

Form **990**

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

# 2013

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/form990)

Open to Public Inspection

## A For the 2013 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization THE ASPEN INSTITUTE		<b>D</b> Employer identification number 84-0399006
	Doing Business As		
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>E</b> Telephone number (202) 736-1074
	ONE DUPONT CIRCLE, NW	700	
City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036-1133		<b>G</b> Gross receipts \$ 106,740,444.	
<b>F</b> Name and address of principal officer: WALTER ISAACSON SAME AS C ABOVE		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: WWW.ASPENINSTITUTE.ORG			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: 1949
<b>M</b> State of legal domicile: CO			

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>VALUES-BASED LEADERSHIP IN NEUTRAL AND BALANCED VENUE FOR DISCUSSING CRITICAL ISSUES.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	64	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	63	
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	384	
	<b>6</b> Total number of volunteers (estimate if necessary)	180	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	9,013,077.	
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	-894,888.		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	71,686,768.	68,204,184.
	<b>9</b> Program service revenue (Part VIII, line 2g)	23,406,105.	24,769,782.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	307,436.	310,104.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	76,977.	-41,591.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	95,477,286.	93,242,479.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,282,984.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		29,163,689.	32,007,958.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		2,546,368.	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		41,304,932.	44,283,779.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	72,751,605.	82,126,112.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	22,725,681.	11,116,367.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	198,233,363.	220,838,386.
	<b>21</b> Total liabilities (Part X, line 26)	12,229,433.	14,337,183.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	186,003,930.	206,501,203.

## 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.

<b>Sign Here</b>	Signature of officer		Date		
	DOLORES GORGONE, CFO				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	FRANK H. SMITH	<i>Frank H. Smith</i>	09/26/14		P00639053
Firm's name			Firm's EIN		
RAFFA, P.C.			52-1511275		
Firm's address			Phone no. (202) 822-5000		
1899 L STREET, NW, SUITE 900			WASHINGTON, DC 20036		

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE INSTITUTE'S MISSION IS TO FOSTER VALUES-BASED LEADERSHIP ENCOURAGING INDIVIDUALS TO REFLECT ON THE IDEALS AND IDEAS THAT DEFINE A GOOD SOCIETY AND TO PROVIDE A NEUTRAL AND BALANCED VENUE FOR DISCUSSING AND ACTING ON CRITICAL ISSUES. [CONTINUED ON SCHED. 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 [X] No 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] No 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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 36,745,028. including grants of \$ 5,834,375. ) (Revenue \$ 4,004,953. ) 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 \$ 14,071,822. including grants of \$ ) (Revenue \$ 8,835,319. ) 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 \$ 7,321,122. including grants of \$ ) (Revenue \$ 8,537,666. ) PUBLIC PROGRAMS: THE INSTITUTE'S PUBLIC PROGRAM OPENS THE DOORS TO THE PUBLIC, OFFERING OPPORTUNITIES TO ENGAGE IN THOUGHTFUL, NONPARTISAN INQUIRY. OUR MAJOR EVENTS INCLUDE THE ASPEN IDEAS FESTIVAL, THE MCCLOSKEY SPEAKER SERIES, THE ASPEN SECURITY FORUM, THE ASPEN CHALLENGE PROGRAM, AND THE ALMA AND JOSEPH GILDENHORN BOOK SERIES. THESE PUBLIC FORUMS ENGAGE OVER 8,000 MEMBERS OF THE GENERAL PUBLIC ANNUALLY.

4d Other program services (Describe in Schedule O.) (Expenses \$ 7,040,760. including grants of \$ ) (Revenue \$ 3,391,844.)

4e Total program service expenses 65,178,732.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> 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 so, complete Schedule L, Part II .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, FL, GA, IL, KS, KY
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: THE ASPEN INSTITUTE/DOLORES GORGONE - (202) 736-1074 ONE DUPONT CIRCLE, NW, NO. 700, WASHINGTON, DC 20036-1133

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT K. STEEL CHAIRMAN	1.00	X		X				0.	0.	0.
(2) LEONARD A. LAUDER CHAIRMAN EMERITUS	0.30	X		X				0.	0.	0.
(3) WILLIAM E. MAYER CHAIRMAN EMERITUS	0.30	X		X				0.	0.	0.
(4) MADELEINE K. ALBRIGHT TRUSTEE	0.30	X						0.	0.	0.
(5) PAUL F. ANDERSON TRUSTEE	0.30	X						0.	0.	0.
(6) MERCEDES BASS TRUSTEE	0.30	X						0.	0.	0.
(7) RICHARD BRADDOCK TRUSTEE	0.30	X						0.	0.	0.
(8) BETH BROOKE-MARCINIAK TRUSTEE	0.30	X						0.	0.	0.
(9) MELVA BUCKSBAUM TRUSTEE	0.30	X						0.	0.	0.
(10) WILLIAM D. BUDINGER TRUSTEE	0.30	X						0.	0.	0.
(11) STEPHEN L. CARTER TRUSTEE	0.30	X						0.	0.	0.
(12) CESAR CONDE TRUSTEE	0.30	X						0.	0.	0.
(13) JAMES SCHINE CROWN TRUSTEE	0.30	X						0.	0.	0.
(14) ANDREA CUNNINGHAM TRUSTEE	0.30	X						0.	0.	0.
(15) JOHN DOERR TRUSTEE	0.30	X						0.	0.	0.
(16) THELMA DUGGIN TRUSTEE	0.30	X						0.	0.	0.
(17) SYLVIA A. EARLE TRUSTEE	0.30	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MICHAEL EISNER TRUSTEE	0,30	X						0.	0.	0.
(19) L. BROOKS ENTWISTLE TRUSTEE	0,30	X						0.	0.	0.
(20) LEONHARD FISCHER TRUSTEE	0,30	X						0.	0.	0.
(21) ALAN FLETCHER TRUSTEE	0,30	X						0.	0.	0.
(22) CORINNE MICHAELA FLICK TRUSTEE	0,30	X						0.	0.	0.
(23) HENRIETTA HOLSMAN FORE TRUSTEE	0,30	X						0.	0.	0.
(24) ANN B. FRIEDMAN TRUSTEE	0,30	X						0.	0.	0.
(25) HENRY LOUIS GATES JR. TRUSTEE	0,30	X						0.	0.	0.
(26) MIRCEA D. GEOANA TRUSTEE	0,30	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								3,785,744.	0.	613,459.
<b>d Total (add lines 1b and 1c)</b>								3,785,744.	0.	613,459.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **71**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
CIVIC ENTERPRISES 1101 14TH STREET, NW, WASHINGTON, DC 20005	RESEARCH & SURVEY	655,420.
COLORADO AUDIO VISUAL, INC. 409 AABC SUITE B, ASPEN, CO 81611	AV CONSULTANTS	604,189.
THE PARTHENON GROUP, LLC 50 ROWES WHARF, BOSTON, MA 02110	STRATEGIC PLANNING	451,925.
RAFFA, P.C., 1899 L STREET, NW, SUITE 900, WASHINGTON, DC 20036	AUDIT, TAX, RISK ASSESSMENT	235,769.
I THREE GRAPHICS/MNM DESIGN, LLC 23400 TWO RIVER ROAD, BASALT, CO 81621	PROGRAM MATERIALS PRODUCTION	214,170.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **47**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2013)



