* *	PUBLIC	DISCLOSURE	COPY	* *
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<u>990</u> Form Department of the Treasury

Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.



COPY

AF	or the	e 2015 calendar year, or tax year beginning and	ending	-	
B c	heck if pplicabl	e: C Name of organization		D Employer identif	ication number
	Addre chang				
	Name Chang	e Doing business as		84-039	99006
	Initial return		Room/suite	E Telephone number	er
	Final		700	(202)	736-1074
_	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	322,809,953.
	Amen	WASHINGTON, DC 20036-1133		H(a) Is this a group r	
	Applic tion pendi			for subordinate	
	-	SAME AS C ABOVE		H(b) Are all subordinates	
		empt status: $x 501(c)(3) 501(c)() () 4947(a)(1) c$	or 🛄 527	• • • • • • • • • • • • • • • • • • • •	a list. (see instructions)
		te: WWW.ASPENINSTITUTE.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 1949	M State of legal domicile: CO
Pa	art I	Summary			
e		Briefly describe the organization's mission or most significant activities: VALUES-	-BASED LE	ADERSHIP IN	
Activities & Governance		NEUTRAL AND BALANCED VENUE FOR DISCUSSING CRITICAL ISSUES.			
veri		Check this box Lifthe organization discontinued its operations or dispose		1	65
ŝ		Number of voting members of the governing body (Part VI, line 1a)			64
مە		Number of independent voting members of the governing body (Part VI, line 1b) _ Total number of individuals employed in calendar year 2015 (Part V, line 2a)		·····	472
itie					292
ži		Total number of volunteers (estimate if necessary)			
¥		Net unrelated business taxable income from Form 990-T, line 34			, ,
				Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		68,633,372,	. 111,928,714.
nu		Program service revenue (Part VIII, line 2g)		28,384,520	. 30,455,451.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-632,796	. 239,875.
£		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		79,121.	. 230,486.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		96,464,217	. 142,854,526.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		6,053,050	. 8,484,499.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	. 0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) _		35,680,382.	. 41,445,856.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0 .	. 0.
ďx	b	Total fundraising expenses (Part IX, column (D), line 25)	236.		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		49,629,398.	. 51,448,762.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		91,362,830.	
	19	Revenue less expenses. Subtract line 18 from line 12		5,101,387	, ,
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)		232,206,093	. 278,242,256.
et A: nd E	21	Total liabilities (Part X, line 26)		16,794,826	, ,
ź.	22	Net assets or fund balances. Subtract line 21 from line 20		215,411,267	. 258,977,577.

Part II | Signature Block

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

Sign Here	Signature of officer NAMITA KHASAT, EVP FIN.& ADMIN./C Type or print name and title	FO/TREASURER	Date	3	
Paid	Print/Type preparer's name FRANK H. SMITH	Proparer's signature Frank H. Smith	Date 10/03/16	Check PTIN if self-employed P00639053	
Preparer	Firm's name 🕞 RAFFA, P.C.	•	Firm	n's EIN 🕨 52–1511275	
Use Only	Firm's address 👞 1899 L STREET, NW, SUITE	850			
	WASHINGTON, DC 20036		Pho	ne no.(202) 822-5000	
May the II	RS discuss this return with the preparer shown abo	ove? (see instructions)		X Yes N	0
532001 12-1	6-15 LHA For Paperwork Reduction Act Notion	ce, see the separate instructions.		Form 990 (201	5)

*** ELECTRONICALLY FILED ON 10/03/2016 ***

	1990 (2015) THE ASPEN INSTITUTE, INC. 84-039 rt III Statement of Program Service Accomplishments 84-039	99006 Pa
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	THE INSTITUTE'S MISSION IS TO FOSTER LEADERSHIP BASED ON ENDURING	
	VALUES AND TO PROVIDE A NONPARTISAN VENUE FOR DEALING WITH CRITICAL	
	ISSUES THROUGH: (SEE SCHEDULE O)	
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 🗵
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	ed by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the to	
	revenue, if any, for each program service reported.	, , ,
4a	(Code:) (Expenses \$ 43,593,545. including grants of \$ 8,241,495.) (Revenue \$	5,746,9
	POLICY PROGRAM: THE INSTITUTE'S PROGRAMS ADVANCE PUBLIC AND	, ,
	PRIVATE-SECTOR KNOWLEDGE ON SIGNIFICANT POLICY ISSUES CONFRONTING	
	CONTEMPORARY SOCIETY. THEY CONVENE LEADERS AND EXPERTS TO SEEK	
	CONSTRUCTIVE SOLUTIONS TO CRITICAL PROBLEMS. WHILE EACH PROGRAM IS	
	UNIQUE IN SUBSTANCE AND APPROACH THEY ALL SHARE A COMMITMENT TO	
	ADVANCING BETTER POLICY BY BRINGING DIVERSE PERSPECTIVES TOGETHER IN	
	PURSUIT OF INFORMED DIALOGUE AND EFFECTIVE SOLUTIONS.	
4b	(Code:) (Expenses \$ 15,963,005. including grants of \$ 0.) (Revenue \$	10,184,4
	CAMPUS ACTIVITIES: THE INSTITUTE CARRIES OUT MUCH OF ITS WORK ON ITS	
	TWO CAMPUSES. IN ASPEN, COLORADO AND ON THE WYE RIVER, ON MARYLAND'S	
	EASTERN SHORE WHERE NATURAL BEAUTY AND QUIET SURROUNDINGS ENCOURAGES	
	THOUGHTFUL REFLECTION AND REFRESHES THE MIND, BODY AND SPIRIT.	
4c	(Code:) (Expenses \$	11,112,2
4c	(Code:) (Expenses \$ 11,249,145. including grants of \$ 207,504.) (Revenue \$ PUBLIC PROGRAMS: THE INSTITUTE'S PUBLIC PROGRAMS OPEN THE INSTITUTE UP	11,112,2
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4c	PUBLIC PROGRAMS: THE INSTITUTE'S PUBLIC PROGRAMS OPEN THE INSTITUTE UP	11,112,2
4c	PUBLIC PROGRAMS: THE INSTITUTE'S PUBLIC PROGRAMS OPEN THE INSTITUTE UP TO THE PUBLIC, OFFERING OPPORTUNITIES TO ENGAGE IN THOUGHTFUL,	11,112,2
4c	PUBLIC PROGRAMS: THE INSTITUTE'S PUBLIC PROGRAMS OPEN THE INSTITUTE UP TO THE PUBLIC, OFFERING OPPORTUNITIES TO ENGAGE IN THOUGHTFUL, NONPARTISAN INQUIRY. OUR MAJOR EVENTS INCLUDE THE ASPEN, DC AND NEW YORK IDEAS FESTIVALS, SPOTLIGHT HEALTH AND THE ASPEN SECURITY FORUM AND	11,112,2
4c	PUBLIC PROGRAMS: THE INSTITUTE'S PUBLIC PROGRAMS OPEN THE INSTITUTE UP TO THE PUBLIC, OFFERING OPPORTUNITIES TO ENGAGE IN THOUGHTFUL, NONPARTISAN INQUIRY. OUR MAJOR EVENTS INCLUDE THE ASPEN, DC AND NEW YORK IDEAS FESTIVALS, SPOTLIGHT HEALTH AND THE ASPEN SECURITY FORUM AND THE ASPEN WORDS PROGRAM. THESE AND OUR OTHER PUBLIC FORUMS ENGAGE OVER	11,112,2
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4c 4d	PUBLIC PROGRAMS: THE INSTITUTE'S PUBLIC PROGRAMS OPEN THE INSTITUTE UP TO THE PUBLIC, OFFERING OPPORTUNITIES TO ENGAGE IN THOUGHTFUL, NONPARTISAN INQUIRY. OUR MAJOR EVENTS INCLUDE THE ASPEN, DC AND NEW YORK IDEAS FESTIVALS, SPOTLIGHT HEALTH AND 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. Other program services (Describe in Schedule O.)	
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	PUBLIC PROGRAMS: THE INSTITUTE'S PUBLIC PROGRAMS OPEN THE INSTITUTE UP TO THE PUBLIC, OFFERING OPPORTUNITIES TO ENGAGE IN THOUGHTFUL, NONPARTISAN INQUIRY. OUR MAJOR EVENTS INCLUDE THE ASPEN, DC AND NEW YORK IDEAS FESTIVALS, SPOTLIGHT HEALTH AND 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. Other program services (Describe in Schedule O.)	,804.)
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Form 990 (2015)

THE ASPEN INSTITUTE, INC.

Pa	rt IV Checklist of Required Schedules			uge -
ıч			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		103	
•	If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
-	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	х	
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		x
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	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19	1	X

Form **990** (2015)

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84-0399006

Page **3**

Form	1990 (2015) THE ASPEN INSTITUTE, INC. 84-039900	6	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
20a	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?			
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	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
LL	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
00	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
23				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
• •	Schedule J	23	x	
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		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	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,"			
		26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21				
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		
	of any of these persons? If "Yes," complete Schedule L, Part III	. 27		X
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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	х	
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	-		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
01	Part V, line 1	34		x
250	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			x
		. 334		<u> </u>
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	OFF		
00	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		X
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		X
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	
		Form	990	(2015)

THE ASPEN INSTITUTE, INC.

532004 12-16-15

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2015.04030 THE ASPEN INSTITUTE, INC. COPY ____1 4

84-0399006

Form	990 (2015) THE ASPEN INSTITUTE, INC. 84-0399006		Р	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
		_	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 562			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 472			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6.		x
h	any contributions that were not tax deductible as charitable contributions?	6a		А
b	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a			
a b	Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against 1			
b				
1 2 2	amounts due or received from them.) [11b] 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	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2015)

532005 12-16-15

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	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C). See instructi	ons.			
	Check if Schedule O contains a response or note to any line in this Part VI					
Sec	tion A. Governing Body and Management					_
		1 1			Yes	1
1 a	Enter the number of voting members of the governing body at the end of the tax year	1a	65	-		
	If there are material differences in voting rights among members of the governing body, or if the governing					
b	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.		64			
	Enter the number of voting members included in line 1a, above, who are independent	1b		-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh			2		
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under th			2		-
3	of officers, directors, or trustees, or key employees to a management company or other person?			3		
4	Did the organization make any significant changes to its governing documents since the prior Form			4		-
5	Did the organization make any significant changes to its governing documents since the prior roman Did the organization become aware during the year of a significant diversion of the organization's as			5		-
6	Did the organization become aware during the year of a significant diversion of the organization s as Did the organization have members or stockholders?			6		-
0 7a	Did the organization have members, stockholders, or other persons who had the power to elect or a			0		-
1a				70		
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockholdore	or	7a		-
U				7b		
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the ye			15		ļ
	The governing body?	-	-	8a	х	
h	Each committee with authority to act on behalf of the governing body?			8b	x	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					-
Ũ	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code.)	-		1
		,			Yes	;
l0a	Did the organization have local chapters, branches, or affiliates?			10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such c		tes,			1
	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 boo			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	e to conflicts?		12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	'es," 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 approv	al by independ	dent			
	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 arrange	ment with a				
	taxable entity during the year?			16a		Ī
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		ation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga					
	exempt status with respect to such arrangements?			16b		-
	tion C. Disclosure		<u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u>			-
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, C					-
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	I (Section 50 I	(c)(3)s only) a	avallab	le	
	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 Schodula (
	X Own website Another's website Y Upon request Other (explain Describe in Schedule O whether (and if so, how) the organization made its governing documents, compared by the organization made its governing documents.	n in Schedule (1 finan	cial	
10	Describe in Schedule O whether (and it so, now) the organization made its governing documents, co	nnict of intere	st policy, and	a iirian	CIAI	
19	atotomente quallable to the public during the tax year					
19	statements available to the public during the tax year.	oko ond				
19 20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks and recor	rds: 🏲			
		ooks and recor	rds: ►			-

