         | Х   |  |  |  |  |  |  |
|-----|---|--------|---------|-----|--|--|--|--|--|--|
| Sec | tion A. Governing Body and Management   |        |         |     |  |  |  |  |  |  |
|     |   |        | Yes     | No  |  |  |  |  |  |  |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year 82  |        |         |     |  |  |  |  |  |  |
|     | 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 in Schedule O.   |        |         |     |  |  |  |  |  |  |
| b   | Enter the number of voting members included in line 1a, above, who are independent  |        |         |     |  |  |  |  |  |  |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other  |        |         |     |  |  |  |  |  |  |
|     | officer, director, trustee, or key employee?  | 2      |         | х   |  |  |  |  |  |  |
| 3   | Did the organization delegate control over management duties customarily performed by or under the direct supervision   |        |         |     |  |  |  |  |  |  |
|     | of officers, directors, or trustees, or key employees to a management company or other person?  | 3      |         | х   |  |  |  |  |  |  |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | 4      |         | Х   |  |  |  |  |  |  |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets?  | 5      |         | Х   |  |  |  |  |  |  |
| 6   | Did the organization have members or stockholders?  | 6      |         | Х   |  |  |  |  |  |  |
| 7a  | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or  |        |         |     |  |  |  |  |  |  |
|     | more members of the governing body?   | 7a     |         | х   |  |  |  |  |  |  |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or  |        |         |     |  |  |  |  |  |  |
|     | persons other than the governing body?  | 7b     |         | х   |  |  |  |  |  |  |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |        |         |     |  |  |  |  |  |  |
| а   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body?   |        |         |     |  |  |  |  |  |  |
| b   |   | 8b     | Х       |     |  |  |  |  |  |  |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the  |        |         |     |  |  |  |  |  |  |
|     | organization's mailing address? If "Yes." provide the names and addresses in Schedule O   | 9      |         | х   |  |  |  |  |  |  |
| Sec |   |        |         |     |  |  |  |  |  |  |
|     |   |        | Yes     | No  |  |  |  |  |  |  |
| 10a | Did the organization have local chapters, branches, or affiliates?  | 10a    |         | Х   |  |  |  |  |  |  |
| b   | b Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O  ection B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  a Did the organization have local chapters, branches, or affiliates?  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?  a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990.  a Did the organization have a written conflict of interest policy? If "No," go to line 13  b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  |        |         |     |  |  |  |  |  |  |
|     | 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 in Schedule O the process, if any, used by the organization to review this Form 990.   |        |         |     |  |  |  |  |  |  |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13   | 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  |        |         |     |  |  |  |  |  |  |
|     | in Schedule O how this was done   | 12c    | Х       |     |  |  |  |  |  |  |
| 13  | Did the organization have a written whistleblower policy?   | 13     | Х       |     |  |  |  |  |  |  |
| 14  | Did the organization have a written document retention and destruction policy?  | 14     | Х       |     |  |  |  |  |  |  |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent  |        |         |     |  |  |  |  |  |  |
|     | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |        |         |     |  |  |  |  |  |  |
| а   | The organization's CEO, Executive Director, or top management official  | 15a    | Х       |     |  |  |  |  |  |  |
| b   | Other officers or key employees of the organization   | 15b    | Х       |     |  |  |  |  |  |  |
|     | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).   |        |         |     |  |  |  |  |  |  |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a   |        |         |     |  |  |  |  |  |  |
|     | taxable entity during the year?   | 16a    |         | Х   |  |  |  |  |  |  |
| b   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation  |        |         |     |  |  |  |  |  |  |
|     | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's  |        |         |     |  |  |  |  |  |  |
|     | exempt status with respect to such arrangements?  | 16b    |         |     |  |  |  |  |  |  |
| Sec |   |        |         |     |  |  |  |  |  |  |
| 17  | List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, FL, GA, IL, KS, KY   |        |         |     |  |  |  |  |  |  |
| 18  | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s   | only)  | availab | ole |  |  |  |  |  |  |
|     | for public inspection. Indicate how you made these available. Check all that apply.   |        |         |     |  |  |  |  |  |  |
|     | X Own website Another's website X Upon request Other (explain in Schedule O)  |        |         |     |  |  |  |  |  |  |
| 19  | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and   | financ | ial     |     |  |  |  |  |  |  |
|     | statements available to the public during the tax year.   |        |         |     |  |  |  |  |  |  |
| 20  | a Did the organization have local chapters, branches, or affiliates?  of 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?  a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  a Did the organization have a written conflict of interest policy? If "No," go to line 13  betwee officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions).  a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  of If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Ction C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶AL, AK, AZ, AR, CA, CO, CT, FL, GA, IL, KS, KY  S |        |         |     |  |  |  |  |  |  |
|     | ASPEN INSTITUTE/NAMITA KHASAT - 202-736-2520  |        |         |     |  |  |  |  |  |  |
|     | 2300 N STREET, NW, NO. 700, WASHINGTON, DC 20037  |        |         |     |  |  |  |  |  |  |

#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (Ď), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| (A) Name and Title            | (B) Average hours per                                      | box              | not c                 | Pos<br>heck<br>ss per | more<br>rson i | than o                      | n an | (D) Reportable compensation                    | (E) Reportable compensation                      | <b>(F)</b> Estimated amount of                                     |
|-------------------------------|--|------------------|-----------------------|-----------------------|----------------|-----------------------------|------|--|--|--|
|                               | week (list any hours for related organizations below line) | stee or director | lnstitutional trustee | Officer Officer       | Key employee   | Highest compensated snat/ac |      | from<br>the<br>organization<br>(W-2/1099-MISC) | from related<br>organizations<br>(W-2/1099-MISC) | other compensation from the organization and related organizations |
| (1) JAMES SCHINE CROWN        | 0.30   | ļ.,              |                       |                       |                |                             |      |  |  |  |
| CHAIRMAN (2) WILLIAM E. MAYER | 0.30   | Х                |                       | Х                     |                |                             |      | 0.   | 0.   | 0.   |
| CHAIRMAN EMERITUS             | 0.30   | x                |                       | х                     |                |                             |      | 0.   | 0.   | 0.   |
| (3) MADELEINE K. ALBRIGHT     | 0.30   | Λ                |                       | _                     |                |                             |      | 0.   | 0.   | 0.   |
| TRUSTEE                       | 0.30   | х                |                       |                       |                |                             |      | 0.   | 0.   | 0.   |
| (4) JEAN-LUC ALLAVENA         | 0.30   |                  |                       |                       |                |                             |      |  |  |  |
| TRUSTEE                       |  | Х                |                       |                       |                |                             |      | 0.   | 0.   | 0.   |
| (5) PAUL F. ANDERSON          | 0.30   |                  |                       |                       |                |                             |      |  |  |  |
| TRUSTEE                       |  | Х                |                       |                       |                |                             |      | 0.   | 0.   | 0.   |
| (6) DONNA BARKSDALE           | 0.30   |                  |                       |                       |                |                             |      |  |  |  |
| TRUSTEE                       |  | Х                |                       |                       |                |                             |      | 0.   | 0.   | 0.   |
| (7) MERCEDES BASS             | 0.30   |                  |                       |                       |                |                             |      |  |  |  |
| TRUSTEE                       |  | Х                |                       |                       |                |                             |      | 0.   | 0.   | 0.   |
| (8) MIGUEL (MIKE) BEZOS       | 0.30   |                  |                       |                       |                |                             |      |  |  |  |
| TRUSTEE                       |  | Х                |                       |                       |                |                             |      | 0.   | 0.   | 0.   |
| (9) RICHARD BRADDOCK          | 0.30   |                  |                       |                       |                |                             |      |  |  |  |
| TRUSTEE                       |  | Х                |                       |                       |                |                             |      | 0.   | 0.   | 0.   |
| (10) BETH BROOKE-MARCINIAK    | 0.30   |                  |                       |                       |                |                             |      |  |  |  |
| TRUSTEE                       |  | Х                |                       |                       |                |                             |      | 0.   | 0.   | 0.   |
| (11) WILLIAM D. BUDINGER      | 0.30   |                  |                       |                       |                |                             |      |  |  |  |
| TRUSTEE                       |  | Х                |                       |                       |                |                             |      | 0.   | 0.   | 0.   |
| (12) WILLIAM BYNUM            | 0.30   |                  |                       |                       |                |                             |      |  |  |  |
| TRUSTEE                       |  | Х                |                       |                       |                |                             |      | 0.   | 0.   | 0.   |
| (13) STEPHEN L. CARTER        | 0.30   | -                |                       |                       |                |                             |      | _  | _  | _  |
| TRUSTEE                       |  | Х                |                       |                       |                |                             |      | 0.   | 0.   | 0.   |
| (14) TROY CARTER              | 0.30   |                  |                       |                       |                |                             |      |  |  |  |
| TRUSTEE                       |  | Х                |                       |                       |                |                             |      | 0.   | 0.   | 0.   |
| (15) CESAR R. CONDE           | 0.30   | -                |                       |                       |                |                             |      |  | _  | _  |
| TRUSTEE (16) DENNY COULTED    | 0.30   | Х                |                       |                       | _              | -                           |      | 0.   | 0.   | 0.   |
| (16) PENNY COULTER            | 0.30   | -                |                       |                       |                |                             |      |  | _  | _  |
| TRUSTEE (17) KATIE COURIC     | 0.30   | Х                | $\vdash$              |                       | $\vdash$       | $\vdash$                    | -    | 0.   | 0.   | 0.   |
| TRUSTEE                       | 0.30   | x                |                       |                       |                |                             |      | 0.   | 0.   | 0.   |
| IVOSIEE                       |  | Λ                |                       | l                     | <u> </u>       | <u> </u>                    |      | 1 0.   | <u> </u>   | - <b>000</b> (22.42)   |

Form **990** (2018) 832007 12-31-18

| rustees, Key Emp   | oloy   | ees,  | and   | l Hiç  | ghes   | t Co  | ompensated Employee   | s (continued)   |  |
|--|--|---|---|--|--|---|---|---|--|
| (B)  |  |   | (C  | <b>)</b>   |  |   | (D)   | (E)   | (F)  |
| Average<br>hours per<br>week   | box  | not ch  | neck r<br>ss per  | more<br>son i  | than o   | an  | Reportable compensation   | Reportable compensation   | Estimated<br>amount of<br>other  |
| (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director   | Institutional trustee   | Officer   | Key employee   | Highest compensated<br>employee  | Former  | the<br>organization<br>(W-2/1099-MISC)  | organizations<br>(W-2/1099-MISC)  | compensation<br>from the<br>organization<br>and related<br>organizations             |
| 0.30   |  |   |   |  |  |   |   |   |  |
|  | Х  |   |   |  |  |   | 0.  | 0.  | 0.   |
| 0.30   | v  |   |   |  |  |   | 0   | 0   | 0.   |
| 0.30   | Α  |   |   |  |  |   | 0.  | 0.  | 0.   |
| 0.30   | Х  |   |   |  |  |   | 0.  | 0.  | 0.   |
| 0.30   |  |   |   |  |  |   | -   | -   |  |
|  | х  |   |   |  |  |   | 0.  | 0.  | 0.   |
| 0.30   | х  |   |   |  |  |   | 0.  | 0.  | 0.   |
| 0.30   | х  |   |   |  |  |   | 0.  | 0.  | 0.   |
| 0.30   | х  |   |   |  |  |   | 0.  | 0.  | 0.   |
| 0.30   |  |   |   |  |  |   |   |   |  |
|  | х  |   |   |  |  |   | 0.  | 0.  | 0.   |
| 0.30   |  |   |   |  |  |   |   |   |  |
|  | х  |   |   |  |  |   | 0.  | 0.  | 0.   |
|  |  |   |   |  |  |   | 0.  | 0.  | 0.   |
| t VII, Section A   |  |   |   |  |  | ▶   | 4,423,994.  | 0.  | 673,949.   |
|  |  |   |   |  |  |   | 4,423,994.  | 0.  | 673,949.   |
|  | (B) Average hours per week (list any hours for related organizations below line)  0.30  0.30  0.30  0.30  0.30  0.30  t VII, Section A | Average hours per week (list any hours for related organizations below line)  0.30  0.30  X   Average hours per week (list any hours for related organizations below line)  0.30  0.30  0.30  x   Average hours per week (list any hours for related organizations below line)  0.30  0.30  X  0.30 | Average hours per week (list any hours for related organizations below line)  0.30  0.30  0.30  0.30  X  0.30 | Average hours per week (list any hours for related organizations below line)  0.30  0.30  X  0.30 | Average hours per week (list any hours for related organizations below line)  0.30  X  0.30 | (B) Average hours per week (list any hours for related organizations below line)  0.30  X  0.44,423,994. | Average hours per week (list any hours for related organizations below line)    0.30 |

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

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

#### Section B. Independent Contractors

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

| (A) Name and business address   | (B) Description of services     | (C)<br>Compensation |
|---|---------------------------------|---------------------|
| SHAW CONSTRUCTION, LLC  |                                 |                     |
| 300 KALAMATH STREET, DENVER, CO 80223   | BUILDING RENOVATIONS            | 7,201,946.          |
| SAFEGUARD WORLD INT'L LTD, FODEN BUS. CTR,  |                                 | -                   |
| MOSS LN, #24/25, SANDBACH, UNITED KINGDOM   | STAFFING AND PAYROLL SERVICES   | 1,220,103.          |
| COLORADO AUDIO VISUAL, INC.   |                                 |                     |
| 409 AABC, ASPEN, CO 81611   | AUDIO VISUAL SERVICES           | 1,101,941.          |
| MCKINSEY & COMPANY, INC., 251 LITTLE FALLS  |                                 |                     |
| DRIVE, WILMINGTON, DE 19808   | PROGRAM CONSULTING              | 835,280.            |
| TRI-TECH COMMUNICATIONS, INC., 625 LOCUST   |                                 |                     |
| STREET, SUITE 600, GARDEN CITY, NJ 11530  | AUDIO VISUAL SERVICES           | 700,880.            |
| <ul> <li>Total number of independent contractors (including but not limited to those liste \$100,000 of compensation from the organization</li> </ul> | d above) who received more than |                     |

SEE PART VII, SECTION A CONTINUATION SHEETS

| Form 990 THE ASPEN IN                       |                     |                                |                       |         |              |                              |        |                             | 84-03990                   | 006                      |
|---|---------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------|----------------------------|--------------------------|
| Part VII Section A. Officers, Directors, Tr | ustees, Key Er      | nplo                           | yee                   | s, a    | nd F         | lighe                        | est (  | Compensated Employe         | ees (continued)            |                          |
| (A)   | (B)                 |                                |                       | (0      | C)           |                              |        | (D)                         | (E)                        | (F)                      |
| Name and title                              | Average             |                                |                       | Pos     | ition        |                              |        | Reportable                  | Reportable                 | Estimated                |
|   | hours               | (c                             | heck                  | all     | that         | app                          | ly)    | compensation                | compensation               | amount of                |
|   | per<br>week         | or .                           |                       |         |              | Highest compensated employee |        | from<br>the<br>organization | from related organizations | other<br>compensation    |
|   | (list any hours for | Individual trustee or director |                       |         |              | d em b                       |        | (W-2/1099-MISC)             | (W-2/1099-MISC)            | from the<br>organization |
|   | related             | ee or                          | stee                  |         |              | nsate                        |        | (** 2) 1000 (**100)         |                            | and related              |
|   | organizations       | trust                          | Institutional trustee |         | oyee         | om pe                        |        |                             |                            | organizations            |
|   | below               | vidua                          | itutior               | Je:     | Key employee | nest c                       | ner    |                             |                            |                          |
|   | line)               | Indi                           | Inst                  | Officer | Key          | High                         | Former |                             |                            |                          |
| (27) ANN B. FRIEDMAN                        | 0.30                |                                |                       |         |              |                              |        |                             |                            |                          |
| TRUSTEE                                     |                     | Х                              |                       |         |              |                              |        | 0.                          | 0.                         | 0.                       |
| (28) JUAN RAMON DE LA FUENTE                | 0.30                |                                |                       |         |              |                              |        |                             |                            |                          |
| TRUSTEE                                     |                     | Х                              |                       |         |              |                              |        | 0.                          | 0.                         | 0.                       |
| (29) HENRY LOUIS GATES, JR.                 | 0.30                |                                |                       |         |              |                              |        |                             |                            |                          |
| TRUSTEE                                     |                     | Х                              |                       |         |              |                              |        | 0.                          | 0.                         | 0.                       |
| (30) MIRCEA D. GEOANA                       | 0.30                |                                |                       |         |              |                              |        |                             |                            |                          |
| TRUSTEE                                     |                     | х                              |                       |         |              |                              |        | 0.                          | 0.                         | 0.                       |
| (31) ANTONIO GRACIAS                        | 0.30                |                                |                       |         |              |                              |        |                             |                            |                          |
| TRUSTEE                                     |                     | х                              |                       |         |              |                              |        | 0.                          | 0.                         | 0.                       |
| (32) PATRICK W. GROSS                       | 0.30                |                                |                       |         |              |                              |        |                             |                            |                          |
| TRUSTEE                                     |                     | х                              |                       |         |              |                              |        | 0.                          | 0.                         | 0.                       |
| (33) ARJUN GUPTA                            | 0.30                |                                |                       |         |              |                              |        |                             |                            |                          |
| TRUSTEE                                     |                     | х                              |                       |         |              |                              |        | 0.                          | 0.                         | 0.                       |
| (34) JANE HARMAN                            | 0.30                |                                |                       |         |              |                              |        |                             |                            |                          |
| TRUSTEE                                     |                     | х                              |                       |         |              |                              |        | 0.                          | 0.                         | 0.                       |
| (35) KAYA HENDERSON                         | 0.30                |                                |                       |         |              |                              |        |                             |                            |                          |
| TRUSTEE                                     |                     | Х                              |                       |         |              |                              |        | 0.                          | 0.                         | 0.                       |
| (36) HAYNE HIPP                             | 0.30                |                                |                       |         |              |                              |        |                             |                            |                          |
| TRUSTEE                                     |                     | Х                              |                       |         |              |                              |        | 0.                          | 0.                         | 0.                       |
| (37) IVAN HODAC                             | 0.30                |                                |                       |         |              |                              |        |                             |                            |                          |
| TRUSTEE                                     |                     | Х                              |                       |         |              |                              |        | 0.                          | 0.                         | 0.                       |
| (38) MARK HOPLAMAZIAN                       | 0.30                |                                |                       |         |              |                              |        |                             |                            |                          |
| TRUSTEE                                     |                     | Х                              |                       |         |              |                              |        | 0.                          | 0.                         | 0.                       |
| (39) GERALD D. HOSIER                       | 0.30                |                                |                       |         |              |                              |        |                             |                            |                          |
| TRUSTEE                                     |                     | Х                              |                       |         |              |                              |        | 0.                          | 0.                         | 0.                       |
| (40) ROBERT HURST                           | 0.30                |                                |                       |         |              |                              |        |                             |                            |                          |
| TRUSTEE                                     |                     | Х                              |                       |         |              |                              |        | 0.                          | 0.                         | 0.                       |
| (41) NATALIE JARESKO                        | 0.30                |                                |                       |         |              |                              |        |                             |                            |                          |
| TRUSTEE                                     |                     | Х                              |                       |         |              |                              |        | 0.                          | 0.                         | 0.                       |
| (42) SALMAN KHAN                            | 0.30                |                                |                       |         |              |                              |        |                             |                            |                          |
| TRUSTEE                                     |                     | Х                              |                       |         |              |                              |        | 0.                          | 0.                         | 0.                       |
| (43) TEISUKE KITAYAMA                       | 0.30                | ]                              |                       |         |              |                              |        |                             |                            |                          |
| TRUSTEE                                     |                     | Х                              |                       |         | <u> </u>     |                              |        | 0.                          | 0.                         | 0.                       |
| (44) MICHAEL KLEIN                          | 0.30                | ]                              |                       |         |              |                              |        |                             |                            |                          |
| TRUSTEE                                     |                     | Х                              |                       |         | $oxed{oxed}$ |                              |        | 0.                          | 0.                         | 0.                       |
| (45) DAVID KOCH                             | 0.30                |                                |                       |         |              |                              |        |                             |                            |                          |
| TRUSTEE                                     |                     | Х                              | L                     |         |              |                              |        | 0.                          | 0.                         | 0.                       |
| (46) AMBASSADOR SATINDER K. LAMBAH          | 0.30                |                                |                       |         |              |                              |        |                             |                            |                          |
| TRUSTEE                                     |                     | Х                              |                       |         |              |                              |        | 0.                          | 0.                         | 0.                       |
|   |                     |                                |                       |         |              |                              |        |                             |                            |                          |
| Total to Part VII, Section A, line 1c       |                     | <u></u>                        |                       |         |              |                              |        |                             |                            |                          |

|  | NSTITUTE, IN  | ٠.                             |                       |           |              |                              |        |  | 84-03990                                 | 006   |
|--|---|--------------------------------|-----------------------|-----------|--------------|------------------------------|--------|--|--|---|
| Part VII   Section A. Officers, Directors, T | rustees, Key Er   | nplo                           | yee                   | s, aı     | nd H         | lighe                        | est (  | Compensated Employe                    | es (continued)                           |   |
| (A)<br>Name and title                        | (B)<br>Average<br>hours   |                                |                       | (C<br>Pos | C)<br>ition  |                              |        | (D) Reportable compensation from       | (E) Reportable compensation from related | (F) Estimated amount of   |
|  | per<br>week<br>(list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional trustee | Officer   | Key employee | Highest compensated employee | Former | the<br>organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MISC)         | other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
| (47) LAURA LAUDER<br>TRUSTEE                 | 0.30  | х                              |                       |           |              |                              |        | 0.                                     | 0.                                       | 0.  |
| (48) YO-YO MA                                | 0.30  |                                |                       |           |              |                              |        | -                                      | -  | <u> </u>  |
| TRUSTEE                                      |   | Х                              |                       |           |              |                              |        | 0.                                     | 0.                                       | 0.  |
| (49) JAMES M. MANYIKA                        | 0.30  |                                |                       |           |              |                              |        |  |  |   |
| TRUSTEE                                      |   | Х                              |                       |           |              |                              |        | 0.                                     | 0.                                       | 0.  |
| (50) WILLIAM E. MAYER                        | 0.30  |                                |                       |           |              |                              |        |  |  |   |
| TRUSTEE                                      |   | х                              |                       |           |              |                              |        | 0.                                     | 0.                                       | 0   |
| (51) BONNIE PALMER MCCLOSKEY                 | 0.30  |                                |                       |           |              |                              |        |  |  |   |
| TRUSTEE                                      |   | Х                              |                       |           |              |                              |        | 0.                                     | 0.                                       | 0   |
| (52) DAVID MCCORMICK                         | 0.30  |                                |                       |           |              |                              |        | -                                      | -  |   |
| TRUSTEE                                      |   | Х                              |                       |           |              |                              |        | 0.                                     | 0.                                       | 0   |
| (53) ANNE WELSH MCNULTY                      | 0.30  |                                |                       |           |              |                              |        |  |  |   |
| TRUSTEE                                      |   | Х                              |                       |           |              |                              |        | 0.                                     | 0.                                       | 0   |
| (54) DIANE L. MORRIS                         | 0.30  |                                |                       |           |              |                              |        |  |  |   |
| TRUSTEE                                      |   | Х                              |                       |           |              |                              |        | 0.                                     | 0.                                       | 0   |
| (55) KARLHEINZ MUHR                          | 0.30  |                                |                       |           |              |                              |        |  |  |   |
| TRUSTEE                                      |   | х                              |                       |           |              |                              |        | 0.                                     | 0.                                       | 0.  |
| (56) CLARE MUNANA                            | 0.30  |                                |                       |           |              |                              |        |  |  |   |
| TRUSTEE                                      |   | Х                              |                       |           |              |                              |        | 0.                                     | 0.                                       | 0   |
| (57) JERRY MURDOCK                           | 0.30  |                                |                       |           |              |                              |        |  |  |   |
| TRUSTEE                                      |   | Х                              |                       |           |              |                              |        | 0.                                     | 0.                                       | 0   |
| (58) MARC NATHANSON                          | 0.30  |                                |                       |           |              |                              |        |  |  |   |
| TRUSTEE                                      |   | Х                              |                       |           |              |                              |        | 0.                                     | 0.                                       | 0   |
| (59) WILLIAM A. NITZE                        | 0.30  |                                |                       |           |              |                              |        |  |  |   |
| TRUSTEE                                      |   | х                              |                       |           |              |                              |        | 0.                                     | 0.                                       | 0   |
| (60) HER MAJESTY QUEEN NOOR                  | 0.30  |                                |                       |           |              |                              |        |  |  |   |
| TRUSTEE                                      |   | Х                              |                       |           |              |                              |        | 0.                                     | 0.                                       | 0   |
| (61) JACQUELINE NOVOGRATZ                    | 0.30  |                                |                       |           |              |                              |        |  |  |   |
| TRUSTEE                                      |   | Х                              |                       |           |              |                              |        | 0.                                     | 0.                                       | 0   |
| (62) OLARA A. OTUNNU                         | 0.30  |                                |                       |           |              |                              |        |  |  |   |
| TRUSTEE                                      |   | Х                              |                       |           |              |                              |        | 0.                                     | 0.                                       | 0   |
| (63) ELAINE PAGELS                           | 0.30  |                                |                       |           |              |                              |        |  |  |   |
| TRUSTEE                                      |   | Х                              |                       |           |              |                              |        | 0.                                     | 0.                                       | 0.  |
| (64) CARRIE WALTON PENNER                    | 0.30  |                                |                       |           |              |                              |        |  |  |   |
| TRUSTEE                                      |   | Х                              |                       |           |              |                              |        | 0.                                     | 0.                                       | 0 .   |
| (65) MARGOT L. PRITZKER                      | 0.30  |                                |                       |           |              |                              |        |  |  |   |
| TRUSTEE                                      |   | Х                              |                       |           |              |                              |        | 0.                                     | 0.                                       | 0   |
| (66) PETER A. REILING                        | 0.30  |                                |                       |           |              |                              |        |  |  |   |
| TRUSTEE                                      | 1   | Х                              | ı                     | I         | 1            | ı                            | 1      | 0.1                                    | 0.                                       | 0   |