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) DAVID GERGEN TRUSTEE	0.30	X						0.	0.	0.
(28) GERALD GREENWALD TRUSTEE	0.30	X						0.	0.	0.
(29) PATRICK W. GROSS TRUSTEE	0.30	X						0.	0.	0.
(30) ARJUN GUPTA TRUSTEE	0.30	X						0.	0.	0.
(31) JANE HARMAN TRUSTEE	0.30	X						0.	0.	0.
(32) HAYNE HIPPI TRUSTEE	0.30	X						0.	0.	0.
(33) GERALD D. HOSIER TRUSTEE	0.30	X						0.	0.	0.
(34) ANN FRASHER HUDSON TRUSTEE	0.30	X						0.	0.	0.
(35) ROBERT J. HURST TRUSTEE	0.30	X						0.	0.	0.
(36) MICHAEL R. KLEIN TRUSTEE	0.30	X						0.	0.	0.
(37) YOTARO KOBAYASHI TRUSTEE	0.30	X						0.	0.	0.
(38) DAVID H. KOCH TRUSTEE	0.30	X						0.	0.	0.
(39) TIMOTHY K. KRAUSKOPF TRUSTEE	0.30	X						0.	0.	0.
(40) FREDERIC V. MALEK TRUSTEE	0.30	X						0.	0.	0.
(41) JAMES MANYIKA TRUSTEE	0.30	X						0.	0.	0.
(42) BONNIE PALMER MCCLOSKEY TRUSTEE	0.30	X						0.	0.	0.
(43) DAVID MCCORMICK TRUSTEE	0.30	X						0.	0.	0.
(44) ANNE WELSH MCNULTY TRUSTEE	0.30	X						0.	0.	0.
(45) DIANE L. MORRIS TRUSTEE	0.30	X						0.	0.	0.
(46) KARLHEINZ MUHR TRUSTEE	0.30	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) CLARE MUNANA TRUSTEE	0.30	X						0.	0.	0.
(48) JERRY MURDOCK TRUSTEE	0.30	X						0.	0.	0.
(49) MARC B. NATHANSON TRUSTEE	0.30	X						0.	0.	0.
(50) WILLIAM A. NITZE TRUSTEE	0.30	X						0.	0.	0.
(51) HER MAJESTY QUEEN NOOR TRUSTEE	0.30	X						0.	0.	0.
(52) JACQUELINE NOVOGRATZ TRUSTEE	0.30	X						0.	0.	0.
(53) OLARA A. OTUNNU TRUSTEE	0.30	X						0.	0.	0.
(54) ELAINE PAGELS TRUSTEE	0.30	X						0.	0.	0.
(55) CHARLES POWELL TRUSTEE	0.30	X						0.	0.	0.
(56) MICHAEL K. POWELL TRUSTEE	0.30	X						0.	0.	0.
(57) MARGOT PRITZKER TRUSTEE	0.30	X						0.	0.	0.
(58) LYNDA RESNICK TRUSTEE	0.30	X						0.	0.	0.
(59) CONDOLEEZZA RICE TRUSTEE	0.30	X						0.	0.	0.
(60) JAMES E. ROGERS TRUSTEE	0.30	X						0.	0.	0.
(61) ISAAC O. SHONGWE TRUSTEE	0.30	X						0.	0.	0.
(62) ANNA DEAVERE SMITH TRUSTEE	0.30	X						0.	0.	0.
(63) MICHELLE SMITH TRUSTEE	0.30	X						0.	0.	0.
(64) JAVIER SOLANA TRUSTEE	0.30	X						0.	0.	0.
(65) GAUTAM THAPAR TRUSTEE	0.30	X						0.	0.	0.
(66) LAURIE TISCH TRUSTEE	0.30	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(67) GIULIO TREMONTI TRUSTEE	0.30	X					0.	0.	0.	
(68) RODERICK VON LIPSEY TRUSTEE	0.30	X					0.	0.	0.	
(69) VIN WEBER TRUSTEE	0.30	X					0.	0.	0.	
(70) MICHAEL ZANTOVSKY TRUSTEE	0.30	X					0.	0.	0.	
(71) WALTER ISAACSON PRESIDENT/CEO	40.00	X		X			785,510.	0.	67,826.	
(72) ELLIOT GERSON EXECUTIVE VP	40.00			X			340,008.	0.	67,830.	
(73) AMY MARGERUM EXEC. VP/CORPORATE S.	40.00			X			342,034.	0.	58,844.	
(74) PETER REILING EXECUTIVE VP	40.00			X			339,809.	0.	67,806.	
(75) SUSAN SHERWIN EXECUTIVE VP	40.00			X			290,600.	0.	58,878.	
(76) DOLORES GORGONE CHIEF FINANCIAL OFFICER	40.00			X			281,972.	0.	41,571.	
(77) DAN GLICKMAN EXECUTIVE DIRECTOR-CONGRESS	40.00					X	316,763.	0.	29,060.	
(78) CHARLIE FIRESTONE EXEC. DIR. C&S	40.00					X	302,087.	0.	58,875.	
(79) MICKEY EDWARDS DIR. RODEL	40.00					X	285,117.	0.	49,333.	
(80) CHARLES BAILEY DIRECTOR AGENT ORANGE	40.00					X	250,132.	0.	54,908.	
(81) MARGARET CLARK VICE PRES. POLICY PROGRAMS	40.00					X	251,712.	0.	58,528.	
Total to Part VII, Section A, line 1c								3,785,744.		613,459.

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	1,668,117.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	911,299.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	65,624,768.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		427,342.				
	<b>h Total.</b> Add lines 1a-1f		68,204,184.				
	Program Service Revenue	<b>2 a</b> CONF./FACILITY FEES	<b>Business Code</b>				
		531390	8,835,319.		8,835,319.		
<b>b</b> CONTRACT REVENUE		900099	8,067,884.	8,067,884.			
<b>c</b> SEMINAR FEES		900099	7,846,885.	7,846,885.			
<b>d</b> BOOK SALES		900099	19,694.	19,694.			
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f		24,769,782.					
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		220,858.		22,445.	198,413.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	128,757.				
		<b>b</b> Less: rental expenses	75,194.				
		<b>c</b> Rental income or (loss)	53,563.				
		<b>d</b> Net rental income or (loss)		53,563.			53,563.
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	12,641,725.				
		<b>b</b> Less: cost or other basis and sales expenses	12,550,970.	1,509.			
		<b>c</b> Gain or (loss)	90,755.	-1,509.			
		<b>d</b> Net gain or (loss)		89,246.			89,246.
	<b>8 a</b> Gross income from fundraising events (not including \$ 1,668,117. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	214,025.				
		<b>b</b> Less: direct expenses	870,292.				
		<b>c</b> Net income or (loss) from fundraising events		-656,267.			-656,267.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
<b>b</b> Less: direct expenses							
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory						
Miscellaneous Revenue		<b>Business Code</b>					
<b>11 a</b> OTHER INCOME	900099	398,612.			398,612.		
<b>b</b> ADVERTISING INCOME	541800	155,313.		155,313.			
<b>c</b> SUBLEASE INCOME	900099	7,188.			7,188.		
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d		561,113.					
<b>12 Total revenue.</b> See instructions.		93,242,479.	15,934,463.	9,013,077.	90,755.		