Form 990 (84-0399006	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated	
	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.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos	itior) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	erson	is bot	h an	compensation	compensation	amount of
	week		cer ar		lirecto	or/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	l trus		/ee	mpen		(00-2/1033-10100)		and related
	below	d ual 1	Institutional trustee	L_	Key employee	est co oyee	Ŀ			organizations
	line)	Indivi	Institu	Officer	Key e	Highest compensated employee	Former			0
(1) ROBERT K. STEEL	1.00									
CHAIRMAN		х		х				0.	0.	Ο.
(2) JAMES SCHINE CROWN	0.30									
VICE CHAIR		х		х				0.	0.	0.
(3) WILLIAM E. MAYER	0.30									
CHAIRMAN EMERITUS		Х		х				0.	0.	0.
(4) MADELEINE K. ALBRIGHT	0.30									
CHAIR		Х						٥.	0.	0.
(5) PAUL F. ANDERSON	0.30									
TRUSTEE		Х						0.	0.	0.
(6) MERCEDES BASS	0.30									
TRUSTEE		х						0.	0.	0.
(7) MIGUEL (MIKE) BEZOS	0.30									
TRUSTEE		X						0.	0.	0.
(8) RICHARD BRADDOCK	0.30									
TRUSTEE		Х						0.	0.	0.
(9) BETH BROOKE-MARCINIAK	0.30									
TRUSTEE		х						0.	0.	0.
(10) WILLIAM D. BUDINGER	0.30									
TRUSTEE		х						0.	0.	0.
(11) STEPHEN L. CARTER	0.30									
TRUSTEE		х						0.	0.	0.
(12) CESAR R. CONDE	0.30									
TRUSTEE		х						0.	0.	0.
(13) ANDREA CUNNINGHAM	0.30									_
TRUSTEE		х						0.	0.	0.
(14) KENNETH L. DAVIS, MD	0.30									_
TRUSTEE		х						0.	0.	0.
(15) JOHN DOERR	0.30									
TRUSTEE		X						0.	0.	0.
(16) THELMA DUGGIN	0.30	I _								_
		х						0.	0.	0.
(17) SYLVIA A. EARLE	0.30	I _								_
TRUSTEE		Х						0.	0.	0.
532007 12-16-15						_				Form 990 (2015)

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Form 990 (2015) THE ASPEN INS	TITUTE, IN	Ċ.							84-0399	006		P	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, and	d Hi	ighe	st (Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	box offi	not c , unle	(C Posi check ess per nd a di	more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensatior from related	1		(F) stimat nount other	t of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fi org an	ipensa rom th aniza d rela anizat	he Ition Ited
(18) MICHAEL D. EISNER TRUSTEE	0.30	x						0.		0.			0.
(19) L. BROOKS ENTWISTLE TRUSTEE	0.30	x						0.		0.			0.
(20) HENRIETTA HOLSMAN FORE TRUSTEE	0.30	x						0.		0.			0.
(21) ANN B. FRIEDMAN TRUSTEE	0.30	x						0.		0.			0.
(22) HENRY LOUIS GATES, JR. TRUSTEE	0.30	x						0.		0.			0.
(23) DAVID GERGEN TRUSTEE	0.30	x						0.		0.			0.
(24) GERALD GREENWALD TRUSTEE	0.30	x						0.		0.			٥.
(25) PATRICK W. GROSS TRUSTEE	0.30	x						0.		0.			0.
(26) ARJUN GUPTA TRUSTEE	0.30	x						0.		0.			٥.
1b Sub-total c Total from continuation sheets to Part VI	I. Section A							0. 4,099,007.		0. 0.		619	0. ,720.
dTotal (add lines 1b and 1c)2Total number of individuals (including but n								4,099,007. received more than \$100	,000 of reportable	0. ;		619	,720.
compensation from the organization												Yes	117 No
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," complete Schedule J for s											3		x
 For any individual listed on line 1a, is the su and related organizations greater than \$150 	im of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization		4	x	-
 5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com 	accrue compe	nsat	ion	from	any	/ unr	elat	ted organization or indivi			5		x
Section B. Independent Contractors		01	01 3	ucn	pers	<u>son .</u>					5		
1 Complete this table for your five highest co	•	•								oens	ation	irom	
the organization. Report compensation for (A)	ine calendar y	ear	ena	ing w	vitn	or w	ntni	(B)	year.		(0)	
Name and business								Description of s	ervices	С	ompe		on
FIRSTBORN MULTIMEDIA CORP., 32 AVE.													
THE AMER., 5TH FLOOR, NEW YORK, NY 10 SITE SELECTION SERVICES	013						_	WEBSITE DEVELOPMEN	T			527	,942.
6404 RUBY WAY, CARLSBAD, CA 92011 BURNESS COMMUNICATIONS								CONFERENCE SERVICE	S / LODGING			418	,979.
7910 WOODMONT AVENUE, BETHESDA, MD 20 HOTEL JEROME	814							COMMUNICATIONS CON	SULTING			351	,905.
330 E MAIN STREET, ASPEN, CO 81611								CONFERENCE SERVICE	S / LODGING			297	,581.
STAY ASPEN SNOWMASS 425 RIO GRANDE PLACE, ASPEN, CO 81611								CONFERENCE SERVICE	S / LODGING			296	,678.
2 Total number of independent contractors (i		not li	mite	d to	tho	se lis							,
\$100,000 of compensation from the organiz		m ~			2	4					_	0000	19.5
SEE PART VII, SECTION A CONTINU 532008 12-16-15	ATION SHEE	'I'S									Form	990	(2015)

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	nplo	oyee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)	
	(B)						(D)	(E)	(F)
						Estimated			
	(c	heck	all	that	app	ly)		•	amount of
					e				other compensation
	tor				h ploye			•	from the
hours for	r di rec				ed en			(organization
related	stee o	'u stee			en sat				and related
-	al trus	nal tr		lo yee	comp				organizations
	lividu	titutic	icer	y emp	ghest	mer			
,	Ĕ	sul	5	Å	Ξ	ß			
0.30	•						0	0	0
0.30	^						0.	0.	0
0.30	v						0	0	0
0.30	^				-	<u> </u>	υ.	0.	0
0.30							0	0	0
0.30	^						0.	υ.	0
0.30							0	0	0
0.30	^						υ.	0.	0
0.30	v						0	0	0
0.30							••	0.	0
0.50	x						0	0	0
0 30									
0.00	x						0	0	0
0 30									
	x						0.	0.	0
0.30									
	x						0.	0.	0
0.30								-	
	x						0.	0.	0
0.30								-	
	x						0.	0.	0
0.30									
	x						0.	0.	0
0.30									
	x						0.	0.	0
0.30									
	x						0.	0.	0
0.30									
	х						0.	Ο.	0
0.30									
	х						0.	Ο.	0
0.30									
	х						0.	0.	0
0.30									
	Х						0.	0.	0
0.30									
	х						0.	0.	0
0.30									
	х						Ο.	0.	0
	Istees, Key Er (B) Average hours per week (list any hours for related organizations below line) 0.30	Istees, Key Employ (B) (c) Average (c) per week (list any (c) hours for related organizations x 0.30 x 0.30	Istees, Key E Istees, Key E (B) (c) Average (c) hours (c) per (b) week (list any hours for (c) related (c) organizations (c) below (c) line) x 0.300 x 0.300	Istees, Key Employees, at (B) (B) (() Average hours per week (list any hours for related organizations below line) Interpret to the second s	INTERES, Key Employees, and I (B) (C) Average hours per week (list any hours for related organizations below line) Intersection (check all that per methods and per methods and	Istees, Key Employees, and High (B) (C) Average hours per week (list any hours for related organizations below line) () Position (check all that app position (check all that app page (list any hours for related organizations below line) assist provide assist provide assist provide assist provide assist provide assist provide assist provide (list any hours for related organizations below line) assist provide assist p	Istees, Key Employees, and Highest (C) Average hours per week (list any hours for related organizations below line) ast and builty ast and below line) ast and builty ast and builty ast and builty ast and builty ast and builty ast and builty ast and builty built	istees, Key Employees, and Highest Compensated Employ (B) Average hours per week (list any hours for related organizations below line) (C) (D) 0.30 as (b) as (b) Reportable compensation from the organization (W-2/1099-MISC) 0.30 x as (b) as (b) as (b) 0.30 x	istees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (D) (E) Average hours organizations below line) (c) (c) (D) Reportable compensation from the organization (W-2/1099-MISC) Reportable compensation from related organizations (W-2/1099-MISC) 0.300 x 0 0. 0. 0.300 x 0

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	NSTITUTE, IN								84-039900	6			
Part VII Section A. Officers, Directors, 1		mple	oyee			High	nest		ees (continued)				
(A)	(B)			(0	C)			(D)	(E)	(F)			
Name and title	Average				ition			Reportable	Reportable	Estimated			
	hours	(C	heck	k all	that	app	oly)	compensation	compensation	amount of			
	per							from the	from related	other			
	week (list any	tor				ploye		organization	organizations (W-2/1099-MISC)	compensation from the			
	hours for	director				ed em		(W-2/1099-MISC)		organization			
	related	tee or	ustee			en sate		, , ,		and related			
	organizations	Individual trustee or	Institutional trustee		Key employee	Highest compensated employee				organizations			
	below	ividu	titutio	Officer	/ emp	hest o	Former						
	line)	pul	lns	₩ E	Key	Hig	For						
(47) CLARE MUNANA	0.30	l.,											
TRUSTEE (48) JERRY MURDOCK	0.30	X						0.	0.	0.			
TRUSTEE	0.30	x						0.	0.	0.			
(49) MARC B. NATHANSON	0.30							•.	••	0.			
TRUSTEE		x						0.	0.	0.			
(50) WILLIAM A. NITZE	0.30												
TRUSTEE		x						0.	0. 0.				
(51) HER MAJESTY QUEEN NOOR	0.30												
TRUSTEE		х						٥.	0.	0.			
(52) JACQUELINE NOVOGRATZ	0.30												
TRUSTEE		х						0.	0.	0.			
(53) OLARA A. OTUNNU	0.30												
TRUSTEE		х						٥.	٥.	0.			
(54) ELAINE PAGELS	0.30												
TRUSTEE		Х						0.	0.	0.			
(55) MARGOT L. PRITZKER	0.30												
TRUSTEE		X						0.	0.	0.			
(56) LYNDA RESNICK	0.30	l											
TRUSTEE	0.30	X						0.	0.	0.			
(57) CONDOLEEZZA RICE TRUSTEE	0.30	x						0.	0	0			
(58) JAMES E. ROGERS	0.30	^						U.	0.	0.			
TRUSTEE	0.30	x						0.	0.	0.			
(59) RICARDO SALINAS	0.30							· · ·	••	••			
TRUSTEE	0.50	x						0.	0.	0.			
(60) ISAAC SHONGWE	0.30									•			
TRUSTEE		x						0.	0.	0.			
(61) ANNA DEAVERE SMITH	0.30												
TRUSTEE		x						٥.	٥.	0.			
(62) MICHELLE SMITH	0.30												
TRUSTEE		х						0.	0.	0.			
(63) LAURIE M. TISCH	0.30												
TRUSTEE		х						٥.	٥.	0.			
(64) VIN WEBER	0.30												
TRUSTEE		Х						0.	0.	0.			
(65) WALTER ISAACSON	40.00												
PRESIDENT/CEO		х		x			<u> </u>	864,658.	0.	74,709.			
(66) AMY MARGERUM	40.00	4					1						
EXEC. VP/CORPORATE SECRETARY				X				378,794.	0.	63,804.			
Total to Part VII Section A line to													
Total to Part VII, Section A, line 1c									l				

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	NSTITUTE, IN								84-039900	6
Part VII Section A. Officers, Directors, 7		nplo	byee			ligh	iest			I
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(cl	heck	k all '	that	app	oly)	compensation	compensation	amount of
	per week					e.		from the	from related organizations	other compensation
	(list any	tor				ploye		organization	(W-2/1099-MISC)	from the
	hours for	r direc				ed en		(W-2/1099-MISC)	(organization
	related	stee o	u stee			en sat				and related
	organizations	al trus	nal tr		lo yee	comp				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(67) ELLIOT GERSON	line) 40,00	Ē	Ë	đ	ΥŔ	Ξ	£			
EXECUTIVE VP	40.00			x				375,814.	0.	74,714
(68) PETER REILING	40.00									
EXECUTIVE VP				x				375,566.	0.	74,687
(69) DOLORES GORGONE	40.00							,		,
CFO - UNTIL 11/2015		1		x				319,580.	0.	43,086
(70) RAJIV VINNAKOTA	40.00							,		,
EXECUTIVE VP		1		x				87,383.	٥.	8,726.
(71) NAMITA KHASAT	40.00									
EVP FIN. & ADMN./CFO/TREASURER				х				85,579.	0.	295
(72) CHARLIE FIRESTONE	40.00									
EXEC. DIR. C&S						х		348,993.	0.	63,838
(73) DAN GLICKMAN	40.00									
ED CONGRESSIONAL PROGRAM						х		339,072.	0.	35,393.
(74) MICKEY EDWARDS	40.00									
DIRECTOR RODEL FELLOWSHIPS						X		326,654.	0.	52,382.
(75) STACE LINDSAY	40.00									
DIRECTOR	40.00					X	<u> </u>	315,184.	0.	58,902.
(76) ANNE MOSLE	40.00							201 720	0	60 194
VICE PRES. EXEC. DIRECTOR		<u> </u>				X	-	281,730.	0.	69,184.
		1								
		1								
		<u> </u>	<u> </u>							
							<u> </u>			
			L	L	I	<u> </u>	1			
Total to Dart VII Spatian A list 1-								1 000 007		610 720
Total to Part VII, Section A, line 1c								4,099,007.		619,720.