| Form 990 THE ASPEN INS                         | STITUTE, IN       | C.                             |                       |              |              |                              |          |                     | 84-03990        | 006                         |
|--|-------------------|--------------------------------|-----------------------|--------------|--------------|------------------------------|----------|---------------------|-----------------|-----------------------------|
| Part VII   Section A. Officers, Directors, Tru | ıstees, Key Er    | nplo                           | yee                   | s, aı        | nd H         | ligh                         | est (    | Compensated Employe | ees (continued) |                             |
| (A)  | (B)               |                                |                       | (0           | C)           |                              |          | (D)                 | (E)             | (F)                         |
| Name and title                                 | Average           |                                |                       | Pos          | ition        | 1                            |          | Reportable          | Reportable      | Estimated                   |
|  | hours             | (c                             | heck                  | all :        | that         | арр                          | ly)      | compensation        | compensation    | amount of                   |
|  | per               |                                |                       |              |              |                              |          | from                | from related    | other                       |
|  | week              | _                              |                       |              |              | oyee                         |          | the                 | organizations   | compensation                |
|  | (list any         | irecto                         |                       |              |              | emp                          |          | organization        | (W-2/1099-MISC) | from the                    |
|  | hours for related | ord                            | tee                   |              |              | sated                        |          | (W-2/1099-MISC)     |                 | organization<br>and related |
|  | organizations     | rustee                         | l trus                |              | ee<br>(ee    | n pen                        |          |                     |                 | organizations               |
|  | below             | Individual trustee or director | Institutional trustee | _            | Key employee | Highest compensated employee | <u></u>  |                     |                 | organizations               |
|  | line)             | Indivi                         | Institu               | Officer      | Key e        | Highe                        | Former   |                     |                 |                             |
| (67) LYNDA RESNICK                             | 0.30              |                                |                       |              |              |                              |          |                     |                 |                             |
| TRUSTEE  |                   | х                              |                       |              |              |                              |          | 0.                  | 0.              | 0.                          |
| (68) CONDOLEEZZA RICE                          | 0.30              |                                |                       |              |              |                              |          |                     |                 |                             |
| TRUSTEE  |                   | Х                              |                       |              |              |                              |          | 0.                  | 0.              | 0.                          |
| (69) JIM ROGERS                                | 0.30              |                                |                       |              |              |                              |          |                     |                 |                             |
| TRUSTEE  |                   | Х                              |                       |              |              |                              |          | 0.                  | 0.              | 0.                          |
| (70) RICARDO SALINAS                           | 0.30              |                                |                       |              |              |                              |          |                     |                 |                             |
| TRUSTEE  |                   | Х                              |                       |              |              |                              |          | 0.                  | 0.              | 0.                          |
| (71) LEWIS SANDERS                             | 0.30              | -                              |                       |              |              |                              |          | _                   | _               | _                           |
| TRUSTEE  |                   | Х                              | _                     |              |              |                              |          | 0.                  | 0.              | 0.                          |
| (72) ANNA DEAVERE SMITH                        | 0.30              | ł                              |                       |              |              |                              |          |                     | •               |                             |
| TRUSTEE (7.2.) MICHIEL GMITTH                  | 0.30              | Х                              | _                     |              |              | _                            |          | 0.                  | 0.              | 0.                          |
| (73) MICHELLE SMITH                            | 0.30              | .,                             |                       |              |              |                              |          |                     | 0               |                             |
| TRUSTEE (74) JAVIER SOLANA                     | 0.30              | Х                              |                       |              |              |                              |          | 0.                  | 0.              | 0.                          |
| TRUSTEE  | 0.30              | X                              |                       |              |              |                              |          | 0.                  | 0.              | 0.                          |
| (75) ROBERT K. STEEL                           | 0.30              | ^                              |                       |              |              |                              |          | 0.                  | 0.              | 0.                          |
| TRUSTEE  | - 0.30            | x                              |                       |              |              |                              |          | 0.                  | 0.              | 0.                          |
| (76) SHASHI THAROOR                            | 0.30              |                                |                       |              |              |                              |          |                     | •               |                             |
| TRUSTEE  |                   | х                              |                       |              |              |                              |          | 0.                  | 0.              | 0.                          |
| (77) LAURIE M. TISCH                           | 0.30              |                                |                       |              |              |                              |          | -                   |                 | -                           |
| TRUSTEE  |                   | х                              |                       |              |              |                              |          | 0.                  | 0.              | 0.                          |
| (78) GIULIO TREMONTI                           | 0.30              |                                |                       |              |              |                              |          |                     |                 | _                           |
| TRUSTEE  |                   | х                              |                       |              |              |                              |          | 0.                  | 0.              | 0.                          |
| (79) ECKART VON KLAEDEN                        | 0.30              |                                |                       |              |              |                              |          |                     |                 |                             |
| TRUSTEE  |                   | х                              |                       |              |              |                              |          | 0.                  | 0.              | 0.                          |
| (80) RODERICK K. VON LIPSEY                    | 0.30              |                                |                       |              |              |                              |          |                     |                 |                             |
| TRUSTEE  |                   | Х                              |                       |              |              |                              |          | 0.                  | 0.              | 0.                          |
| (81) VIN WEBER                                 | 0.30              |                                |                       |              |              |                              |          |                     |                 |                             |
| TRUSTEE  |                   | Х                              |                       |              |              |                              |          | 0.                  | 0.              | 0.                          |
| (82) DANIEL PORTERFIELD                        | 40.00             | _                              |                       |              |              |                              |          |                     |                 |                             |
| PRESIDENT & CEO - AS OF 06/2018                |                   | Х                              |                       | Х            |              |                              |          | 442,351.            | 0.              | 20,073.                     |
| (83) WALTER ISAACSON                           | 20.00             | -                              |                       |              |              |                              |          |                     | _               |                             |
| PRESIDENT & CEO - UNTIL 06/2018                |                   | Х                              | _                     | Х            |              |                              |          | 217,190.            | 0.              | 19,617.                     |
| (84) ELLIOT GERSON                             | 40.00             | -                              |                       |              |              |                              |          | 400 610             | •               | 115 050                     |
| EXECUTIVE VP                                   | 40.00             |                                |                       | Х            |              |                              |          | 409,612.            | 0.              | 115,058.                    |
| (85) ERIC MOTLEY                               | 40.00             | 1                              |                       | <sub>~</sub> |              |                              |          | 426 004             |                 | E2 E40                      |
| EVP, CORP SECRETARY  (86) NAMITA KHASAT        | 40.00             |                                | $\vdash$              | Х            |              | $\vdash$                     |          | 426,004.            | 0.              | 53,549.                     |
| CFO/CAO/TREASURER                              | #0.00             | 1                              |                       | х            |              |                              |          | 384,715.            | 0.              | 54,313.                     |
| 2. C. CHO, IRLINORDIK                          | <u> </u>          | <u> </u>                       |                       | L **         | <u> </u>     |                              | <u> </u> | 301,713.            | 0.              | 5=,515.                     |
| Total to Part VII, Section A, line 1c          |                   |                                |                       |              |              |                              |          |                     |                 |                             |
| Total to Fait VII, OcciloITA, IIIIe To         |                   |                                |                       |              |              |                              |          | <u>I</u>            |                 |                             |

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| Form 990 THE ASPEN IN                        | STITUTE, IN       | C.                             |                       |         |              |                              |        |   | 84-03990                         | 006                   |
|--|-------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|---|----------------------------------|-----------------------|
| Part VII Section A. Officers, Directors, Tru | ıstees, Key En    | nplo                           | yee                   | s, a    | nd F         | ligh                         | est (  | Compensated Employe                           | es (continued)                   |                       |
| (A)  | (B)               |                                |                       |         | C)           |                              |        | (D)   | (E)                              | (F)                   |
| Name and title                               | Average           |                                | Position              |         |              | 1                            |        | Reportable                                    | Reportable                       | Estimated             |
|  | hours             | (c                             | neck                  | all     | that         | app                          | ly)    | compensation                                  | compensation                     | amount of             |
|  | per               |                                |                       |         |              |                              |        | from  | from related                     | other                 |
|  | week<br>(list any | or or                          |                       |         |              | oloyee                       |        | the<br>organization                           | organizations<br>(W-2/1099-MISC) | compensation from the |
|  | hours for         | direct                         |                       |         |              | d em j                       |        | (W-2/1099-MISC)                               | (***-2/1099-141130)              | organization          |
|  | related           | ee or                          | stee                  |         |              | nsate                        |        | (** 2/ 1000 ********************************* |                                  | and related           |
|  | organizations     | Individual trustee or director | Institutional trustee |         | oyee         | Highest compensated employee |        |   |                                  | organizations         |
|  | below             | vidua                          | itutio                | Je.     | Key employee | hest c                       | Former |   |                                  |                       |
|  | line)             | Indi                           | Inst                  | Officer | Key          | Hig                          | Forr   |   |                                  |                       |
| (87) RAJIV VINNAKOTA                         | 40.00             |                                |                       |         |              |                              |        |   |                                  |                       |
| EXECUTIVE VP - UNTIL 08/2018                 |                   |                                |                       | Х       |              |                              |        | 312,599.                                      | 0.                               | 42,456.               |
| (88) DAVID LANGSTAFF                         | 32.00             |                                |                       |         |              |                              |        |   |                                  |                       |
| EXEC. VICE PRESIDENT                         |                   |                                |                       | Х       |              |                              |        | 215,458.                                      | 0.                               | 26,405.               |
| (89) AMY DEMARIA                             | 40.00             |                                |                       |         |              |                              |        |   |                                  |                       |
| EVP COMM./MRKTNG - AS OF 06/18               |                   |                                |                       | Х       |              |                              |        | 178,510.                                      | 0.                               | 6,492.                |
| (90) PETER REILING                           | 40.00             |                                |                       |         |              |                              |        |   |                                  |                       |
| EXECUTIVE VP - UNTIL 04/2018                 |                   |                                |                       | Х       |              |                              |        | 165,346.                                      | 0.                               | 28,280.               |
| (91) CHARLES FIRESTONE                       | 40.00             | ł                              |                       |         |              |                              |        |   | _                                |                       |
| EXECUTIVE DIRECTOR                           |                   |                                |                       |         |              | Х                            |        | 365,041.                                      | 0.                               | 66,813.               |
| (92) DAN GLICKMAN                            | 40.00             |                                |                       |         |              |                              |        | 242 524                                       |                                  | 42.050                |
| VICE PRESIDENT & EXECUTIVE DIRECTOR          | 10.00             |                                |                       |         |              | Х                            |        | 340,634.                                      | 0.                               | 43,859.               |
| (93) MICKEY EDWARDS                          | 40.00             |                                |                       |         |              |                              |        | 222 465                                       |                                  | F2 F22                |
| VICE PRESIDENT & PROGRAM DIRECTOR            | 40.00             |                                |                       |         |              | Х                            |        | 339,465.                                      | 0.                               | 53,533.               |
| (94) MARGARET CLARK                          | 40.00             |                                |                       |         |              | ,,                           |        | 210 602                                       | 0                                | 64 526                |
| VP POLICY PROGRAMS (95) KATHERINE BOONE      | 40.00             |                                |                       |         |              | Х                            |        | 319,683.                                      | 0.                               | 64,526.               |
| VP & PROGRAM DIRECTOR                        | 40.00             |                                |                       |         |              | x                            |        | 307,386.                                      | 0.                               | 70 075                |
| VI & PROGRAM DIRECTOR                        |                   |                                |                       |         |              | _                            |        | 307,300.                                      | 0.                               | 78,975.               |
|  |                   |                                |                       |         |              |                              |        |   |                                  |                       |
|  |                   |                                |                       |         |              |                              |        |   |                                  |                       |
|  |                   |                                |                       |         |              |                              |        |   |                                  |                       |
|  |                   |                                |                       |         |              |                              |        |   |                                  |                       |
|  |                   |                                |                       |         |              |                              |        |   |                                  |                       |
|  |                   |                                |                       |         |              |                              |        |   |                                  |                       |
|  |                   |                                |                       |         |              |                              |        |   |                                  |                       |
|  |                   |                                |                       |         |              |                              |        |   |                                  |                       |
|  |                   |                                |                       |         |              |                              |        |   |                                  |                       |
|  |                   |                                |                       |         |              |                              |        |   |                                  |                       |
|  |                   |                                |                       |         |              |                              |        |   |                                  |                       |
|  |                   |                                |                       |         |              |                              |        |   |                                  |                       |
|  |                   |                                |                       |         |              |                              |        |   |                                  |                       |
|  |                   |                                |                       |         |              |                              |        |   |                                  |                       |
|  |                   |                                |                       |         |              |                              |        |   |                                  |                       |
|  |                   |                                |                       |         |              |                              |        |   |                                  |                       |
|  |                   |                                |                       |         |              |                              |        |   |                                  |                       |
|  |                   |                                |                       |         |              |                              |        |   |                                  |                       |
|  |                   |                                |                       |         |              |                              |        |   |                                  |                       |
|  |                   |                                |                       |         |              |                              |        |   |                                  |                       |
|  |                   |                                |                       |         |              |                              |        |   |                                  |                       |
|  |                   |                                |                       |         |              |                              |        |   |                                  |                       |
| Total to Part VII, Section A, line 1c        |                   |                                |                       |         |              |                              |        | 4,423,994.                                    |                                  | 673,949.              |

| Form   | 990   | ) (2 | 2018) THE ASP  | EN INSTITUTE         | , INC.              |                             |  | 84-039900                             | 6 Page 9   |
|--|---|------|--|----------------------|---------------------|-----------------------------|--|---------------------------------------|--|
|  | rt V  |      |  | nue                  |                     |                             |  |                                       |  |
|  |   |      | Check if Schedule O cont                                 | ains a response      | or note to any line | e in this Part VIII         |  |                                       |  |
|  |   |      |  |                      |                     | <b>(A)</b><br>Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue        | ( <b>D)</b> Revenue excluded from tax under sections 512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 :   | а    | Federated campaigns                                      | 1a                   |                     |                             |  |                                       |  |
| ran  |   |      | Membership dues  | 1 1                  |                     |                             |  |                                       |  |
| G, G   |   | С    | Fundraising events                                       | 1c                   | 1,974,447.          |                             |  |                                       |  |
| iifts<br>ar A  |   |      | Related organizations                                    |                      |                     |                             |  |                                       |  |
| s, G   |   | е    | Government grants (contribut                             | ions) 1e             | 4,790,500.          |                             |  |                                       |  |
| ion  | 1   | f    | All other contributions, gifts, gran                     | its, and             |                     |                             |  |                                       |  |
| but<br>the   |   |      | similar amounts not included abo                         | ve <b>1f</b>         | 87,995,570.         |                             |  |                                       |  |
| nti<br>d O   |   | g    | Noncash contributions included in lines                  | 1a-1f: \$            | 6,754,371.          |                             |  |                                       |  |
| Co   |   | h    | Total. Add lines 1a-1f                                   |                      |                     | 94,760,517.                 |  |                                       |  |
|  |   |      |  |                      | Business Code       |                             |  |                                       |  |
| e  | 2   | _    | CONTRACT REVENUE   |                      | 900099              | 18,001,492.                 | 18,001,492.                            |                                       |  |
| Program Service<br>Revenue                             |   | -    | SEMINAR AND EVENT FEES                                   | <u> </u>             | 900099              | 11,015,799.                 | 11,015,799.                            |                                       |  |
| ר Se<br>enu  |   | _    | CONF./FACILITY FEES                                      |                      | 531390              | 9,943,333.                  |  | 9,943,333.                            |  |
| ran<br>}ev   |   | d    | BOOK SALES   |                      | 900099              | 13,986.                     | 13,986.                                |                                       |  |
| rog  |   | е    |  |                      |                     |                             |  |                                       |  |
| Д  | 1   |      | All other program service reve                           |                      |                     |                             |  |                                       |  |
|  |   | g    | Total. Add lines 2a-2f                                   |                      |                     | 38,974,610.                 |  |                                       |  |
|  | 3   |      | Investment income (including                             |                      |                     | 70 224                      |  | 770 224                               | 700 000  |
|  |   |      | other similar amounts)                                   |                      |                     | 70,334.                     |  | 779,334.                              | -709,000.  |
|  | 4 Income from investment of tax-exempt bond proce 5 Royalties |      | ſ  |                      |                     |                             |  |                                       |  |
|  | 5   |      | Royalties  |                      |                     |                             |  |                                       |  |
|  | _   | _    | Ouese wents  | (i) Real<br>145,584. | (ii) Personal       |                             |  |                                       |  |
|  |   |      | Gross rents  | 99,579.              |                     |                             |  |                                       |  |
|  |   |      | Less: rental expenses Rental income or (loss)            | 46,005.              |                     |                             |  |                                       |  |
|  |   |      | Net rental income or (loss)                              | 10,003.              |                     | 46,005.                     |  |                                       | 46,005.  |
|  |   |      | Gross amount from sales of                               | (i) Securities       | (ii) Other          | 10,003.                     |  |                                       | 10,003.  |
|  | •   | а    | assets other than inventory                              | 78,236,525.          | (ii) Other          |                             |  |                                       |  |
|  |   | h    | Less: cost or other basis                                | 7 - 1 - 1            |                     |                             |  |                                       |  |
|  |   | ~    | and sales expenses                                       | 78,342,327.          |                     |                             |  |                                       |  |
|  |   | С    | Gain or (loss)   |                      |                     |                             |  |                                       |  |
|  |   |      | Net gain or (loss)                                       |                      | <b></b>             | -105,802.                   |  |                                       | -105,802.  |
|  |   |      | Gross income from fundraising                            |                      | ,                   |                             |  |                                       |  |
| nue  |   |      | including \$ 1,974                                       |                      |                     |                             |  |                                       |  |
| eve  |   |      | contributions reported on line                           |                      |                     |                             |  |                                       |  |
| r R  |   |      | Part IV, line 18   | а                    | 131,254.            |                             |  |                                       |  |
| Other Revenue  |   | b    | Less: direct expenses                                    |                      | 613,031.            |                             |  |                                       |  |
| 0  |   | С    | Net income or (loss) from fund                           | draising events      | <b></b>             | -481,777.                   |  |                                       | -481,777.  |
|  | 9   | а    | Gross income from gaming ac                              | ctivities. See       |                     |                             |  |                                       |  |
|  |   |      | Part IV, line 19   | а                    |                     |                             |  |                                       |  |
|  |   | b    | Less: direct expenses                                    | b                    |                     |                             |  |                                       |  |
|  |   | С    | Net income or (loss) from gam                            | ning activities      | <b></b>             |                             |  |                                       |  |
|  | 10  | а    | Gross sales of inventory, less                           | returns              |                     |                             |  |                                       |  |
|  |   |      | and allowances   | a                    |                     |                             |  |                                       |  |
|  |   |      | Less: cost of goods sold                                 |                      |                     |                             |  |                                       |  |
|  |   | С    | Net income or (loss) from sale                           |                      | <b>&gt;</b>         |                             |  |                                       |  |
|  |   |      | Miscellaneous Revenu                                     | e                    | Business Code       | 440.05                      |  |                                       | 442.051  |
|  |   |      | OTHER INCOME   |                      | 900099              | 443,054.                    |  | 252 251                               | 443,054.   |
|  |   |      | ADVERTISING INCOME                                       |                      | 541800              | 252,971.                    |  | 252,971.                              | 170 000  |
|  |   | _    | SUBLEASE INCOME  |                      | 900099              | 172,800.                    |  |                                       | 172,800.   |
|  |   |      | All other revenue  |                      |                     | 868,825.                    |  |                                       |  |
|  | 12  |      | Total. Add lines 11a-11d Total revenue. See instructions |                      | <b>-</b>            |                             | 29,031,277.                            | 10 975 638                            | -634 720   |
|  | 12  |      | TOTAL LEVELUE THE HISH HIGHORS                           |                      |                     | ,,,,                        |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 1 004,140.   |

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#### Part IX Statement of Functional Expenses

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

|     | Check if Schedule O contains a respons not include amounts reported on lines 6b,  | (A) Total expenses | (B) Program service | (C)<br>Management and | ( <b>D</b> ) Fundraising |
|-----|---|--------------------|---------------------|-----------------------|--------------------------|
| 7b, | 8b, 9b, and 10b of Part VIII.   |                    | expenses            | general expenses      | expenses                 |
| 1   | Grants and other assistance to domestic organizations   | 10 101 205         | 40 404 205          |                       |                          |
|     | and domestic governments. See Part IV, line 21  | 10,124,396.        | 10,124,396.         |                       |                          |
| 2   | Grants and other assistance to domestic   | 404 400            | 404 400             |                       |                          |
|     | individuals. See Part IV, line 22   | 421,100.           | 421,100.            |                       |                          |
| 3   | Grants and other assistance to foreign  |                    |                     |                       |                          |
|     | organizations, foreign governments, and foreign   | 4 554 550          | 4 554 550           |                       |                          |
|     | individuals. See Part IV, lines 15 and 16   | 1,571,570.         | 1,571,570.          |                       |                          |
| 4   | Benefits paid to or for members   |                    |                     |                       |                          |
| 5   | Compensation of current officers, directors,  | 2 001 070          | 121 260             | 0 510 044             | 020 885                  |
|     | trustees, and key employees   | 3,081,979.         | 131,360.            | 2,710,844.            | 239,775                  |
| 6   | Compensation not included above, to disqualified  |                    |                     |                       |                          |
|     | persons (as defined under section 4958(f)(1)) and   |                    |                     |                       |                          |
|     | persons described in section 4958(c)(3)(B)  | 45 250 005         | 22 100 556          | 10 210 000            | 1 000 241                |
| 7   | Other salaries and wages  | 45,372,897.        | 33,189,556.         | 10,310,000.           | 1,873,341                |
| 8   | Pension plan accruals and contributions (include  | 2 721 000          | 2 205 006           | 250 146               | 104 005                  |
| _   | section 401(k) and 403(b) employer contributions)   | 3,731,029.         | 3,295,996.          | 250,146.              | 184,887                  |
| 9   | Other employee benefits   | 4,177,253.         | 3,694,673.          | 280,947.              | 201,633                  |
| 10  | Payroll taxes   | 3,036,189.         | 2,576,339.          | 299,626.              | 160,224                  |
| 11  | Fees for services (non-employees):  | 14 040 017         | 14 040 017          |                       |                          |
| a   | Management  | 14,949,917.        | 14,949,917.         | 162 546               |                          |
| b   | Legal   | 163,546.           |                     | 163,546.              |                          |
| С   | Accounting  | 171,020.           |                     | 171,020.              |                          |
| d   | Lobbying  |                    |                     |                       |                          |
| e   | Professional fundraising services. See Part IV, line 17   | 1 004 121          |                     | 1 004 121             |                          |
| f   | Investment management fees  | 1,084,131.         |                     | 1,084,131.            |                          |
| g   | Other. (If line 11g amount exceeds 10% of line 25,  | 11 026 204         | 0 752 402           | 1 272 001             |                          |
|     | column (A) amount, list line 11g expenses on Sch O.)  | 11,026,394.        | 9,752,403.          | 1,273,991.            | 6,014                    |
| 12  | Advertising and promotion   | 5,249,952.         | 4,320,244.          | 641,742.              | 287,966                  |
| 13  | Office expenses   | · · · · · ·        | · · ·               | · · · · · ·           | -                        |
| 14  | Information technology  | 2,641,243.         | 1,150,694.          | 1,290,562.            | 199,987                  |
| 15  | Royalties   | 5,876,990.         | 3,190,353.          | 2,543,392.            | 143,245                  |
| 16  | Occupancy   | 14,506,676.        | 13,103,685.         | 952,263.              | 450,728                  |
| 17  | Travel  | 14,500,070.        | 13,103,003.         | 332,203.              | 430,720                  |
| 18  | Payments of travel or entertainment expenses  | 481,812.           | 481,812.            |                       |                          |
|     | for any federal, state, or local public officials   | 3,182,269.         | 3,154,238.          | 28,031.               |                          |
| 19  | Conferences, conventions, and meetings  | 1,283.             | 3,134,230.          | 1,283.                |                          |
| 20  | Interest  | 1,203.             |                     | 1,203.                |                          |
| 21  | Payments to affiliates  | 3,691,581.         |                     | 3,691,581.            |                          |
| 22  |   | 389,017.           |                     | 389,017.              |                          |
| 23  | Other expenses. Itemize expenses not covered  | 305,017.           |                     | 333,017.              |                          |
| 24  | above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                    |                     |                       |                          |
| а   | REPAIRS AND MAINTENANCE   | 2,181,499.         | 1,654,070.          | 525,911.              | 1,518                    |
| b   | AUDIO/VISUAL  | 1,968,126.         | 1,452,259.          | 450,356.              | 65,511                   |
| c   | PUBLICATIONS  | 1,606,924.         | 1,524,218.          | 61,420.               | 21,286                   |
| d   | PARTNER REIMBURSEMENTS  | 1,543,428.         | 1,543,428.          | , == · ·              | ,                        |
| e   | All other expenses  | 781,072.           | 465,423.            | 83,196.               | 232,453                  |
| 25  | Total functional expenses. Add lines 1 through 24e  | 143,100,716.       | 111,820,774.        | 27,211,374.           | 4,068,568                |
| 26  | Joint costs. Complete this line only if the organization  | , ,                | , ,                 | . ,                   | , ,                      |
|     | reported in column (B) joint costs from a combined  |                    |                     |                       |                          |
|     | educational campaign and fundraising solicitation.  |                    |                     |                       |                          |
|     | Check here if following SOP 98-2 (ASC 958-720)  |                    |                     |                       |                          |