**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  X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	5,442,337.	5,442,337.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22	83,038.	83,038.		
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	309,000.	309,000.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	2,742,688.	322,106.	2,071,104.	349,478.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	22,767,072.	17,363,933.	4,448,916.	954,223.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,383,966.	1,865,487.	364,163.	154,316.
<b>9</b> Other employee benefits	2,456,496.	1,965,012.	383,592.	107,892.
<b>10</b> Payroll taxes	1,657,736.	1,297,202.	253,228.	107,306.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	65,551.	21,253.	44,298.	
<b>c</b> Accounting	176,162.	3,230.	172,932.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	41,131.		41,131.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	18,312,850.	18,078,027.	119,621.	115,202.
<b>12</b> Advertising and promotion	64,665.	60,084.	3,081.	1,500.
<b>13</b> Office expenses	3,858,675.	2,001,931.	1,651,774.	204,970.
<b>14</b> Information technology	2,221,621.	1,311,548.	849,076.	60,997.
<b>15</b> Royalties				
<b>16</b> Occupancy	2,175,160.	1,761,025.	345,752.	68,383.
<b>17</b> Travel	8,980,118.	8,585,070.	195,186.	199,862.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	746,411.	746,411.		
<b>19</b> Conferences, conventions, and meetings	1,392,464.	1,271,348.	96,343.	24,773.
<b>20</b> Interest	5,505.		5,505.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	2,937,889.		2,937,889.	
<b>23</b> Insurance	252,014.	35.	251,979.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> PUBLICATIONS	1,467,119.	1,279,347.	162,673.	25,099.
<b>b</b> PARTNER REIMBURSEMENTS	1,094,756.	1,094,756.		
<b>c</b> SCHOLARSHIPS & AWARDS	177,410.	177,410.		
<b>d</b> BAD DEBT	170,900.	4,330.		166,570.
<b>e</b> All other expenses	143,378.	134,812.	2,769.	5,797.
<b>25</b> Total functional expenses. Add lines 1 through 24e	82,126,112.	65,178,732.	14,401,012.	2,546,368.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A)		(B)	
		Beginning of year		End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	45,245.	<b>1</b>	3,476.	
	<b>2</b> Savings and temporary cash investments .....	5,568,842.	<b>2</b>	7,250,292.	
	<b>3</b> Pledges and grants receivable, net .....	40,208,764.	<b>3</b>	43,854,378.	
	<b>4</b> Accounts receivable, net .....	1,807,680.	<b>4</b>	1,922,553.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> 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 employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....	109,995.	<b>8</b>	115,860.	
	<b>9</b> Prepaid expenses and deferred charges .....	467,228.	<b>9</b>	709,031.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 92,075,470.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 39,191,720.	54,972,179.	<b>10c</b>	52,883,750.
	<b>11</b> Investments - publicly traded securities .....	24,493,103.	<b>11</b>	28,882,527.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	70,422,373.	<b>12</b>	85,115,047.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	137,954.	<b>15</b>	101,472.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	198,233,363.	<b>16</b>	220,838,386.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	5,902,256.	<b>17</b>	5,716,997.	
	<b>18</b> Grants payable .....	401,600.	<b>18</b>	1,072,246.	
	<b>19</b> Deferred revenue .....	3,721,804.	<b>19</b>	4,722,579.	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> 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 .....	2,203,773.	<b>25</b>	2,825,361.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	12,229,433.	<b>26</b>	14,337,183.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	79,246,212.	<b>27</b>	83,941,397.	
	<b>28</b> Temporarily restricted net assets .....	63,305,712.	<b>28</b>	75,756,841.	
	<b>29</b> Permanently restricted net assets .....	43,452,006.	<b>29</b>	46,802,965.	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
<b>33</b> Total net assets or fund balances .....	186,003,930.	<b>33</b>	206,501,203.		
<b>34</b> Total liabilities and net assets/fund balances .....	198,233,363.	<b>34</b>	220,838,386.		

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	93,242,479.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	82,126,112.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	11,116,367.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	186,003,930.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	9,380,906.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	206,501,203.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form **990** (2013)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public Inspection

Name of the organization <p style="text-align: center;">THE ASPEN INSTITUTE</p>	Employer identification number <p style="text-align: center;">84-0399006</p>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11g(i)	
(ii) A family member of a person described in (i) above? .....	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013



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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	46,041,356.	49,443,174.	49,664,114.	71,686,768.	68,204,184.	285,039,596.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	46,041,356.	49,443,174.	49,664,114.	71,686,768.	68,204,184.	285,039,596.
<b>5</b> 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) .....						27,755,449.
<b>6 Public support.</b> Subtract line 5 from line 4.						257,284,147.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 .....	46,041,356.	49,443,174.	49,664,114.	71,686,768.	68,204,184.	285,039,596.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	574,674.	769,891.	479,603.	347,151.	356,792.	2,528,111.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	324,107.	235,057.	402,809.	485,061.	398,612.	1,845,646.
<b>11 Total support.</b> Add lines 7 through 10						289,413,353.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	65,244,451.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	88.90 %
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 .....	<b>15</b>	88.32 %
<b>16a 33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

**Part IV** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

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

OTHER INCOME

2009 AMOUNT: \$ 324,107.

2010 AMOUNT: \$ 235,057.

2011 AMOUNT: \$ 402,809.

2012 AMOUNT: \$ 485,061.

2013 AMOUNT: \$ 398,612.

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

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Name of the organization

THE ASPEN INSTITUTE

Employer identification number

84-0399006

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**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) (2013)

Name of organization  THE ASPEN INSTITUTE	Employer identification number  84-0399006
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 7,668,344.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 5,350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 4,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 3,360,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 1,791,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 1,540,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  THE ASPEN INSTITUTE	Employer identification number  84-0399006
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

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

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and 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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and 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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and 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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes," to 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](http://www.irs.gov/form990)**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization

THE ASPEN INSTITUTE

Employer identification number

84-0399006

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate 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 funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

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)     Preservation of an historically important land area

Protection of natural habitat     Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a 1
b Total acreage restricted by conservation easements .....	2b 250.38
c 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 organization 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? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ 5

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ 0.

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to 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 and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ 40,000.

(ii) Assets included in Form 990, Part X .....

▶ \$ 624,265.

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	59,703,811.	44,873,360.	43,483,211.	37,422,020.	28,840,212.
b Contributions	12,128,542.	12,703,802.	4,713,266.	4,218,614.	5,059,542.
c Net investment earnings, gains, and losses	5,470,942.	3,285,463.	-393,566.	3,375,615.	5,032,286.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,951,333.	2,299,326.	2,929,551.	1,533,038.	1,510,020.
f Administrative expenses					
g End of year balance	75,351,962.	58,563,299.	44,873,360.	43,483,211.	37,422,020.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  26.16 %
  - b Permanent endowment  62.11 %
  - c Temporarily restricted endowment  11.73 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes                      | No                                  |
|-----------------------------|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		10,627,664.		10,627,664.
b Buildings		69,135,351.	28,544,748.	40,590,603.
c Leasehold improvements				
d Equipment		5,003,188.	4,301,247.	701,941.
e Other		7,309,267.	6,345,725.	963,542.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				52,883,750.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to 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	416,416.	END-OF-YEAR MARKET VALUE
(B) LIMITED PARTNERSHIPS	84,698,631.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	85,115,047.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to 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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to 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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to 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	138,677.
(3) DEFERRED COMPENSATION	2,686,684.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,825,361.

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	103,664,060.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	9,380,906.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	136,320.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	9,517,226.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	94,146,834.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	41,131.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-945,486.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-904,355.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	93,242,479.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	83,166,787.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	136,320.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	136,320.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	83,030,467.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	41,131.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-945,486.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-904,355.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	82,126,112.

**Part XIII Supplemental Information.**

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

PART II, LINE 5:

EXPLANATION: ASPEN CONTINUES TO COMPLY WITH TERMS OF CONTRACT GOVERNING

THE CONSERVATION EASEMENT HELD, WHICH INCLUDES PROTECTION OF NATURAL HABITAT.

PART II, LINE 9:

EXPLANATION: ASPEN 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:

EXPLANATION: AT OUR ASPEN MEADOWS CAMPUS, ASPEN, COLORADO, WE HAVE A LARGE

**Part XIII** Supplemental Information (continued)

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

IT IS ENJOYED BY GUESTS WHO VISIT AND STAY AT OUR RESORT. THIS ART

COLLECTION IS MADE UP OF PHOTOS FROM FRANZ BERKO, OFFICIAL PHOTOGRAPHER

FOR THE INSTITUTE, AS WELL AS ART IN VARIOUS MEDIUMS BY HERBERT BAYER.

BAYER WAS THE ARCHITECT FOR OUR CAMPUS, AND ALSO DESIGNED SEVERAL OF THE

LAND FORMS THROUGHOUT OUR PROPERTY. ONE GALLERY ON PROPERTY IS DEDICATED

SOLELY TO THE WORK OF BAYER

PART V, LINE 4:

EXPLANATION: 4.5% OF A 12 QUARTER ROLLING AVERAGE OF THE FUNDS ARE USED TO

FUND PROGRAMMATIC WORK OF THE INSTITUTE.