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		Check if Schedule O cont				(B)	(C)	(D) Revenue exclu
					Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax und sections 512 - 514
2	1 a	Federated campaigns	1a					
3	b	Membership dues	1b					
	с	Fundraising events	1c	1,794,724.				
3	d	Related organizations	1d					
	е	Government grants (contribut	ions) 1e	1,374,672.				
2	f	All other contributions, gifts, gran	ts, and					
		similar amounts not included abo	ve 1f	108,759,318.				
	g	Noncash contributions included in lines	1a-1f: \$	3,988,155.				
3	h	Total. Add lines 1a-1f		►	111,928,714.			
				Business Code				
	2 a	CONTRACT REVENUE		900099	10,411,357.	10,411,357.		
2	b	CONF./FACILITY FEES		531390	10,182,338.		10,182,338.	
	с	SEMINAR AND EVENT FEES		900099	9,835,735.	9,835,735.		
	d	BOOK SALES		900099	26,021.	26,021.		
	е							
	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f			30,455,451.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)			268,197.		-512,268.	780,
	4	Income from investment of ta	x-exempt bond p	oroceeds 🕨				
	5	Royalties		►				
			(i) Real	(ii) Personal				
	6 a	Gross rents	98,306.					
	b	Less: rental expenses	49,712.					
	с	Rental income or (loss)	48,594.					
	d	Net rental income or (loss)		>	48,594.			48,5
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	179,297,074.					
	b	Less: cost or other basis						
		and sales expenses	179,325,396.					
	с	Gain or (loss)	-28,322.					
		Net gain or (loss)		>	-28,322.			-28,3
	8 a	Gross income from fundraisin						
		including \$ 1,794	,724. of					
		contributions reported on line	1c). See					
		Part IV, line 18	а	80,386.				
	b	Less: direct expenses	b	580,319.				
	с	Net income or (loss) from fund	draising events	>	-499,933.			-499,
	9 a	Gross income from gaming ad	tivities. See					
		Part IV, line 19	а					
	b	Less: direct expenses	b					
		Net income or (loss) from gam		▶				
1	0 a	Gross sales of inventory, less	returns					
		and allowances	а					
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sale						
		Miscellaneous Revenu	le	Business Code				
1		OTHER INCOME		900099	395,329.			395,
1		ADVERTISING INCOME		541800	271,053.		271,053.	
	с	SUBLEASE INCOME		900099	15,443.			15,4
	е	Total. Add lines 11a-11d		►	681,825.			
	2	Total revenue. See instructions.			142,854,526.	20,273,113.	9,941,123.	711,

THE ASPEN INSTITUTE, INC.

Form 990 (2015)

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12

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THE ASPEN INSTITUTE, INC.

84-0399006

Page 10

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) (A) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 8,088,424 8,088,424 2 Grants and other assistance to domestic individuals. See Part IV, line 22 142,751 142,751 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 253,324 253,324 Benefits paid to or for members 4 5 Compensation of current officers, directors, 598,990 2,827,404 2,095,635. 132,779. trustees, and key employees 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,377,377. 29,807,887 22,184,639 6,245,871. Other salaries and wages 7 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 2,776,102 2,069,579 556,826 149,697. Other employee benefits 3,882,070 2,856,846 857,352 167,872. 9 2,152,393 1,535,652 499,803 116,938. Payroll taxes 10 Fees for services (non-employees): 11 14,376,991 14,376,991 а Management 81,056 36,390 44,666 b Legal 167,465 167,465. С Accounting d Lobbying Professional fundraising services. See Part IV, line 17 е 32,011 32,011. Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, q column (A) amount, list line 11g expenses on Sch O.) 5,818,181 5,135,281 682,900 98,704 88,046 4,615 6,043. Advertising and promotion 12 4,478,277 1,935,230 2,261,037 282,010. 13 Office expenses 1,376,114 462,706 903,825 9,583. Information technology 14 Royalties 15 3,309,108 2,355,035 844,139 109,934. 16 Occupancy 11,541,100 10,707,292 621,050 212,758. 17 Travel 18 Payments of travel or entertainment expenses 750,163 750,163 for any federal, state, or local public officials 2,065,177 2,065,177 Conferences, conventions, and meetings 19 4,000 4,000 20 Interest Payments to affiliates _____ 21 2,761,455 2,761,455 Depreciation, depletion, and amortization 22 294,434 294,434 23 Insurance Other expenses. Itemize expenses not covered 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 0.) (..... PUBLICATIONS 1,495,670 1,344,329 147,278 4,063. а AUDIO/VISUAL 1,202,921 1,131,666 37,009 34,246. b PROGRAM COSTS 1,076,094 1,076,094 С 17,030. 311,776 20,312. PHOTOGRAPHY 274,434 d 208,065 5,132 202,906. 27 е All other expenses 101,379,117 19,086,815 2,823,236. 79,469,066 Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

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

Check here

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Form 990 (2015)

THE ASPEN INSTITUTE, INC.

	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	2,523.	1	20,706.
2	Savings and temporary cash investments	15,933,981.	2	15,314,831.
3	Pledges and grants receivable, net	43,373,779.	3	70,701,619.
4	Accounts receivable, net	3,062,934.	4	1,885,671.
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary		-	
Assets	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7 Ass	Notes and loans receivable, net	100 074	7	101 455
	Inventories for sale or use	100,074.	8	131,455.
9	Prepaid expenses and deferred charges	1,255,976.	9	1,125,418.
10	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D10a93,687,725.b Less: accumulated depreciation10b43,036,052.	51,625,857.	10-	50,651,673.
		9,845,055.	10c	19,602,145.
11	Investments - publicly traded securities	106,896,418.	11 12	118,715,385.
13	Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11	100,000,410.	13	110,713,505.
13			13	
14	Intangible assets Other assets. See Part IV, line 11	109,496.	14	93,353.
16	Total assets. Add lines 1 through 15 (must equal line 34)	232,206,093.	16	278,242,256.
17	Accounts payable and accrued expenses	6,445,740.	17	6,781,875.
18	Grants payable	725,376.	18	2,323,397.
19	Deferred revenue	5,571,367.	19	6,015,991.
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	Loans and other payables to current and former officers, directors, trustees,			
Liabilities	key employees, highest compensated employees, and disqualified persons.			
abil	Complete Part II of Schedule L		22	
₂₃ ا	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D	4,052,343.	25	4,143,416.
26	Total liabilities. Add lines 17 through 25	16,794,826.	26	19,264,679.
	Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗴 and			
es	complete lines 27 through 29, and lines 33 and 34.			
ğ 27	Unrestricted net assets	83,804,671.	27	80,698,001.
28 28	Temporarily restricted net assets	81,654,997.	28	123,871,918.
ਸ਼ੂ 29	Permanently restricted net assets	49,951,599.	29	54,407,658.
Ē	Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 📖			
ъ Г	and complete lines 30 through 34.			
si 30	Capital stock or trust principal, or current funds		30	
se 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances 6 8 2 2 7 2 1 0 8 2 2 8 2 2 2 2	Retained earnings, endowment, accumulated income, or other funds		32	
2 33	Total net assets or fund balances	215,411,267.	33	258,977,577.
34	Total liabilities and net assets/fund balances	232,206,093.	34	278 , 242 , 256 . Form 990 (2015)

Form **990** (2015)

532011 12-16-15



Form	1990 (2015) THE ASPEN INSTITUTE, INC.	84-0399006		Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	142	,854	,526.
2	Total expenses (must equal Part IX, column (A), line 25)	2	101	,379	,117.
3	Revenue less expenses. Subtract line 2 from line 1	3	41	,475	,409.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	215	,411	,267.
5	Net unrealized gains (losses) on investments	5	2	,090	,901.
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			Ο.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	258	,977	,577.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
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	l 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	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	X	

Form **990** (2015)

532012 12-16-15



SCHEDULE A	
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(Form 990 or 990-EZ)

Public Charity Status and Public Support

(1 0		0 01 000 LL)	Co		nization is a section 50			or a section		2013
Depar	tment of	the Treasury			47(a)(1) nonexempt cha Attach to Form 990 or I					Open to Public
Interna	al Reven	ue Service	Informati		(Form 990 or 990-EZ) and			ww.irs.gov/fo	rm990.	Inspection
Nam	e of t	he organizati	on						Employer	identification number
				PEN INSTITUTE,						4-0399006
Pa	rt I	Reason	for Public (Charity Status (/	All organizations must c	omplete th	nis part.) Se	ee instructions	S.	
The	organi	zation is not a	a private found	lation because it is: (For lines 1 through 11, o	check only	one box.)			
1		A church, co	nvention of ch	urches, or associatio	on of churches describe	d in sectio	on 170(b)(*	1)(A)(i).		
2		A school des	cribed in sect i	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forr	n 990 or 9	90-EZ).)			
3		A hospital or	a cooperative	hospital service orga	anization described in s	ection 170)(b)(1)(A)(i	ii).		
4		A medical res	search organiz	ation operated in co	njunction with a hospita	l describe	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and stat	e:							
5		An organizati	on operated fo	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental ι	unit descrik	bed in
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, sta	te, or local gov	vernment or governn	nental unit described in	section 1	70(b)(1)(A)	(v).		
7	X	An organizati	on that norma	lly receives a substa	ntial part of its support	irom a gov	vernmental	unit or from t	he general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		-		•	e than 33 1/3% of its sup	-			-	-
		activities rela	ted to its exen	npt functions - subje	ct to certain exceptions	and (2) no	o more tha	n 33 1/3% of	its suppor	t from gross investment
					(less section 511 tax) fr	om busine	esses acqu	ired by the or	ganization	after June 30, 1975.
				mplete Part III.)						
10		•	•	-	ively to test for public sa	•				
11		-	-	-	ively for the benefit of, t	-			-	
					ed in section 509(a)(1) o					Check the box in
		1	-	• •	of supporting organizatio		-		-	
а					upervised, or controlled	•				
			-		gularly appoint or elect	a majority	of the dire	ctors or truste	ees of the s	supporting
		1 -		complete Part IV, Se						
b				-	l or controlled in connec			-		-
			-		anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ροπεα
-		1 -		t complete Part IV,		in connoc	tion with	and functions	lly intograt	ad with
с			-		g organization operated				ily integration	ed with,
d		1	-		b). You must complete porting organization open				rtad argani	antion(o)
u			-		zation generally must sa				-	
			-		nplete Part IV, Section	•		-	u an allem	IVENESS
е		7			written determination fro				II Type III	
C			-		nally integrated support			гтурст, турс	n, type m	
f	Ente		of supported of			0 0				
			• •	about the supporte						
) Name of supp		(ii) EIN	(iii) Type of organization		rganization	(v) Amount of	monetary	(vi) Amount of
		organizatior	ı		(described on lines 1-9		in your document?	support		other support (see
					above (see instructions))	Yes	No	instruct	ions)	instructions)

Form 990 or 990-EZ. 532021 09-23-15

LHA For Paperwork Reduction Act Notice, see the Instructions for

Total

16 2015.04030 THE ASPEN INSTITUTE, INC. COPY ____1



Schedule A (Form 990 or 990-EZ) 2015

OMB No. 1545-0047

0045

Schedule A (Form 990 or 990-EZ) 2015 THE ASPEN INSTITUTE, INC.