# Form 990 (2018) Part X Balance Sheet

| Part          | . ^ | balance Sneet  |              |                          |                                 |             |                           |
|---------------|-----|--|--------------|--------------------------|---------------------------------|-------------|---------------------------|
|               |     | Check if Schedule O contains a response or not       | e to any     | line in this Part X      |                                 |             |                           |
|               |     |  |              |                          | <b>(A)</b><br>Beginning of year |             | <b>(B)</b><br>End of year |
|               | 1   | Cash - non-interest-bearing                          |              |                          | 2,379.                          | 1           | 2,324                     |
|               | 2   | Savings and temporary cash investments               |              |                          | 4,944,620.                      | 2           | 7,904,527                 |
|               | 3   | Pledges and grants receivable, net                   |              |                          | 45,288,286.                     | 3           | 34,216,522                |
|               | 4   | Accounts receivable, net                             |              | 6,153,822.               | 4                               | 15,568,800  |                           |
|               | 5   | Loans and other receivables from current and fo      |              |                          |                                 |             |                           |
|               |     | trustees, key employees, and highest compensation    | ated emp     | oloyees. Complete        |                                 |             |                           |
|               |     | Part II of Schedule L                                |              |                          |                                 | 5           |                           |
|               | 6   | Loans and other receivables from other disquali      |              |                          |                                 |             |                           |
|               |     | section 4958(f)(1)), persons described in section    | 4958(c)      | (3)(B), and contributing |                                 |             |                           |
|               |     | employers and sponsoring organizations of sect       |              |                          |                                 |             |                           |
| တ္က           |     | employees' beneficiary organizations (see instr).    |              | 6                        |                                 |             |                           |
| Assets        | 7   | Notes and loans receivable, net                      |              |                          | 7                               |             |                           |
| &             | 8   | Inventories for sale or use                          |              |                          | 109,042.                        | 8           | 148,115                   |
|               | 9   | B  |              |                          | 1,913,560.                      | 9           | 1,919,126                 |
|               | 10a | Land, buildings, and equipment: cost or other        |              |                          |                                 |             |                           |
|               |     | basis. Complete Part VI of Schedule D                | 10a          | 115,551,396.             |                                 |             |                           |
|               | b   | Less: accumulated depreciation                       | 10b          | 49,573,814.              | 62,166,500.                     | 10c         | 65,977,582                |
|               | 11  | Investments - publicly traded securities             |              |                          | 33,158,991.                     | 11          | 26,305,789                |
|               | 12  | Investments - other securities. See Part IV, line    |              | 175,862,442.             | 12                              | 165,467,450 |                           |
|               | 13  | Investments - program-related. See Part IV, line     |              |                          | 13                              |             |                           |
|               | 14  | Intangible assets                                    |              | 14                       |                                 |             |                           |
|               | 15  | Other assets. See Part IV, line 11                   |              | 3,608,487.               | 15                              | 3,614,065   |                           |
|               | 16  | Total assets. Add lines 1 through 15 (must equ       | 333,208,129. | 16                       | 321,124,300                     |             |                           |
|               | 17  | Accounts payable and accrued expenses                | 16,623,759.  | 17                       | 12,673,023                      |             |                           |
|               | 18  | Grants payable                                       | 6,910,597.   | 18                       | 4,908,602                       |             |                           |
|               | 19  | Deferred revenue                                     |              | 6,531,509.               | 19                              | 5,708,367   |                           |
| :             | 20  | Tax-exempt bond liabilities                          |              |                          |                                 | 20          |                           |
| :             | 21  | Escrow or custodial account liability. Complete      |              |                          |                                 | 21          |                           |
| ا ي           | 22  | Loans and other payables to current and former       | officers,    | , directors, trustees,   |                                 |             |                           |
| <u>≅</u>      |     | key employees, highest compensated employee          | es, and d    | isqualified persons.     |                                 |             |                           |
| Liabilities   |     | Complete Part II of Schedule L                       |              |                          |                                 | 22          |                           |
| <b>≔</b>   :  | 23  | Secured mortgages and notes payable to unrela        |              |                          |                                 | 23          |                           |
| :             | 24  | Unsecured notes and loans payable to unrelated       | d third pa   | arties                   |                                 | 24          |                           |
| :             | 25  | Other liabilities (including federal income tax, pa  | yables to    | o related third          |                                 |             |                           |
|               |     | parties, and other liabilities not included on lines | 3 17-24).    | Complete Part X of       |                                 |             |                           |
|               |     | Schedule D   |              |                          | 14,266,814.                     | 25          | 19,073,469                |
| :             | 26  | Total liabilities. Add lines 17 through 25           |              |                          | 44,332,679.                     | 26          | 42,363,461                |
|               |     | Organizations that follow SFAS 117 (ASC 958          | ), check     | here 🕨 🗓 and             |                                 |             |                           |
| န္            |     | complete lines 27 through 29, and lines 33 an        | d 34.        |                          |                                 |             |                           |
| ğ   :         | 27  | Unrestricted net assets                              |              |                          | 100,483,643.                    | 27          | 109,870,989               |
| <u>ga</u>   : | 28  | Temporarily restricted net assets                    | 129,740,987. | 28                       | 109,025,842                     |             |                           |
| 달   :         | 29  | Permanently restricted net assets                    | 58,650,820.  | 29                       | 59,864,008                      |             |                           |
| 호             |     | Organizations that do not follow SFAS 117 (A         | SC 958)      | , check here 🕨 🔲 📗       |                                 |             |                           |
| ō             |     | and complete lines 30 through 34.                    |              |                          |                                 |             |                           |
| ets :         | 30  | Capital stock or trust principal, or current funds   |              |                          |                                 | 30          |                           |
| 4ss           | 31  | Paid-in or capital surplus, or land, building, or ed |              |                          |                                 | 31          |                           |
| <u>•</u>      | 32  | Retained earnings, endowment, accumulated in         |              |                          |                                 | 32          |                           |
| <b>Z</b>   ;  | 33  | Total net assets or fund balances                    |              |                          | 288,875,450.                    | 33          | 278,760,839               |
| ;             | 34  | Total liabilities and net assets/fund balances .     |              |                          | 333,208,129.                    | 34          | 321,124,300               |

84-0399006

| Pa | 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         | 134 | ,132, | 712.     |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2         |     | ,100, |          |
| 3  | Revenue less expenses. Subtract line 2 from line 1  | 3         | -8  | ,968, | 004.     |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                             | 4         | 288 | ,875, | 450.     |
| 5  | Net unrealized gains (losses) on investments  | 5         |     | -14,  | 713.     |
| 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 in Schedule O)  | 9         | -1  | ,131, | 894.     |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,                    |           |     |       |          |
|    | column (B))   | 10        | 278 | 760,  | 839.     |
| Pa | rt XII Financial Statements and Reporting   |           |     |       |          |
|    | Check if Schedule O contains a response or note to any line in this Part XII  |           |     |       | <u>Ш</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 in Schedule        | Ο.        |     |       |          |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?                       |           | 2a  |       | Х        |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed       | on a      |     |       |          |
|    | separate basis, consolidated basis, or both:  |           |     |       |          |
|    | Separate basis Consolidated basis Both consolidated and separate basis  |           |     |       |          |
| b  | Were the organization's financial statements audited by an independent accountant?                                    |           | 2b  | Х     |          |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate      | basis,    |     |       |          |
|    | consolidated basis, or both:  |           |     |       |          |
|    | Separate basis  |           |     |       |          |
| С  | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the    | audit,    |     |       |          |
|    | review, or compilation of its financial statements and selection of an independent accountant?                        |           | 2c  | Х     |          |
|    | If the organization changed either its oversight process or selection process during the tax year, explain in Sche    | dule O.   |     |       |          |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin   | gle Audit |     |       |          |
|    | Act and OMB Circular A-133?   |           | 3a  | Х     | <u> </u> |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | red audit |     |       |          |
|    | or audits, explain why in Schedule O and describe any steps taken to undergo such audits                              |           | 3b  | Х     |          |

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

| Nan      | me of the organization Employer identification number |   |                                       |   |                  |                    |                 |                         |                            |  |
|----------|---|---|---------------------------------------|---|------------------|--------------------|-----------------|-------------------------|----------------------------|--|
|          |   |   | PEN INSTITUTE,                        |   |                  |                    |                 |                         | 84-0399006                 |  |
| Pa       | rt I  | Reason for Public (                                     | Charity Status (                      | All organizations must co                       | mplete th        | is part.) Se       | e instructions  | 3.                      |                            |  |
| The      | organ   | ization is not a private found                          | ation because it is: (l               | For lines 1 through 12, c                       | heck only        | one box.)          |                 |                         |                            |  |
| 1        |   | A church, convention of ch                              | urches, or associatio                 | on of churches described                        | in <b>sectio</b> | n 170(b)(1         | I)(A)(i).       |                         |                            |  |
| 2        |   | A school described in secti                             | ion 170(b)(1)(A)(ii). (               | Attach Schedule E (Forn                         | n 990 or 99      | 90-EZ).)           |                 |                         |                            |  |
| 3        |   | A hospital or a cooperative                             | hospital service orga                 | anization described in se                       | ection 170       | )(b)(1)(A)(ii      | ii).            |                         |                            |  |
| 4        |   | A medical research organization                         | ation operated in co                  | njunction with a hospital                       | described        | l in <b>sectio</b> | n 170(b)(1)(A   | )(iii). Enter           | the hospital's name,       |  |
|          |   | city, and state:  |                                       |   |                  |                    |                 |                         |                            |  |
| 5        |   | An organization operated for                            | or the benefit of a co                | llege or university owned                       | or operat        | ed by a go         | vernmental u    | nit describe            | ed in                      |  |
|          |   | section 170(b)(1)(A)(iv). (C                            | Complete Part II.)                    |   |                  |                    |                 |                         |                            |  |
| 6        | Щ   | A federal, state, or local gov                          | vernment or governm                   | nental unit described in                        | section 17       | 70(b)(1)(A)        | (v).            |                         |                            |  |
| 7        | Х   | An organization that norma                              | lly receives a substa                 | ntial part of its support fr                    | om a gove        | ernmental          | unit or from th | ne general <sub>l</sub> | oublic described in        |  |
|          |   | section 170(b)(1)(A)(vi). (C                            |                                       |   |                  |                    |                 |                         |                            |  |
| 8        | $\square$   | A community trust describe                              |                                       |   |                  |                    |                 |                         |                            |  |
| 9        |   | An agricultural research org                            |                                       |   |                  | _                  |                 | -                       | -                          |  |
|          |   | or university or a non-land-g                           | grant college of agric                | ulture (see instructions).                      | Enter the        | name, city         | , and state of  | the college             | or                         |  |
|          |   | university:   |                                       |   |                  |                    |                 | . ,                     |                            |  |
| 10       | Ш   | An organization that norma                              |                                       |   |                  |                    |                 |                         |                            |  |
|          |   | activities related to its exem                          | -                                     | •   |                  |                    |                 |                         | -                          |  |
|          |   | income and unrelated busin                              |                                       | (less section 511 tax) irc                      | in busines       | sses acqui         | rea by the org  | janization a            | inter June 30, 1975.       |  |
| 11       |   | See section 509(a)(2). (Con An organization organized a | •                                     | ivaly to toot for public co                     | foty Soo         | cootion E(         | 00(0)(4)        |                         |                            |  |
| 12       | H   | An organization organized a                             | •                                     | •   | •                |                    |                 | rn/ out the             | nurnoses of one or         |  |
| 12       | ш   | more publicly supported or                              | •                                     | •   | •                |                    |                 | •                       |                            |  |
|          |   | lines 12a through 12d that                              | -                                     |   |                  |                    |                 |                         | SHOOK THE BOX III          |  |
| а        |   | Type I. A supporting orga                               | * *                                   |   |                  | -                  |                 | -                       | aivina                     |  |
| _        |   | the supported organization                              | · · · · · · · · · · · · · · · · · · · | ·   | •                | _                  |                 |                         |                            |  |
|          |   | organization. You must o                                |                                       |   | ,,               |                    |                 |                         |                            |  |
| b        |   | Type II. A supporting org                               | - ·                                   |   | ion with it      | s supporte         | ed organizatio  | n(s), by hav            | ving                       |  |
|          |   | control or management o                                 | •                                     |   |                  |                    | -               |                         | -                          |  |
|          |   | organization(s). You mus                                |                                       |   | •                |                    |                 |                         |                            |  |
| С        |   | Type III functionally inte                              | grated. A supportin                   | g organization operated                         | in connect       | tion with, a       | and functional  | ly integrate            | ed with,                   |  |
|          |   | its supported organization                              | n(s) (see instructions                | ). You must complete I                          | Part IV, Se      | ections A,         | D, and E.       |                         |                            |  |
| d        |   | Type III non-functionally                               | integrated. A supp                    | oorting organization oper                       | ated in co       | nnection w         | vith its suppor | ted organiz             | zation(s)                  |  |
|          |   | that is not functionally int                            | egrated. The organiz                  | zation generally must sat                       | isfy a distr     | ibution rec        | quirement and   | l an attentiv           | /eness                     |  |
|          |   | requirement (see instructi                              | ions). <b>You must co</b> n           | nplete Part IV, Sections                        | A and D,         | and Part           | V.              |                         |                            |  |
| е        |   | ☐ Check this box if the orga                            | anization received a                  | written determination fro                       | m the IRS        | that it is a       | Type I, Type    | II, Type III            |                            |  |
|          |   | functionally integrated, or                             |                                       | nally integrated supporti                       | ng organiz       | ation.             |                 |                         |                            |  |
|          |   | er the number of supported o                            | •                                     |   |                  |                    |                 |                         |                            |  |
| <u>g</u> |   | vide the following information  i) Name of supported    | n about the supporte<br>(ii) EIN      | ed organization(s).  (iii) Type of organization | (iv) Is the orga | anization listed   | (v) Amount o    | f monetany              | (vi) Amount of other       |  |
|          | ,   | organization  | (II) EIN                              | (described on lines 1-10                        | in your govern   | ing document?      | support (see in | ,                       | support (see instructions) |  |
|          |   |   |                                       | above (see instructions))                       | Yes              | No                 |                 |                         |                            |  |
|          |   |   |                                       |   |                  |                    |                 |                         |                            |  |
|          |   |   |                                       |   |                  |                    |                 |                         |                            |  |
|          |   |   |                                       |   |                  |                    |                 |                         |                            |  |
|          |   |   |                                       |   |                  |                    |                 |                         |                            |  |
|          |   |   |                                       |   |                  |                    |                 |                         |                            |  |
|          |   |   |                                       |   |                  |                    |                 |                         |                            |  |
|          |   |   |                                       |   |                  |                    |                 |                         |                            |  |
|          |   |   |                                       |   |                  |                    |                 |                         |                            |  |
|          |   |   |                                       |   |                  |                    |                 |                         |                            |  |
|          |   |   |                                       |   |                  |                    |                 |                         |                            |  |

### 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       | tion A. Public Support   | 71                      |                                 | ,                       |   |                         |                                  |  |  |  |
|-----------|--|-------------------------|---------------------------------|-------------------------|---|-------------------------|----------------------------------|--|--|--|
| Cale      | ndar year (or fiscal year beginning in)  | (a) 2014                | <b>(b)</b> 2015                 | (c) 2016                | (d) 2017                                | <b>(e)</b> 2018         | (f) Total                        |  |  |  |
|           | Gifts, grants, contributions, and  |                         | , ,                             | , ,                     | , ,                                     | , ,                     | ,,                               |  |  |  |
|           | membership fees received. (Do not  |                         |                                 |                         |   |                         |                                  |  |  |  |
|           | include any "unusual grants.")   | 68,633,372.             | 111,928,714.                    | 85,321,334.             | 92,261,254.                             | 94,760,517.             | 452,905,191.                     |  |  |  |
| 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  |                         |                                 |                         |   |                         |                                  |  |  |  |
|           | Total. Add lines 1 through 3   | 68,633,372.             | 111,928,714.                    | 85,321,334.             | 92,261,254.                             | 94,760,517.             | 452,905,191.                     |  |  |  |
| 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,   |                         |                                 |                         |   |                         | 45 000 045                       |  |  |  |
|           | column (f)   |                         |                                 |                         |   |                         | 45,938,847.                      |  |  |  |
|           | Public support. Subtract line 5 from line 4.   |                         |                                 |                         |   |                         | 406,966,344.                     |  |  |  |
|           |  | (-) 004.4               | (1-) 0045                       | (-) 0010                | (-1) 0047                               | (-) 0040                | (0 T-+-1                         |  |  |  |
|           | ndar year (or fiscal year beginning in)  | (a) 2014<br>68,633,372. | <b>(b)</b> 2015<br>111,928,714. | (c) 2016<br>85,321,334. | (d) 2017<br>92,261,254.                 | (e) 2018<br>94,760,517. | <b>(f)</b> Total<br>452,905,191. |  |  |  |
|           | Amounts from line 4  | 00,033,372.             | 111,520,714.                    | 05,521,554.             | JZ,Z01,ZJ4.                             | J4,700,317.             | 432,303,131.                     |  |  |  |
| 8         | Gross income from interest,  |                         |                                 |                         |   |                         |                                  |  |  |  |
|           | dividends, payments received on  |                         |                                 |                         |   |                         |                                  |  |  |  |
|           | securities loans, rents, royalties, and income from similar sources  | 133,656.                | 894,214.                        | 190,413.                | 759,709.                                | -390,616.               | . 1,587,376.                     |  |  |  |
| ۵         | Net income from unrelated business   | 200,000.                | 051,221.                        | 250,120.                | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 0,010.                  | 2,007,070                        |  |  |  |
| 9         | 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.)   | 190,216.                | 395,329.                        | 489,228.                | 434,052.                                | 443,054.                | 1,951,879.                       |  |  |  |
| 11        | <b>Total support.</b> Add lines 7 through 10   | ·                       | ,                               | ŕ                       | ,                                       | ·                       | 456,444,446.                     |  |  |  |
| 12        | Gross receipts from related activities,  | etc. (see instruction   | ons)                            |                         |   | 12                      | 129,944,984.                     |  |  |  |
| 13        | First five years. If the Form 990 is for   | the organization's      |                                 |                         |   | 501(c)(3)               |                                  |  |  |  |
|           | organization, check this box and stop  | o here                  |                                 |                         | -                                       |                         |                                  |  |  |  |
| Sec       | ction C. Computation of Publi  | c Support Per           | centage                         |                         |   |                         |                                  |  |  |  |
| 14        | Public support percentage for 2018 (I  | ine 6, column (f) di    | vided by line 11, co            | olumn (f))              |   | 14                      | 89.16 %                          |  |  |  |
| 15        | Public support percentage from 2017  | Schedule A, Part        | II, line 14                     |                         |   | 15                      | 89.37 %                          |  |  |  |
| 16a       | 33 1/3% support test - 2018. If the o  | organization did no     | ot check the box or             | line 13, and line 1     | 4 is 33 1/3% or m                       | ore, check this box     | x and                            |  |  |  |
|           | $\ensuremath{\mathbf{stop}}$ here. The organization qualifies  | as a publicly supp      | orted organization              |                         |   |                         | ► X                              |  |  |  |
| b         | 33 1/3% support test - 2017. If the o  |                         |                                 |                         |   |                         |                                  |  |  |  |
|           | and <b>stop here.</b> The organization qual  | ifies as a publicly s   | supported organiza              | tion                    |   |                         | ▶□                               |  |  |  |
| 17a       | 17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, |                         |                                 |                         |   |                         |                                  |  |  |  |
|           | and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization    |                         |                                 |                         |   |                         |                                  |  |  |  |
|           | meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization                                  |                         |                                 |                         |   |                         |                                  |  |  |  |
| b         | 10% -facts-and-circumstances test  | -                       |                                 |                         |   |                         |                                  |  |  |  |
|           | more, and if the organization meets the  |                         |                                 |                         |   |                         |                                  |  |  |  |
|           | organization meets the "facts-and-circ   |                         | -                               | •                       |   |                         |                                  |  |  |  |
| <u>18</u> | Private foundation. If the organization  | n did not check a       | box on line 13, 16a             | ı, 16b, 17a, or 17b     | , check this box a                      | nd see instructions     | <u> </u>                         |  |  |  |

#### 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.)

| Se   | ction A. Public Support  |                 |                 |                  |          |          |            |
|------|--|-----------------|-----------------|------------------|----------|----------|------------|
| Cale | ndar year (or fiscal year beginning in)  | <b>(a)</b> 2014 | <b>(b)</b> 2015 | (c) 2016         | (d) 2017 | (e) 2018 | (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-   |                 |                 |                  |          |          |            |
|      | iness under section 513  |                 |                 |                  |          |          |            |
| 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  |                 |                 |                  |          |          |            |
| 6    | Total. Add lines 1 through 5   |                 |                 |                  |          |          |            |
| 78   | Amounts included on lines 1, 2, and  |                 |                 |                  |          |          |            |
|      | 3 received from disqualified persons   |                 |                 |                  |          |          | ļ          |
| k    | Amounts included on lines 2 and 3 received from other than disqualified persons that |                 |                 |                  |          |          |            |
|      | exceed the greater of \$5,000 or 1% of the   |                 |                 |                  |          |          |            |
|      | amount on line 13 for the year   |                 |                 |                  |          |          |            |
|      | Add lines 7a and 7b  |                 |                 |                  |          |          |            |
| 8    | Public support. (Subtract line 7c from line 6.)                                      |                 |                 |                  |          |          |            |
| Sec  | ction B. Total Support   |                 | 1               | T                | T        | T        | 1          |
|      | ndar year (or fiscal year beginning in)  | (a) 2014        | <b>(b)</b> 2015 | (c) 2016         | (d) 2017 | (e) 2018 | (f) Total  |
|      | Amounts from line 6  |                 |                 |                  |          |          |            |
| 10a  | Gross income from interest, dividends, payments received on                          |                 |                 |                  |          |          |            |
|      | securities loans, rents, royalties,  |                 |                 |                  |          |          |            |
|      | and income from similar sources  |                 |                 |                  |          |          |            |
| k    | Unrelated business taxable income  |                 |                 |                  |          |          |            |
|      | (less section 511 taxes) from businesses   |                 |                 |                  |          |          |            |
|      | acquired after June 30, 1975   |                 |                 |                  |          |          |            |
|      | Add lines 10a and 10b  |                 |                 |                  |          |          |            |
| 11   | Net income from unrelated business activities not included in line 10b,              |                 |                 |                  |          |          |            |
|      | whether or not the business is   |                 |                 |                  |          |          |            |
| 40   | regularly carried on   |                 |                 |                  |          |          |            |
| 12   | Other income. Do not include gain or loss from the sale of capital                   |                 |                 |                  |          |          |            |
|      | assets (Explain in Part VI.)   |                 |                 |                  | -        |          |            |
|      | Total support. (Add lines 9, 10c, 11, and 12.)                                       |                 |                 |                  |          | 1        | 1          |
| 14   | First five years. If the Form 990 is for   | •               |                 |                  | •        | . , . ,  | ·          |
| 90   | check this box and stop here<br>ction C. Computation of Publi                        |                 |                 |                  |          |          | <b>P</b>   |
|      | Public support percentage for 2018 (li   |                 |                 | polumn (f\)      |          | 15       | 0/         |
|      | , ,  | , (,,           | , ,             | ( //             |          | 15       | <u>%</u>   |
|      | Public support percentage from 2017 ction D. Computation of Inves                    |                 |                 |                  |          | ן וט ן   | %          |
|      | Investment income percentage for 20  |                 |                 | ne 13 column (f) |          | 17       | %          |
|      | Investment income percentage from 2  |                 |                 |                  |          | 18       |            |
|      | 33 1/3% support tests - 2018. If the   |                 |                 |                  |          |          |            |
| 136  | more than 33 1/3%, check this box ar   |                 |                 |                  |          |          | <b>.</b> — |
| ŀ    | 33 1/3% support tests - 2017. If the   |                 |                 |                  |          |          |            |
|      | line 18 is not more than 33 1/3%, che  |                 |                 |                  |          |          |            |
| 20   | Private foundation If the organization   |                 |                 |                  |          |          |            |