PART X, LINE 2:

EXPLANATION: THE INSTITUTE PERFORMED AN EVALUATION OF UNCERTAIN TAX

POSITIONS FOR THE YEAR ENDED DECEMBER 31, 2013, 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:

SPECIAL EVENT EXPENSES	-870,292.
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RENTAL EXPENSES	-75,194.
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TOTAL TO SCHEDULE D, PART XI, LINE 4B	-945,486.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	-870,292.
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RENTAL EXPENSES	-75,194.
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TOTAL TO SCHEDULE D, PART XII, LINE 4B	-945,486.
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**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. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public Inspection

Name of the organization <b>THE ASPEN INSTITUTE</b>	Employer identification number <b>84-0399006</b>
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**Part I** General Information on Activities Outside the United States. Complete if the organization answered "Yes" on 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? .....  **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.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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	0	PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION.	GRANTS, MEETINGS AND PROGRAMMATIC ACTIVITIES.	18,137.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION.	GRANTS, MEETINGS AND PROGRAMMATIC ACTIVITIES	98,888.
EUROPE (INCLUDING ICELAND & GREENLAND) -	0	0	PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION.	GRANTS, MEETINGS AND PROGRAMMATIC ACTIVITIES.	391,217.
MIDDLE EAST AND NORTH AFRICA -	0	0	PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION.	GRANTS, MEETINGS AND PROGRAMMATIC ACTIVITIES.	172,126.
NORTH AMERICA - CANADA AND MEXICO, BUT	0	0	PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION.	GRANTS, MEETINGS AND PROGRAMMATIC ACTIVITIES.	152,340.
SOUTH AMERICA - ARGENTINA, BOLIVIA,	0	0	PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION.	GRANTS, MEETINGS AND PROGRAMMATIC ACTIVITIES.	106,204.
SOUTH ASIA - AFGHANISTAN, BANGLADESH,	0	0	PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION.	GRANTS, MEETINGS AND PROGRAMMATIC ACTIVITIES.	1,031,284.
SUB-SAHARAN AFRICA - ANGOLA,	0	0	PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION.	GRANTS, MEETINGS AND PROGRAMMATIC ACTIVITIES.	556,760.
<b>3 a</b> Sub-total .....	0	0			2,526,956.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			2,526,956.

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

Schedule F (Form 990) 2013

**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)
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	SUPPORT ACTIVITIES OF ANDE BRAZILIAN CHAPTER.	32,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	TO SUPPORT THE CONVENING OF THE PLANNED IN-PERSON DIALOGUE MEETING IN	127,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO DEVELOP THE CAPACITY OF WOMEN ENTREPRENEURS ON ASSEMBLING TENDER	50,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	TO SUPPORT SKILL BUILDING, MENTOR SUPPORT AND ACCESS TO RESOURCES FOR WOMEN	50,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TO SUPPORT THE ADOPTION OF BEST PRACTICES AND NEW MODELS FOR SUPPORTING	50,000.	WIRE TRANSFER	0.		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	LEADERSHIP PROJECT FOR INDIA LEADERSHIP INITIATIVE	195,000.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... 0

3 Enter total number of other organizations or entities ..... 6

**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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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)* .....  Yes  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  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .....  Yes  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  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 file Form 5713, International Boycott Report. (see Instructions for Form 5713)* .....  Yes  No

Schedule F (Form 990) 2013



**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.

PART I, LINE 2:

EXPLANATION: FROM TIME TO TIME THE INSTITUTE ENGAGES OTHER ENTITIES TO FURTHER THE OBJECTIVES SET FORTH IN OUR GRANT AGREEMENTS. THIS IS TYPICALLY DONE VIA SUB-AWARDS OR RE-GRANTS THAT RUN CONCURRENTLY WITH THE PRIME AWARD IN WHICH THE SUB RECIPIENTS ARE ADVISED OF ALL APPLICABLE LAWS AND REGULATIONS, AND ALL APPROPRIATE FLOW-DOWN PROVISIONS FROM THE PRIME AGREEMENT. ALL SUB GRANTEES OR SERVICE PROVIDERS MUST ALSO CERTIFY THAT THEY DO NOT AND WILL NOT KNOWINGLY PROVIDE MATERIAL SUPPORT OR RESOURCES TO ANY INDIVIDUAL OR ENTITY INVOLVED WITH TERRORISM (INCLUDING ANY INDIVIDUALS, ENTITIES, OR GROUPS SUBJECT TO OFAC SANCTIONS) OR TO ANYONE WHO ACTS AS AN AGENT FOR SUCH AN INDIVIDUAL OR ENTITY. ANY VIOLATION OF THIS CERTIFICATION MUST BE GROUNDS FOR IMMEDIATE TERMINATION OF THE LETTER OF AGREEMENT AND RETURN OF ALL GRANT FUNDS.

THE FREQUENCY AND SCOPE OF THE RESEARCH PROGRAM'S MONITORING PROCEDURES ARE DETERMINED JOINTLY BY THE RESPONSIBLE PROGRAM MANAGER AND RESPECTIVE GRANT ADMINISTRATOR/FINANCIAL ANALYST. THIS INCLUDES THE ROUTINE RECEIPT AND REVIEW OF THE NARRATIVE AND FINANCIAL REPORTS, A REVIEW OF EXPENSES TO BUDGET, THE OPTION TO PERFORM AUDITS, AND ALLOWS FOR THE PERFORMANCE OF SITE VISITS IF NECESSARY. THE INSTITUTE 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 DEGREE OF FLEXIBILITY OFFERED MAY DEPEND ON PREVIOUS EXPERIENCE WITH THE RECIPIENT, THE DEGREE OF EXTERNAL OVERSIGHT BY OTHER PARTIES, AND THE SOPHISTICATION OF THE RECIPIENT'S ADMINISTRATIVE SYSTEMS.

**Part 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.

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: SOUTH ASIA

(D) PURPOSE OF GRANT: TO SUPPORT THE CONVENING OF THE PLANNED IN-PERSON

DIALOGUE MEETING IN NEW DEHLI ON APRIL 18, 2013, AND ADDITIONAL TRACK II

DIALOGUE MEETING(S) AND OTHER PROGRAMMATIC ACTIVITIES RELATED TO

DIALOGUES.

REGION: SUB-SAHARAN AFRICA

**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.

(D) PURPOSE OF GRANT: TO DEVELOP THE CAPACITY OF WOMEN ENTREPRENEURS ON

ASSEMBLING TENDER DOCUMENTS AND RAISING FINANCES TO WIN GOVERNMENT

CONTRACTS.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: TO SUPPORT SKILL BUILDING, MENTOR SUPPORT AND

ACCESS TO RESOURCES FOR WOMEN ENTREPRENEURSHIP.

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: TO SUPPORT THE ADOPTION OF BEST PRACTICES AND NEW

MODELS FOR SUPPORTING WOMEN-LED SMALL AND GROWING BUSINESSES.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to 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 (add col. (a) through col. (c))	
		ANNUAL DINNER (event type)	SUMMER BENEFIT DINNER (event type)	1 (total number)		
Revenue	1	Gross receipts	1,189,400.	439,292.	253,450.	1,882,142.
	2	Less: Contributions	1,084,625.	395,542.	187,950.	1,668,117.
	3	Gross income (line 1 minus line 2)	104,775.	43,750.	65,500.	214,025.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	9,052.	174.	4,493.	13,719.
	7	Food and beverages	104,932.	764.	1,827.	107,523.
	8	Entertainment				
	9	Other direct expenses	282,328.	266,862.	199,860.	749,050.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				870,292.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-656,267.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ **Attach to Form 990.**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

▶ **Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

Name of the organization **THE ASPEN INSTITUTE** Employer identification number  
**84-0399006**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ACTION EAST, INC. 80 MAIDEN LANE NEW YORK, NY 10038	11-3317234	501(C)(3)	5,250.	0.			ASSIST FIELD WITH THE QUALITATIVE INTERVIEWS BY SELECTING BUSINESSES AND EMPLOYEES TO BE
AMERICAN UNIVERSITY 4400 MASSACHUSETTS AVENUE, NW WASHINGTON, DC 20016	53-0196549	501(C)(3)	9,100.	0.			PARTIAL INTERNSHIP FOR NATIVE STUDENTS.
ARTHA NETWORKS, INC 72 PARTRIDGE LANE BELMONT, MA 02748	46-0992972	501(C)(3)	50,000.	0.			TO HELP LAUNCH AN APP STORE FOR SGBS.
BOSTON PRIVATE INDUSTRY COUNCIL 2 OLIVER STREET BOSTON, MA 02109	04-2676661	501(C)(3)	100,000.	0.			DEVELOP IMPROVED EDUCATION AND EMPLOYMENT OUTCOMES FOR OPPORTUNITY YOUTH.
CAPITAL WORKFORCE PARTNERS ONE UNION PLACE HARTFORD, CT 06103	06-1013293	501(C)(3)	100,000.	0.			DEVELOP IMPROVED EDUCATION AND EMPLOYMENT OUTCOMES FOR OPPORTUNITY YOUTH.
CIVIC CONSULTING ALLIANCE 21 S CLARK STREET CHICAGO, IL 60603	45-0467524	501(C)(3)	100,000.	0.			DEVELOP IMPROVED EDUCATION AND EMPLOYMENT OUTCOMES FOR OPPORTUNITY YOUTH.