Page 2

84-0399006

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	49,664,114.	71,686,768.	68,204,184.	68,633,372.	111,928,714.	370,117,152.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	49,664,114.	71,686,768.	68,204,184.	68,633,372.	111,928,714.	370,117,152.
	The portion of total contributions	, ,	, ,	, ,	. ,	. ,	
-	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						39,314,897.
6	Public support. Subtract line 5 from line 4.						330,802,255.
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	49,664,114.	71,686,768.	68,204,184.	68,633,372.	111,928,714.	370,117,152.
	Gross income from interest,		, ,	,	,,	,	
Ŭ	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	479,603.	347,151.	334,358.	133,656.	894,214.	2,188,982.
0	Net income from unrelated business	1,5,005.	517,151.		100,000.		2,100,502.
9							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	402 809	485,061.	398,612.	100 216	395,329.	1 872 027
	assets (Explain in Part VI.)	402,809.	405,001.	550,012.	190,216.	555,525.	1,872,027.
	Total support. Add lines 7 through 10					10	374,178,161.
	Gross receipts from related activities,		/			12	84,095,098.
13	First five years. If the Form 990 is for	•	s first, second, third	d, fourth, or fifth ta	ix year as a sectio	n 501(c)(3)	
Sec	organization, check this box and stop ction C. Computation of Publi	ic Support Pe	rcentage				P
				olumn (f)		14	88.41 %
	Public support percentage for 2015 (I					15	,,,
	Public support percentage from 2014 33 1/3% support test - 2015. If the c						,,,
102		-					
	stop here. The organization qualifies						·····
Ľ	33 1/3% support test - 2014. If the c						
47.	and stop here. The organization quali						······ P
1/8	10% -facts-and-circumstances test						
	and if the organization meets the "fac			-	-	-	
-	meets the "facts-and-circumstances"	-		• • •			▶∟
b	0 10% -facts-and-circumstances test						
	more, and if the organization meets th						,
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	and see instruction	s ►

Schedule A (Form 990 or 990-EZ) 2015

532022 09-23-15



	Schedule A (Form 990	or 990-EZ) 20	15 THE	ASPEN	INSTITUTE,	INC
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Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	5 (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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	5 (f) Total
	Amounts from line 6						
	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 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
2	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.)	L					
4	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth ta	ax year as a sectio	on 501(c)(3) o	rganization,
	check this box and stop here						>
	ction C. Computation of Publ						
15	Public support percentage for 2015 (15	%
16	Public support percentage from 2014					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20					17	%
18	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2015. If the						
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2014. If the	•					
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check th			
5320	23 09-23-15			10	Sch	edule A (For	m 990 or 990-EZ) 2015
7		201	15 04020	18 THE ASPEN	TNOMTMIN		
L/.	L003 786783 ASPEN	∠0.	10.04020	IUT AOLFN	TNOLTOL	D, INCT	- ASPEN_1

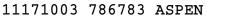
Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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 11a or 11b 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 (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 disgualified 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.)

532024 09-23-15



Schedule A (Form 990 or 990-EZ) 2015

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19

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

1

Yes No

84-0399006 Page 5

га	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	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? <i>If</i> "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	11c		<u> </u>
Sec			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Tes	No
•	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	•		L
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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 Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	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 yea(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	tructions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	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. <i>Answer (a) and (b) below.</i>			
а		•		
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b		04		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
53202	5 09-23-15 Schedule A (Form 9 20			2015
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Schedule A (Form 990 or 990-EZ) 2015 THE ASPEN INSTITUTE, INC.

84-0399006

Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

			(optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3	4		
Depreciation and depletion	5		
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		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
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 Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d	3		
Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by .035	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
on C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
	Add lines 1 through 3 Depreciation and depletion 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) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) on B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly value of securities Average monthly cash balances Fair market value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 Recoveries of prior-year distributions Minimum Asset Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter greater of line 2 or line 3 Income tax imposed in prior year	Add lines 1 through 3 4 Depreciation and depletion 5 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 on B - Minimum Asset Amount 8 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a Average monthly value of securities 1a Average monthly cash balances 1b Fair market value of othor non-exempt-use assets 1c Total (add lines 1a, 1b, and 1c) 1d Discount claimed for blockage or other 3 factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by .035 6 Recoveries of prior-year distributions 7	Add lines 1 through 3 4 Depreciation and depletion 5 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 on B - Minimum Asset Amount (A) Prior Year Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a Average monthly value of securities 1a Average monthly value of securities 1b Fair market value of other non-exempt-use assets 1c Total (add lines 1, 1b, and 1c) 1d Discount claimed for blockage or other 3 factors (explain in detall in Part VI): 4 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multipy line 5 by .035 6 Recoveries of prioryear distributions 7

instructions).

Schedule A (Form 990 or 990-EZ) 2015

532026 09-23-15



	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
	on D - Distributions		(00/////000/	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	IS		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t			
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
с				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
	Excess from 2013			
	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

532027 09-23-15



Schedule A (Form 990 or 990-EZ) 2015 THE ASPEN INSTITUTE, INC.

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

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

11

OTHER INCOME					
2011 AMOUNT: \$	402,809.				
2012 AMOUNT: \$	485,061.				
2013 AMOUNT: \$	398,612.				
2014 AMOUNT: \$	190,216.				
2015 AMOUNT: \$	395,329.				
532028 09-23-15			23	Schedu	A (Form 990 or 990-EZ) 2015
171003 7867	83 ASPEN	2015.04030) THE ASPEN	INSTITUTE,	INC UASIEN_1

84-0399006

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2015

Employer identification number

84-0399006

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

THE ASPEN INSTITUTE, INC.

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

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

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

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not 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) (2015)

יוד אפסי	N INSTITUTE INC		84-0399006
Part I	N INSTITUTE, INC. Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	84-0399006
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
1		\$8,177,00	Person X Payroll □ Noncash □ (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
2		\$6,740,29	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
3		\$6,000,00	Person X Payroll Image: Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
4		\$5,950,00	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
5		\$5,000,00	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
6		\$4,865,00	Person X Payroll Image: Complete Part II for noncash contribution

Page 2

	ganization		mployer identification number
THE ASPE	N INSTITUTE, INC.		84-0399006
Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
7		\$4,285,0	00. Person X 00. Noncash Image: Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
8		\$4,151,0	73. Person X Payroll I Noncash X (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
9		\$3,500,3	Person X Payroll Image: Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
10		\$2,565,0	00. Person X 00. Noncash Image: Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
		\$2,560,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
		\$	Person Payroll In Noncash (Complete Part II for noncash contribution

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Name of organization

Employer identification number

THE ASPEN INSTITUTE, INC.

84-0399006

\$(c) FMV (or estimate) (see instructions)	08/14/15 (d) Date received
(c) FMV (or estimate)	(d)
FMV (or estimate)	(d) Date received
	<u> </u>
\$	
(c) FMV (or estimate) (see instructions)	(d) Date received
\$	
(c) FMV (or estimate) (see instructions)	(d) Date received
\$	
(c) FMV (or estimate) (see instructions)	(d) Date received
\$	
(c) FMV (or estimate) (see instructions)	(d) Date received
\$	000 000 57 0000 55
_	(c) FMV (or estimate) (see instructions)

t	the year from any one contributor. Complete c completing Part III, enter the total of exclusively religious Jse duplicate copies of Part III if additional	olumns (a) through (e) and the follo s, charitable, etc., contributions of \$1,000 o	d in section 501(c)(7), (8), or (10) that total more than \$1,0 owing line entry. For organizations or less for the year. (Enter this info. once.)
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of git	ift Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gin	ft Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	
	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee
454 10-26-15			Schedule B (Form 990, 990-EZ, or 990-

SCHEDULE D

Department of the Treasury Internal Revenue Service

. . .

(Form	990)
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 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.

 ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.



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nam	e of the organization THE ASPEN INSTITUTE, INC.	Em	84-0399006	rəamu
Pa		- Accoi	Ints. Complete if the	
	organization answered "Yes" on Form 990, Part IV, line 6.			
		(b) Fur	nds and other accounts	6
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fur	nds		
	are the organization's property, subject to the organization's exclusive legal control?		Yes	No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used			
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe			
	impermissible private benefit?			No
Pa				
1	Purpose(s) of conservation easements held by the organization (check all that apply).			
	Preservation of land for public use (e.g., recreation or education)	/ impo	rtant land area	
	X Protection of natural habitat			
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onserv	ation easement on the	last
	day of the tax year.		Held at the End of the T	
а	Total number of conservation easements	2a		1
b	Total acreage restricted by conservation easements	2b	250	.38
с	Number of conservation easements on a certified historic structure included in (a)	2c		0
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure			
	listed in the National Register	2d		0
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ		n during the tax	
	year ▶ 0			
4	Number of states where property subject to conservation easement is located 1			
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of			
-	violations, and enforcement of the conservation easements it holds?		X Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservations			ur i
	• • • • • • • • • • • • • • • • • • •			
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation early a second	aseme	nts during the vear	
	▶ \$		····	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(f	3)(i)		
	and section 170(h)(4)(B)(ii)?		Yes	No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state			ł
	include, if applicable, the text of the footnote to the organization's financial statements that describes the or	,	,	
	conservation easements.	0	5	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Simi	lar 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 958), not to report in its revenue statement a	nd bal	ance sheet works of an	t,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	, public	service, provide, in Pa	art XIII,
	the text of the footnote to its financial statements that describes these items.			
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and the	balance	e sheet works of art, his	storical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	ervice,	provide the following ar	mounts
	relating to these items:		· · ·	
	(i) Revenue included on Form 990, Part VIII, line 1		\$100	0,000.
	(ii) Assets included in Form 990, Part X		\$ 955	9,345.
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	• •		-
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	•		
а	Revenue included on Form 990, Part VIII, line 1	►	\$	0.
	Assets included in Form 990, Part X			0.
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 99	0) 2015
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Sche	dule D (Form 990) 2015 THE ASPEN	INSTITUTE, INC.			84-	0399006	Page	• 2
Par	t III Organizations Maintaining C	Collections of Ar	t, Historical Tr	easures, or Ot	her Similar A	Assets(conti	inued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are	a significant use	of its collection	on items	
	(<u>check</u> all that apply):							
а	X Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research	е	Other					
с	Preservation for future generations							
4	Provide a description of the organization's ca	ollections and explair	how they further t	he organization's e	exempt purpose i	in Part XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, historical trea	sures, or other sim	ilar assets			
	to be sold to raise funds rather than to be m	aintained as part of t	ne organization's co	ollection?		Yes	XN	lo
Par	t IV Escrow and Custodial Arran		te if the organizatio	n answered "Yes"	on Form 990, Pa	art IV, line 9, c	r	
	reported an amount on Form 990, Pa							
1a	Is the organization an agent, trustee, custod							
	on Form 990, Part X?					📖 Yes		lo
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					
						Amour	ıt	
	Beginning balance							
	Additions during the year							
	Distributions during the year							
f	Ending balance				1f			
	Did the organization include an amount on F					🔛 Yes		lo
	If "Yes," explain the arrangement in Part XIII.					<u></u>	<u>. </u>	
Par	t V Endowment Funds. Complete i	-					<u> </u>	<u> </u>
		(a) Current year	(b) Prior year	(c) Two years back			ir years bac	
	Beginning of year balance	80,203,349.	75,351,962.				3,483,21	
	Contributions	16,298,057.	4,417,778.				1,713,26	
	Net investment earnings, gains, and losses	1,451,696.	2,668,734.	5,470,942	2. 3,285,	403.	-393,56	0.
	Grants or scholarships							
е	Other expenditures for facilities		0 005 105	1 051 00		200		
-	and programs	2,720,562.	2,235,125.	1,951,333	3. 2,299,	.320. 2	2,929,55	· L •
	Administrative expenses	05 020 540	00 000 040		50.502	200 44	072.20	
-	End of year balance	95,232,540.	80,203,349.		2. 58,563,	299. 44	1,873,36	.0.
2	Provide the estimated percentage of the cur			a)) held as:				
	Board designated or quasi-endowment	22.49	_%					
	Permanent endowment 57.15	%						
С	Temporarily restricted endowment	20.36 %						
0-	The percentages on lines 2a, 2b, and 2c sho			un al an alum in in tanun al fa				
Ja	Are there endowment funds not in the posse	ession of the organiza	ition that are held a	na administerea to	or the organizatio	Dri		
	by:					0-(1)	Yes N	<u>lo</u>
	(i) unrelated organizations							
h	(ii) related organizations		ad an Cabadula D2			3a(ii)		
D	If "Yes" on line 3a(ii), are the related organiza					3b		
Par	t VI Land, Buildings, and Equipm		wment lunds.					
1 41	Complete if the organization answere		Part IV line 11a S	See Form 990 Part	X line 10			
	Description of property	(a) Cost or ot			Accumulated		ok value	
	Description of property	basis (investm	• • •		depreciation	(0) 500	in value	
19	Land			,627,664.		10	,627,66	;4
	Buildings			,089,103.	31,081,056		5,008,04	
	Leasehold improvements			976,700.	454,662		522,03	
	Equipment		5	,291,066.	4,509,406		781,66	
	Other			,703,192.	6,990,928	-	2,712,26	
	Add lines 1a through 1e. (Column (d) must e			, ,	, , , , , , ,	_),651,67	
		,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Sch	edule D (For		
					2311	(. 51)	, 20	