832023 10-11-18

### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

|    |          | Yes   | No   |
|----|----------|-------|------|
|    |          |       |      |
|    | 1        |       |      |
|    | -        |       |      |
|    |          |       |      |
|    | 2        |       |      |
|    | 0-       |       |      |
|    | 3a       |       |      |
|    |          |       |      |
|    | 3b       |       |      |
|    |          |       |      |
|    | 3c       |       |      |
|    | 4a       |       |      |
|    |          |       |      |
|    |          |       |      |
|    | 4b       |       |      |
|    |          |       |      |
|    |          |       |      |
|    | 4c       |       |      |
|    |          |       |      |
|    |          |       |      |
|    |          |       |      |
|    | 5a       |       |      |
|    |          |       |      |
|    | 5b       |       |      |
|    | 5c       |       |      |
|    |          |       |      |
|    |          |       |      |
|    | _        |       |      |
|    | 6        |       |      |
|    |          |       |      |
|    | 7        |       |      |
|    |          |       |      |
|    | 8        |       |      |
|    |          |       |      |
|    | 9a       |       |      |
|    |          |       |      |
|    | 9b       |       |      |
|    | 9c       |       |      |
|    |          |       |      |
|    |          |       |      |
|    | 10a      |       |      |
|    | 10b      |       |      |
| 19 | 90 or 99 | 0-EZ) | 2018 |
|    |          | ,     |      |

| Pa     | rt IV Supporting Organizations (continued)  |           |     | J        |
|--------|---|-----------|-----|----------|
|        | - Supporting Organizations (continued)  |           | Yes | No       |
| 11     | Has the organization accounted a gift or contribution from any of the following persons?  |           | 163 | NO       |
| 11     | Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) |           |     |          |
| а      |   | 110       |     |          |
|        | below, the governing body of a supported organization?  | 11a       |     |          |
|        | A family member of a person described in (a) above?   | 11b       |     |          |
|        | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.   | 11c       |     | <u> </u> |
| 360    | tion b. Type i Supporting Organizations   |           |     | ·        |
|        |   |           | Yes | No       |
| 1      | Did the directors, trustees, or membership of one or more supported organizations have the power to   |           |     |          |
|        | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the  |           |     |          |
|        | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or   |           |     |          |
|        | controlled the organization's activities. If the organization had more than one supported organization,   |           |     |          |
|        | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported   |           |     |          |
|        | organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  | 1         |     |          |
| 2      | Did the organization operate for the benefit of any supported organization other than the supported   |           |     |          |
|        | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in  |           |     |          |
|        | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,   |           |     |          |
|        | supervised, or controlled the supporting organization.  | 2         |     |          |
| Sec    | tion C. Type II Supporting Organizations  |           |     |          |
|        |   |           | Yes | No       |
| 1      | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors  |           |     |          |
|        | 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         |     |          |
| Sec    | tion D. All Type III Supporting Organizations   |           |     |          |
|        |   |           | Yes | No       |
| 1      | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the  |           |     |          |
|        | 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 <b>Part VI</b> how   |           |     |          |
|        | the organization maintained a close and continuous working relationship with the supported organization(s).   | 2         |     |          |
| 3      | By reason of the relationship described in (2), did the organization's supported organizations have a   | _         |     |          |
| •      | significant voice in the organization's investment policies and in directing the use of the organization's  |           |     |          |
|        | income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's   |           |     |          |
|        | ,   | 3         |     |          |
| Sec    | supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations  |           |     |          |
| 1      | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)  |           |     |          |
| '<br>a | The organization satisfied the Activities Test. Complete line 2 below.  | •         |     |          |
| b      | The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .   |           |     |          |
| c      | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst   |           |     |          |
| 2      | Activities Test. <b>Answer (a) and (b) below.</b>   | ructions) | Yes | No       |
|        |   |           | 163 | NO       |
| а      |   |           |     |          |
|        | 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   | 0-        |     |          |
|        | that these activities constituted substantially all of its activities.  | 2a        |     |          |
| D      | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more   |           |     |          |
|        | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the  |           |     |          |
|        | reasons for the organization's position that its supported organization(s) would have engaged in these  |           |     |          |
| _      | activities but for the organization's involvement.  | 2b        |     |          |
| 3      | Parent of Supported Organizations. Answer (a) and (b) below.  |           |     |          |
| а      | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or   |           |     |          |
|        | trustees of each of the supported organizations? Provide details in Part VI.  | 3a        |     |          |
| 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 <b>Part VI</b> the role played by the organization in this regard   | 3b        |     | I        |

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| Pa   | Type III Non-Functionally Integrated 509(a)(3) Supporting                       | g Orgar    | nizations                   |                                |
|------|---|------------|-----------------------------|--------------------------------|
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifying | trust on   | Nov. 20, 1970 (explain in F | Part VI.) See instructions. A  |
|      | other Type III non-functionally integrated supporting organizations must co     | nplete Se  | ections A through E.        |                                |
| Sect | ion A - Adjusted Net Income   |            | (A) Prior Year              | (B) Current Year<br>(optional) |
| 1    | Net short-term capital gain   | 1          |                             |                                |
| _2   | Recoveries of prior-year distributions  | 2          |                             |                                |
| _3_  | Other gross income (see instructions)   | 3          |                             |                                |
| _4   | Add lines 1 through 3   | 4          |                             |                                |
| 5    | Depreciation and depletion  | 5          |                             |                                |
| 6    | Portion of operating expenses paid or incurred for production or                |            |                             |                                |
|      | collection of gross income or for management, conservation, or                  |            |                             |                                |
|      | maintenance of property held for production of income (see instructions)        | 6          |                             |                                |
| 7    | Other expenses (see instructions)   | 7          |                             |                                |
| 8    | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)                    | 8          |                             |                                |
| Sect | ion B - Minimum Asset Amount  |            | (A) Prior Year              | (B) Current Year<br>(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):               |            |                             |                                |
| а    | Average monthly value of securities   | 1a         |                             |                                |
| b    | Average monthly cash balances   | 1b         |                             |                                |
|      | Fair market value of other non-exempt-use assets                                | 1c         |                             |                                |
|      | Total (add lines 1a, 1b, and 1c)  | 1d         |                             |                                |
|      | Discount claimed for blockage or other  |            |                             |                                |
|      | factors (explain in detail in <b>Part VI</b> ):                                 |            |                             |                                |
| 2    | Acquisition indebtedness applicable to non-exempt-use assets                    | 2          |                             |                                |
| 3    | Subtract line 2 from line 1d  | 3          |                             |                                |
| 4    | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,    |            |                             |                                |
|      | see instructions)   | 4          |                             |                                |
| 5    | Net value of non-exempt-use assets (subtract line 4 from line 3)                | 5          |                             |                                |
| 6    | Multiply line 5 by .035   | 6          |                             |                                |
| 7    | Recoveries of prior-year distributions  | 7          |                             |                                |
| 8    | Minimum Asset Amount (add line 7 to line 6)                                     | 8          |                             |                                |
|      | ion C - Distributable Amount  |            |                             | Current Year                   |
| 1    | Adjusted net income for prior year (from Section A, line 8, Column A)           | 1          |                             |                                |
| 2    | Enter 85% of line 1   | 2          |                             |                                |
| 3    | Minimum asset amount for prior year (from Section B, line 8, Column A)          | 3          |                             |                                |
| 4    | Enter greater of line 2 or line 3   | 4          |                             |                                |
| 5    | Income tax imposed in prior year  | 5          |                             |                                |
| 6    | 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-functionall | y integrat | ed Type III supporting orga | nization (see                  |
|      | instructions).  |            |                             |                                |
|      |   |            |                             |                                |

| Par   | t V Type III Non-Functionally Integrated 50                          | 9(a)(3) Supporting Orga        | nizations (continued)          |                                  |
|-------|--|--------------------------------|--------------------------------|----------------------------------|
| Secti | on D - Distributions   |                                | ,                              | Current Year                     |
| 1     | Amounts paid to supported organizations to accomplish ex             | kempt purposes                 |                                |                                  |
| 2     | Amounts paid to perform activity that directly furthers exen         | npt purposes of supported      |                                |                                  |
|       | organizations, in excess of income from activity                     |                                |                                |                                  |
| 3     | Administrative expenses paid to accomplish exempt purpo              | ses of supported organizations | <br>S                          |                                  |
| 4     | Amounts paid to acquire exempt-use assets                            |                                |                                |                                  |
| 5     | Qualified set-aside amounts (prior IRS approval required)            |                                |                                |                                  |
| 6     | Other distributions (describe in <b>Part VI</b> ). See instructions. |                                |                                |                                  |
| 7     | <b>Total annual distributions.</b> Add lines 1 through 6.            |                                |                                |                                  |
| 8     | Distributions to attentive supported organizations to which          | the organization is responsive |                                |                                  |
| _     | (provide details in <b>Part VI</b> ). See instructions.              |                                |                                |                                  |
| 9     | Distributable amount for 2018 from Section C, line 6                 |                                |                                |                                  |
|       | Line 8 amount divided by line 9 amount                               |                                |                                |                                  |
|       | Eine o amount aviace by into o amount                                | (i)                            | (ii)                           | (iii)                            |
| Secti | on E - Distribution Allocations (see instructions)                   | Excess Distributions           | Underdistributions<br>Pre-2018 | Distributable<br>Amount for 2018 |
| _1_   | Distributable amount for 2018 from Section C, line 6                 |                                |                                |                                  |
| 2     | Underdistributions, if any, for years prior to 2018 (reason-         |                                |                                |                                  |
|       | able cause required- explain in Part VI). See instructions.          |                                |                                |                                  |
| 3     | Excess distributions carryover, if any, to 2018                      |                                |                                |                                  |
| а     | From 2013  |                                |                                |                                  |
| b     | From 2014  |                                |                                |                                  |
| С     | From 2015  |                                |                                |                                  |
| d     | From 2016  |                                |                                |                                  |
| e     | From 2017  |                                |                                |                                  |
| f     | Total of lines 3a through e  |                                |                                |                                  |
| g     | Applied to underdistributions of prior years                         |                                |                                |                                  |
|       | Applied to 2018 distributable amount                                 |                                |                                |                                  |
|       | Carryover from 2013 not applied (see instructions)                   |                                |                                |                                  |
| ī     | Remainder. Subtract lines 3g, 3h, and 3i from 3f.                    |                                |                                |                                  |
| 4     | Distributions for 2018 from Section D,                               |                                |                                |                                  |
| •     | line 7: \$   |                                |                                |                                  |
| a     | Applied to underdistributions of prior years                         |                                |                                |                                  |
|       | Applied to 2018 distributable amount                                 |                                |                                |                                  |
|       | Remainder. Subtract lines 4a and 4b from 4.                          |                                |                                |                                  |
|       | Remaining underdistributions for years prior to 2018, if             |                                |                                |                                  |
| •     | any. Subtract lines 3g and 4a from line 2. For result greater        |                                |                                |                                  |
|       | than zero, explain in <b>Part VI.</b> See instructions.              |                                |                                |                                  |
| 6     | Remaining underdistributions for 2018. Subtract lines 3h             |                                |                                |                                  |
| U     | and 4b from line 1. For result greater than zero, explain in         |                                |                                |                                  |
|       | , ,  |                                |                                |                                  |
|       | Part VI. See instructions.   |                                |                                |                                  |
| 7     | Excess distributions carryover to 2019. Add lines 3j                 |                                |                                |                                  |
|       | and 4c.  |                                |                                |                                  |
| _8    | Breakdown of line 7:   |                                |                                |                                  |
|       | Excess from 2014   |                                |                                |                                  |
|       | Excess from 2015   |                                |                                |                                  |
|       | Excess from 2016   |                                |                                |                                  |
|       | Excess from 2017   |                                |                                |                                  |
| е     | Excess from 2018   |                                |                                |                                  |

| Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:   |  |  |  |  |  |  |
| OTHER INCOME  |  |  |  |  |  |  |
| 2014 AMOUNT: \$ 190,216.  |  |  |  |  |  |  |
| 2015 AMOUNT: \$ 395,329.  |  |  |  |  |  |  |
| 2016 AMOUNT: \$ 489,228.  |  |  |  |  |  |  |
| 2017 AMOUNT: \$ 434,052.  |  |  |  |  |  |  |
| 2018 AMOUNT: \$ 443,054.  |  |  |  |  |  |  |
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## Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

**Schedule of Contributors** 

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

**2018** 

Employer identification number

| TH  | HE ASPEN INSTITUTE, INC.  | 84-0399006           |  |  |  |  |
|---|---|----------------------|--|--|--|--|
| Organization type (check  | one):   |                      |  |  |  |  |
| Filers of:  | Section:  |                      |  |  |  |  |
| Form 990 or 990-EZ  | X 501(c)( <sup>3</sup> ) (enter number) organization  |                      |  |  |  |  |
|   | 4947(a)(1) nonexempt charitable trust <b>not</b> 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 <b>General Rule</b> or a <b>Special Rule</b> .  |                      |  |  |  |  |
| Note: Only a section 501(c  | c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule   | e. See instructions. |  |  |  |  |
| General Rule  |   |                      |  |  |  |  |
|   | on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling y one contributor. Complete Parts I and II. See instructions for determining a contributor's   | •                    |  |  |  |  |
| Special Rules   |   |                      |  |  |  |  |
| sections 509(a)(1)<br>any one contribut   | For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.  |                      |  |  |  |  |
| year, total contrib   | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.   |                      |  |  |  |  |
| year, contribution is checked, enter purpose. Don't co  | 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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \frac{1}{2} 1 |                      |  |  |  |  |
| Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to ertify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). |   |                      |  |  |  |  |

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

THE ASPEN INSTITUTE, INC.

84-0399006

| Part I       | <b>Contributors</b> (see instructions). Use duplicate copies of Part I if a | additional space is needed. |  |
|--------------|---|-----------------------------|--|
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions     | (d)<br>Type of contribution  |
| 1            |   | \$ \$ 8,061,843.            | Person X Payroll   |
| (a)          | (b)   | (c)                         | (d)  |
| No. 2        | Name, address, and ZIP + 4  | * \$ 5,110,923.             | Person Payroll Noncash  (Complete Part II for noncash contributions.)  |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions     | (d) Type of contribution   |
| 3            |   | \$\$                        | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)          | (b)   | (c)                         | (d)  |
| No. <u>4</u> | Name, address, and ZIP + 4  | * 3,083,333.                | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)          | (b)   | (c)                         | (d)  |
| <b>No.</b> 5 | Name, address, and ZIP + 4  | * 2,423,667.                | Person X Payroll   |
| (a)          | (b)   | (c)                         | (d)  |
| No.          | Name, address, and ZIP + 4  | Total contributions  \$     | Person Payroll Complete Part II for noncash contributions.             |

Name of organization

Employer identification number

THE ASPEN INSTITUTE, INC.

84-0399006

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I 2,924 SHARES OF AMAZON.COM 2 5,110,923. 12/04/18 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I

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| III       | N INSTITUTE, INC.   |   | 84-0399006   |  |  |  |
|-----------|---|---|--|--|--|--|
| •••       | from any one contributor. Complete columns (a)                    | through (e) and the following line ent      | section 501(c)(7), (8), or (10) that total more than \$1,000 for |  |  |  |
|           | completing Part III, enter the total of exclusively religious, ch | aritable, etc., contributions of \$1,000 or | r less for the year. (Enter this info. once.)                    |  |  |  |
|           | Use duplicate copies of Part III if additional s                  | pace is needed.                             |  |  |  |  |
| o.<br>1   | (b) Purpose of gift   | (c) Use of gift                             | (d) Description of how gift is held                              |  |  |  |
| +         | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                           | (,,, - , , , , , , , , , , , , , , , , ,    | ( ) = 1   1   1   1   1   1   1   1   1   1                      |  |  |  |
|           |   |   |  |  |  |  |
| -         |   |   |  |  |  |  |
|           |   |   |  |  |  |  |
| F         |   | (e) Transfer of gift                        | ft   |  |  |  |
|           |   | (-,   |  |  |  |  |
| L         | Transferee's name, address, and                                   | d ZIP + 4                                   | Relationship of transferor to transferee                         |  |  |  |
|           |   |   |  |  |  |  |
|           |   |   |  |  |  |  |
|           |   |   |  |  |  |  |
| +         |   |   |  |  |  |  |
| <b>).</b> | (b) Purpose of gift   | (c) Use of gift                             | (d) Description of how gift is held                              |  |  |  |
| 4         |   |   |  |  |  |  |
|           |   |   |  |  |  |  |
| -         |   |   |  |  |  |  |
|           | -   |   |  |  |  |  |
| F         |   | (e) Transfer of gift                        | ft   |  |  |  |
|           |   |   |  |  |  |  |
| L         | Transferee's name, address, and                                   | d ZIP + 4                                   | Relationship of transferor to transferee                         |  |  |  |
|           |   |   |  |  |  |  |
|           |   |   |  |  |  |  |
|           |   |   |  |  |  |  |
| +         |   |   |  |  |  |  |
| ).        | (b) Purpose of gift   | (c) Use of gift                             | (d) Description of how gift is held                              |  |  |  |
| +         |   |   |  |  |  |  |
|           |   |   |  |  |  |  |
| -         |   |   |  |  |  |  |
|           |   |   |  |  |  |  |
|           | (e) Transfer of gift  |   |  |  |  |  |
|           |   |   |  |  |  |  |
| L         | Transferee's name, address, and                                   | d ZIP + 4                                   | Relationship of transferor to transferee                         |  |  |  |
|           |   |   |  |  |  |  |
|           |   |   |  |  |  |  |
|           |   |   |  |  |  |  |
| ).        |   |   |  |  |  |  |
| ).<br>    | (b) Purpose of gift   | (c) Use of gift                             | (d) Description of how gift is held                              |  |  |  |
|           |   |   |  |  |  |  |
|           |   |   |  |  |  |  |
|           |   |   |  |  |  |  |
| L         |   |   |  |  |  |  |
| Г         |   | (e) Transfer of gift                        | ft   |  |  |  |
| Γ         |   |   |  |  |  |  |
|           |   |   | <b>.</b>   |  |  |  |
|           | Transferee's name, address, and                                   | d ZIP + 4                                   | Relationship of transferor to transferee                         |  |  |  |
|           | Transferee's name, address, and                                   | d ZIP + 4                                   | Relationship of transferor to transferee                         |  |  |  |

#### **SCHEDULE C**

(Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

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

2018

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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

| Tax | ) (see separate instructions), then  |  |  |  |   |
|-----|--|--|--|--|---|
|     | Section 501(c)(4), (5), or (6) organizat   | ions: Complete Part III.   |  | 1_   |   |
| Nan | ne of organization   |  |  | Emp  | loyer identification number   |
| _   |  | INSTITUTE, INC.  | 504( )   |  | 84-0399006  |
| Pa  | art I-A Complete if the org  | anization is exempt unde   | r section 501(c) o   | r is a section 527 or  | ganization.   |
| 2   | Provide a description of the organiz<br>Political campaign activity expendit<br>Volunteer hours for political campain  | ures   |  | <b>&gt;</b>  | \$  |
| Pa  | art I-B Complete if the org  | anization is exempt under  | r section 501(c)(3)  | ).   |   |
| 1   | Enter the amount of any excise tax   | incurred by the organization unde  | r section 4955   | <b>&gt;</b>  | \$  |
| 2   | Enter the amount of any excise tax   | incurred by organization managers  |  |  |   |
|     | If the organization incurred a section   |  |  |  |   |
|     | Was a correction made?   |  |  |  |   |
|     | If "Yes." describe in Part IV.   |  |  |  |   |
| Pa  | art I-C Complete if the org  | anization is exempt unde   | r section 501(c), e  | except section 501(  | c)(3).  |
| 3   | Enter the amount directly expended Enter the amount of the filing organ exempt function activities  Total exempt function expenditures line 17b  Did the filing organization file Form Enter the names, addresses and emmade payments. For each organization tributions received that were propolitical action committee (PAC). If a | ization's funds contributed to other.  Add lines 1 and 2. Enter here and 1120-POL for this year?  Inployer identification number (EIN) tion listed, enter the amount paid comptly and directly delivered to a second contribution. | or organizations for second on Form 1120-POL, of all section 527 polition the filing organiza separate political organ | ical organizations to whiction's funds. Also enter thization, such as a separa | Yes No h the filing organization a amount of political  |
|     | (a) Name   | (b) Address  | (c) EIN  | (d) Amount paid from filing organization's funds. If none, enter -0            | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0 |
|     |  |  |  |  |   |
|     |  |  |  |  |   |
|     |  |  |  |  |   |
|     |  |  |  |  |   |
|     |  |  |  |  |   |
|     |  |  |  |  |   |

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

Schedule C (Form 990 or 990-EZ) 2018

LHA

832041 11-08-18

| Pai  | Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). |              |                         |   |                         |                                  |                                    |
|------|---|--------------|-------------------------|---|-------------------------|----------------------------------|------------------------------------|
| A CI | neck  if the filing organiza  | tion belon   | gs to an affi           | liated group (and list in   | Part IV each affiliated | group member's nam               | e, address, EIN,                   |
|      | expenses, and shar  | e of exces   | s lobbying e            | expenditures).  |                         |                                  |                                    |
| B C  | neck 🕨 🔲 if the filing organiza   | tion check   | ed box A ar             | nd "limited control" pro  | visions apply.          |                                  |                                    |
|      |   |              | oying Expe<br>eans amou | nditures<br>ints paid or incurred.)   |                         | (a) Filing organization's totals | <b>(b)</b> Affiliated group totals |
| 1a   | Total lobbying expenditures to influ  | ience publ   | ic opinion (            | grass roots lobbying)   |                         |                                  |                                    |
| b    | Total lobbying expenditures to influ  | ience a leg  | jislative boo           | ly (direct lobbying)  |                         |                                  |                                    |
| С    | Total lobbying expenditures (add lin  | nes 1a and   | d 1b)                   |   |                         |                                  |                                    |
| d    | Other exempt purpose expenditure  | es           |                         |   |                         |                                  |                                    |
| е    | Total exempt purpose expenditures   | s (add line: | s 1c and 1d             | )   |                         |                                  |                                    |
| f    | Lobbying nontaxable amount. Ente  | r the amo    | unt from the            | e following table in both   | n columns.              |                                  |                                    |
|      | If the amount on line 1e, column (a) o  | r (b) is:    | The lob                 | bying nontaxable am   | ount is:                |                                  |                                    |
|      | Not over \$500,000  |              | 20% of                  | the amount on line 1e.  |                         |                                  |                                    |
|      | Over \$500,000 but not over \$1,000   | 0,000        | \$100,00                | 00 plus 15% of the exce   | ess over \$500,000.     |                                  |                                    |
|      | Over \$1,000,000 but not over \$1,50  | 00,000       | \$175,00                | 00 plus 10% of the exce   | ess over \$1,000,000.   |                                  |                                    |
|      | Over \$1,500,000 but not over \$17,0  | 000,000      | \$225,00                | 00 plus 5% of the exces   | ss over \$1,500,000.    |                                  |                                    |
|      | Over \$17,000,000   |              | \$1,000,                |   |                         |                                  |                                    |
| ,    |   |              |                         |   |                         |                                  |                                    |
| g    | Grassroots nontaxable amount (en  | ter 25% of   | line 1f)                |   |                         |                                  |                                    |
| h    | Subtract line 1g from line 1a. If zero  | or less, e   | nter -0-                |   |                         |                                  |                                    |
| i    | Subtract line 1f from line 1c. If zero  | or less, e   | nter -0-                |   |                         |                                  |                                    |
| j    | If there is an amount other than zer  | o on eithe   |                         |   |                         |                                  |                                    |
| •    | reporting section 4911 tax for this   |              |                         |   |                         |                                  | Yes No                             |
|      | (Some organizations th  |              | a section 5             | eraging Period Under<br>01(h) election do not l<br>ate instructions for lir | nave to complete all o  | f the five columns b             | elow.                              |
|      |   | Lobi         | ying Expe               | nditures During 4-Yea   | r Averaging Period      |                                  |                                    |
|      | Calendar year<br>(or fiscal year beginning in)  | (a)          | 2015                    | <b>(b)</b> 2016   | (c) 2017                | <b>(d)</b> 2018                  | (e) Total                          |
|      | Lobbying nontaxable amount  |              |                         |   |                         |                                  |                                    |
| b    | Lobbying ceiling amount (150% of line 2a, column(e))  |              |                         |   |                         |                                  |                                    |
| c    | Total lobbying expenditures   |              |                         |   |                         |                                  |                                    |
|      | Grassroots nontaxable amount  |              |                         |   |                         |                                  |                                    |
| e    | Grassroots ceiling amount (150% of line 2d, column (e))   |              |                         |   |                         |                                  |                                    |
| f    | Grassroots lobbying expenditures  |              |                         |   |                         |                                  |                                    |