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **48.**
- 3** Enter total number of other organizations listed in the line 1 table ▶ **2.**

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

Schedule I (Form 990) (2013)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLEGE AND COMMUNITY FELLOWSHIP, INC. - 457 RIVERSIDE DRIVE - NEW YORK, NY 10115	31-1720017	501(C)(3)	35,000.	0.			PILOTING, SCALING, OR REPLICATION OF TWO GENERATION MODELS.
COMMUNICATIONS CONSORTIUM MEDIA CENTER - 401 9TH STREET, NW - WASHINGTON, DC 20004	52-1524972	501(C)(3)	118,335.	0.			TO CAPTURE THE VOICES AND PERSPECTIVES OF PARENTS AND CHILDREN ON ASPIRATIONS, EDUCATION,
COMMUNITY CENTER FOR EDUCATION RESULTS - 2100 24TH AVENUE SOUTH - SEATTLE, WA 98144	27-1667560	501(C)(3)	500,000.	0.			DEVELOP IMPROVED EDUCATION AND EMPLOYMENT OUTCOMES FOR OPPORTUNITY YOUTH.
ERM LOW CARBON ENTERPRISE FUND FOUNDATION - 75 VALLEY STREAM PARKWAY - MALVERN, PA 19355	45-1668955	501(C)(3)	50,000.	0.			ADDRESS THE KNOWLEDGE GAP INHIBITING CAPITAL FLOWS TO INVENTIVE, TECHNOLOGY-BASED
EVANSTON COMMUNITY FOUNDATION 1007 CHURCH STREET EVANSTON, IL 60201	36-3466802	501(C)(3)	100,000.	0.			THE DEVELOPMENT OF A PILOT TWO-GENERATION PROGRAM THAT PROVIDES HIGH QUALITY EARLY
EXCELLENT SCHOOLS DETROIT 11938 FRANKLIN STREET DETROIT, MI 48207	27-4616034	501(C)(3)	100,000.	0.			DEVELOP IMPROVED EDUCATION AND EMPLOYMENT OUTCOMES FOR OPPORTUNITY YOUTH.
FAMILY LEAGUE OF BALTIMORE CITY INC - 2305 N CHARLES STREET - BALTIMORE, MD 21218	52-1734848	501(C)(3)	100,000.	0.			DEVELOP IMPROVED EDUCATION AND EMPLOYMENT OUTCOMES FOR OPPORTUNITY YOUTH.
FUNDWELL INC 233 SOUTH WAKER DRIVE CHICAGO, IL 60606	90-0858061		10,000.	0.			MCNULTY PRIZE - RECOGNIZING EXCEPTIONAL LEADERSHIP PROJECTS.
GREATER NEW ORLEANS AFTERSCHOOL PARTNERSHIP - 1618 ST CHARLES AVENUE - NEW ORLEANS, LA 70130	26-1272143	501(C)(3)	100,000.	0.			DEVELOP IMPROVED EDUCATION AND EMPLOYMENT OUTCOMES FOR OPPORTUNITY YOUTH.

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMBOLDT AREA FOUNDATION 373 INDIANOLA ROAD BAYSIDE, CA 95524	23-7310660	501(C)(3)	50,000.	0.			DEVELOP IMPROVED EDUCATION AND EMPLOYMENT OUTCOMES FOR OPPORTUNITY YOUTH.
I-DEV INTERNATIONAL 78 EAST 3RD STREET, SUITE 2R NEW YORK, NY 10003	27-0726804	501(C)(3)	130,000.	0.			EVALUATING HOUSEHOLD LEVEL IMPACTS OF SMALL AND GROWING BUSINESSES AND IMPACT INVESTING IN
INTERSECT FUND CORPORATION PO BOX 5653 NEW BRUNSWICK, NJ 08903	36-4636828	501(C)(3)	5,000.	0.			TO SUPPORT PARTICIPATION IN THE UNIVERSITY BASED MICROENTERPRISE PROGRAMS PROJECT.
JOBS FOR THE FUTURE INC 88 BROAD STREET 8TH FLOOR BOSTON, MA 02110	06-1164568	501(C)(3)	200,000.	0.			DEVELOP IMPROVED EDUCATION AND EMPLOYMENT OUTCOMES FOR OPPORTUNITY YOUTH.
JOBSFIRSTNYC 11 PARK PLACE NEW YORK, NY 10007	41-2242653	501(C)(3)	100,000.	0.			DEVELOP IMPROVED EDUCATION AND EMPLOYMENT OUTCOMES FOR OPPORTUNITY YOUTH.
JUSTINE PETERSEN HOUSING & REINVESTMENT - 1023 N GRAND BOULEVARD - ST LOUIS, MO 63106	43-1769074	501(C)(3)	30,000.	0.			TO SUPPORT PARTICIPATION IN THE ASSET BUILDING THROUGH CREDIT PILOT PROJECT.
KINGSBOROUGH COMMUNITY COLLEGE FOUNDATION - 2001 ORIENTAL BOULEVARD - BROOKLYN, NY 11235	11-2620778	501(C)(3)	100,000.	0.			COMPETITION PRIZE THAT HONORS COMMUNITY COLLEGES THAT STRIVE FOR AND ACHIEVE EXCEPTIONAL
LAKE AREA TECHNICAL INSTITUTE PO BOX 730 WATERTOWN, SD 57201	46-6001273	501(C)(3)	100,000.	0.			COMPETITION PRIZE THAT HONORS COMMUNITY COLLEGES THAT STRIVE FOR AND ACHIEVE EXCEPTIONAL
LOCAL INITIATIVES SUPPORT CORPORATION - 501 SEVENTH AVENUE - NEW YORK, NY 10018	13-3030229	501(C)(3)	50,000.	0.			DEVELOP IMPROVED EDUCATION AND EMPLOYMENT OUTCOMES FOR OPPORTUNITY YOUTH.

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MCINTOSH SUSTAINABLE ENVIRONMENT AND ECONOMIC DEVELOPMENT - 210 MUNRO STREET - DARIEN, GA 31305	58-2556194	501(C)(3)	6,000.	0.			TO PARTICIPATE IN ROOTING WEALTH THAT STICKS FORUM.
METHOD PRODUCTS PBC 637 COMMERCIAL STREET SAN FRANCISCO, CA 94111	94-3369550		10,000.	0.			MCNULTY PRIZE - RECOGNIZING EXCEPTIONAL LEADERSHIP PROJECTS.
MIAMI DADE COLLEGE 11011 SW 104TH STREET MIAMI, FL 33176	59-1210485	501(C)(3)	35,000.	0.			DEVELOP AN EXPANDED PARTNERSHIP WITH THE FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES.
MISSION ECONOMIC DEVELOPMENT AGENCY - 2031 MISSION STREET - SAN FRANCISCO, CA 94110	51-0187791	501(C)(3)	34,125.	0.			TO PARTICIPATE IN EVALUATION AND PEER LEARNING PROCESS MANGAGED BY FIELD.
NEW MARKETS LAB 1100 17TH STREET WASHINGTON, DC 20036	27-3977364	501(C)(3)	50,000.	0.			TO SUPPORT DEVELOPING LEGAL TOOLS TAILORED TO WOMEN ENTREPRENEURS IN EAST AFRICA.
NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON, IL 60208	36-2167817	501(C)(3)	100,000.	0.			TO DESIGN AND TEST THE IMPACT OF PROACTIVE CREATION OF PARENTAL NETWORKS ON CHILD AND
PACIFIC ASIAN CONSORTIUM IN EMPLOYMENT - 1055 WILSHIRE BLVD - LOS ANGELES, CA 90017	51-0192025	501(C)(3)	35,875.	0.			TO PARTICIPATE IN EVALUATION AND PEER LEARNING PROCESS MANGAGED BY FIELD.
PLANNED PARENTHOOD MAR MONTE INC 1691 THE ALAMEDA SAN JOSE, CA 95106	94-1583439	501(C)(3)	100,000.	0.			DEVELOP IMPROVED EDUCATION AND EMPLOYMENT OUTCOMES FOR OPPORTUNITY YOUTH.
ROSE COMMUNITY FOUNDATION 600 SOUTH CHERRY STREET DENVER, CO 80246	84-0920862	501(C)(3)	100,000.	0.			DEVELOP IMPROVED EDUCATION AND EMPLOYMENT OUTCOMES FOR OPPORTUNITY YOUTH.