11171003 786783 ASPEN



84-0399006	Page
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3

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INVESTMENT CONTRACT	635,083.	END-OF-YEAR MARKET VALUE
(B) LIMITED PARTNERSHIPS	118,080,302.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col (b) must equal Form 990 Part X col (B) line 12)	118 715 385.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	CAPITAL LEASE OBLIGATIONS	158,544.
(3)	DEFERRED COMPENSATION	3,402,311.
(4)	DEFERRED RENT AND LEASE INCENTIVE	582,561.
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.) 🕨	4,143,416.

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

Schedule D (Form 990) 2015

532053 09-21-15



Sche	dule D (Form 990) 2015 THE ASPEN INSTITUTE, INC.			84-0399006	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	145,633,371.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	2,090,901.		
b	Donated services and use of facilities	2b	89,924.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	. 2d			
е	Add lines 2a through 2d			2e	2,180,825.
3	Subtract line 2e from line 1			3	143,452,546.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	32,011.		
b	Other (Describe in Part XIII.)	4b	-630,031.		
С	Add lines 4a and 4b			4c	-598,020.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	142,854,526.	
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten		i Expenses per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			<u> </u>	
1	Total expenses and losses per audited financial statements			1	102,067,061.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a	89,924.		
b	Prior year adjustments	. 2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	89,924.
3	Subtract line 2e from line 1			3	101,977,137.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	32,011.		
b	Other (Describe in Part XIII.)	4b	-630,031.		
С	Add lines 4a and 4b			4c	-598,020.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	101,379,117.
Pa	rt XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART II, LINE 5:

THE INSTITUTE CONTINUES TO COMPLY WITH TERMS OF CONTRACT GOVERNING THE

CONSERVATION EASEMENT HELD, WHICH INCLUDES PROTECTION OF NATURAL HABITAT.

PART II, LINE 9:

THE INSTITUTE HOLDS A CONSERVATION EASEMENT ON THE BALANCE SHEET AND THE

CONTRIBUTED PARCEL OF LAND WAS BOOKED AS REVENUE FOR THE YEAR IT WAS

GIFTED.

PART III, LINE 4:

AT OUR ASPEN MEADOWS CAMPUS, ASPEN, COLORADO, WE HAVE A LARGE COLLECTION

OF ART THAT IS ON DISPLAY BOTH IN GALLERIES AND PUBLIC SPACES. IT IS

532054 09-21-15

11171003 786783 ASPEN

32 2015.04030 THE ASPEN INSTITUTE,



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.

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:

THE INSTITUTE PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE

YEAR ENDED DECEMBER 31, 2015, AND DETERMINED THAT THERE WERE NO MATTERS

THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY

HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:		
RENTAL EXPENSES	-49,712.	
SPECIAL EVENT EXPENSES	-580,319.	
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-630,031.	
PART XII, LINE 4B - OTHER ADJUSTMENTS:		
RENTAL EXPENSES	-49,712.	
SPECIAL EVENT EXPENSES	-580,319.	
TOTAL TO SCHEDULE D, PART XII, LINE 4B	-630,031.	

Schedule D (Form 990) 2015

532055 09-21-15



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.

Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.



Name of the organization

84-0399006	

Employer identification number

THE ASPEN INSTITUTE, INC.

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) 3

(a) Region	(b) Number of offices in the region		(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN -	0		PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION.	GRANTS, MEETINGS AND PROGRAMMATIC ACTIVITIES.	41,939.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0		PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION.	GRANTS, MEETINGS AND PROGRAMMATIC ACTIVITIES.	765.
EUROPE (INCLUDING ICELAND & GREENLAND)	0		PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION.	GRANTS, MEETINGS AND PROGRAMMATIC ACTIVITIES.	544,713.
MIDDLE EAST AND NORTH AFRICA -	0		PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION.	GRANTS, MEETINGS AND PROGRAMMATIC ACTIVITIES.	15,224.
NORTH AMERICA - CANADA AND MEXICO, BUT	0		PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION.	GRANTS, MEETINGS AND PROGRAMMATIC ACTIVITIES.	189,099.
SOUTH AMERICA - ARGENTINA, BOLIVIA,	0		PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION.	GRANTS, MEETINGS AND PROGRAMMATIC ACTIVITIES.	206,863.
SOUTH ASIA - AFGHANISTAN, BANGLADESH,	0		PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION.	GRANTS, MEETINGS AND PROGRAMMATIC ACTIVITIES.	215,930.
SUB-SAHARAN AFRICA - ANGOLA,	0		PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION.	GRANTS, MEETINGS AND PROGRAMMATIC ACTIVITIES.	257,353.
3 a Sub-totalb Total from continuation sheets to Part I	0	0			1,471,886.
c Totals (add lines 3a and 3b)	0				1,471,886.

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

Schedule F (Form 990) 2015

532071 10-01-15



THE ASPEN INSTITUTE, INC.

84-0399006

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			TO SUPPORT ONLINE					
		EUROPE (INCLUDING	SALES, DIGITIZATION,					
		ICELAND &	CULTURAL PROMOTION,					
		GREENLAND)	AND WAREHOUSING	20,000.	WIRE TRANSFER	0.		
			SMALL BUSINESS					
		EUROPE (INCLUDING	DEVELOPMENT TO					
		ICELAND &	COMMISSION ARTISANS					
		GREENLAND)	AND LOCAL ARTISANAL	20,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND	SUPPORT CHAPTER					
		NORTH AFRICA	OPERATIONS	54,000.	WIRE TRANSFER	0.		
			SUPPORT CHAPTER	20.000	WIRE TRANSFER	0.		
		NORTH AMERICA	OPERATIONS	20,000.	WIRE TRANSFER	0.		
			SUPPORT CHAPTER					
		SOUTH AMERICA	OPERATIONS	60 500	WIRE TRANSFER	0.		
		DOUTH AMERICA	TO FINISH THE	00,500.	WIKE IKANSPER	••		
			BUILDING AND					
			INSTALLATION OF A					
		SOUTH AMERICA	TRADITIONAL HOME	20 000.	WIRE TRANSFER	0.		
						- •		
			SUPPORT CHAPTER					
		SOUTH ASIA	OPERATIONS	27,000.	WIRE TRANSFER	Ο.		
				, ,				
		SUB-SAHARAN	SUPPORT CHAPTER					
		AFRICA	OPERATIONS	10,000.	WIRE TRANSFER	٥.		
2 Enter total number of	recipient organizatio	ns listed above that are	recognized as charities by the			xempt by		
			n 501(c)(3) equivalency letter		-			0
3 Enter total number of other organizations or entities8								

SEE PART V FOR COLUMN (D) DESCRIPTIONS

COPY

Page 2

532073	
10-01-15	

Schedule F (Form 990) 2015

(a) Type of grant or assistance

AWARDS	SOUTH AMERICA	5	18,700.	WIRE TRANSFER	٥.	
AWARDS	NORTH AMERICA	1	1,536.	WIRE TRANSFER	0.	
	MIDDLE EAST AND					
AWARDS	NORTH AFRICA	1	5,000.	WIRE TRANSFER	0.	
	SUB-SAHARAN					
AWARDS	AFRICA	1	10,000.	WIRE TRANSFER	0.	

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(d) Amount of

cash grant

(e) Manner of

cash disbursement

(c) Number of

recipients

THE ASPEN INSTITUTE, INC.

(b) Region

non-cash assistance

(g) Description of

(f) Amount of

non-cash

assistance

Page 3



Schedule F (Form 990) 2015

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? <i>If</i> "Yes," <i>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; do not file with Form 990)</i>	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? <i>If</i> "Yes," <i>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)</i>	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; do not file with Form 990)	X Yes	No No

Schedule F (Form 990) 2015

84 - 0399006

532074 10-01-15



FROM TIME TO TIME THE INSTITUTE ENGAGES OTHER ENTITIES TO FURTHER THE

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

PART I, LINE 2:

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 SHOULD BE 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	
DECREE 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.	
532075 10-01-15 2 O	Schedule F (Form 990) 2015

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.

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38 2015.04030 THE ASPEN INSTITUTE,

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Schedule F (Form 990) 2015 THE ASPEN INSTITUTE, INC.	84-0399006	Page 5
Part V Supplemental Information		
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (account	unting method; amounts of	
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting me)
(estimated number of recipients), as applicable. Also complete this part to provide any additional info	ormation.	
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 II, COLUMN (D):		
REGION: EUROPE (INCLUDING ICELAND & GREENLAND)		
(D) PURPOSE OF GRANT: SMALL BUSINESS DEVELOPMENT TO COMMISSION ARTISANS		
AND LOCAL ARTISANAL COPPERATIVES TO CREATE PRODUCTS FOR TRIA, ETC.		

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: TO FINISH THE BUILDING AND INSTALLATION OF A

TRADITIONAL HOME WEAVERS EXHIBITION

532075 10-01-15

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

SCHEDULE F, PART IV, NO. 6

THE STEVENS INITIATIVE IS A \$6M COLLABORATION BETWEEN THE GOVERNMENTS

OF THE UNITED STATES, UNITED ARAB EMIRATES, QATAR, ALGERIA AND MOROCCO,

AND MICROSOFT, MOZILLA AND GOPRO. THE PARTNERSHIP IS DESIGNED TO

INCREASE PEOPLE-TO-PEOPLE EXCHANGE BETWEEN YOUTH IN THE UNITED STATES

AND THE MIDDLE EAST AND NORTH AFRICA.

THE STEVENS INITIATIVE WILL SUPPORT ORGANIZATIONS THAT RUN VIRTUAL AND

PHYSICAL EXCHANGE PROGRAMS TO DEEPEN THE IMPACT AND SCALE UP THE REACH

OF THEIR PROGRAMS IN THE UNITED STATES AND IN THE MIDDLE EAST AND NORTH

AFRICA.

MIDDLE EAST LEADERSHIP INITIATIVE IS A FELLOWSHIP FOR LEADERS ACROSS

THE MIDDLE EAST TO TACKLE IMPORTANT SOCIETAL CHALLENGES FACING THEIR

COUNTRIES AND REGIONS.

CASH DISBURSEMENTS TO AFFECTED COUNTRIES WERE MINIMAL AND INCLUDED

REIMBURSEMENT FOR TRAVEL FOR A MODERATOR FOR THE ASPEN ACTION FORUM AND

AN INDIVIDUAL CONSULTANT SUPPORTING THE GLOBAL HEALTH & DEVELOPMENT'S

PROGRAM THE ALLIANCE FOR ARTISAN ENTERPRISES.