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

| For e    | ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description  | (8              | a)   |         | (k        | p)     |
|----------|--|-----------------|--|---------|-----------|--------|
| of the   | e lobbying activity.   | Yes             | 1  | 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:   |                 |  |         |           |        |
| а        | Volunteers?  |                 |  | X       |           |        |
|          | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   | Х               |  |         |           |        |
| С        | Media advertisements?  |                 |  | Х       |           |        |
| d        | Mailings to members, legislators, or the public?   |                 |  | X       |           |        |
| е        | Publications, or published or broadcast statements?  |                 | _  | Х       |           |        |
|          | Grants to other organizations for lobbying purposes?   |                 |  | X       |           |        |
|          | Direct contact with legislators, their staffs, government officials, or a legislative body?  | Х               |  |         |           | 1,877. |
|          | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |                 | _  | X       |           |        |
|          | Other activities?  |                 |  | X       |           | 1 077  |
|          | Total. Add lines 1c through 1i   |                 |  | x       |           | 1,877. |
|          | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  |                 |  | Λ       |           |        |
|          | 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   |                 |  |         |           |        |
| Par      | t III-A   Complete if the organization is exempt under section 501(c)(4), section  | n 501(c)(       | 5). o  | r sec   | tion      |        |
|          | 501(c)(6).   |                 |  |         |           |        |
|          |  |                 |  |         | Yes       | No     |
| 1        | Were substantially all (90% or more) dues received nondeductible by members?   |                 |  | 1       |           |        |
| 2        | Did the organization make only in-house lobbying expenditures of \$2,000 or less?  |                 |  | 2       |           |        |
| 3        | Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section   | e prior year'   | ?<br><del>5\                                    </del> | 3       | tion      |        |
| Fai      | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered   |                 | •  |         |           | 3 ie   |
|          | answered "Yes."  |                 | (2)  |         | 7 1,      |        |
| 1        | Dues, assessments and similar amounts from members   |                 |  | 1       |           |        |
| 2        | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)  | cal             |  |         |           |        |
|          | expenses for which the section 527(f) tax was paid).   |                 |  |         |           |        |
|          | Current year   |                 |  | 2a      |           |        |
|          | Carryover from last year   |                 |  | 2b      |           |        |
|          | Total  |                 |  | 2c      |           |        |
|          |  |                 |  | 3       |           |        |
| 4        | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce  |                 |  |         |           |        |
|          | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po   | olitical        |  |         |           |        |
| _        | expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)   |                 |  | 4       |           |        |
| 5<br>Par |  |                 |  | 5       |           |        |
|          | de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group   | lict\· Part II. | Δ lin  |         | nd 2 (see |        |
|          | acting assorbitions required for Fart PA, line 1, Fart PB, line 4, Fart PB | not, raitin     | Α, ΙΙΙΙ  | CS I ai | 10 2 (300 |        |
|          | ! II-B, LINE 1, LOBBYING ACTIVITIES:   |                 |  |         |           |        |
|          | ,  |                 |  |         |           |        |
| ALLC     | CATED SALARY EXPENSE FROM COMMUNICATION WITH LEGISLATORS REGARDING   |                 |  |         |           |        |
| DENI     | DING LEGISLATION.  |                 |  |         |           |        |
| - 111AT  | INC DECEDENTION,   |                 |  |         |           |        |
|          |  |                 |  |         |           |        |
|          |  |                 |  |         |           |        |
|          |  |                 |  |         |           |        |

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE ASPEN INSTITUTE, INC.

**Employer identification number** 84 - 0399006

| Pa  | organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line |  | or Accou       | ITS. Comple     | te if the    |              |
|-----|--|--|----------------|-----------------|--------------|--------------|
|     | organization answered Tes On Form 990, Part IV, line   | (a) Donor advised funds                      | <b>(b)</b> Fur | nds and other   | accounts     |              |
| 1   | Total number at end of year  |  |                |                 |              |              |
| 2   | Aggregate value of contributions to (during year)  |  |                |                 |              |              |
| 3   | Aggregate value of grants from (during year)   |  |                |                 |              |              |
| 4   | Aggregate value at end of year   |  |                |                 |              |              |
| 5   | Did the organization inform all donors and donor advisors in w                                 |  | ed funds       |                 |              |              |
|     | are the organization's property, subject to the organization's e                               | •  |                | Y               | es           | No           |
| 6   | Did the organization inform all grantees, donors, and donor ac                                 |  |                |                 |              |              |
|     | for charitable purposes and not for the benefit of the donor or                                |  |                |                 |              |              |
|     | • •  |  | ū              | 🔲 Ү             | es           | No           |
| Pai |  |  |                |                 |              |              |
| 1   | Purpose(s) of conservation easements held by the organizatio                                   | n (check all that apply).                    |                |                 |              |              |
|     | Preservation of land for public use (e.g., recreation or ed                                    |  | rically impo   | rtant land area |              |              |
|     | X Protection of natural habitat  | Preservation of a certi                      | • •            |                 |              |              |
|     | Preservation of open space   |  |                |                 |              |              |
| 2   | Complete lines 2a through 2d if the organization held a qualific                               | ed conservation contribution in the form o   | of a conserva  | ution easement  | t on the las | st           |
|     | day of the tax year.   |  |                | Held at the En  |              |              |
| а   |  |  | 2a             |                 |              | 2            |
| b   |  |  |                |                 | 263.8        | 88           |
| С   | Number of conservation easements on a certified historic stru                                  |  |                |                 |              |              |
| d   | Number of conservation easements included in (c) acquired at                                   |  |                |                 |              |              |
|     | listed in the National Register  | ·  | 2d             |                 |              |              |
| 3   | Number of conservation easements modified, transferred, rele                                   |  |                | during the tax  | :            |              |
|     | year >   |  |                | · ·             |              |              |
| 4   | Number of states where property subject to conservation ease                                   | ement is located > 2                         |                |                 |              |              |
| 5   | Does the organization have a written policy regarding the period                               | odic monitoring, inspection, handling of     |                |                 |              |              |
|     | violations, and enforcement of the conservation easements it                                   | holds?                                       |                | XY              | es           | No           |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting, h                                 |  |                |                 | the year     |              |
|     | <b>&gt;</b>  |  |                |                 |              |              |
| 7   | Amount of expenses incurred in monitoring, inspecting, handl                                   | ing of violations, and enforcing conservati  | on easemen     | ts during the y | /ear         |              |
|     | <b>&gt;</b> \$   |  |                |                 |              |              |
| 8   | Does each conservation easement reported on line 2(d) above                                    | e satisfy the requirements of section 170(h  | )(4)(B)(i)     |                 |              |              |
|     | and section 170(h)(4)(B)(ii)?  |  |                | 🔲 Ү             | es           | No           |
| 9   | In Part XIII, describe how the organization reports conservation                               | n easements in its revenue and expense s     | statement, a   | nd balance she  | eet, and     |              |
|     | include, if applicable, the text of the footnote to the organization                           | on's financial statements that describes the | ne organizat   | on's accountir  | ng for       |              |
|     | conservation easements.  |  |                |                 |              |              |
| Pa  | rt III Organizations Maintaining Collections of  |  | ner Simila     | r Assets.       |              |              |
|     | Complete if the organization answered "Yes" on Form  | 990, Part IV, line 8.                        |                |                 |              |              |
| 1a  | If the organization elected, as permitted under SFAS 116 (ASC                                  | C 958), not to report in its revenue stateme | ent and bala   | nce sheet wor   | ks of art,   |              |
|     | historical treasures, or other similar assets held for public exhi                             | ibition, education, or research in furtheran | ce of public   | service, provid | de, in Part  | XIII,        |
|     | the text of the footnote to its financial statements that describ                              | es these items.                              |                |                 |              |              |
| b   | If the organization elected, as permitted under SFAS 116 (ASC                                  | C 958), to report in its revenue statement   | and balance    | sheet works o   | f art, histo | orical       |
|     | treasures, or other similar assets held for public exhibition, ed                              | ucation, or research in furtherance of pub   | lic service, p | rovide the folk | owing amo    | ounts        |
|     | relating to these items:   |  |                |                 |              |              |
|     | (i) Revenue included on Form 990, Part VIII, line 1  |  |                | \$<br>\$        |              | 900.         |
|     |  |  |                |                 | 1,072        | <u>,980.</u> |
| 2   | If the organization received or held works of art, historical trea                             | sures, or other similar assets for financial | gain, provid   | Э               |              |              |
|     | the following amounts required to be reported under SFAS 11                                    | · ·  |                |                 |              |              |
|     | ,  |  |                | \$              |              |              |
|     | Assets included in Form 990, Part X  |  | <b>)</b>       | \$              |              |              |
| LHA | For Paperwork Reduction Act Notice, see the Instructions                                       | for Form 990.                                |                | Schedule D (    | Form 990     | ) 2018       |

832051 10-29-18

| Par  | t III Organizations Maintaining C  | ollections of Ar              | t, Historical Tre       | easures, o          | r Other      | Similar               | Assets       | (continu     | ıed)              |
|------|--|-------------------------------|-------------------------|---------------------|--------------|-----------------------|--------------|--------------|-------------------|
| 3    | Using the organization's acquisition, accession                                | on, and other record          | s, check any of the     | following that      | are a sigr   | nificant us           | se of its c  | ollection it | tems              |
|      | (check all that apply):  |                               |                         |                     |              |                       |              |              |                   |
| а    | X Public exhibition  | d                             | l 🔲 Loan or exc         | hange progra        | ams          |                       |              |              |                   |
| b    | Scholarly research   | е                             | Other                   |                     |              |                       |              |              |                   |
| С    | Preservation for future generations  |                               |                         |                     |              |                       |              |              |                   |
| 4    | Provide a description of the organization's co                                 | llections and explair         | n how they further th   | ne organizatio      | n's exemp    | pt purpos             | e in Part    | XIII.        |                   |
| 5    | During the year, did the organization solicit o                                | r receive donations o         | of art, historical trea | sures, or othe      | er similar a | ssets                 |              |              |                   |
|      | to be sold to raise funds rather than to be ma                                 |                               |                         |                     |              |                       |              | Yes          | X No              |
| Par  | t IV Escrow and Custodial Arrang   |                               | ete if the organization | n answered '        | 'Yes" on F   | orm 990,              | , Part IV, I | ine 9, or    |                   |
|      | reported an amount on Form 990, Par  | t X, line 21.                 |                         |                     |              |                       |              |              |                   |
| 1a   | Is the organization an agent, trustee, custodi                                 |                               | •                       |                     |              |                       | _            | _            |                   |
|      | on Form 990, Part X?   |                               |                         |                     |              |                       | L            | Yes          | No                |
| b    | If "Yes," explain the arrangement in Part XIII                                 | and complete the fol          | lowing table:           |                     |              |                       |              |              |                   |
|      |  |                               |                         |                     |              | $\perp$               |              | Amount       |                   |
|      | Beginning balance  |                               |                         |                     |              | 1c                    |              |              |                   |
|      | Additions during the year  |                               |                         |                     |              | 1d                    |              |              |                   |
| е    | Distributions during the year  |                               |                         |                     |              | 1e                    |              |              |                   |
| f    | Ending balance   |                               |                         |                     |              | 1f                    |              | 7            |                   |
|      | Did the organization include an amount on Fo                                   |                               |                         |                     | •            | y?                    |              | Yes          | ∐ No              |
|      | If "Yes," explain the arrangement in Part XIII.                                |                               |                         |                     |              |                       |              |              |                   |
| Pai  | t V Endowment Funds. Complete i  |                               |                         |                     |              |                       |              |              |                   |
|      |  | (a) Current year              | (b) Prior year          | (c) Two year        |              |                       |              | (e) Four y   |                   |
| 1a   | Beginning of year balance  | 119,077,203.                  | 99,879,276.             | -                   |              |                       | 3,349.       |              | 51,962.           |
| b    | Contributions  | 3,995,266.                    | 12,665,941.             | 1                   | ,855.        |                       | 98,057.      |              | 17,778.           |
| С    | Net investment earnings, gains, and losses                                     | -4,694,709.                   | 10,999,814.             | 4,078               | 3,477.       | 1,45                  | 51,696.      | 2,6          | 68,734.           |
|      | Grants or scholarships   |                               |                         |                     |              |                       |              |              |                   |
| е    | Other expenditures for facilities  | 2 000 000                     | 4 465 000               |                     |              |                       |              |              |                   |
|      | and programs   | 3,279,083.                    | 4,467,828.              | 4,188               | 3,596.       | 2,72                  | 20,562.      | 2,2          | 35,125.           |
| f    | Administrative expenses  | 445 000 688                   | 110 000 000             | 20.05               | 0.7.6        |                       |              |              |                   |
| g    | End of year balance  |                               | 119,077,203.            |                     | 7,276.       | 95,23                 | 32,540.      | 80,2         | 03,349.           |
| 2    | Provide the estimated percentage of the curr                                   | · ·                           | e (line 1g, column (a   | )) held as:         |              |                       |              |              |                   |
| а    | Board designated or quasi-endowment  | 28.78                         | _%                      |                     |              |                       |              |              |                   |
| b    | Permanent endowment   51.02  | %                             |                         |                     |              |                       |              |              |                   |
| С    | Temporarily restricted endowment   | 20.20 %                       |                         |                     |              |                       |              |              |                   |
|      | The percentages on lines 2a, 2b, and 2c show                                   |                               |                         |                     |              |                       |              |              |                   |
| За   | Are there endowment funds not in the posses                                    | ssion of the organiza         | ition that are held ai  | nd administer       | ed for the   | organiza              | tion         | _            |                   |
|      | by:  |                               |                         |                     |              |                       |              |              | Yes No            |
|      | (i) unrelated organizations  |                               |                         |                     |              |                       |              | 3a(i)        | X                 |
|      |  |                               |                         |                     |              |                       |              | 3a(ii)       | <del>-   ^-</del> |
|      | If "Yes" on line 3a(ii), are the related organiza                              |                               |                         |                     |              |                       |              | 3b           |                   |
| Par  | Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm |                               | wment funds.            |                     |              |                       |              |              |                   |
| ı aı |  |                               | Dort IV line 11e S      | 000 Form 000        | Dort V li    | no 10                 |              |              |                   |
|      | Complete if the organization answered  |                               |                         |                     |              |                       | 4            | /d\ Dools    |                   |
|      | Description of property  | (a) Cost or o basis (investre | , ,                     | or other<br>(other) |              | cumulate<br>reciation | a            | (d) Book     | value             |
|      | Land   | <del>'</del>                  |                         | ,627,664.           | асрі         | rcolation             |              | 10 6         | 27,664.           |
|      | Land   |                               |                         | ,756,973.           | 3            | 6,422,4               | 106          |              | 34,567.           |
|      | Buildings  |                               |                         | ,927,593.           |              | 782,9                 |              |              | 44,616.           |
|      | Leasehold improvements   | <b>I</b>                      |                         | ,004,681.           |              | 4,947,2               |              |              | 57,411.           |
|      | Equipment Other  |                               |                         | ,234,485.           |              | 7,421,1               |              |              | 313,324.          |
|      | Other  |                               |                         |                     |              |                       |              |              | 77,582.           |
| rota | . Add lines 1a through 1e. (Column (d) must e                                  | <u>quai Form 990, Part .</u>  | x, column (B), line 1   | UC.)                |              |                       |              |              | .,,502.           |

Schedule D (Form 990) 2018

| Sched        | lule D (Form 990) 2018 THE ASPEN INSTIT                          | UTE, INC.                  |                              | 8             | 34-0399006        | Page 3 |
|--------------|--|----------------------------|------------------------------|---------------|-------------------|--------|
|              | VII Investments - Other Securities.                              |                            |                              |               |                   |        |
|              | Complete if the organization answered "Yes"                      | on Form 990, Part IV, line | 11b. See Form 990, Part X, I | ine 12.       |                   |        |
| <b>(a)</b> D | Description of security or category (including name of security) | (b) Book value             | (c) Method of valuation      |               | nd-of-year market | value  |
| (1) Fir      | nancial derivatives  |                            |                              |               |                   |        |
|              | osely-held equity interests                                      |                            |                              |               |                   |        |
| (3) Ot       | •                          |                            |                              |               |                   |        |
| (A)          | INVESTMENT CONTRACT  | 759,159.                   | END-OF-YEAR MARKE            | r value       |                   |        |
| (B)          | LIMITED PARTNERSHIPS   | 164,708,291.               | END-OF-YEAR MARKE            | r value       |                   |        |
| (C)          |  |                            |                              |               |                   |        |
| (D)          |  |                            |                              |               |                   |        |
| (E)          |  |                            |                              |               |                   |        |
| (F)          |  |                            |                              |               |                   |        |
| (G)          |  |                            |                              |               |                   |        |
| (H)          |  |                            |                              |               |                   |        |
|              | (Col. (b) must equal Form 990, Part X, col. (B) line 12.)        | 165,467,450.               |                              |               |                   |        |
| Part         | WIII Investments - Program Related.                              | , ,                        |                              |               |                   |        |
|              | Complete if the organization answered "Yes"                      | on Form 990 Part IV line   | 11c See Form 990 Part X I    | ine 13        |                   |        |
|              | (a) Description of investment                                    | (b) Book value             | (c) Method of valuation      |               | nd-of-year market | value  |
| (1)          |  | .,                         | . ,                          |               |                   |        |
| (2)          |  |                            |                              |               |                   |        |
| (3)          |  |                            |                              |               |                   |        |
| (4)          |  |                            |                              |               |                   |        |
| (5)          |  |                            |                              |               |                   |        |
| (6)          |  |                            |                              |               |                   |        |
| (7)          |  |                            |                              |               |                   |        |
| (8)          |  |                            |                              |               |                   |        |
| (9)          |  |                            |                              |               |                   |        |
|              | (Col. (b) must equal Form 990, Part X, col. (B) line 13.)        |                            |                              |               |                   |        |
| Part         |  |                            |                              |               |                   |        |
|              | Complete if the organization answered "Yes"                      | on Form 990. Part IV. line | 11d. See Form 990. Part X. I | ine 15.       |                   |        |
|              |  | Description                |                              |               | (b) Book          | value  |
| (1)          |  | •                          |                              |               |                   |        |
| (2)          |  |                            |                              |               |                   |        |
| (3)          |  |                            |                              |               |                   |        |
| (4)          |  |                            |                              |               |                   |        |
| (5)          |  |                            |                              |               |                   |        |
| (6)          |  |                            |                              |               |                   |        |
| (7)          |  |                            |                              |               |                   |        |
| (8)          |  |                            |                              |               |                   |        |
| (9)          |  |                            |                              |               |                   |        |
|              | (Column (b) must equal Form 990, Part X, col. (B) lin            | 0.15)                      |                              |               |                   |        |
| Part         | X Other Liabilities.   | e 13.j                     |                              | ······        |                   |        |
|              | Complete if the organization answered "Yes"                      | <u> </u>                   |                              | art X, line 2 | 5                 |        |
| <u>1</u>     | (a) Description of liability                                     |                            | (b) Book value               |               |                   |        |
| (1)          |  |                            |                              |               |                   |        |
| (2)          | CAPITAL LEASE OBLIGATIONS  |                            | 182,173.                     |               |                   |        |
| (3)          | DEFERRED COMPENSATION  |                            | 4,630,776.                   |               |                   |        |
| (4)          | DEFERRED RENT AND LEASE INCENTIVE                                |                            | 14,260,520.                  |               |                   |        |
| (5)          |  |                            |                              |               |                   |        |
| (6)          |  |                            |                              |               |                   |        |
| (7)          |  |                            |                              |               |                   |        |
| (8)          |  |                            |                              |               |                   |        |

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2018

(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

19,073,469.

| Schedule D (Form 990) 2018 THE ASPEN INSTITUTE, INC.   |                        |                                       | 84-03990       | 06 Page <b>4</b> |
|--|------------------------|---------------------------------------|----------------|------------------|
| Part XI Reconciliation of Revenue per Audited Financial State  | tements With R         | evenue per Re                         | turn.          |                  |
| Complete if the organization answered "Yes" on Form 990, Part IV, lir  | ne 12a.                |                                       |                |                  |
| 1 Total revenue, gains, and other support per audited financial statements   |                        |                                       | 1              | 133,870,391.     |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:  |                        |                                       |                |                  |
| a Net unrealized gains (losses) on investments   | 2a                     | -14,713.                              |                |                  |
| <b>b</b> Donated services and use of facilities  |                        | 123,913.                              |                |                  |
| c Recoveries of prior year grants  |                        |                                       |                |                  |
| d Other (Describe in Part XIII.)   | 1 4 - 1                |                                       |                |                  |
| e Add lines 2a through 2d  |                        |                                       | 2e             | 109,200.         |
| 3 Subtract line 2e from line 1   |                        |                                       | 3              | 133,761,191.     |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:   |                        |                                       |                |                  |
|  | 4a                     | 1,084,131.                            |                |                  |
|  |                        | -712,610.                             |                |                  |
| b Other (Describe in Part XIII.)   |                        | · · · · · · · · · · · · · · · · · · · | 4-             | 371,521.         |
| c Add lines 4a and 4b  |                        |                                       | 4c             | 134,132,712.     |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.  Part XII Reconciliation of Expenses per Audited Financial Sta  | )<br>stamente With I   | vnenses ner E                         | 5<br>Paturn    | 134,132,712.     |
|  |                        | -xperises per i                       | ictuiii.       |                  |
| Complete if the organization answered "Yes" on Form 990, Part IV, lin  |                        |                                       |                | 142,735,002.     |
|  |                        |                                       | 1              | 142,735,002.     |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  | 1 - 1                  | 102 012                               |                |                  |
| a Donated services and use of facilities   |                        | 123,913.                              |                |                  |
| <b>b</b> Prior year adjustments  |                        |                                       |                |                  |
| c Other losses   | 2c                     |                                       |                |                  |
| d Other (Describe in Part XIII.)   | 2d                     | -118,106.                             |                |                  |
| e Add lines 2a through 2d  |                        |                                       | 2e             | 5,807.           |
| 3 Subtract line 2e from line 1   |                        |                                       | 3              | 142,729,195.     |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:   |                        |                                       |                |                  |
| a Investment expenses not included on Form 990, Part VIII, line 7b   | 4a                     | 1,084,131.                            |                |                  |
| <b>b</b> Other (Describe in Part XIII.)  | 4b                     | -712,610.                             |                |                  |
| c Add lines 4a and 4b  |                        |                                       | 4c             | 371,521.         |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  | 8.)                    |                                       | 5              | 143,100,716.     |
| Part XIII Supplemental Information.  | ,                      |                                       |                |                  |
| Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4   | 4; Part IV, lines 1b a | nd 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 ar  | ny additional informa  | ation.                                |                |                  |
|  |                        |                                       |                |                  |
|  |                        |                                       |                |                  |
| PART II, LINE 5:   |                        |                                       |                |                  |
| ·  |                        |                                       |                |                  |
| THE INSTITUTE CONTINUES TO COMPLY WITH TERMS OF CONTRACT GOVE  | ERNING THE             |                                       |                |                  |
|  |                        |                                       |                |                  |
| CONSERVATION EASEMENT HELD, WHICH INCLUDES PROTECTION OF NATU  | JRAL HABITAT.          |                                       |                |                  |
|  |                        |                                       |                |                  |
|  |                        |                                       |                |                  |
|  |                        |                                       |                |                  |
| PART II, LINE 9:   |                        |                                       |                |                  |
| ·  |                        |                                       |                |                  |
| THE INSTITUTE HOLDS A CONSERVATION EASEMENT ON THE BALANCE SE  | HEET AND THE           |                                       |                |                  |
|  |                        |                                       |                |                  |
| CONTRIBUTED PARCEL OF LAND WAS BOOKED AS REVENUE FOR THE YEAR  | R IT WAS               |                                       |                |                  |
|  |                        |                                       |                |                  |
| GIFTED.  |                        |                                       |                |                  |
|  |                        |                                       |                |                  |
|  |                        |                                       |                |                  |
|  |                        |                                       |                |                  |
| PART III, LINE 4:  |                        |                                       |                |                  |
|  |                        |                                       |                |                  |
| AT OUR ASPEN MEADOWS CAMPUS, ASPEN, COLORADO, WE HAVE A LARGE  | E COLLECTION           |                                       |                |                  |
| OF ADD MAN TO ON DESCRIPTION FOR THE CONTROL OF THE |                        |                                       |                |                  |
| OF ART THAT IS ON DISPLAY BOTH IN GALLERIES AND PUBLIC SPACES  | S. IT IS               |                                       |                |                  |

Schedule D (Form 990) 2018

832054 10-29-18

THE ASPEN INSTITUTE, INC. 84-0399006 Schedule D (Form 990) 2018 Page 5 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 -613,031. RENTAL EXPENSES -99,579. TOTAL TO SCHEDULE D, PART XI, LINE 4B -712,610. PART XII, LINE 2D - OTHER ADJUSTMENTS: RETURN OF GRANT FUNDS -118,106.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES -613,031.