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN DIEGO WORKFORCE PARTNERSHIP 3910 UNIVERSITY AVENUE SAN DIEGO, CA 92105	33-0660504	501(C)(3)	100,000.	0.			DEVELOP IMPROVED EDUCATION AND EMPLOYMENT OUTCOMES FOR OPPORTUNITY YOUTH.
SAN FRANCISCO CHILD ABUSE PREVENTION CENTER - 1757 WALLER STREET - SAN FRANCISCO, CA 94117	94-2455072	501(C)(3)	50,000.	0.			TO DEVELOP A PARENT-CHILD PROTECTIVE FRAMEWORK TO IMPROVE FAMILIAL SOCIAL CAPITAL AND MENTAL HEALTH
SANTA BARBARA COMMUNITY COLLEGE DISTRICT - 721 CLIFF DRIVE - SANTA BARBARA, CA 93109	77-0070782	501(C)(3)	400,000.	0.			COMPETITION PRIZE THAT HONORS COMMUNITY COLLEGES THAT STRIVE FOR AND ACHIEVE EXCEPTIONAL
SKILLS FOR CHICAGOLANDS FUTURE 191 NORTH WACKER DRIVE CHICAGO, IL 60606	45-1287418	501(C)(3)	30,000.	0.			BEGIN ASESSEING DEMAND DRIVEN CONSULTING SERVICES IN OTHER COMMUNITIES.
THE HOPI FOUNDATION PO BOX 301 KYKOTSMOVI, AZ 86039	74-2488628	501(C)(3)	50,000.	0.			DEVELOP IMPROVED EDUCATION AND EMPLOYMENT OUTCOMES FOR OPPORTUNITY YOUTH.
THE PHILADELPHIA YOUTH NETWORK 714 MARKET STREET PHILADELPHIA, PA 19106	23-2993155	501(C)(3)	499,397.	0.			DEVELOP IMPROVED EDUCATION AND EMPLOYMENT OUTCOMES FOR OPPORTUNITY YOUTH.
UNITE LA INC 350 SOUTH BIXEL STREET LOS ANGELES, CA 90017	82-0576380	501(C)(3)	100,000.	0.			DEVELOP IMPROVED EDUCATION AND EMPLOYMENT OUTCOMES FOR OPPORTUNITY YOUTH.
UNITED WAY OF METROPOLITAN ATLANTA PO BOX 2692 ATLANTA, GA 30301	58-0566194	501(C)(3)	100,000.	0.			DEVELOP IMPROVED EDUCATION AND EMPLOYMENT OUTCOMES FOR OPPORTUNITY YOUTH.
UNITED WAY OF TUCSON AND SOUTHERN ARIZONA - 330 N COMMERCE PARK LOOP - TUCSON, AZ 85745	86-0098932	501(C)(3)	100,000.	0.			DEVELOP IMPROVED EDUCATION AND EMPLOYMENT OUTCOMES FOR OPPORTUNITY YOUTH.

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF SOUTHERN MAINE 96 FALMOUTH STREET PORTLAND, ME 04104	01-6000769	501(C)(3)	75,000.	0.			DEVELOP IMPROVED EDUCATION AND EMPLOYMENT OUTCOMES FOR OPPORTUNITY YOUTH.
UNIVERSITY OF TEXAS AT AUSTIN 1616 GUADALUPE STREET, SUITE 3.206 AUSTIN, TX 78701	74-6000203	501(C)(3)	41,800.	0.			TO PRODUCE A SINGLE VOLUME ENTITLED THE ASPEN INSTITUTE TWO GENERATION ANTHOLOGY.
UNIVERSITY OF TEXAS AT AUSTIN-CHARLES A DANA CENTER - 1616 GUADALUPE STREET, SUITE 3.206 - AUSTIN, TX 78701	74-6000203	501(C)(3)	220,883.	0.			SUPPORT DISTRICT TEAMS IN THE IMPLEMENTATION OF THE CCSS IN MATHEMATICS, ENGLISH LANGUAGE ARTS AND
URBAN STRATEGIES COUNCIL 1720 BROADWAY AVENUE OAKLAND, CA 94612	94-3044453	501(C)(3)	100,000.	0.			DEVELOP IMPROVED EDUCATION AND EMPLOYMENT OUTCOMES FOR OPPORTUNITY YOUTH.
VILCAP, INC. 2200 CENTRY PARKWAY ATLANTA, GA 30345	27-4059343	501(C)(3)	31,250.	0.			ENGAGE GRANTEE IN MAPPING INCUBATION AND ACCELERATION MODELS IN EMERGING MARKETS.
WALLA WALLA COMMUNITY COLLEGE 500 TAUSICK WAY WALLA WALLA, WA 99362	91-0821964	501(C)(3)	400,000.	0.			COMPETITION PRIZE THAT HONORS COMMUNITY COLLEGES THAT STRIVE FOR AND ACHIEVE EXCEPTIONAL
WORKFORCE SOLUTIONS CAPITAL AREA WORKFORCE BOARD - 6505 AIRPORT BOULEVARD - AUSTIN, TX 78752	74-2327454	501(C)(3)	100,000.	0.			DEVELOP IMPROVED EDUCATION AND EMPLOYMENT OUTCOMES FOR OPPORTUNITY YOUTH.
WORLD AFFAIRS COUNCIL OF NORTHERN CALIFORNIA - 312 SUTTER STREET - SAN FRANCISCO, CA 94108	94-1156356	501(C)(3)	60,000.	0.			DESIGN, PLANNING AND EXECUTION OF THE 2013 ANNUAL MEETING AND SUPPORTING MEETINGS

Schedule I (Form 990)

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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
HONORARIUM	20	31,722.	0.		
SCHOLARSHIP AWARDS	26	26,700.	0.		
TRAVEL ASSISTANCE	6	24,416.	0.		

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

PART I, LINE 2:

EXPLANATION: FROM TIME TO TIME THE INSTITUTE ENGAGES OTHER ENTITIES TO

FURTHER THE OBJECTIVES SET FORTH IN OUR GRANT AGREEMENTS. THIS IS TYPICALLY

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

IN WHICH THE SUB RECIPIENTS ARE ADVISED OF ALL APPLICABLE LAWS AND

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

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

DOES NOT AND WILL NOT KNOWINGLY PROVIDE MATERIAL SUPPORT OR RESOURCES TO

ANY INDIVIDUAL OR ENTITY INVOLVED WITH TERRORISM (INCLUDING ANY INDIVIDUALS

**Part IV Supplemental Information**

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

THE FREQUENCY AND SCOPE OF RESEARCH PROGRAM'S MONITORING PROCEDURES ARE  
 DETERMINED JOINTLY BY THE RESPONSIBLE PROGRAM MANAGER AND RESPECTIVE GRANT  
 ADMINISTRATOR/FINANCIAL ANALYST. THIS INCLUDES THE ROUTINE RECEIPT AND  
 REVIEW OF THE NARRATIVE AND FINANCIAL REPORTS, A REVIEW OF EXPENSES TO  
 BUDGET, THE OPTION TO PERFORM AUDITS, AND ALLOWS FOR THE PERFORMANCE OF  
 SITE VISITS IF NECESSARY. THE INSTITUTE 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 DEGREE OF  
 FLEXIBILITY OFFERED MAY DEPEND ON PREVIOUS EXPERIENCE WITH THE RECIPIENT,  
 THE DEGREE OF EXTERNAL OVERSIGHT BY OTHER PARTIES, AND THE SOPHISTICATION  
 OF THE RECIPIENT'S ADMINISTRATIVE SYSTEMS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ACTION EAST, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ASSIST FIELD WITH THE QUALITATIVE  
 INTERVIEWS BY SELECTING BUSINESSES AND EMPLOYEES TO BE INTERVIEWED AND  
 RECRUITING AND ORGANIZING THE INTERVIEWS.