532075 10-01-15

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84-0399006

SCHEDULE G	Suppleme	ntal Information Regarding	Fun	drais	ing or Gaming	Acti	ivities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the	e organization answered "Yes" on	Form	990, P	Part IV, lines 17, 18,			2015
Department of the Treasury Internal Revenue Service		organization entered more than \$1 ► Attach to Form 990) or Fo	rm 99	0-EZ.			Open to Public Inspection
Name of the organization	Information a	bout Schedule G (Form 990 or 990-EZ	and its	s instru	uctions is at WWW.irs.g	gov/f		dentification number
		INSTITUTE, INC.					84-039900	
	g Activities omplete this par	 Complete if the organization answe t. 	ered "Y	es" o	n Form 990, Part IV,	line 1	17. Form 990-	EZ filers are not
 a Mail solicitation b Internet and er c Phone solicitat d In-person solic 2 a Did the organization key employees listed 	nail solicitations ions itations have a written o l in Form 990, P nighest paid indi	f Solicitat g Special or oral agreement with any individual 'art VII) or entity in connection with p ividuals or entities (fundraisers) purs	tion of tion of fundra (inclue	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	Y	es No to be
(i) Name and address of or entity (fundra		(ii) Activity	(iii) fundr have c or cor contrib	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	tò (Amount paid or retained by fundraiser sted in col. (i)	
			Yes	No				
		on is registered or licensed to solicit	contrik	b ution:	s or has been notified	d it is	s exempt from	registration
HA For Paparwork Pad	uction Act Net	ice, see the Instructions for Form	000 ~-	000	E7 4	Soho		n 990 or 990-EZ) 2015
			550 01	- 050	3	Jone		

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

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events				
			ANNUAL DINNER	SUMMER CELEBRATION	2	(add col. (a) through				
Ð			(event type)	(event type)	(total number)	col. (c))				
Revenue	1	Gross receipts	1,097,895.	461,760.	315,455.	1,875,110.				
	2	Less: Contributions	1,059,345.	436,180.	299,199.	1,794,724.				
	3	Gross income (line 1 minus line 2)	38,550.	25,580.	16,256.	80,386.				
	4	Cash prizes								
ş	5	Noncash prizes								
bense	6	Rent/facility costs	5,356.	3,804.	1,692.	10,852.				
Direct Expenses	7	Food and beverages	98,291.	1,507.	2,656.	102,454.				
	8	Entertainment								
	9	Other direct expenses	184,854.	155,953.	126,206.	467,013.				
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		►	580,319.				
		Net income summary. Subtract line 10 from li				-499,933.				
Pa	Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.									
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))				
Reve	1	Gross revenue								

_	1	Gross revenue								
ses	2	Cash prizes								
Direct Expenses	3	Noncash prizes								
Direct E	4	Rent/facility costs								
	5	Other direct expenses								
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No					
	7	Direct expense summary. Add lines 2 through	ı 5 in column (d)							
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)							
9	Ent	er the state(s) in which the organization condu	cts gaming activities:							
а	a Is the organization licensed to conduct gaming activities in each of these states?									

b If "No," explain:

 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?
 Image: Second Secon

532082 09-14-15

Schedule G (Form 990 or 990-EZ) 2015

1 Does the organization conduct gaming activities with nonmembers? □ Yes 2 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? □ Yes 3 Indicate the percentage of gaming activity conducted in: a The organization's facility 13a b An outside facility 13a 13b 4 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name	Sche	edule G (Form 990 or 990-EZ) 2015 THE ASPEN INSTITUTE, INC.	84-039	99006	Page
2 Is the organization a grant by beneficiary or tustee of a trust or a member of a partnership or other milly formed is definition and the state has been by the organization is facility in the second of gaming activity conducted in: 2 The organizations facility 13a 2 The organizations facility 13a 2 The second of the person who prepares the organization's gaming/special events books and records: 2 Name ▶				Yes	
9. Indicate the preventage of gaming activity conducted in: 1: The organization facility 13a 2: An outside facility 13a 3: A conside facility 13a 4: Enter the name and address of the preson who prepares the organization's gaming/special events books and records: Name ▶					
9. Indicate the preventage of gaming activity conducted in: 1: The organization facility 13a 2: An outside facility 13a 3: A conside facility 13a 4: Enter the name and address of the preson who prepares the organization's gaming/special events books and records: Name ▶				Yes	
a The organization's facility	13				
b An outside facility				13a	
4 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶					
Address ▶				·	
Address ▶		Name			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization \> \$ and the amount of gaming revenue received by the organization \> \$ and the amount of gaming revenue received by the third party !> \$ If "Yes," enter name and address of the third party !> \$ If "Yes," enter name and address of the third party: Name \>					
b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If 'Yes,' enter name and address of the third party: Name ▶				Yes	
of gaming reveue related by the third party ▶\$ c If "Yes, 'enter name and address of the third party: Name ▶					
c If 'Yes,' enter name and address of the third party: Name ▶	D		unt		
Name ▶ Address ▶ 6 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Bretor/officer □ Director/officer □ □ Director/officer □ ■					
Address ▶ 6 Gaming manager information: Mame ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Description of services provided ▶ Director/officer Employee Independent contractor 7 Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? • Enter the anount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ PartIN Supplemental information. Provide the explanations required by Part I, line 2b, columns (ii) and (v); and Part III, lines 9, 9b, 10b, 16 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions). 20000 Columna Schedule (form 990 or 990-EZ)	С	It "Yes," enter name and address of the third party:			
6 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Director/officer □ Employee □ Independent contractor 7 Mandatory distributions: ■ 16 the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ▶ Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part M Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 12; 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions). 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions). 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions). 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).		Name			
Name ▶		Address ►			
Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	16	Gaming manager information:			
Description of services provided ▶		Name			
Description of services provided ▶					
Director/officer Employee Independent contractor Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Gaming manager compensation > 5			
7 Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions). state organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions). state organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions). state organization's own exemption or system is a state organization's own exemption organization's own exemption's own exemption's own exempt		Description of services provided 🕨			
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a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Director/officer Employee Independent contractor			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?					
retain the state gaming license? Yes b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 12 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).		•			
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions). 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	а			. _	
organization's own exempt activities during the tax year ► \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions). 20083 09-14-15 Schedule G (Form 990 or 990-EZ) 43				Led Yes	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions). 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions). 20083 09-14-15 Schedule G (Form 990 or 990-EZ) 423	b		in the		
15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	D				.
32083 09-14-15 32083 09-14-15 32083 09-14-15 32083 09-14-15	Pa		Part III, li	ines 9, 9b, 1	0b, 1 5
43		15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).			
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532084 04-01-15		44			
171003 786783 ASPEN	2015.	04030 THE	ASPEN	INSTITUTE,	INC COPY

SCHEDULE I (Form 990) Department of the Treasury	Go	Grants and Ot overnments, a lete if the organization	nd Individua	l s in the Ŭn ' on Form 990, Pa	ited States		OMB No. 1545-0047 2015 Open to Public
Internal Revenue Service	Information	tion about Schedule	l (Form 990) and its	s instructions is a	at www.irs.gov/form99	90.	Inspection
Name of the organization THE ASPEN IN	STITUTE, INC.						Employer identification number 84-0399006
Part I General Information on Grants	and Assistance						
1 Does the organization maintain record		-					tion
criteria used to award the grants or as	sistance?						X Yes No
2 Describe in Part IV the organization's	procedures for mon	itoring the use of gran	t funds in the Unite	d States.			
Part II Grants and Other Assistance t	-				anization answered ""	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more tha		1 '	· ·		(f) Method of		(1) 5
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMORY UNIVERSITY 1300 CLIFTON ROAD, NE ATLANTA, GA 30322	58-0566256	501(C)(3)	1,011,452.	0.			TO SUPPORT GALI GLOBAL ACCELERATOR LEARNING INITIATIVE
THE DISTRICT BOARD OF TRUSTEES OF SANTA FE COLLEGE - 3000 NW 83RD STREET - GAINESVILLE, FL 32606	59-1207627	501(C)(3)	820,500.	0.			2015 ASPEN PRIZE AWARD FUNDS TO LEAD THE DESIGN AND
EMPLOYINDY 115 W. WASHINGTON STREET, SUITE 4 INDIANAPOLIS, IN 46204	5 35-1569069	501(C)(3)	649,092.	0.			IN LEAD THE DESIGN AND IMPLEMENTATION OF THE URBAN MATHEMATICS LEADERSHIP NEWTORK AND
CORPORATION FOR A SKILLED WORKFORCE - 1100 VICTORS WAY, SUITE 10 - ANN ARBOR, MI 48108	38-2991143	501(C)(3)	590,331.	0.			TO SUPPORT "REIMAGINING RETAIL JOBS AND WORKER ADVANCEMENT"
THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY - 3145 PORTER DRIVE - PALO ALTO, CA 94304	94-1156365	501(C)(3)	482,653.	0.			ASPEN FELLOWSHIP - STANFORD COLLABORATION
EQUAL MEASURE 1528 WALNUT STREET, SUITE 805 PHILADELPHIA, PA 19102	23-2694572	501(C)(3)	350,585.	0.			EVALUATION OF OPPORTUNITY YOUTH INCENTIVE FUND SITES
2 Enter total number of section 501(c)(3)	and government o	rganizations listed in t	he line 1 table				48.
3 Enter total number of other organization	ons listed in the line	1 table					0.
LHA For Paperwork Reduction Act Notic	e, see the Instruc	tions for Form 990.					Schedule I (Form 990) (2015)



SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) THE ASPEN INSTITUTE, INC. Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) 84-0399006 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THRIVE CHICAGO							
205 N. MICHIGAN AVENUE							OPPORTUNITY YOUTH AWARD
CHICAGO, IL 60601	47-2478889	501(C)(3)	350,000.	0.			AND OPPORTUNITIES CHICAGO
MISSION EDGE SAN DIEGO, INC.							
P.O. BOX 12319							
SAN DIEGO, CA 92112	27-2938491	501(C)(3)	200,000.	0.			OPPORTUNITY YOUTH AWARD
ALLIANCE FOR CHILDRENS RIGHTS							
3333 WILSHIRE BOULEVARD							
LOS ANGELES, CA 90010	95-4358213	501(C)(3)	200,000.	0.			OPPORTUNITY YOUTH AWARD
JOBSFIRSTNYC							
11 PARK PLACE							
NEW YORK, NY 10007	41-2242653	501(C)(3)	200,000.	0.			OPPORTUNITY YOUTH AWARD
BOSTON PRIVATE INDUSTRY COUNCIL							
2 OLIVER STREET							
BOSTON, MA 02109	04-2676661	501(C)(3)	200,000.	0.			OPPORTUNITY YOUTH AWARD
				- •			
WORKFORCE SOLUTIONS CAPITAL AREA							
WORKFORCE - 6505 AIRPORT BOULEVARD							
- AUSTIN, TX 78752	74-2327454	501(C)(3)	200,000.	0.			OPPORTUNITY YOUTH AWARD
URBAN STRATEGIES COUNCIL							
1720 BROADWAY AVENUE							
OAKLAND, CA 94612	94-3044453	501(C)(3)	200,000.	0.			OPPORTUNITY YOUTH AWARD
UNITED WAY OF TUCSON AND SOUTHERN							
ARIZONA - 330 N. COMMERCE PARK							
LOOP - TUCSON, AZ 85745	86-0098932	501(C)(3)	200,000.	0.			OPPORTUNITY YOUTH AWARD
ADMINISTRATORS OF THE TULANE							
EDUCATION FUND - 6823 ST. CHARLES							
AVENUE - NEW ORLEANS, LA 70118	72-0423889	501(C)(3)	200,000.	Ο.			OPPORTUNITY YOUTH AWARD

Schedule I (Form 990)