Schedule D (Form 990) 2018

## SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

## Statement of Activities Outside the United States

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

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Form 990, Part IV, line 14b.

**Employer identification number** 

84-0399006

THE ASPEN INSTITUTE, INC. General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region independent gram services, investments, grants to describe specific type investments contractors recipients located in the region) of service(s) in the region in the region in the region PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN GRANTS, MEETINGS AND EUROPE 0 REGION. ROGRAMMATIC ACTIVITIES 1,904,835. PROGRAM SERVICES AND GRANTS GRANTS, MEETINGS AND TO RECIPIENTS LOCATED IN SUB-SAHARAN AFRICA 0 0 REGION. PROGRAMMATIC ACTIVITIES. 1,052,375. PROGRAM SERVICES AND GRANTS GRANTS, MEETINGS AND TO RECIPIENTS LOCATED IN PROGRAMMATIC ACTIVITIES, NORTH AMERICA 0 0 REGION. 655,809. PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN GRANTS, MEETINGS AND REGION. PROGRAMMATIC ACTIVITIES, SOUTH AMERICA 0 Λ 263,851. PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN CENTRAL AMERICA AND GRANTS, MEETINGS AND REGION PROGRAMMATIC ACTIVITIES, THE CARIBBEAN 0 0 42,671. PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN GRANTS, MEETINGS AND SOUTH ASIA 0 REGION. PROGRAMMATIC ACTIVITIES. 13,748. PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN EAST ASIA AND THE GRANTS, MEETINGS AND PACIFIC 0 REGION. PROGRAMMATIC ACTIVITIES, 10,180. 0 0 3,943,469. **3 a** Subtotal **b** Total from continuation 0 0 0. sheets to Part I ...... Totals (add lines 3a 0 3,943,469.

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

Schedule F (Form 990) 2018

and 3b)

Schedule F (Form 990) 2018

Part II Grants and Other

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>(b)</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<br>valuation (book, FMV,<br>appraisal, other) |
|----------------------------|---|-----------------|--|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
|                            |   |                 |  |                          |                                 |                                  |                                       |   |
|                            |   | SUB-SAHARAN     | SUPPORT CHAPTER                          |                          |                                 |                                  |                                       |   |
|                            |   | AFRICA          | OPERATIONS IN AFRICA                     | 99,382.                  | WIRE TRANSFER                   | 0.                               |                                       |   |
|                            |   |                 |  |                          |                                 |                                  |                                       |   |
|                            |   |                 | STEVENS INITIATIVE                       |                          |                                 |                                  |                                       |   |
|                            |   | NORTH AFRICA    | CULTURAL EXCHANGE                        | 100,000.                 | WIRE TRANSFER                   | 0.                               |                                       |   |
|                            |   |                 |  |                          |                                 |                                  |                                       |   |
|                            |   |                 | SUPPORT CHAPTER                          |                          |                                 |                                  |                                       |   |
|                            |   | SOUTH AMERICA   | OPERATIONS IN BRAZIL                     | 93,113.                  | WIRE TRANSFER                   | 0.                               |                                       |   |
|                            |   |                 |  |                          |                                 |                                  |                                       |   |
|                            |   | MIDDLE EAST AND | STEVENS INITIATIVE                       |                          |                                 |                                  |                                       |   |
|                            |   | NORTH AFRICA    | CULTURAL EXCHANGE                        | 108,455.                 | WIRE TRANSFER                   | 0.                               |                                       |   |
|                            |   |                 | SUPPORT THE "IMPACT                      |                          |                                 |                                  |                                       |   |
|                            |   |                 | THESIS ON FINANCIAL                      |                          |                                 |                                  |                                       |   |
|                            |   |                 | SERVICES FOR THE BOP IN BRAZIL" PROPOSAL | 50 000.                  | WIRE TRANSFER                   | 0.                               |                                       |   |
|                            |   |                 |  |                          |                                 |                                  |                                       |   |
|                            |   |                 |  |                          |                                 |                                  |                                       |   |
|                            |   | SOUTH AMERICA   | CHAPTER OPERATIONS<br>SUPPORT            | E 750                    | WIRE TRANSFER                   | 0.                               |                                       |   |
|                            |   | SOUTH AMERICA   | SUPPORT                                  | 5,752.                   | WIRE TRANSFER                   | 0.                               |                                       |   |
|                            |   |                 |  |                          |                                 |                                  |                                       |   |
|                            |   |                 | CHAPTER OPERATIONS                       |                          |                                 |                                  |                                       |   |
|                            |   | SOUTH AMERICA   | SUPPORT                                  | 40,520.                  | WIRE TRANSFER                   | 0.                               |                                       | 1   |
|                            |   |                 |  |                          |                                 |                                  |                                       |   |
|                            |   |                 | SUPPORT CHAPTER                          |                          |                                 |                                  |                                       |   |
|                            |   | NORTH AMERICA   | OPERATIONS IN MEXICO                     | 106,729.                 | WIRE TRANSFER                   | 0.                               |                                       |   |

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

3 Enter total number of other organizations or entities

| 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>(b)</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<br>non-cash<br>assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|                            |   |                        | SUPPORT THE                   |                          |                                 |   |  |   |
|                            |   |                        | "STRENGTHENING IMPACT         |                          |                                 |   |  |   |
|                            |   | SUB-SAHARAN            | MEASUREMENT IN EAST           |                          |                                 |   |  |   |
|                            |   | AFRICA                 | AFRICA" PROPOSAL              | 18,000.                  | WIRE TRANSFER                   | 0.                                      |  |   |
|                            |   |                        |                               |                          |                                 |   |  |   |
|                            |   |                        | SUPPORT THE "NEW              |                          |                                 |   |  |   |
|                            |   |                        | VENTURES INVESTMENTS"         |                          |                                 |   |  |   |
|                            |   | NORTH AMERICA          | PROPOSAL                      | 50,000.                  | WIRE TRANSFER                   | 0.                                      |  |   |
|                            |   |                        | SUPPORT THE                   |                          |                                 |   |  |   |
|                            |   |                        | "EFFECTIVENESS OF             |                          |                                 |   |  |   |
|                            |   |                        | EVALUATION METHODS IN         |                          |                                 |   |  |   |
|                            |   | NORTH AMERICA          | SOCIAL ENTERPRISES IN         | 30,000.                  | WIRE TRANSFER                   | 0.                                      |  |   |
|                            |   |                        | SUPPORT THE "MAPPING          |                          |                                 |   |  |   |
|                            |   |                        | LANDSCAPE FOR IMPACT          |                          |                                 |   |  |   |
|                            |   | SUB-SAHARAN            | MEASUREMENT IN SOUTH          |                          |                                 |   |  |   |
|                            |   | AFRICA                 | AFRICA" PROPOSAL              | 39,953.                  | WIRE TRANSFER                   | 0.                                      |  |   |
|                            |   |                        |                               |                          |                                 |   |  |   |
|                            |   |                        |                               |                          |                                 |   |  |   |
|                            |   | SUB-SAHARAN            | SUPPORT CHAPTER               |                          |                                 |   |  |   |
|                            |   | AFRICA                 | OPERATIONS IN AFRICA          | 314,364.                 | WIRE TRANSFER                   | 0.                                      |  |   |
|                            |   |                        |                               |                          |                                 |   |  |   |
|                            |   |                        | STEVENS INITIATIVE            |                          |                                 |   |  |   |
|                            |   | MIDDLE EAST AND        | CULTURAL EXCHANGE             |                          |                                 |   |  |   |
|                            |   | NORTH AFRICA           | MENA                          | 308,118.                 | WIRE TRANSFER                   | 0.                                      |  |   |
|                            |   |                        |                               |                          |                                 |   |  |   |
|                            |   | EACH ACTA AND HITE     | GUADMED ODEDAMIONG            |                          |                                 |   |  |   |
|                            |   |                        | CHAPTER OPERATIONS            | 72 000                   | MIDE MDANGEED                   |   |  |   |
|                            |   | PACIFIC                | SUPPORT                       | 73,000.                  | WIRE TRANSFER                   | 0.                                      |  | _   |
|                            |   |                        |                               |                          |                                 |   |  |   |
|                            |   | EYSU YSIY YMU UDD      | CHAPTER OPERATIONS            |                          |                                 |   |  |   |
|                            |   |                        | SUPPORT                       | 44 735                   | WIRE TRANSFER                   | 0.                                      |  |   |
|                            |   | <u> </u>               | 5011011                       | 44,755.                  | THE HUMBIER                     | · ·                                     |  |   |
|                            |   |                        |                               |                          |                                 |   |  |   |
|                            |   |                        | SUPPORT CHAPTER               |                          |                                 |   |  |   |
|                            |   | SOUTH ASIA             | OPERATIONS IN INDIA           | 12.339.                  | WIRE TRANSFER                   | 0.                                      |  |   |
|                            |   |                        |                               | ,,                       | L                               |   |  | 1   |

| Part II                | Continuation of | Grants and Other                                    | Assistance to Organiza | tions or Entities Outside the l | Jnited States.           | (Schedule F (Form 9             | 90), Part II, line                      | 1)   |   |
|------------------------|-----------------|---|------------------------|---------------------------------|--------------------------|---------------------------------|---|--|---|
| <b>1</b><br>(a) Name o | of organization | <b>(b)</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<br>non-cash<br>assistance | (h) Description<br>of non-cash<br>assistance | (i) Method of<br>valuation (book, FMV,<br>appraisal, other) |
|                        |                 |   |                        | SUPPORT THE                     |                          |                                 |   |  |   |
|                        |                 |   |                        | "SIMPLIFI: MOBILE               |                          |                                 |   |  |   |
|                        |                 |   |                        | RECORDKEEPING FOR               |                          |                                 |   |  |   |
|                        |                 |   | NORTH AMERICA          | SMALL & GROWING                 | 33,410.                  | WIRE TRANSFER                   | 0.                                      |  |   |
|                        |                 |   |                        |                                 |                          |                                 |   |  |   |
|                        |                 |   |                        |                                 |                          |                                 |   |  |   |
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|                        |                 |   | l .                    | l .                             |                          | I.                              | l .                                     | <u>l</u>                                     |   |

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

| Part III can be duplicated if   | additional space is needed      | 1.                       |                          |                                 |                                  |                                       |  |
|---------------------------------|---------------------------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|--|
| (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<br>valuation<br>(book, FMV,<br>appraisal, other) |
| AWARDS                          | MIDDLE EAST AND<br>NORTH AFRICA | 1                        | 35 000                   | MIDE                            | 0.                               |                                       |  |
| AWARDS                          | NORTH AFRICA                    | 1                        | 35,000.                  | WIRE                            | 0.                               |                                       |  |
| HONORARIUM                      | NORTH AMERICA                   | 1                        | 3,750.                   | WIRE                            | 0.                               |                                       |  |
|                                 | EAST ASIA AND THE               |                          | 1 500                    |                                 |                                  |                                       |  |
| AWARDS                          | PACIFIC  EUROPE (INCLUDING      | 1                        | 1,500.                   | WIRE                            | 0.                               |                                       |  |
| AWARDS                          | ICELAND &<br>GREENLAND)         | 1                        | 1,500.                   | WIRE                            | 0.                               |                                       |  |
|                                 |                                 |                          |                          |                                 |                                  |                                       |  |
| SCHOLARSHIP                     | SOUTH AMERICA                   | 1                        | 1,200.                   | WIRE                            | 0.                               |                                       |  |
| HONORARIUM                      | NORTH AMERICA                   | 3                        | 750.                     | WIRE                            | 0.                               |                                       |  |
|                                 |                                 |                          |                          |                                 |                                  |                                       |  |
|                                 |                                 |                          |                          |                                 |                                  |                                       |  |
|                                 |                                 |                          |                          |                                 |                                  |                                       |  |
|                                 |                                 |                          |                          |                                 |                                  |                                       |  |
|                                 |                                 |                          |                          |                                 |                                  |                                       |  |



| Part IV | Foreign | <b>Forms</b> |
|---------|---------|--------------|

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

Page 5

## Part V | Supplemental Information

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

PART I, LINE 2:

THE INSTITUTE PERIODICALLY ENGAGES OTHER ENTITIES TO FURTHER THE

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

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

WHICH THE SUB RECIPIENTS ARE ADVISED OF ALL APPLICABLE LAWS AND

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

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

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

TO ANY INDIVIDUAL OR ENTITY INVOLVED WITH TERRORISM (INCLUDING ANY

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

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

THIS CERTIFICATION MUST BE GROUNDS FOR IMMEDIATE TERMINATION OF THE

LETTER OF AGREEMENT AND RETURN OF ALL GRANT FUNDS.

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

ARE DETERMINED JOINTLY BY THE RESPONSIBLE PROGRAM MANAGER AND RESPECTIVE

GRANT ADMINISTRATOR/FINANCIAL ANALYST. THIS INCLUDES THE ROUTINE RECEIPT

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

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

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

DELAYS OR OTHER CONDITIONS DEVELOP WHICH WOULD HAVE SIGNIFICANT IMPACT

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

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

FLEXIBILITY OFFERED MAY DEPEND ON PREVIOUS EXPERIENCE WITH THE RECIPIENT

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

OF THE RECIPIENT'S ADMINISTRATIVE SYSTEMS,

Page 5

## Part V | Supplemental Information

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

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

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

COMPLETE A DUE DILIGENCE CHECKLIST, WHICH INCLUDES ADDITIONAL INFORMATION

ABOUT THE SUB RECIPIENT INCLUDING: ANY REASONABLY AVAILABLE HISTORICAL

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

IDENTITY AND INTEGRITY SUCH AS THE JURISDICTION IN WHICH A GRANTEE

ORGANIZATION IS INCORPORATED OR FORMED; COPIES OF INCORPORATING OR OTHER

GOVERNING INSTRUMENTS; INFORMATION ON THE INDIVIDUALS WHO FORMED AND

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

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

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

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

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

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

THE INSTITUTE ALSO CONDUCTS A REASONABLE SEARCH OF PUBLICLY AVAILABLE

INFORMATION TO DETERMINE WHETHER THE GRANTEE OR SERVICE PROVIDER IS

SUSPECTED OF ACTIVITY RELATING TO TERRORISM. INCLUDING TERRORIST

FINANCING OR OTHER SUPPORT.

PART I, LINE 3:

THE ACCRUAL METHOD OF ACCOUNTING WAS USED TO ACCOUNT FOR FOREIGN

EXPENDITURES.

PART II, COLUMN (D):

REGION: NORTH AMERICA

(D) PURPOSE OF GRANT: SUPPORT THE "EFFECTIVENESS OF EVALUATION METHODS

IN SOCIAL ENTERPRISES IN SUB-SAHARAN AFRICA" PROPOSAL

### **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

| Name of the organization  THE ASPEN  | INSTITUTE, INC.  |  |  |   |         | 84-039900  | ntification number<br>6                                 |
|--|--|--|--|---|---------|--|---|
| Part I Fundraising Activities.   | Complete if the organization answer  | red "Y   | es" or                                       | n Form 990, Part IV, I  | ine 17  | . Form 990-EZ  | filers are not  |
| required to complete this part  Indicate whether the organization rais  Mail solicitations  Internet and email solicitations  Phone solicitations  In-person solicitations | ed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual or art VII) or entity in connection with providuals or entities (fundraisers) pursua | tion of<br>tion of<br>fundra<br>(includ          | non-g<br>gover<br>ising of<br>ing of         | overnment grants<br>nment grants<br>events<br>ficers, directors, trus<br>undraising services? |         | Yes  | ' <del></del> '   |
| (i) Name and address of individual or entity (fundraiser)  | (ii) Activity  | (iii)<br>fundra<br>have cu<br>or con<br>contribu | Did<br>aiser<br>istody<br>trol of<br>itions? | (iv) Gross receipts from activity   | to (or  | Amount paid<br>retained by)<br>undraiser<br>ed in col. (i) | (vi) Amount paid<br>to (or retained by)<br>organization |
|  |  | Yes  | No   |   |         |  |   |
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| Total  3 List all states in which the organization   | n is registered or licensed to solicit c   | ontribu  | <b>▶</b><br>utions                           | or has been notified  | it is e | xempt from re  | gistration  |
| or licensing.  |  |  |  |   |         |  |   |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2018

| Pa              | ırt I       |  |                                   |                                 |                   |  |
|-----------------|-------------|--|-----------------------------------|---------------------------------|-------------------|--|
|                 |             | of fundraising event contributions and gro   | (a) Event #1 ANNUAL AWARDS DINNER | (b) Event #2 SUMMER CELEBRATION | (c) Other events  | (d) Total events (add col. (a) through col. (c)) |
| ē               |             |  | (event type)                      | (event type)                    | (total number)    | 33 <b>(3</b> )                                   |
| Revenue         | 1           | Gross receipts   | 1,105,200.                        | 550,338.                        | 450,163.          | 2,105,701.                                       |
|                 | 2           | Less: Contributions  | 1,037,450.                        | 542,498.                        | 394,499.          | 1,974,447.                                       |
|                 | 3           | Gross income (line 1 minus line 2)   | 67,750.                           | 7,840.                          | 55,664.           | 131,254.   |
|                 | 4           | Cash prizes  |                                   |                                 |                   |  |
| ø               | 5           | Noncash prizes   |                                   |                                 |                   |  |
| bense           | 6           | Rent/facility costs  | 5,650.                            | 11,992.                         | 3,358.            | 21,000.  |
| Direct Expenses | 7           | Food and beverages   | 4,297.                            | 7,679.                          | 2,779.            | 14,755.  |
|                 | 8           | Entertainment  |                                   |                                 |                   |  |
|                 | 9           | Other direct expenses  |                                   | 171,094.                        | 163,140.          | 577,276.   |
|                 | 10          |  |                                   |                                 |                   | 613,031.   |
| Dr              | 11<br>1rt l | Net income summary. Subtract line 10 from li   |                                   |                                 |                   | -481,777.  |
| Г               | 11 L I      | <b>Gaming.</b> Complete if the organization s<br>\$15,000 on Form 990-EZ, line 6a.   | answered "Yes" on Form            | 1990, Part IV, line 19, or r    | eported more than |  |
|                 |             | ψ13,000 0111 01111 990-L2, line 0a.  | 1                                 | (b) Pull tabs/instant           |                   | (d) Total gaming (add                            |
| Revenue         |             |  | (a) Bingo                         | bingo/progressive bingo         | (c) Other gaming  | col. (a) through col. (c)                        |
| _               | 1           | Gross revenue  |                                   |                                 |                   |  |
| ses             | 2           | Cash prizes  |                                   |                                 |                   |  |
| Direct Expenses | 3           | Noncash prizes   |                                   |                                 |                   |  |
| Direct          | 4           | Rent/facility costs  |                                   |                                 |                   |  |
|                 | 5           | Other direct expenses  |                                   |                                 |                   |  |
|                 |             | Volunteer labor  | Yes % No                          | Yes % No                        | Yes % No          |  |
|                 | 7           | Direct expense summary. Add lines 2 through  |                                   |                                 |                   |  |
|                 | 8           | Net gaming income summary. Subtract line 7   |                                   |                                 |                   |  |
|                 |             | The garming moone commany. Construct mile i  | Training 1, column (a)            |                                 |                   |  |
| a               | ls t        | ter the state(s) in which the organization conducted conducted are conducted are conducted are conducted are conducted.  No," explain: | ctivities in each of these        | states?                         |                   | Yes No   |
|                 |             | ere any of the organization's gaming licenses re<br>Yes," explain:   | •                                 |                                 |                   | Yes No   |
| 8320            | 82 10       | 0-03-18  |                                   |                                 | Schedule G (Fo    | rm 990 or 990-EZ) 2018                           |

| Schedule G (Form 990 or 990-EZ) 2018 THE ASPEN INSTITUTE, INC.  | 84-0399006              | Page 3     |
|---|-------------------------|------------|
| 11 Does the organization conduct gaming activities with nonmembers?   | Yes                     | No         |
| 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or othe   |                         |            |
| to administer charitable gaming?  |                         | No         |
| 13 Indicate the percentage of gaming activity conducted in:   |                         | 110        |
|   | المدا                   | 0.4        |
| a The organization's facility   |                         | <u>%</u>   |
| <b>b</b> An outside facility  |                         | %          |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events   | books and records:      |            |
| Name ▶  |                         |            |
| Address   |                         |            |
| 15a Does the organization have a contract with a third party from whom the organization receives gam  | ing revenue? Yes        | □ No       |
| <b>b</b> If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$   | and the amount          |            |
| of gaming revenue retained by the third party > \$  |                         |            |
| c If "Yes," enter name and address of the third party:  |                         |            |
| Name ▶  |                         |            |
| Address ▶   |                         |            |
|   |                         |            |
| 16 Gaming manager information:  |                         |            |
| Name  |                         |            |
| Gaming manager compensation ▶ \$  |                         |            |
|   |                         |            |
| Description of services provided  |                         |            |
|   |                         |            |
|   |                         |            |
| ☐ Director/officer ☐ Employee ☐ Independent contractor  |                         |            |
| 17 Mandatory distributions:   |                         |            |
| <ul> <li>a Is the organization required under state law to make charitable distributions from the gaming process.</li> </ul>  | anda ta                 |            |
|   | Yes                     | □ No       |
| retain the state gaming license?  |                         | └── No     |
| <b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organi  | zations or spent in the |            |
| organization's own exempt activities during the tax year > \$   |                         |            |
| <b>Part IV Supplemental Information.</b> Provide the explanations required by Part I, line 2b, co 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instruct |                         | , 9b, 10b, |
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| Schedule G | (Form 990 or 990-EZ) THE ASPEN INSTITUTE, INC.                                       | 84-0399006           | Page 4    |
|------------|--|----------------------|-----------|
| Part IV    | (Form 990 or 990-EZ) THE ASPEN INSTITUTE, INC.  Supplemental Information (continued) |                      |           |
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| ·          |  | Schedule G (Form 990 | or 990-EZ |

## SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

2018 Open to Public

Inspection

OMB No. 1545-0047

| Name of the organization   |                        |                                    |                          |                                   |  |                                       | Employer identification number                        |
|--|------------------------|------------------------------------|--------------------------|-----------------------------------|--|---------------------------------------|---|
| THE ASPEN INST   |                        |                                    |                          |                                   |  |                                       | 84-0399006  |
|  |                        |                                    |                          |                                   | . f  |                                       |   |
| 1 Does the organization maintain records t   |                        |                                    |                          |                                   |  |                                       |   |
| criteria used to award the grants or assis  Describe in Part IV the organization's pro                 | tance?                 |                                    |                          |                                   |  |                                       | Yes No  |
| Part II Grants and Other Assistance to I   |                        |                                    |                          |                                   | :ti  | /a.a.ll. a.a. Fa 000 David            | h IV. Ess Od. for one.                                |
|  |                        |                                    |                          |                                   | anization answered   | res on Form 990, Pari                 | iv, line 21, for any                                  |
| recipient that received more than \$  1 (a) Name and address of organization or government             | (b) EIN                | (c) IRC section<br>(if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant<br>or assistance                 |
| EMORY UNIVERSITY   |                        |                                    |                          |                                   |  |                                       | TO SUPPORT GALI GLOBAL                                |
| 1599 CLIFTON ROAD NE, 4TH FLOOR  |                        |                                    |                          |                                   |  |                                       | ACCELERATOR LEARNING                                  |
| ATLANTA, GA 30322  | 58-0566256             | 501/C\/3\                          | 731,996.                 | 0.                                |  |                                       | INITIATIVE  |
| ATHANIA, GA 30322  | 30-0300230             | 501(0)(3)                          | 731,990.                 | 0.                                |  |                                       | INITIATIVE  |
| CAPITAL FOR GOOD USA<br>1536 E LANCASTER AVENUE  |                        |                                    |                          |                                   |  |                                       | COLLABORATE IN FINANCING<br>ALLIANCE FOR HEALTH       |
| PAOLI, PA 19301  | 27-0915757             | 501(C)(3)                          | 555,556.                 | 0.                                |  |                                       | INITIATIVE  |
| ITHAKA HARBORS, INC.<br>2 RECTOR STREET<br>NEW YORK, NY 10006  | 13-3857105             | 501(C)(3)                          | 476,361.                 | 0.                                |  |                                       | COLLABORATION IN THE<br>AMERICAN TALENT<br>INITIATIVE |
| JOHNS HOPKINS UNIVERSITY<br>3400 N CHARLES STREET<br>BALTIMORE, MD 21218                               | 52-0595110             | 501(C)(3)                          | 349,323.                 | 0.                                |  |                                       | STEVENS INITIATIVE<br>CULTURAL EXCHANGE               |
| THE WILLIAM DAVIDSON INSTITUTE AT THE UNIVERSITY OF MICHIGAN - 724 E UNIVERSITY AVENUE - ANN ARBOR, MI |                        |                                    |                          |                                   |  |                                       | STEVENS INITIATIVE                                    |
| 48109  | 38-3048086             | 501(C)(3)                          | 342,322.                 | 0.                                |  |                                       | CULTURAL EXCHANGE                                     |
| BALL STATE UNIVERSITY 2000 UNIVERSITY AVENUE MUNCIE, IN 47306  | 35-6000221             | 501(C)(3)                          | 323,124.                 | 0.                                |  |                                       | STEVENS INITIATIVE CULTURAL EXCHANGE                  |
| 2 Enter total number of section 501(c)(3) ar   |                        |                                    | ·                        |                                   |  |                                       | 10  |
| ( ), (   | •                      | •                                  |                          |                                   |  |                                       |   |
| 3 Enter total number of other organizations  | s iistea iii trie iine | ı table                            |                          |                                   |  |                                       |   |