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNICATIONS CONSORTIUM MEDIA CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CAPTURE THE VOICES AND  
 PERSPECTIVES OF PARENTS AND CHILDREN ON ASPIRATIONS, EDUCATION, ECONOMIC

**Part IV Supplemental Information**

SUPPORTS AND SOCIAL CAPITAL.

NAME OF ORGANIZATION OR GOVERNMENT:

ERM LOW CARBON ENTERPRISE FUND FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ADDRESS THE KNOWLEDGE GAP INHIBITING

CAPITAL FLOWS TO INVENTIVE, TECHNOLOGY-BASED VENTURES.

NAME OF ORGANIZATION OR GOVERNMENT: EVANSTON COMMUNITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: THE DEVELOPMENT OF A PILOT

TWO-GENERATION PROGRAM THAT PROVIDES HIGH QUALITY EARLY CHILDHOOD

EDUCATION FOR LOW-INCOME CHILDREN AND EDUCATION SUPPORTS AND EMPLOYMENT

OPPORTUNITIES WITH FAMILY-SUPPORTING WAGES FOR THEIR PARENTS IN EVANSTON,

ILLINOIS.

NAME OF ORGANIZATION OR GOVERNMENT: I-DEV INTERNATIONAL

(H) PURPOSE OF GRANT OR ASSISTANCE: EVALUATING HOUSEHOLD LEVEL IMPACTS

OF SMALL AND GROWING BUSINESSES AND IMPACT INVESTING IN PERU.

NAME OF ORGANIZATION OR GOVERNMENT:

KINGSBOROUGH COMMUNITY COLLEGE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: COMPETITION PRIZE THAT HONORS

COMMUNITY COLLEGES THAT STRIVE FOR AND ACHIEVE EXCEPTIONAL LEVELS OF

SUCCESS FOR ALL STUDENTS.

NAME OF ORGANIZATION OR GOVERNMENT: LAKE AREA TECHNICAL INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: COMPETITION PRIZE THAT HONORS

COMMUNITY COLLEGES THAT STRIVE FOR AND ACHIEVE EXCEPTIONAL LEVELS OF

SUCCESS FOR ALL STUDENTS.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: NORTHWESTERN UNIVERSITY

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

PROACTIVE CREATION OF PARENTAL NETWORKS ON CHILD AND FAMILY OUTCOMES,

DETERMINING IF LEVERAGING PARENTAL NETWORKS WILL SUPPORT IMPROVED

OUTCOMES IN HEAD START PROGRAMS.

NAME OF ORGANIZATION OR GOVERNMENT:

SAN FRANCISCO CHILD ABUSE PREVENTION CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DEVELOP A PARENT-CHILD PROTECTIVE

FRAMEWORK TO IMPROVE FAMILIAL SOCIAL CAPITAL AND MENTAL HEALTH FOR

LONG-TERM ECONOMIC SUCCESS.

NAME OF ORGANIZATION OR GOVERNMENT:

SANTA BARBARA COMMUNITY COLLEGE DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: COMPETITION PRIZE THAT HONORS

COMMUNITY COLLEGES THAT STRIVE FOR AND ACHIEVE EXCEPTIONAL LEVELS OF

SUCCESS FOR ALL STUDENTS.

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF TEXAS AT AUSTIN-CHARLES A DANA CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT DISTRICT TEAMS IN THE

IMPLEMENTATION OF THE CCSS IN MATHEMATICS, ENGLISH LANGUAGE ARTS AND

LITERACY IN HISTORY, SOCIAL STUDIES, SCIENCE AND TECHNICAL STUDIES.

NAME OF ORGANIZATION OR GOVERNMENT: WALLA WALLA COMMUNITY COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: COMPETITION PRIZE THAT HONORS

COMMUNITY COLLEGES THAT STRIVE FOR AND ACHIEVE EXCEPTIONAL LEVELS OF



**Part IV** Supplemental Information

SUCCESS FOR ALL STUDENTS.

NAME OF ORGANIZATION OR GOVERNMENT:

WORLD AFFAIRS COUNCIL OF NORTHERN CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: DESIGN, PLANNING AND EXECUTION OF

THE 2013 ANNUAL MEETING AND SUPPORTING MEETINGS TAKING PLACE IN 2013 ND

2014.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2013**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization

THE ASPEN INSTITUTE

Employer identification number

84-0399006

**Part I Questions Regarding Compensation**

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

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

Schedule J (Form 990) 2013

**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 in 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) WALTER ISAACSON PRESIDENT/CEO	(i)	781,187.	0.	4,323.	38,250.	29,576.	853,336.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ELLIOT GERSON EXECUTIVE VP	(i)	337,285.	0.	2,723.	38,250.	29,580.	407,838.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) AMY MARGERUM EXEC. VP/CORPORATE S.	(i)	340,076.	0.	1,958.	38,250.	20,594.	400,878.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) PETER REILING EXECUTIVE VP	(i)	338,035.	0.	1,774.	38,250.	29,556.	407,615.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SUSAN SHERWIN EXECUTIVE VP	(i)	282,102.	0.	8,498.	38,250.	20,628.	349,478.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DOLORES GORGONE CHIEF FINANCIAL OFFICER	(i)	280,146.	0.	1,826.	38,250.	3,321.	323,543.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DAN GLICKMAN EXECUTIVE DIRECTOR-CONGRESS	(i)	309,000.	0.	7,763.	25,500.	3,560.	345,823.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CHARLIE FIRESTONE EXEC. DIR. C&S	(i)	296,848.	0.	5,239.	38,250.	20,625.	360,962.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MICKEY EDWARDS DIR. RODEL	(i)	276,619.	0.	8,498.	38,250.	11,083.	334,450.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) CHARLES BAILEY DIRECTOR AGENT ORANGE	(i)	244,893.	0.	5,239.	25,245.	29,663.	305,040.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MARGARET CLARK VICE PRES. POLICY PROGRAMS	(i)	249,938.	0.	1,774.	38,162.	20,366.	310,240.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

PART I, LINE 1A:

EXPLANATION: OCCASIONALLY, THE INSTITUTE COVERS PREMIUM CLASS TRAVEL FOR

STAFF. THE INSTITUTE FOLLOWS THE FOLLOWING FEDERAL TRAVEL REGULATIONS WHEN

PROVIDING PREMIUM CLASS TRAVEL.

EXCEPTIONS FOR PREMIUM CLASS TRAVEL:

1-3 ARE VALID FOR FIRST CLASS TRAVEL. ALL 6 PERTAIN TO BUSINESS CLASS

TRAVEL.

1) TRAVEL BY AN EMPLOYEE WITH A DISABILITY OR SPECIAL NEED.

A. THE EMPLOYEE'S CONDITION MUST BE SUBSTANTIATED IN WRITING BY A COMPETENT

MEDICAL AUTHORITY.

2) REASONABLY AVAILABLE.

A. REGULARLY SCHEDULED FLIGHTS BETWEEN THE AUTHORIZED ORIGIN AND

DESTINATION POINTS DURING THE PERIOD REQUIRED TO TRAVEL ONLY INCLUDE FIRST

CLASS OR BUSINESS CLASS FLIGHTS OR THERE IS NO SPACE AVAILABLE IN COACH

CLASS.