84-0399006 Page 1

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
PLANNED PARENTHOOD MAR MONTE, INC.							
1691 THE ALAMEDA							
SAN JOSE, CA 95126	94-1583439	501(C)(3)	200,000.	0.			OPPORTUNITY YOUTH AWARD
FUSION PARTNERSHIPS							
1601 GUILFORD AVENUE							
BALTIMORE, MD 21202	52-2148413	501(C)(3)	200,000.	0.			OPPORTUNITY YOUTH AWARD
ROSE COMMUNITY FOUNDATION							
600 S. CHERRY STREET	04 0000000	F01 (0) (2)	100 050	0			
DENVER, CO 80246	84-0920862	501(C)(3)	199,850.	0.			OPPORTUNITY YOUTH AWARD
MARICOPA COUNTY							
301 W. JEFFERSON AVENUE							MARICOPA COUNTY EDUCATION
PHOENIX, AZ 85003	86-6000472	501(C)(3)	150,000.	0.			SERVICE AGENCY OYIF
UNITED WAY OF METROPOLITAN ATLANTA							
P.O. BOX 692							
ATLANTA, GA 30301	58-0566194	501(C)(3)	150,000.	Ο.			OPPORTUNITY YOUTH AWARD
HUMBOLDT AREA FOUNDATION							
363 INDIANOLA AVENUE							
BAYSIDE, CA 95524	23-7310660	501(C)(3)	115,000.	0.			OPPORTUNITY YOUTH AWARD
WATERTOWN SCHOOL DISTRICT 14-4							
P.O. BOX 730							2015 ASPEN PRIZE AWARD
WATERTOWN, SD 57201	46-6001273	501(C)(3)	110,500.	Ο.			FUNDS
			,				
PADUCAH JUNIOR COLLEGE, INC.							
4810 ALBEN BARKLEY DRIVE							2015 ASPEN PRIZE AWARD
PADUCAH, KY 42002	61-6001156	501(C)(3)	100,000.	0.			FUNDS
BOARD OF TRUSTEES OF COMMUNITY							
COLLEGE DISTRICT, NO. 508 - 6301							
S. HALSTED STREET - CHICAGO, IL							2015 ASPEN PRIZE AWARD
60621	36-2606236	501(C)(3)	100,000.	0.			FUNDS

Schedule I (Form 990)

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

 Part II
 Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

84-0399006 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE HOPI FOUNDATION							
P.O. BOX 301							
KYKOTSMOVI, AZ 86039	74-2488628	501(C)(3)	100,000.	0.			OPPORTUNITY YOUTH AWARD
UNIVERSITY OF SOUTHERN MAINE							
P.O. BOX 9300							
PORTLAND, ME 04104	01-6000769	501(C)(3)	100,000.	0.			OPPORTUNITY YOUTH AWARD
	01 0000705	501(0)(0)	100,000.				
UNIVERSITY OF NORTH CAROLINA,							TO SUPPORT "REIMAGINING
CHAPEL HILL - 104 AIRPORT DRIVE,							RETAIL JOBS AND WORKER
SUTE 2200 - CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	87,709.	Ο.			ADVANCEMENT"
PORTLAND STATE UNIVERSITY							TO SUPPORT THE CWFA
P.O. BOX 751-SPA							REGIONAL MANUFACTURING
PORTLAND, OR 97207	36-4776757	501(C)(3)	77,801.	Ο.			INITIATIVE
WORLD AFFAIRS COUNCIL OF NORTHERN							TO COMPENSATE FOR THE
CALIFORNIA - 213 SUTTER STREET,							DESIGN, PLANNING AND
SUITE 200 - SAN FRANCISCO, CA							EXECUTION OF THE ANNUAL
94108	94-1156356	501(C)(3)	60,000.	0.			MEETING AND SUPPORT
DETROIT EMPLOLYMENT SOLUTIONS							
CORPORATION - 707 W. MILWAUKEE -							
DETROIT, MI 48202	38-3353746	501(C)(3)	50,000.	0.			OPPORTUNITY YOUTH AWARD
LOCAL INITIATIVE SUPPORT							
CORPORATION - 501 SEVENTH AVENUE -							
NEW YORK, NY 10018	13-3030229	501(C)(3)	50,000.	0.			OPPORTUNITY YOUTH AWARD
· ·							
HIGHER HEIGHTS CONSULTING &							2G HEIGHTS/MURRELL
TRAINING, INC 11436 ENCORE							PARTNERSHIP/FEES &
DRIVE - SILVER SPRING, MD 20901	52-2336787	501(C)(3)	39,874.	0.			EXPENSES
RENTON TECHNICAL COLLEGE							
3000 NE FOURTH STREET	01 1500155	F01 (() ())					2015 ASPEN PRIZE AWARD
RENTON, WA 98056	91-1522175	501(C)(3)	31,500.	٥.			FUNDS

Schedule I (Form 990)

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

 Part II
 Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

84-0399006 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DC PUBLIC EDUCATION FUND							
3407 14TH STREET, NW							CHALLENGE TEAM/TEACHER
WASHINGTON, DC 20010	26-1607955	501(C)(3)	30,240.	0.			AWARDS
				••			TO SUPPORT EFFORTS THAT
SKILLS FOR CHICAGOLAND							PRODUCE DEMONSTRABLE
191 N. WACKER DRIVE, SUITE 1150							RESULTS TOWARDS SKILLS
CHICAGO, IL 60606	45-1287418	501(C)(3)	27,000.	0.			FOR AMERICA'S FUTURE
	10 110/110						
HUMAN NEEDS PROJECT							
36 PROFESSIONAL CENTRE PARKWAY							
SAN RAFAEL, CA 94903	27-4583288	501(C)(3)	25,000.	Ο.			ASPEN IDEAS AWARD
			, -				
US GREEN BUILDING COUNCIL							
2101 L STREET, NW							
WASHINGTON, DC 20037	52-1822816	501(C)(3)	25,000.	Ο.			ASPEN IDEAS AWARD
			,				
LOS ANGELES FUND FOR PUBLIC							
EDUCATION - 10250 CONSTELLATION							CHALLENGE TEAM/TEACHER
BOULEVARD - LOS ANGELES, CA 90067	45-2443162	501(C)(3)	18,764.	Ο.			AWARDS
VALENCIA COLLEGE							
P.O. BOX 3028							2015 ASPEN PRIZE AWARD
ORLANDO, FL 32802	59-1216316	501(C)(3)	17,500.	Ο.			FUNDS
BRAZOSPORT COLLEGE							
500 COLLEGE DRIVE							2015 ASPEN PRIZE AWARD
LAKE JACKSON, TX 77566	74-1587881	501(C)(3)	17,000.	Ο.			FUNDS
							APPRENTICESHIP RESEARCH
THE CHICAGO COMMUNITY FOUNDATION							EFFORTS AND OUTREACH
225 N. MICHIGAN AVENUE, SUITE 2200							EFFORTS OF WORKFORCE
CHICAGO, IL 60601	36-3432023	501(C)(3)	15,000.	0.			MATTERS
							TO SUPPORT SKILLS FOR
INSTITUTE FOR WORK							AMERICAS FUTURE INCLUDIN
70 E. LAKE STREET, SUITE 1700							IDENTIFYING A TEAM OF
CHICAGO, IL 60601	36-4389954	501(C)(3)	14,000.	Ο.			INNOVATORS IN "EARN AND

Schedule I (Form 990)

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

84-0399006 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
H TARRYTOWN OPERATING, LLC							
9 E. SUNNYSIDE LANE							ANDE ANNUAL CONFERENCE
CARRYTOWN, NY 10591	20-2373966	501(C)(3)	14,000.	0.			SCHOLARSHIP
			,	- •			
ARRETT COUNTY COMMUNITY ACTION							
COMMITTEE, INC 104 E. CENTER							
TREET - OAKLAND, MD 21550	52-0820662	501(C)(3)	10,750.	0.			TA MENTAL WELLNESS
SIREEI - OARDAND, MD 21550	52-0620002	501(0/(5)	10,750.	0.			IR MENIRU WEDDNESS
IISSISSIPPI GULF COAST COMMUNITY							
COLLEGE - P.O. BOX 609 -							2015 ASPEN PRIZE AWARD
PERKINSTON, MS 39573	64-6000964	501(C)(3)	10,000.	0.			FUNDS
ERRINGTON, NO 55575	04 0000904	501(0/(5/	10,000.				
BAKER COMMUNICATIONS, INC.							
7623 E. BATES DRIVE							HONORARIUM CHANGE
DENVER, CO 80231	84-1251243	501(C)(3)	9,000.	0.			MANAGEMENT
SERVER, CO 00231	04 1251245	501(0/(5/	5,000.	0.			
NDIAN RIVER STATE COLLEGE							
COUNDATION, INC 3209 VIRGINIA							2015 ASPEN PRIZE AWARD
		E01(0)(2)	7 000	0			
VENUE - FORT PIERCE, FL 34981	59-1105591	501(C)(3)	7,000.	0.			FUNDS
IIAMI DADE COLLEGE							
.1011 SW 104TH STREET							2015 ASPEN PRIZE AWARD
IIAMI, FL 33176	59-1210485	501(C)(3)	7,000.	0.			FUNDS
IIAMI, FE 55176	55-1210405	501(0)(5)	7,000.	0.			FUNDS

Schedule I (Form 990)



Schedule I (Form 990) (2015) THE ASPEN INSTITUTE, INC.

84-0399006

Page 2

 Part III
 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
HONORARIA	13	67,001.	0.		
AWARDS	6	65,000.	0.		
SCHOLARSHIPS	3	10,750.	0.		
Part IV Supplemental Information. Provide the information re-	quired in Part I, lir	ie 2, Part III, column	(b), and any other a	dditional information.	
PART I, LINE 2:					
FROM TIME TO TIME THE INSTITUTE ENGAGES OTHER ENTI	TIES TO FURTH	ER THE			
OBJECTIVES SET FORTH IN OUR GRANT AGREEMENTS. THIS	IS TYPICALLY	DONE VIA			
SUB-AWARDS OR RE-GRANTS THAT RUN CONCURRENTLY WITH	THE PRIME AW	ARD IN WHICH			
THE CITE DECIDIENTS ADD ADVISED OF ALL ADDITCADLE I	AWG AND DECHI				
THE SUB RECIPIENTS ARE ADVISED OF ALL APPLICABLE L	AWS AND REGUL	ATIONS, AND			
ALL APPROPRIATE FLOW-DOWN PROVISIONS FROM THE PRIM	E AGREEMENT.	ALL SUB			
GRANTEES OR SERVICE PROVIDERS MUST ALSO CERTIFY TH	AT IT DOES NO	T AND WILL			
NOT KNOWINGLY PROVIDE MATERIAL SUPPORT OR RESOURCE	S TO ANY INDI	VIDUAL OR			
ENTITY INVOLVED WITH TERRORISM (INCLUDING ANY INDI	VIDUALS ENTIT	IES OR			

Part IV Supplemental Information

THE ASPEN INSTITUTE, INC.

84-0399006

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

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

DETERMINED JOINTLY BY THE RESPONSIBLE PROGRAM MANAGER AND RESPECTIVE GRANT

ADMINISTRATOR/FINANCIAL ANALYST. THIS INCLUDES THE ROUTINE RECEIPT AND

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

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

SITE VISITS IF NECESSARY. THE INSTITUTE SHOULD BE 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 DECREE OF

FLEXIBILITY OFFERED MAY DEPEND ON PREVIOUS EXPERIENCE WITH THE RECIPIENT.

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

OF THE RECIPIENT'S ADMINISTRATIVE SYSTEMS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: EMPLOYINDY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO LEAD THE DESIGN AND

IMPLEMENTATION OF THE URBAN MATHEMATICS LEADERSHIP NEWTORK AND THE URBAN

DISTRICTS LEADERSHIP NETWORK

NAME OF ORGANIZATION OR GOVERNMENT:

WORLD AFFAIRS COUNCIL OF NORTHERN CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO COMPENSATE FOR THE DESIGN.