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2018)



| Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) |            |                               |                          |   |  |  |                                       |
|---|------------|-------------------------------|--------------------------|---|--|--|---------------------------------------|
| (a) Name and address of organization or government  | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
| KARAM FOUNDATION NFP  |            |                               |                          |   |  |  |                                       |
| 230 NORTHGATE STREET, SUITE 742   |            |                               |                          |   |  |  | STEVENS INITIATIVE                    |
| LAKE FOREST, IL 60045   | 37-1548241 | 501(C)(3)                     | 300,415.                 | 0.                                      |  |  | CULTURAL EXCHANGE                     |
| BUILD COMMONWEALTH, INC.  |            |                               |                          |   |  |  |                                       |
| 114 WESTERN AVENUE, 2ND FLOOR   |            |                               |                          |   |  |  | COLLABORATION ON EMPLOYEE             |
| ALLSTON, MA 02134   | 04-3540147 | 501(C)(3)                     | 275,000.                 | 0.                                      |  |  | HARDSHIP PROJECT                      |
| INTERNATIONAL RESEARCH AND  |            |                               |                          |   |  |  |                                       |
| EXCHANGES BOARD, INC 1275 K   |            |                               |                          |   |  |  |                                       |
| STREET, NW, SUITE 600 -   |            |                               |                          |   |  |  | STEVENS INITIATIVE                    |
| WASHINGTON, DC 20005  | 22-3087809 | 501(C)(3)                     | 256,718.                 | 0.                                      |  |  | CULTURAL EXCHANGE                     |
|   |            |                               |                          |   |  |  |                                       |
| YOUTHBUILD USA, INC.  |            |                               |                          |   |  |  | COLLABORATE LAUNCH OF                 |
| 58 DAY STREET   |            |                               |                          |   |  |  | GLOBAL OPPORTUNITY YOUTH              |
| SOMERVILLE, MA 02144  | 22-3076454 | 501(C)(3)                     | 250,000.                 | 0.                                      |  |  | INITIATIVE                            |
| WGBH EDUCATIONAL FOUNDATION   |            |                               |                          |   |  |  |                                       |
| ONE GUEST STREET  |            |                               |                          |   |  |  | STEVENS INITIATIVE                    |
| BOSTON, MA 02135  | 04-2104397 | 501(C)(3)                     | 223,746.                 | 0.                                      |  |  | CULTURAL EXCHANGE                     |
| ,   |            |                               | ,                        |   |  |  |                                       |
| EQUAL MEASURE   |            |                               |                          |   |  |  |                                       |
| 1528 WALNUT STREET, SUITE 805   |            |                               |                          |   |  |  | EVALUATION WORK ON                    |
| PHILADELPHIA, PA 19102  | 23-2694572 | 501(C)(3)                     | 210,991.                 | 0.                                      |  |  | COMMUNITY SOLUTIONS                   |
| UNIVERSITY OF NEBRASKA-LINCOLN  |            |                               |                          |   |  |  |                                       |
| 401 CANFIELD ADMINISTRATION   |            |                               |                          |   |  |  |                                       |
| BUILDING, P.O. BOX 880439 -   |            |                               |                          |   |  |  | STEVENS INITIATIVE                    |
| LINCOLN, NE 68588   | 47-0049123 | 501(C)(3)                     | 208,619.                 | 0.                                      |  |  | CULTURAL EXCHANGE                     |
|   |            |                               |                          |   |  |  | LEAD THE DESIGN AND                   |
| UNIVERSITY OF TEXAS AT AUSTIN   |            |                               |                          |   |  |  | IMPLEMENTATION OF                     |
| 110 INNER CAMPUS DRIVE, STOP K5300  |            |                               |                          |   |  |  | ACTIVITIES OF THE                     |
| AUSTIN, TX 78712  | 74-6000203 | 501(C)(3)                     | 200,000.                 | 0.                                      |  |  | MEMBERSHIP OF THE URBAN               |
| GLOBAL NOMADS GROUP   |            |                               |                          |   |  |  |                                       |
| 132 NASSAU STREET, SUITE 822  |            |                               |                          |   |  |  | STEVENS INITIATIVE                    |
| NEW YORK, NY 10038  | 75-2750127 | 501(C)(3)                     | 199,856.                 | 0.                                      |  |  | CULTURAL EXCHANGE                     |

Schedule I (Form 990)



| Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) |                |                               |                          |   |  |  |  |
|---|----------------|-------------------------------|--------------------------|---|--|--|--|
| (a) Name and address of organization or government  | <b>(b)</b> EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                                       |
| JOBS FOR THE FUTURE, INC.<br>88 BROAD STREET, 8TH FLOOR<br>BOSTON, MA 02110   | 06-1164568     | 501(C)(3)                     | 172,000.                 | 0.                                      |  |  | SUPPORT PARTICIPATION OF<br>GLOBAL OPPORTUNITY YOUTH<br>FORUM            |
| GLOBAL DEVELOPMENT INCUBATOR, INC.<br>1634 I STREET, NW, SUITE 300<br>WASHINGTON, DC 20006  | 14-1945286     | 501(C)(3)                     | 150,000.                 | 0.                                      |  |  | DEVELOPMENT OF GLOBAL OPPORTUNITY YOUTH INITIATIVE                       |
| FSG, INC.<br>20 PARK PLAZA, SUITE 320<br>BOSTON, MA 02116   | 20-2776974     | 501(C)(3)                     | 150,000.                 | 0.                                      |  |  | PHILANTHROPIC FEASIBILITY<br>IN AFCS                                     |
| VIRGINIA COMMUNITY COLLEGE SYSTEM<br>300 ARBORETUM PLACE, SUITE 200<br>RICHMOND, VA 23236   | 54-0759063     | 501(C)(3)                     | 150,000.                 | 0.                                      |  |  | COLLABORATION IN THE<br>SCHEV TACKLING TRANSFER<br>PROJECT               |
| CORPORATION FOR A SKILLED WORKFORCE - 1100 VICTORS WAY, SUITE 10 - ANN ARBOR, MI 48108  | 38-2991143     | 501(C)(3)                     | 135,617.                 | 0.                                      |  |  | COLLABORATION ON ECONOMIC OPPORTUNITIES PROGRAM REIMAGINE RETAIL PROJECT |
| SAN DIEGO WORKFORCE PARTNERSHIP,<br>INC 3910 UNIVERSITY AVENUE,<br>SUITE 400 - SAN DIEGO, CA 92105  | 33-0660504     | 501(C)(3)                     | 134,082.                 | 0.                                      |  |  | COLLABORATION ON ECONOMIC OPPORTUNITIES PROGRAM REIMAGINE RETAIL PROJECT |
| REGENTS OF THE UNIVERSITY OF<br>CALIFORNIA - 2150 SHATTUCK AVENUE,<br>SUITE 300 - BERKELEY, CA 94704  | 94-6002123     | 501(C)(3)                     | 122,659.                 | 0.                                      |  |  | STEVENS INITIATIVE<br>CULTURAL EXCHANGE                                  |
| INSTITUTE OF INTERNATIONAL<br>EDUCATION - 809 UNITED NATIONS<br>PLAZA - NEW YORK, NY 10017  | 13-1624046     | 501(C)(3)                     | 119,246.                 | 0.                                      |  |  | STEVENS INITIATIVE<br>CULTURAL EXCHANGE                                  |
| PHILADELPHIA YOUTH NETWORK<br>400 MARKET STREET, SUITE 200<br>PHILADELPHIA, PA 19106  | 23-2993155     | 501(C)(3)                     | 104,300.                 | 0.                                      |  |  | COLLABORATION ON ECONOMIC OPPORTUNITIES PROGRAM REIMAGINE RETAIL PROJECT |

Schedule I (Form 990)





| Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) |            |                               |                          |   |  |  |  |
|---|------------|-------------------------------|--------------------------|---|--|--|--|
| (a) Name and address of organization or government  | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance   |
| CHICAGO WORKFORCE FUNDER ALLIANCE<br>(CCF) - 225 N MICHIGAN AVENUE,<br>SUITE 2200 - CHICAGO, IL 60601                                       | 36-3432023 | 501(C)(3)                     | 100,000.                 | 0.                                      |  |  | COLLABORATION ON ECONOMIC OPPORTUNITIES PROGRAM REIMAGINE RETAIL PROJECT                   |
| ALLEGHENY CONFERENCE ON COMMUNITY DEVELOPMENT - 11 STANWIX STREET, 17TH FLOOR - PITTSBURGH, PA 15222  | 25-0965213 | 501(C)(3)                     | 89,500.                  | 0.                                      |  |  | COLLABORATION ON ECONOMIC OPPORTUNITIES PROGRAM REIMAGINE RETAIL PROJECT                   |
| PACIFIC COMMUNITY VENTURES, INC.<br>51 FEDERAL STREET, SUITE 100<br>SAN FRANCISCO, CA 94107   | 77-0485877 | 501(C)(3)                     | 75,000.                  | 0.                                      |  |  | COLLABORATION ON ECONOMIC OPPORTUNITIES PROGRAM REIMAGINE RETAIL PROJECT                   |
| ARIZONA STATE UNIVERSITY P.O. BOX 876011 TEMPE, AZ 85287  | 86-0196696 | 501(C)(3)                     | 53,512.                  | 0.                                      |  |  | STEVENS INITIATIVE<br>CULTURAL EXCHANGE  |
| VILCAP, INC.<br>829 7TH STREET, NW, 2ND FLOOR<br>WASHINGTON, DC 20001   | 27-4059343 | 501(C)(3)                     | 50,000.                  | 0.                                      |  |  | SUPPORT THE "PATHWAYS TO<br>SCALE FOR FINANCIAL<br>INCLUSION IN LATIN<br>AMERICA" PROPOSAL |
| NATAKALLAM LLC<br>2 COLUMBUS AVENUE, APARTMENT 24A<br>NEW YORK, NY 10023  | 45-5372578 | 501(C)(3)                     | 47,500.                  | 0.                                      |  |  | ASSIST IN SYRIAN REFUGEES<br>LIVELIHOOD PROGRAM  |
| PARTNERS IN FOOD SOLUTIONS<br>201 GENERAL MILLS BLVD., BC 140<br>MINNEAPOLIS, MN 55426  | 27-5097190 | 501(C)(3)                     | 30,000.                  | 0.                                      |  |  | SUPPORT THE "FROM<br>MEASUREMENT TO<br>MANAGEMENT" PROPOSAL                                |
| CAPITALPLUS EXCHANGE CORPORATION 8001 LINCOLN AVENUE, SUITE 202 SKOKIE, IL 60077  | 30-0199985 | 501(C)(3)                     | 30,000.                  | 0.                                      |  |  | SUPPORT THE "EMBEDDING IMPACT MEASUREMENT IN FINANCIAL SERVICES" PROPOSAL                  |
| CENTER FOR THE FUTURE OF ARIZONA<br>541 E VAN BUREN, SUITE B5<br>PHOENIX, AZ 85004  | 82-0538372 | 501(C)(3)                     | 25,000.                  | 0.                                      |  |  | COLLABORATION ON ECONOMIC OPPORTUNITIES PROGRAM REIMAGINE RETAIL PROJECT                   |

Schedule I (Form 990)





| Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) |                |                               |                          |   |  |  |                                    |
|---|----------------|-------------------------------|--------------------------|---|--|--|------------------------------------|
| (a) Name and address of organization or government  | <b>(b)</b> EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| SISTER CITIES INTERNATIONAL, INC.   |                |                               |                          |   |  |  |                                    |
| 915 15TH STREET, NW, 4TH FLOOR  |                |                               |                          |   |  |  | STEVENS INITIATIVE                 |
| WASHINGTON, DC 20005  | 52-0859021     | 501(C)(3)                     | 22,799.                  | 0.                                      |  |  | CULTURAL EXCHANGE                  |
|   |                |                               |                          |   |  |  | COLLABORATION ON ECONOMIC          |
| PORTLAND STATE UNIVERSITY   |                |                               |                          |   |  |  | OPPORTUNITIES PROGRAM              |
| P.O. BOX 751-SPA  |                |                               |                          |   |  |  | CWFA REGIONAL                      |
| PORTLAND, OR 97207  | 36-4776757     | 501(C)(3)                     | 22,461.                  | 0.                                      |  |  | MANUFACTURING PROJECT              |
|   |                |                               |                          |   |  |  |                                    |
| NORTHWESTERN UNIVERSITY   |                |                               |                          |   |  |  |                                    |
| 750 N LAKE SHORE DRIVE, 7TH FLOOR   |                |                               |                          |   |  |  |                                    |
| CHICAGO, IL 60611   | 36-2167817     | 501(C)(3)                     | 21,827.                  | 0.                                      |  |  | STEAMUSEUM PROJECT                 |
|   |                |                               |                          |   |  |  | COLLABORATION ON ECONOMIC          |
| UNIVERSITY OF NORTH CAROLINA AT   |                |                               |                          |   |  |  | OPPORTUNITIES PROGRAM              |
| CHAPEL HILL - 104 AIRPORT DRIVE,  |                |                               |                          |   |  |  | CWFA REGIONAL                      |
| BOX 1220 - CHAPEL HILL, NC 27599  | 56-6001393     | 501(C)(3)                     | 20,216.                  | 0.                                      |  |  | MANUFACTURING PROJECT              |
|   |                |                               |                          |   |  |  | SUPPORT THE                        |
| ACUMEN FUND, INC.   |                |                               |                          |   |  |  | "STRENGTHENING IMPACT              |
| 40 WORTH STREET, SUITE 303  |                |                               |                          |   |  |  | MEASUREMENT IN EAST                |
| NEW YORK, NY 10013  | 13-4166228     | 501(C)(3)                     | 20,000.                  | 0.                                      |  |  | AFRICA" PROPOSAL                   |
| CENTRAL NEW MEXICO COMMUNITY  |                |                               |                          |   |  |  |                                    |
| COLLEGE FOUNDATION, INC 525   |                |                               |                          |   |  |  | PARTICIPATION IN ASPEN             |
| BUENA VISTA SE - ALBUQUERQUE, NM  |                |                               |                          |   |  |  | FAMILY PROSPERITY FUND             |
| 87106   | 85-0338623     | 501(C)(3)                     | 10,000.                  | 0.                                      |  |  | COHORT                             |
| MID DAMILY DADWIDGUID   |                |                               |                          |   |  |  | DADWIGIDAWION IN AGDEN             |
| THE FAMILY PARTNERSHIP  |                |                               |                          |   |  |  | PARTICIPATION IN ASPEN             |
| 414 8TH STREET S  | 41 0602050     | F01/G)/2)                     | 10.000                   | _                                       |  |  | FAMILY PROSPERITY FUND             |
| MINNEAPOLIS, MN 55404   | 41-0693858     | 501(C)(3)                     | 10,000.                  | 0.                                      |  |  | COHORT                             |
| SUNRISE OPPORTUNITIES   |                |                               |                          |   |  |  | DADTICIDATION IN ACDEM             |
|   |                |                               |                          |   |  |  | PARTICIPATION IN ASPEN             |
| 26 HADLEY LAKE ROAD   | 01_0407276     | 501/C\/3\                     | 10 000                   | 0.                                      |  |  | FAMILY PROSPERITY FUND COHORT      |
| MACHIAS, ME 04654   | 01-0407276     | 201(C)(3)                     | 10,000.                  | 0.                                      |  |  | CONORI                             |
| UNITED WAY OF GREATER CINCINNATI  |                |                               |                          |   |  |  | PARTICIPATION IN ASPEN             |
| 2400 READING ROAD   |                |                               |                          |   |  |  | FAMILY PROSPERITY FUND             |
| CINCINNATI, OH 45202  | 31-0537502     | 501(C)(3)                     | 10,000.                  | 0.                                      |  |  | COHORT                             |

Schedule I (Form 990)



| Part II Continuation of Grants and Other A  | Assistance to Gov | ernments and Organ            | nizations in the Un      | ited States (Scho                 | edule I (Form 990), Pa   | rt II.)                                | T  |
|---|-------------------|-------------------------------|--------------------------|-----------------------------------|--|--|--|
| (a) Name and address of organization or government  | <b>(b)</b> EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance                      |
| PRINGBOARD TO OPPORTUNITIES 000 OLD CANTON ROAD, SUITE 470 ACKSON, MS 39216                                 | 46-1917760        | 501(C)(3)                     | 10,000.                  | 0.                                |  |  | PARTICIPATION IN ASPEN<br>FAMILY PROSPERITY FUND<br>COHORT |
| TEC, INC.<br>.5 WARREN STREET, SUITE 3<br>.OWELL, MA 01852  | 38-3669532        | 501(C)(3)                     | 10,000.                  | 0.                                |  |  | PARTICIPATION IN ASPEN<br>FAMILY PROSPERITY FUND<br>COHORT |
| VASHINGTON STATE BUDGET AND POLICY<br>CENTER - 1402 3RD AVENUE, SUITE<br>.215 - SEATTLE, WA 98101           | 72-1612982        | 501(C)(3)                     | 10,000.                  | 0.                                |  |  | PARTICIPATION IN ASPEN<br>FAMILY PROSPERITY FUND<br>COHORT |
| WEST MICHIGAN CENTER FOR ARTS AND<br>TECHNOLOGY - 98 E FULTON STREET,<br>SUITE 202 - GRAND RAPIDS, MI 49503 | 74-3120354        | 501(C)(3)                     | 10,000.                  | 0.                                |  |  | PARTICIPATION IN ASPEN<br>FAMILY PROSPERITY FUND<br>COHORT |
| ALL OUR KIN, INC.<br>414A CHAPEL STREET, SUITE 100<br>NEW HAVEN, CT 06511                                   | 06-1539280        | 501(C)(3)                     | 10,000.                  | 0.                                |  |  | PARTICIPATION IN ASPEN<br>FAMILY PROSPERITY FUND<br>COHORT |
| YALE UNIVERSITY<br>2 WHITNEY AVENUE, 6TH FLOOR<br>NEW HAVEN, CT 06510                                       | 06-0646973        | 501(C)(3)                     | 10,000.                  | 0.                                |  |  | PARTICIPATION IN ASPEN<br>FAMILY PROSPERITY FUND<br>COHORT |
|   |                   |                               |                          |                                   |  |  |  |
|   |                   |                               |                          |                                   |  |  |  |
|   |                   |                               |                          |                                   |  |  |  |

Schedule I (Form 990)

84-0399006

Page 2

Schedule I (Form 990) (2018)

THE ASPEN INSTITUTE, INC.

INVOLVED WITH TERRORISM (INCLUDING ANY INDIVIDUALS ENTITIES OR GROUPS

| (a) Type of grant or assistance                              | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-<br>cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|--|--------------------------|--------------------------|---------------------------------------|---|---------------------------------------|
|  |                          |                          |                                       |   |                                       |
| HONORARIA  | 124                      | 324,250.                 | 0.                                    |   |                                       |
|  |                          |                          |                                       |   |                                       |
| EVENT PARTICIPATION STIPEND                                  | 16                       | 75,950.                  | 0.                                    |   |                                       |
|  |                          |                          |                                       |   |                                       |
| AWARDS   | 45                       | 20,900.                  | 0.                                    |   |                                       |
|  |                          |                          |                                       |   |                                       |
|  |                          |                          |                                       |   |                                       |
|  |                          |                          |                                       |   |                                       |
|  |                          |                          |                                       |   |                                       |
| Part IV Supplemental Information. Provide the information in | required in Part I, line | e 2; Part III, column    | (b); and any other ac                 | Iditional information.                                |                                       |
| PART I, LINE 2:  |                          |                          |                                       |   |                                       |
| THE INSTITUTE PERIODICALLY ENGAGES OTHER ENTITIES            | S TO FURTHER TH          | E OBJECTIVES             |                                       |   |                                       |
| SET FORTH IN OUR GRANT AGREEMENTS. THIS IS TYPICA            | ALLY DONE VIA S          | UB-AWARDS OR             |                                       |   |                                       |
| RE-GRANTS THAT RUN CONCURRENTLY WITH THE PRIME AN            | WARD IN WHICH T          | HE SUB                   |                                       |   |                                       |
| RECIPIENTS ARE ADVISED OF ALL APPLICABLE LAWS AND            | D REGULATIONS, .         | AND ALL                  |                                       |   |                                       |
| APPROPRIATE FLOW-DOWN PROVISIONS FROM THE PRIME A            | AGREEMENT. ALL           | SUB GRANTEES             |                                       |   |                                       |
| OR SERVICE PROVIDERS MUST ALSO CERTIFY THAT IT DO            | OES NOT AND WIL          | L NOT                    |                                       |   |                                       |
| OR DERVICE INCVIDEND MODI ADDO CERTIFI THAT IT D             |                          |                          |                                       |   |                                       |

COPY

## **SCHEDULE J** (Form 990)

**Compensation Information** 

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

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

**Open to Public** Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

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

THE ASPEN INSTITUTE, INC.