**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.

3) MISSION RELATED.

A. IF THERE IS A VALID MISSION RELATED REASON THEN PREMIUM CLASS IS

ALLOWABLE.

4) INADEQUATE SANITATION.

A. PREMIUM CLASS MAY BE AUTHORIZED WHEN COACH CLASS ON A FOREIGN CARRIER

DOES NOT PROVIDE ADEQUATE SANITATION OR HEALTH STANDARDS.

5) OVERALL COST SAVINGS.

A. IF THERE IS AN OVERALL SAVINGS TO THE ORGANIZATION BY AVOIDING

ADDITIONAL SUBSISTENCE COSTS, OVERTIME, LOSS OF PRODUCTIVITY THAT WOULD BE

INCURRED WAITING FOR COACH CLASS AVAILABILITY.

6) TRAVEL IN EXCESS OF 14 HOURS.

A. SCHEDULED FLIGHT TIME BETWEEN AUTHORIZED ORIGIN AND DESTINATION AND ONE

OF THESE POINTS IS OUTSIDE THE CONTINENTAL US IS IN EXCESS OF 14 HOURS.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

Name of the organization **THE ASPEN INSTITUTE** Employer identification number **84-0399006**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....	X	1	40,000.	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	16	374,529.	FMV
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( SOFTWARE LIC. )	X	1	6,700.	FMV
26 Other ▶ ( DINNER WINE )	X	1	6,113.	FMV
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2013)

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

SCHEDULE M, LINE 32B:

EXPLANATION: THE INSTITUTE HAS A WRITTEN GIFT ACCEPTANCE POLICY THAT IF

A DONOR WANTS TO GIVE A GIFT OUTSIDE OF THAT POLICY, IT WOULD BE

REVIEWED BY SENIOR MANAGEMENT AND THE BOARD OF DIRECTORS IF NECESSARY.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization **THE ASPEN INSTITUTE** Employer identification number **84-0399006**

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE INSTITUTE DOES THIS IN FOUR WAYS:

SEMINARS, WHICH HELP PARTICIPANTS REFLECT ON WHAT THEY THINK MAKES A  
GOOD SOCIETY AND ENHANCING THEIR CAPACITY TO SOLVE THE PROBLEMS LEADERS  
FACE; YOUNG LEADER FELLOWSHIPS AROUND THE GLOBE, WHICH BRING PROVEN  
LEADERS TOGETHER FOR AN INTENSE MULTI-YEAR PROGRAM AND COMMITMENT;  
POLICY PROGRAMS, WHICH SERVE AS NONPARTISAN FORUMS FOR ANALYSIS,  
CONSENSUS-BUILDING AND PROBLEM-SOLVING ON A WIDE VARIETY OF ISSUES; AND  
PUBLIC PROGRAMS WHICH PROVIDE A COMMONS FOR PEOPLE TO SHARE IDEAS. THE  
INSTITUTE IS BASED IN WASHINGTON D.C. WITH OPERATIONS IN ASPEN,  
COLORADO, NEW YORK CITY, AND ON THE WYE RIVER ON MARYLAND'S EASTERN  
SHORE. IT ALSO HAS AN INTERNATIONAL NETWORK OF PARTNERS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ASPEN GLOBAL LEADERSHIP NETWORK

EXPENSES \$ 4,291,145. INCLUDING GRANTS OF \$ 0. REVENUE \$ 969,735.

SEMINARS

EXPENSES \$ 1,905,124. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,214,603.

OTHER RESTRICTED PROGRAMS

EXPENSES \$ 844,491. INCLUDING GRANTS OF \$ 0. REVENUE \$ 207,506.

FORM 990, PART VI, SECTION B, LINE 11:

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

Schedule O (Form 990 or 990-EZ) (2013)

332211  
09-04-13



Name of the organization THE ASPEN INSTITUTE	Employer identification number 84-0399006
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EXPLANATION: THE FEDERAL FORM 990 OF THE INSTITUTE IS PREPARED BY AN  
EXTERNAL ACCOUNTING FIRM IN WHICH INFORMATION IS OBTAINED FROM INSTITUTE'S  
STAFF. ONCE THE INITIAL DRAFT IS PREPARED IT IS REVIEWED BY SR,  
FINANCE/ACCOUNTING AND COMMUNICATIONS STAFF. IF NECESSARY, CHANGES ARE MADE  
AND ANOTHER DRAFT IS ISSUED.

THE SECOND DRAFT FORM 990 IS REVIEWED BY AN APPOINTED MEMBER OF THE AUDIT  
COMMITTEE ALONG WITH THE CFO AND DIRECTOR OF ACCOUNTING. 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:

EXPLANATION: THE PURPOSE OF THE CONFLICT OF INTEREST POLICY IS TO PROTECT  
THE INSTITUTE'S INTEREST WHEN IT IS CONTEMPLATING ENTERING INTO A  
TRANSACTION OR ARRANGEMENT THAT MIGHT BENEFIT THE PRIVATE INTEREST OF AN  
OFFICER OF THE INSTITUTE, DIRECTOR, OR TRUSTEE.

THE MEMBERS OF THE BOARD OF TRUSTEES ARE REQUIRED TO SIGN A DISCLOSURE WHEN  
THEY BECOME TRUSTEES AND ANNUALLY WHILE THEY SERVE. THEY ARE REQUIRED TO  
DISCLOSE ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST; AN INTERESTED PERSON  
MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE  
OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF  
COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED  
TRANSACTION OR ARRANGEMENT.

Name of the organization THE ASPEN INSTITUTE	Employer identification number 84-0399006
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AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND  
 AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE  
 GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT  
 OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE  
 MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS.

AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE GOVERNING BOARD OR  
 COMMITTEE MEETING, BUT AFTER THE PRESENTATION, HE/SHE SHALL LEAVE THE  
 MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR  
 ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST.

IF THE GOVERNING BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A  
 MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT  
 SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER  
 AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE.

IF, AFTER HEARING THE MEMBER'S RESPONSE AND AFTER MAKING FURTHER  
 INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE GOVERNING BOARD OR  
 COMMITTEE DETERMINES THE MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR  
 POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND  
 CORRECTIVE ACTION.

FORM 990, PART VI, SECTION B, LINE 15:  
 EXPLANATION: THE INSTITUTE UTILIZES AN EXTERNAL CONSULTANT TO REVIEW ALL  
 SALARIES OF THE INSTITUTE INCLUDING TOP MANAGEMENT OFFICIALS. THE  
 CONSULTANT PERFORMS MARKET COMPARISONS WITHIN OUR PEER ORGANIZATIONS AND  
 MAKES RECOMMENDATIONS ON SALARY LEVELS FOR POSITIONS. THE SALARY LEVELS ARE  
 BASED ON PERCENTAGES OF THE PEER ORGANIZATIONS. THE INSTITUTE STRIVES TO

Name of the organization THE ASPEN INSTITUTE	Employer identification number 84-0399006
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STAY AT THE 50% LEVEL OF OUR COMPARATIVE ORGANIZATIONS. THE CEO AND OTHER OFFICERS SALARIES ARE REVIEWED BY THIS CONSULTANT AND THEN PRESENTED TO THE COMPENSATION SUB-COMMITTEE OF THE EXECUTIVE COMMITTEE. THE SALARIES ARE VETTED IN THIS SUB-COMMITTEE AND A RECOMMENDATION IS MADE TO THE FULL BOARD FOR APPROVAL IN THE EXECUTIVE SESSION.

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:

EXPLANATION: THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FEDERAL FORM 990, AND THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTANTS:

PROGRAM SERVICE EXPENSES	5,360,129.
MANAGEMENT AND GENERAL EXPENSES	119,621.
FUNDRAISING EXPENSES	115,202.
TOTAL EXPENSES	5,594,952.

CONFERENCE CENTER MANAGEMENT - DOLCE & MARRIOTT:

PROGRAM SERVICE EXPENSES	12,717,898.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	12,717,898.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	18,312,850.
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