PLANNING AND EXECUTION OF THE ANNUAL MEETING AND SUPPORT RESEARCH

532291 04-01-15

Schedule I (Form 990)

11171003 786783 ASPEN

52 2015.04030 THE ASPEN INSTITUTE, INCCOPYEN 1



NAME OF ORGANIZATION OR GOVERNMENT: INSTITUTE FOR WORK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT SKILLS FOR AMERICAS

FUTURE INCLUDING IDENTIFYING A TEAM OF INNOVATORS IN "EARN AND LEARN"

POLICIES

Schedule I (Form 990)

532291 04-01-15

SC	HEDULE J	Compensation Information	1	OMB No.	1545-00	47
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	16	
1	···· · · · ,	Compensated Employees		20	Ð)
Dono	tment of the Treasury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	o Publ	ic
	al Revenue Service	Information about Schedule J (Form 990) and its instructions is at www.irs.gov/fo	rm990.	Inspe	ection	
Nan	e of the organizatio	n	Employer ide	ntificati	on nu	mber
		THE ASPEN INSTITUTE, INC.	84-03990	006		
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a		iate box(es) if the organization provided any of the following to or for a person listed on Forn	ו 990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o					
	X Travel for com					
		cation and gross-up payments				
		spending account Personal services (e.g., maid, chauffeur, o	chet)			
a	•	on line 1a are checked, did the organization follow a written policy regarding payment or		46	x	
•		provision of all of the expenses described above? If "No," complete Part III to explain		1b	Δ	
2	0	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		2	x	
	trustees, and onice	ers, including the CEO/Executive Director, regarding the items checked in line 1a?		2	л	
3	Indicato which if a	ny, of the following the filing organization used to establish the compensation of the organiz	ation's			
5		ector. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
		compensation consultant X Compensation survey or study				
	X Form 990 of c		committee			
			Johnnittee			
4	During the year, die	d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	organization or a re					
а	-	ce payment or change-of-control payment?		4a		x
b		ceive payment from, a supplemental nonqualified retirement plan?				X
с		ceive payment from, an equity-based compensation arrangement?				X
		nes 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 compensati	on			
	contingent on the r					
а	The organization?			5a		х
b	Any related organiz	zation?		5b		X
		r 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 compensati	on			
	contingent on the r	5				
а	The organization?			6a		X
b	Any related organiz	zation?		6b		X
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed paymen				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to				
		eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		n 53.4958-6(c)?		9		<u> </u>
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedule	e J (Forr	n 990) 2015

11171003 786783 ASPEN



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 are not 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-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(I)-(D)	reported as deferred on prior Form 990
(1) WALTER ISAACSON	(i)	860,648.	0.	4,010.	39,750.	34,959.	939,367.	0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) AMY MARGERUM	(i)	375,074.	0.	3,720.	39,750.	24,054.	442,598.	0.
EXEC. VP/CORPORATE SECRETARY	(ii)	Ο.	Ο.	0.	0.	Ο.	0.	0.
(3) ELLIOT GERSON	(i)	371,804.	Ο.	4,010.	39,750.	34,964.	450,528.	0.
EXECUTIVE VP	(ii)	Ο.	Ο.	0.	0.	Ο.	0.	0.
(4) PETER REILING	(i)	372,954.	0.	2,612.	39,750.	34,937.	450,253.	0.
EXECUTIVE VP	(ii)	Ο.	Ο.	0.	0.	Ο.	0.	0.
(5) DOLORES GORGONE	(i)	315,570.	0.	4,010.	39,750.	3,336.	362,666.	0.
CFO - UNTIL 11/2015	(ii)	Ο.	Ο.	0.	0.	Ο.	0.	0.
(6) CHARLIE FIRESTONE	(i)	336,478.	Ο.	12,515.	39,750.	24,088.	412,831.	0.
EXEC. DIR. C&S	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(7) DAN GLICKMAN	(i)	324,093.	Ο.	14,979.	31,800.	3,593.	374,465.	0.
ED CONGRESSIONAL PROGRAM	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(8) MICKEY EDWARDS	(i)	314,139.	Ο.	12,515.	39,750.	12,632.	379,036.	0.
DIRECTOR RODEL FELLOWSHIPS	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(9) STACE LINDSAY	(i)	313,985.	0.	1,199.	23,952.	34,950.	374,086.	0.
DIRECTOR	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(10) ANNE MOSLE	(i)	280,369.	0.	1,361.	34,246.	34,938.	350,914.	0.
VICE PRES. EXEC. DIRECTOR	(ii)	Ο.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2015

Part III Supplemental Information

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

PART I, LINE 1A:

THE ASPEN INSTITUTE FOLLOWS A POLICY GOVERNING EXPENSE REIMBURSEMENT AND

COMPLIES WITH TRAVEL GUIDELINES APPLICABLE TO ALL EMPLOYEES.

Schedule J (Form 990) 2015



Page 3

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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ZU

Department of the Treasury Internal Revenue Service

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

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

15

Name of the organization

THE ASPEN INSTITUTE, INC.

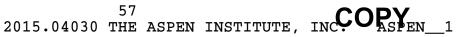
Employer identification number
84-0399006

Par	t I Types of Property				-		
		(a)	(b)	(c)	(d)		
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu	•	nte
		applicable		Form 990, Part VIII, line 1g		ation amou	113
1	Art - Works of art	Х	2	100,000.	APPRAISAL		
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	42	3,879,556.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts	37		4 202			
25	Other (FOOD/BEVERAGE)	X X	2	, .			
26	Other (USER LICENSES))	X	2	3,600. 696.			
27	· · · · · · · · · · · · · · · · · · ·	Δ	2	050.	F M V		
<u>28</u> 29	Other ()	zation durin	l a tha tax year for a	ontributions			
29	Number of Forms 8283 received by the organiz for which the organization completed Form 828						2
	To which the organization completed form 820	55, Fait IV, I		gement 23		Yes	
30a	During the year, did the organization receive by	v contributio	n any property re	oorted in Part L lines 1 throu	ah 28 that it		
000	must hold for at least three years from the date	•			•		
	exempt purposes for the entire holding period?			-		30a	x
b	If "Yes," describe the arrangement in Part II.	• • • • • • • • • • • • • • • • • • • •					
31	Does the organization have a gift acceptance p	policy that re	equires the review	of any non-standard contrib	utions?	31 X	
	Does the organization hire or use third parties of						
			-	····, p······, ·· ·····		32a	x
b	If "Yes," describe in Part II.						
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which column (a) is ch	necked,		
	describe in Part II.	()			,		
				_			

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

Schedule M (Form 990) (2015)

532141 08-21-15



Schedule M (Form 990) (2015)	THE	ASPEN	INSTITUTE	INC.
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Page 2 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.

84-0399006

SCHEDULE M, LINE 32B:

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

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

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

Schedule M (Form 990) (2015)

532142 08-21-15



SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury	Supplemental Information to Form 990 or 99 Complete to provide information for responses to specific questions of Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.		OMB No. 1545-0047
Internal Revenue Service	Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.go	ov/form990.	Inspection
Name of the organization	THE ASPEN INSTITUTE, INC.	Employe 84-03	r identification number
FORM 990, PART III,	LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	I	
1. IDEAS - SPARK INT	ELLECTUAL INQUIRY AND EXCHANGE, CONNECTING NEW		
CONCEPTS TO TIMELESS	VALUES.		
2. LEADERSHIP - CREA	TE A DIVERSE WORLDWIDE COMMUNITY OF LEADERS		
COMMITTED TO THE GREA	ATER GOOD.		
3. ACTION - PROVIDE	A NONPARTISAN FORUM FOR REACHING SOLUTIONS ON VITAL		
PUBLIC POLICY ISSUES			
FORM 990, PART III,	LINE 4D, OTHER PROGRAM SERVICES:		
ASPEN GLOBAL LEADERS	HIP NETWORK		
EXPENSES \$ 5,455,206	. INCLUDING GRANTS OF \$ 35,000. REVENUE \$ 1,426,068		
OTHER RESTRICTED PRO	GRAMS		
EXPENSES \$ 2,233,644	. INCLUDING GRANTS OF \$ 500. REVENUE \$ 340,949.		
SEMINARS			
EXPENSES \$ 974,521.	INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,644,787.		
FORM 990, PART VI, S	ECTION B, LINE 11:		
THE FEDERAL FORM 990	OF THE INSTITUTE IS PREPARED BY AN EXTERNAL ACCOUNTING		
FIRM USING INFORMATI	ON OBTAINED FROM INSTITUTE'S STAFF. ONCE THE INITIAL		
DRAFT IS PREPARED IT	IS REVIEWED BY SR. FINANCE/ACCOUNTING STAFF. IF		
NECESSARY, CHANGES A	RE MADE AND ANOTHER DRAFT IS ISSUED.		
LHA For Paperwork Redu 532211 09-02-15	uction Act Notice, see the Instructions for Form 990 or 990-EZ. Sc	hedule O (For	m 990 or 990-EZ) (2015)

11171003 786783 ASPEN

59 2015.04030 THE ASPEN INSTITUTE, INC. COPYEN_1

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization THE ASPEN INSTITUTE, INC.	Employer identification number 84-0399006
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 INSTITUTE'S CONFLICT OF INTEREST POLICY AND ANY CONFLICT OF	
INTEREST ISSUES.	

532212 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 990-EZ) (2015) Name of the organization	Page 2 Employer identification number
THE ASPEN INSTITUTE, INC.	84-0399006
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

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

FORM 990, PART I, LINE 19:

532212 09-02-15

11171003 786783 ASPEN

2015.04030 THE ASPEN INSTITUTE, INC. COPY_1

Schedule O (Form 990 or 990-EZ) (2015)

THE ASPEN INSTITUTE, INC.	84-0399006
A LARGE PORTION OF ASPEN'S REVENUE COMES IN THE FORM OF MULTI-YEAR	I
GIFTS AND GRANTS. THIS REVENUE IS ALL RECOGNIZED IN THE YEAR AWARDED	
ACCORDING TO GAAP STANDARDS. HOWEVER, THE PLANNED RECEIPT AND SPENDING	
OF THE FUNDS IS OVER FUTURE YEARS. THIS MULTI-YEAR FUNDING STRUCTURE	
CAN CREATE LARGE INCREASES AND DECREASES IN THE INSTITUTE'S ANNUAL	
CHANGE IN NET ASSETS.	
532212 09-02-15 62	Schedule O (Form 990 or 990-EZ) (ITUTE , INCCORYEN

Page 2

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Parl	II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no co	pies needed).		
L					g number, see ins		
Type of print					Employer identification number (EIN) or		
File by t	e THE ASPEN INSTITUTE, INC.				84-0399006		
due date				Social sec	ocial security number (SSN)		
filing you return. S	r						
instructi		oreign add	ress, see instructions.				
	WASHINGTON, DC 20036-1133						
Enter	he Return code for the return that this application is for (fil	e a separa	te application for each return)			0 1	
Applie	ation	Return	Application			Return	
Is For		Code	Is For			Code	
a second s	990 or Form 990-EZ	01					
	990-BL	02	Form 1041-A			08	
	1720 (individual)	03	Form 4720 (other than individual)			09	
	990-PF	04	Form 5227			10	
	290-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
1.4	990-T (trust other than above)	06	Form 8870			12	
	Do not complete Part II if you were not already granted			iously file	d Form 8868.		
 If t If t box 	ephone No. 202-736-2520 ne organization does not have an office or place of business nis is for a Group Return, enter the organization's four digit	Group Ex and attant	emption Number (GEN) ach a list with the names and EINs o 	If this is for f all memb	the whole group, ers the extension	check this is for.	
8a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720	0, or 6069,	enter the tentative tax, less any	8a	\$	0.	
	nonrefundable credits. See instructions.	0 optor	w refundable gradite and estimated	Od	¥		
b	If this application is for Forms 990-PF, 990-T, 4720, or 606						
	tax payments made. Include any prior year overpayment a	anowed as	a crean and any amount paid	8b	\$	0.	
	previously with Form 8868.		the this form if required by using	- OD			
С	Balance due. Subtract line 8b from line 8a. Include your p		an ana torni, ir required, by asing	8c	\$	0.	
-	EFTPS (Electronic Federal Tax Payment System). See inst	ructions.	at he completed for Part II		φ	<u> </u>	
Under it is tr	penalties of perjury, I declare that I have examined this form, inclu ie, correct, and complete, and that I am authorized to prepare this	iding accom form.	st be completed for Part II panying schedules and statements, and	to the best o	alista	belief,	
Signa	ure KALA Title	CPA		Date		2	
					Form 8868 (Hev. 1-2014	