Employer identification number 84-0399006

| Pa | art I Questions Regarding Compensation  |    |     |          |
|----|---|----|-----|----------|
|    |   |    | Yes | No       |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,    |    |     |          |
|    | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.                |    |     |          |
|    | First-class or charter travel Housing allowance or residence for personal use   |    |     |          |
|    | X Travel for companions Payments for business use of personal residence   |    |     |          |
|    | Tax indemnification and gross-up payments  Health or social club dues or initiation fees                                  |    |     |          |
|    | Discretionary spending account Personal services (such as maid, chauffeur, chef)  |    |     |          |
|    |   |    |     |          |
| b  | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or             |    |     |          |
|    | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain                  | 1b | Х   |          |
| 2  | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,          |    |     |          |
|    | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?                     | 2  | Х   |          |
|    |   |    |     |          |
| 3  | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's |    |     |          |
|    | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to        |    |     |          |
|    | establish compensation of the CEO/Executive Director, but explain in Part III.  |    |     |          |
|    | X   Compensation committee     Written employment contract  |    |     |          |
|    | 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 related organization:   |    |     |          |
| а  | Receive a severance payment or change-of-control payment?   | 4a | Х   | <u> </u> |
| b  | Participate in, or receive payment from, a supplemental nonqualified retirement plan?                                     | 4b |     | X        |
| С  | Participate in, or receive payment from, an equity-based compensation arrangement?  | 4c |     | Х        |
|    | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.             |    |     |          |
|    | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.                                  |    |     |          |
| 5  | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation         |    |     |          |
| 3  | contingent on the revenues of:  |    |     |          |
| а  | The organization?   | 5a |     | х        |
|    | Any related organization?   | 5b |     | х        |
| _  | If "Yes" on line 5a or 5b, describe in Part III.  |    |     |          |
| 6  | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation         |    |     |          |
|    | contingent on the net earnings of:  |    |     |          |
| а  | The organization?   | 6a |     | х        |
|    | Any related organization?   | 6b |     | Х        |
|    | If "Yes" on line 6a or 6b, describe in Part III.  |    |     |          |
| 7  | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments          |    |     |          |
|    | not described on lines 5 and 6? If "Yes," describe in Part III  | 7  |     | Х        |
| 8  | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the           |    |     |          |
|    | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III               | 8  |     | Х        |
| 9  | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in                    |    |     |          |
|    | Regulations section 53.4958-6(c)?   | 9  |     |          |

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



Schedule J (Form 990) 2018 THE ASPEN INSTITUTE, INC. 84-0399006 Page 2

### 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.

|                                     |      | (B) Breakdown of         | W-2 and/or 1099-MIS                 | SC compensation                           | (C) Retirement and other deferred | (D) Nontaxable | (E) Total of columns | (F) Compensation in column (B)            |  |
|-------------------------------------|------|--------------------------|-------------------------------------|---|-----------------------------------|----------------|----------------------|---|--|
| (A) Name and Title                  |      | (i) Base<br>compensation | (ii) Bonus & incentive compensation | (iii) Other<br>reportable<br>compensation | compensation                      | benefits       | (B)(i)-(D)           | reported as deferred<br>on prior Form 990 |  |
| (1) DANIEL PORTERFIELD              | (i)  | 318,231.                 | 84,300.                             | 39,820.                                   | 0.                                | 20,073.        | 462,424.             | 0.  |  |
| PRESIDENT & CEO - AS OF 06/2018     | (ii) | 0.                       | 0.                                  | 0.  | 0.                                | 0.             | 0.                   | 0.  |  |
| (2) WALTER ISAACSON                 | (i)  | 214,289.                 | 0.                                  | 2,901.                                    | 19,038.                           | 579.           | 236,807.             | 0.  |  |
| PRESIDENT & CEO - UNTIL 06/2018     | (ii) | 0.                       | 0.                                  | 0.  | 0.                                | 0.             | 0.                   | 0.  |  |
| (3) ELLIOT GERSON                   | (i)  | 402,754.                 | 0.                                  | 6,858.                                    | 77,300.                           | 37,758.        | 524,670.             | 0.  |  |
| EXECUTIVE VP                        | (ii) | 0.                       | 0.                                  | 0.  | 0.                                | 0.             | 0.                   | 0.  |  |
| (4) ERIC MOTLEY                     | (i)  | 365,194.                 | 60,000.                             | 810.                                      | 41,250.                           | 12,299.        | 479,553.             | 0.  |  |
| EVP, CORP SECRETARY                 | (ii) | 0.                       | 0.                                  | 0.  | 0.                                | 0.             | 0.                   | 0.  |  |
| (5) NAMITA KHASAT                   | (i)  | 382,393.                 | 0.                                  | 2,322.                                    | 28,769.                           | 25,544.        | 439,028.             | 0.  |  |
| CFO/CAO/TREASURER                   | (ii) | 0.                       | 0.                                  | 0.  | 0.                                | 0.             | 0.                   | 0.  |  |
| (6) RAJIV VINNAKOTA                 | (i)  | 210,383.                 | 0.                                  | 102,216.                                  | 17,321.                           | 25,135.        | 355,055.             | 0.  |  |
| EXECUTIVE VP - UNTIL 08/2018        | (ii) | 0.                       | 0.                                  | 0.  | 0.                                | 0.             | 0.                   | 0.  |  |
| (7) DAVID LANGSTAFF                 | (i)  | 212,991.                 | 0.                                  | 2,467.                                    | 0.                                | 26,405.        | 241,863.             | 0.  |  |
| EXEC. VICE PRESIDENT                | (ii) | 0.                       | 0.                                  | 0.  | 0.                                | 0.             | 0.                   | 0.  |  |
| (8) AMY DEMARIA                     | (i)  | 177,985.                 | 0.                                  | 525.                                      | 0.                                | 6,492.         | 185,002.             | 0.  |  |
| EVP COMM./MRKTNG - AS OF 06/18      | (ii) | 0.                       | 0.                                  | 0.  | 0.                                | 0.             | 0.                   | 0.  |  |
| (9) PETER REILING                   | (i)  | 148,845.                 | 0.                                  | 16,501.                                   | 15,711.                           | 12,569.        | 193,626.             | 0.  |  |
| EXECUTIVE VP - UNTIL 04/2018        | (ii) | 0.                       | 0.                                  | 0.  | 0.                                | 0.             | 0.                   | 0.  |  |
| (10) CHARLES FIRESTONE              | (i)  | 353,917.                 | 0.                                  | 11,124.                                   | 41,250.                           | 25,563.        | 431,854.             | 0.  |  |
| EXECUTIVE DIRECTOR                  | (ii) | 0.                       | 0.                                  | 0.  | 0.                                | 0.             | 0.                   | 0.  |  |
| (11) DAN GLICKMAN                   | (i)  | 324,454.                 | 0.                                  | 16,180.                                   | 41,250.                           | 2,609.         | 384,493.             | 0.  |  |
| VICE PRESIDENT & EXECUTIVE DIRECTOR | (ii) | 0.                       | 0.                                  | 0.  | 0.                                | 0.             | 0.                   | 0.  |  |
| (12) MICKEY EDWARDS                 | (i)  | 336,613.                 | 0.                                  | 2,852.                                    | 41,250.                           | 12,283.        | 392,998.             | 0.  |  |
| VICE PRESIDENT & PROGRAM DIRECTOR   | (ii) | 0.                       | 0.                                  | 0.  | 0.                                | 0.             | 0.                   | 0.  |  |
| (13) MARGARET CLARK                 | (i)  | 316,119.                 | 0.                                  | 3,564.                                    | 41,250.                           | 23,276.        | 384,209.             | 0.  |  |
| VP POLICY PROGRAMS                  | (ii) | 0.                       | 0.                                  | 0.  | 0.                                | 0.             | 0.                   | 0.  |  |
| (14) KATHERINE BOONE                | (i)  | 303,822.                 | 0.                                  | 3,564.                                    | 41,250.                           | 37,725.        | 386,361.             | 0.  |  |
| VP & PROGRAM DIRECTOR               | (ii) | 0.                       | 0.                                  | 0.  | 0.                                | 0.             | 0.                   | 0.  |  |
|                                     | (i)  |                          |                                     |   |                                   |                |                      |   |  |
|                                     | (ii) |                          |                                     |   |                                   |                |                      |   |  |
|                                     | (i)  |                          |                                     |   |                                   |                |                      |   |  |
|                                     | (ii) |                          |                                     |   |                                   |                |                      |   |  |



| Part III Supplemental Information  |
|--|
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. |
| PART I, LINE 1A:   |
| THE ASPEN INSTITUTE FOLLOWS A POLICY GOVERNING EXPENSE REIMBURSEMENT AND   |
| COMPLIES WITH TRAVEL GUIDELINES APPLICABLE TO ALL EMPLOYEES.   |
|  |
| PART I, LINE 4A:   |
| DURING THE YEAR ENDED DECEMBER 31, 2018, RAJIV VINNAKOTA, EXECUTIVE VP,  |
| RECEIVED A SEVERANCE PAYMENT OF \$86,145.  |
|  |
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## **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ 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.

Employer identification number 84-0399006

|                 |        |              | THE ASPEN INSTIT                  | UTE, INC.                     |   |   |        | 84                       | -039900    | 6      |      |
|-----------------|--------|--------------|-----------------------------------|-------------------------------|---|---|--------|--------------------------|------------|--------|------|
| Par             | t I    | Types        | s of Property                     |                               |   |   |        |                          |            |        |      |
|                 | •      |              |                                   | (a)<br>Check if<br>applicable | (b)<br>Number of<br>contributions or<br>items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | 1      | Method o<br>noncash cont |            | •      | s    |
| 1               | Art -  | Works of     | art                               |                               |   |   |        |                          |            |        |      |
| 2               |        |              | treasures                         |                               |   |   |        |                          |            |        |      |
| 3               |        |              | l interests                       | I                             |   |   |        |                          |            |        |      |
| 4               |        |              | blications                        | I                             |   | 1,767.  | FMV    |                          |            |        |      |
| 5               |        |              | nousehold goods                   |                               |   |   |        |                          |            |        |      |
| 6               |        |              | r vehicles                        |                               |   |   |        |                          |            |        |      |
| 7               |        |              | nes                               |                               |   |   |        |                          |            |        |      |
| 8               |        | lectual pro  |                                   | 1                             |   |   |        |                          |            |        |      |
| 9               | Secu   | urities - Pu | ıblicly traded                    | . Х                           | 36  | 6,695,054.  | FMV    |                          |            |        |      |
| 10              | Secu   | urities - Cl | osely held stock                  |                               |   |   |        |                          |            |        |      |
| 11              | Secu   | urities - Pa | ırtnership, LLC, or               |                               |   |   |        |                          |            |        |      |
|                 | trust  | interests    |                                   |                               |   |   |        |                          |            |        |      |
| 12              | Secu   | urities - Mi | scellaneous                       |                               |   |   |        |                          |            |        |      |
| 13              | Qual   | lified cons  | ervation contribution -           |                               |   |   |        |                          |            |        |      |
|                 |        | oric struct  |                                   |                               |   |   |        |                          |            |        |      |
| 14              | Qual   | lified cons  | servation contribution - Other    |                               |   |   |        |                          |            |        |      |
| 15              |        |              | Residential                       |                               |   |   |        |                          |            |        |      |
| 16              |        |              | Commercial                        | I                             |   |   |        |                          |            |        |      |
| 17              |        |              | Other                             | I                             |   |   |        |                          |            |        |      |
| 18              |        |              |                                   | I                             |   |   |        |                          |            |        |      |
| 19              |        |              | у                                 |                               |   |   |        |                          |            |        |      |
| 20              | Drug   | s and me     | dical supplies                    |                               |   |   |        |                          |            |        |      |
| 21              |        |              |                                   |                               |   |   | -      |                          |            |        |      |
| 22              |        |              | acts                              |                               |   |   | -      |                          |            |        |      |
| 23              |        |              | cimens                            |                               |   |   |        |                          |            |        |      |
| 24              |        | eological    |                                   |                               | 1   | F.4. 1F.0   | ENG7   |                          |            |        |      |
| 25              |        | er 🕨         | ( TRAVEL VOUCH. )                 | X                             | 1   | 54,150.<br>2,500.   | +      |                          |            |        |      |
| 26              |        | er 🕨         | ( FIXTURES )                      | X                             | 1   | 2,500.  | +      |                          |            |        |      |
| 27              |        | er 🕨         | ( IEA SEI )                       |                               | 1   | 900.  | FMV    |                          |            |        |      |
| <u>28</u><br>29 |        | er 🕨         | (                                 | nization during               | the toy year for a  | ntributions   |        |                          |            |        |      |
| 29              |        |              | organization completed Form 8     |                               |   | 1 1   |        |                          |            |        |      |
|                 | IOI W  | mich the t   | organization completed i omi t    | 5200, 1 art 10, 1             | Donee Acknowledg  | ement 29  |        |                          |            | Yes    | No   |
| 30a             | Durir  | na the ves   | ar, did the organization receive  | by contribution               | n any property rep  | orted in Part I lines 1 throug  | nh 28  | that it                  |            | 103    | 110  |
| <b></b>         |        |              | at least three years from the da  | -                             |   |   |        |                          |            |        |      |
|                 |        |              | ses for the entire holding perio  |                               |   | Willow long troquilou to be a   |        | •                        | 30a        |        | х    |
| b               |        |              | ribe the arrangement in Part II.  |                               |   |   |        |                          | .          |        |      |
| 31              |        |              | nization have a gift acceptance   | e policy that re              | equires the review o                                      | of any nonstandard contribu   | tions? | 1                        | 31         | х      |      |
|                 |        | •            | nization hire or use third partie |                               | •   | •   |        |                          |            |        |      |
|                 |        | ributions?   | •                                 |                               | S   | ,, ,  |        |                          | 32a        |        | х    |
| b               | If "Ye | es," desci   | ribe in Part II.                  |                               |   |   |        |                          |            |        |      |
| 33              |        | •            | tion didn't report an amount in   | column (c) fo                 | r a type of property                                      | for which column (a) is che   | cked,  |                          |            |        |      |
|                 |        | ribe in Pa   |                                   |                               |   |   |        |                          |            |        |      |
| 114             |        |              | and Danisation Ast Nation         |                               | Hana fan Fann 200   |   |        | Calacitat                | ь NA /Гани | - 000) | 0040 |

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

| Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. |
|---|
| SCHEDULE M, PART I, COLUMN (B):   |
| THIS COLUMN REPRESENTS THE NUMBER OF ACTUAL CONTRIBUTIONS, NOT THE  |
| NUMBERS OF ITEMS CONTRIBUTED.   |
|   |
| SCHEDULE M, LINE 32B:   |
| THE INSTITUTE HAS A WRITTEN GIFT ACCEPTANCE POLICY. IF A DONOR WANTS TO   |
| GIVE A GIFT OUTSIDE OF THAT POLICY, IT WILL BE REVIEWED BY SENIOR   |
| MANAGEMENT AND, IF NECESSARY, REFERRED TO THE BOARD OF TRUSTEES.  |
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Schedule M (Form 990) 2018

832142 10-18-18

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury

# Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization **Employer identification number** THE ASPEN INSTITUTE, INC. 84-0399006 PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SOCIETY'S BIGGEST CHALLENGES. FOR NEARLY 70 YEARS. THE INSTITUTE HAS WORKED TO ADVANCE A MISSION TO CULTIVATE ASPIRATIONAL, VALUES-BASED LEADERS; CONVENE DIVERSE THINKERS AND DOERS AROUND CRITICAL QUESTIONS AND ISSUES; ELEVATE COMPELLING IDEAS AND WORKS OF ART, LITERATURE, AND CULTURE; AND NURTURE A STRONG CIVIL SOCIETY, ACCOUNTABLE INSTITUTIONS AND EFFECTIVE PROBLEM-SOLVING. IT IS BASED IN WASHINGTON, DC WITH CAMPUSES AND OFFICES IN ASPEN, COLORADO (ITS ORIGINAL HOME), NEW YORK CITY, AND WYE RIVER IN MARYLAND FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: LEADERSHIP NETWORK EXPENSES \$ 7,766,288. INCL GRANTS OF \$ 310,000. REVENUE \$ 1,097,498. YOUTH AND ENGAGEMENT EXPENSES \$ 3,861,471. INCLUDING GRANTS OF \$ 125,000. REVENUE \$ 0. OTHER RESTRICTED PROGRAMS EXPENSES \$ 2,845,132. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,079,076. SEMINARS EXPENSES \$ 808,348. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,294,161. FORM 990, PART VI, SECTION B, LINE 11B: THE FEDERAL FORM 990 OF THE INSTITUTE IS PREPARED BY AN EXTERNAL ACCOUNTING

Schedule O (Form 990 or 990-EZ) (2018)

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

832211 10-10-18

| Name of the organization  THE ASPEN INSTITUTE, INC.                         | Employer identification number 84-0399006 |
|---|---|
| DRAFT IS PREPARED, IT IS REVIEWED BY SR. FINANCE/ACCOUNTING STAFF. IF       |   |
|   |   |
| NECESSARY, CHANGES ARE MADE AND ANOTHER DRAFT IS ISSUED.                    |   |
|   |   |
| THE SECOND DRAFT FORM 990 IS REVIEWED BY AN APPOINTED MEMBER OF THE AUDIT   |   |
| COMMITTEE ALONG WITH THE EVP FINANCE & ADMINISTRATION AND VP OF FINANCE. IF |   |
| NECESSARY, CHANGES ARE MADE AND ANOTHER DRAFT IS ISSUED.                    |   |
|   |   |
| THE FINAL DRAFT FORM 990 IS PROVIDED TO ALL MEMBERS OF THE AUDIT COMMITTEE. |   |
| ONCE APPROVED, COPIES ARE THEN DISTRIBUTED TO ALL BOARD MEMBERS BEFORE THE  |   |
| RETURN IS FILED WITH THE INTERNAL REVENUE SERVICE.                          |   |
|   |   |
| FORM 990, PART VI, SECTION B, LINE 12C:                                     |   |
| ALL ASPEN INSTITUTE TRUSTEES AND EMPLOYEES ARE REQUIRED ANNUALLY TO         |   |
|   |   |
| COMPLETE AND SIGN A DISCLOSURE AND ACKNOWLEDGEMENT FORM RELATED TO THE      |   |
| INSTITUTE'S CONFLICT OF INTEREST POLICY. SPECIFICALLY, ALL TRUSTEES AND     |   |
| EMPLOYEES ARE REQUIRED TO ACKNOWLEDGE THAT THEY HAVE READ, UNDERSTOOD, AND  |   |
| ARE COMMITTED TO ABIDING BY THE INSTITUTE'S CONFLICT OF INTEREST POLICY,    |   |
| AND TO MAKE CERTAIN DISCLOSURES ABOUT THEIR ACTIVITIES OUTSIDE OF WORK AND  |   |
| FINANCES TO HELP IDENTIFY POSSIBLE CONFLICTS OF INTEREST. ALL EMPLOYEE      |   |
| FORMS ARE SUBMITTED TO THE HUMAN RESOURCES DEPARTMENT, WHICH REVIEWS THEM   |   |
| AND HAS DISCRETION, IN COORDINATION WITH THE GENERAL COUNSEL AND SENIOR     |   |
| MANAGEMENT, TO MAKE RECOMMENDATIONS OR RAISE CONCERNS WITH AFFECTED         |   |
| INDIVIDUALS AS APPROPRIATE. ALL TRUSTEE FORMS ARE SUBMITTED TO THE OFFICE   |   |
| OF THE CORPORATE SECRETARY, WHICH REVIEWS THEM ALONG WITH THE GENERAL       |   |
| COUNSEL. MAJOR CONFLICT OF INTEREST ISSUES INVOLVING TRUSTEES AND/OR SENIOR |   |
| MANAGEMENT ARE REFERRED TO THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES FOR |   |
| RESOLUTION. THE CORPORATE SECRETARY, GENERAL COUNSEL AND SENIOR MANAGEMENT  |   |
| REGULARLY CONFER WITH THE CHAIR OF THE AUDIT COMMITTEE REGARDING THE        |   |

| Name of the organization THE ASPEN INSTITUTE, INC.                          | Employer identification number 84-0399006 |
|---|---|
| INSTITUTE'S CONFLICT OF INTEREST POLICY AND ANY CONFLICT OF INTEREST        |   |
| ISSUES.   |   |
|   |   |
| FORM 990, PART VI, SECTION B, LINE 15:                                      |   |
| THE INSTITUTE CONTRACTS WITH AN EXTERNAL COMPENSATION FIRM TO PERFORM A     |   |
| MARKET ANALYSIS TO SET THE SALARY RANGES FOR ALL OF OUR POSITIONS ANNUALLY. |   |
| THE COMPENSATION FIRM ANALYZES SALARIES FROM LIKE ORGANIZATIONS TO          |   |
| DETERMINE THE APPROPRIATE SALARY RANGE FOR EACH POSITION IN THE INSTITUTE.  |   |
| THE INSTITUTE'S COMPENSATION PHILOSOPHY IS THAT WE GENERALLY TARGET THE     |   |
| 50TH PERCENTILE OF THE MARKET FOR OUR POSITIONS.                            |   |
|   |   |
| IN ADDITION TO THE ANNUAL MARKET ANALYSIS FOR ALL POSITIONS, WE CONTRACT    |   |
| WITH AN EXTERNAL COMPENSATION CONSULTANT BI-ANNUALLY TO CONDUCT AN IN-DEPTH |   |
| ANALYSIS FOR OUR PRESIDENT/CEO AND EACH OF OUR EXECUTIVE OFFICERS. EACH     |   |
| EXECUTIVE'S TOTAL COMPENSATION IS BENCHMARKED AGAINST SIMILAR POSITIONS IN  |   |
| COMPARABLE ORGANIZATIONS IN LABOR MARKETS IN WHICH THE INSTITUTE COMPETES   |   |
| FOR EXECUTIVE TALENT. THE RECOMMENDATIONS OF THE CONSULTANT ARE PRESENTED   |   |
| TO THE EXECUTIVE COMMITTEE OF THE BOARD FOR THEIR REVIEW AND ENDORSEMENT.   |   |
| THE PRESIDENT/CEO'S SALARY IS THEN PRESENTED TO THE FULL BOARD FOR FINAL    |   |
| APPROVAL.   |   |
|   |   |
| FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:      |   |
| AL,AK,AZ,AR,CA,CO,CT,FL,GA,IL,KS,KY,ME,MD,MA,MI,MN,MS,MO,NH,NJ,NM,NY,NC,ND  |   |
| OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI   |   |
|   |   |
| FORM 990, PART VI, SECTION C, LINE 19:                                      |   |
| THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FEDERAL FORM 1023 |   |
| ARE MADE AVAILABLE UPON REQUEST. THE FEDERAL FORM 990 AND THE AUDITED       |   |

### 2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

|              | JU TAGE TU                   |                  |        |      |                  |               |                             | 220              |                        |                       |                           |  |                               |                           |                                       |
|--------------|------------------------------|------------------|--------|------|------------------|---------------|-----------------------------|------------------|------------------------|-----------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
| Asset<br>No. | Description                  | Date<br>Acquired | Method | Life | C<br>o<br>n<br>v | ine<br>lo. (  | Unadjusted<br>Cost Or Basis | Bus<br>%<br>Excl | Section 179<br>Expense | Reduction In<br>Basis | Basis For<br>Depreciation | Beginning<br>Accumulated<br>Depreciation | Current<br>Sec 179<br>Expense | Current Year<br>Deduction | Ending<br>Accumulated<br>Depreciation |
|              | BUILDINGS                    |                  |        |      |                  |               |                             |                  |                        |                       |                           |  |                               |                           |                                       |
| 1            | BUILDING AND IMPROVEMENTS    | VARIOUS          |        | .000 | НУ1              | <b>65 6</b> , | ,978,566.                   |                  |                        | 6                     | 6,978,56629               | 365,248.                                 |                               | 02                        | 9,365,248.                            |
| 6            | GROUND IMPROVEMENTS          | VARIOUS          |        | .000 | НУ1              | 62,           | ,013,174.                   |                  |                        |                       | 2,013,174.1               | ,368,905.                                |                               | 0.                        | L,368,905.                            |
| 9            | WORK IN PROGRESS             | VARIOUS          |        | .000 | HY1              | 6             | 53,401.                     |                  |                        |                       | 53,401.                   |  |                               | 0.                        |                                       |
|              | * 990 PAGE 10 TOTAL BUILDING | S                |        |      |                  | 69,           | ,045,141.                   |                  |                        | 6                     | 9,045,14130               | ,734,153.                                |                               | 03                        | 734,153.                              |
|              | MACHINERY & EQUIPMENT        |                  |        |      |                  |               |                             |                  |                        |                       |                           |  |                               |                           |                                       |
| 4            | EQUIPMENT                    | VARIOUS          |        | .000 | НУ1              | 65,           | ,125,866.                   |                  |                        |                       | 5,125,866.4               | ,658,379.                                |                               | 0.4                       | 1,658,379.                            |
|              | * 990 PAGE 10 TOTAL MACHINER | Y & EQUIF        | MENT   |      |                  | 5,            | ,125,866.                   |                  |                        |                       | 5,125,866.4               | ,658,379.                                |                               | 0.4                       | 1,658,379.                            |
|              | LAND                         |                  |        |      |                  |               |                             |                  |                        |                       |                           |  |                               |                           |                                       |
| 2            | LAND                         | VARIOUS          |        | .000 | НУ1              | a (),         | ,627,664.                   |                  |                        | 1                     | 0,627,664.                |  |                               | 0.                        |                                       |
|              | * 990 PAGE 10 TOTAL LAND     |                  |        |      |                  | 10,           | ,627,664.                   |                  |                        | 1                     | 0,627,664.                | 0.                                       |                               | 0.                        | 0.                                    |
|              | OTHER                        |                  |        |      |                  |               |                             |                  |                        |                       |                           |  |                               |                           |                                       |
| 3            | FURNITURE AND FIXTURES       | VARIOUS          |        | .000 | НУ1              | 65,           | ,508,286.                   |                  |                        |                       | 5,508,286.5               | ,113,331.                                |                               | 0.                        | 5,113,331.                            |
| 5            | COMPUTER AND SOFTWARE        | VARIOUS          |        | .000 | НУ1              | 6 1 ,         | ,597,623.                   |                  |                        |                       | 1,597,623.1               | ,211,675.                                |                               | 0.1                       | 1,211,675.                            |
| 7            | ARTWORK                      | VARIOUS          |        | .000 | НУ1              | 6             | 775,706.                    |                  |                        |                       | 775,706.                  |  |                               | 0.                        |                                       |
| 8            | LEASEHOLD IMPROVEMENTS       | VARIOUS          |        | .000 | НУ1              | 6             | 915,556.                    |                  |                        |                       | 915,556.                  | 252,447.                                 |                               | 0.                        | 252,447.                              |
|              | * 990 PAGE 10 TOTAL OTHER    |                  |        |      |                  | <b>8</b> ,    | ,797,171.                   |                  |                        |                       | 8,797,171.6               | ,577,453.                                |                               | 0.                        | 5,577,453.                            |
|              | * GRAND TOTAL 990 PAGE 10 DE | PR               |        |      |                  | 93,           | ,595,842.                   |                  |                        | 9                     | 3,595,84241               | ,969,985.                                |                               | 04:                       | L,969,985.                            |

828111 04-01-18

<sup>(</sup>D) - Asset disposed \* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone