# **Return of Organization Exempt From Income Tax**

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

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Α	For the	2022 calendar year, or tax year beginning JUL 1, 2022 and e	nding J	UN 30, 2023			
	Check if applicable	C Name of organization		D Employer iden	tification number		
	Addres change						
	Name change	Doing business as CARNEGIE SCIENCE		53-019652	23		
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address)  5241 BROAD BRANCH ROAD NW	Room/suite	E Telephone num (202) 387-			
	return/ termin-					79,318.	
	ated Amend	City or town, state or province, country, and ZIP or foreign postal code  WASHINGTON, DC 20015-1305		G Gross receipts \$		<del>, 310.</del>	
	return Applica	·		H(a) Is this a group for subordina		X No	
	tion pendin	SAME AS C ABOVE		H(b) Are all subordinate		No	
$\overline{}$	Tay.eye	empt status: $\overline{X}$ 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or	527	1 ` ′	n a list. See instructi		
	Websit		ULI	H(c) Group exemp		0113	
_		organization: X Corporation Trust Association Other	1 Year	of formation: 1904	M State of legal dom	nicile: DC	
		Summary	] <b>L</b> 1001	or formation,	THE State of legal don	nono.	
	1	Briefly describe the organization's mission or most significant activities: SEE SCHI	EDULE O.				
Governance							
nar	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net	assets.		
Ver	3	·		1	3	19	
		Number of independent voting members of the governing body (Part VI, line 1b)			4	19	
Activities &	5 5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			5	539	
ii.	6	Total number of volunteers (estimate if necessary)			6	19	
. <u>₹</u>	7 a	Total unrelated business revenue from Part VIII, column (C), line 12				7,026.	
ď	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		1		1,205.	
		,		Prior Year	Current Ye	ear	
4	8	Contributions and grants (Part VIII, line 1h)	16,168,73	5. 54,46	3,490.		
n i	9	Program service revenue (Part VIII, line 2g)		7,658,68	2. 9,75	0,087.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		141,086,90	9. 64,92	20,869.	
ď	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-169,55	54	12,025.	
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		164,744,77	2. 129,09	2,421.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		455,820		8,247.	
	1	Benefits paid to or for members (Part IX, column (A), line 4)		).	0.		
v	45 .	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	54,667,27	2. 62,05	3,920.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	, , , , , , , , , , , , , , , , , , , ,				
Der	b .	Total fundraising expenses (Part IX, column (D), line 25) 3,567,46					
й	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		43,294,72	0. 47,91	8,792.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		98,417,81	3. 110,65	0,959.	
		Revenue less expenses. Subtract line 18 from line 12		66,326,95	18,44	1,462.	
ار اور	<u> </u>		Ве	ginning of Current Yea	r End of Ye	ar	
Net Assets or	20	Total assets (Part X, line 16)		1,305,606,00	1,306,90	2,993.	
ASS	21	Total liabilities (Part X, line 26)		210,660,08	5. 232,27	78,319.	
Net	22	Net assets or fund balances. Subtract line 21 from line 20		1,094,945,92	1,074,62	24,674.	
	art II	Signature Block					
Und	der pena	lties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	ents, and to the best of	my knowledge and bel	ief, it is	
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whic	ch preparer		2.4		
		Maisha Williams		5/10/20			
Sig	ın	Signature of officer	1	Date			
Не	re	MAISHA WILLIAMS, CHIEF FINANCIAL OFFICER	16				
		Type or print name and title	110		<u> </u>		
De!		Print/Type preparer's name  MARY TORRETTA  Preparer's signature  Mary Torretta		Date   Check	PTIN PO0847851		
Pai	- I			Self-em	36-6055558		
	parer	THE TRAINS		Firm's EIN	30-0033336		
USE	Only	Firm's address 1000 WILSON BOULEVARD, SUITE 1500 ARLINGTON, VA 22209		Dhana 7 7	03_847_7500		
_				Phone no. /	03-847-7500		
Ma	y tne IF	S discuss this return with the preparer shown above? See instructions			Yes	No_	

#### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print CARNEGIE INSTITUTION OF WASHINGTON 53-0196523 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 5241 BROAD BRANCH ROAD NW return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. WASHINGTON, DC 20015-1305 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) MICHELE WARE Telephone No. ▶ 202-387-6400 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this If it is for part of the group, check this box MAY 15, 2024 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or ► X tax year beginning JUL 1, 2022 JUN 30, 2023 , and ending Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

Par	t III Statement of Program Servi	ce Accomplishments		<u> </u>
	Check if Schedule O contains a response	nse or note to any line in this Part III		X
1	Briefly describe the organization's mission:			
	SEE SCHEDULE O			
2	Did the organization undertake any significa	nt program services during the year v	vhich were not listed on the	
				Yes X No
	If "Yes," describe these new services on Sc			
3	Did the organization cease conducting, or n		nducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedu			
4	Describe the organization's program service			
	Section 501(c)(3) and 501(c)(4) organization		grants and allocations to others, the total	expenses, and
	revenue, if any, for each program service re		0	0 750 007 .
4a	(Code:) (Expenses \$ 74	including grants of \$	0 (Revenue \$	9,750,087.
	SEE SCHEDULE O.			
4b	(Code:) (Expenses \$	including grants of \$	678,247. ) (Revenue \$	0.
	SEE SCHEDULE O.			
4c	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
_				
4d	Other program services (Describe on Sched	ule O.)		
		luding grants of \$	) (Revenue \$	)
4e	Total program service expenses	83,866,486.		
	<u> </u>			Form <b>990</b> (2022)

53-0196523

Part IV Checklist of Required Schedules

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

53-0196523

Part IV	Ch	ecklist of Required Schedules	(continued)

Pai	Checklist of Required Schedules (continued)			
		_	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals of			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization and the organization			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"	complete		
	Schedule J		X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$1	00,000 as of the		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d an	d complete		
	Schedule K. If "No," go to line 25a	24	а	Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24	)	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the ye	ar to defease		
	any tax-exempt bonds?	24	С	
d	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess be	enefit		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25	а	Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a p			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Ye	-		
	Schedule L, Part I	′ ′ ′ l		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any cur			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	x	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee,		·	
21				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or t	I		x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Sche	· ·		21
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule	L, Part IV,		
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?			,,
	"Yes," complete Schedule L, Part IV			X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28	)	X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			l
	"Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N	И 29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified c	onservation		
	contributions? If "Yes," complete Schedule M	30	)	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule	N, Part I 31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," con	nplete		
	Schedule N, Part II	32	:	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulation	ons		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	3	Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, I			
	Part V, line 1		. х	
35a	D. 1 11 1 11 11 11 11 11 11 11 11 11 11 1	35		
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a co			
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	· · · · · · · · · · · · · · · · · · ·	x	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable re			
-	If "Yes," complete Schedule R, Part V, line 2	-	,	x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	I		
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part		.	x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b			
50		ا م	x	
Par	Note: All Form 990 filers are required to complete Schedule O  **T V   Statements Regarding Other IRS Filings and Tax Compliance	38	,   **	
_ ~	Check if Schoolule O centains a response or note to any line in this Bort V			
	Greek it corrective of correction at response of flore to any line in this part v			I NI =
_	Establishment and distributed of Farm 4000 Establishment and the second of the second	122	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report			
	(gambling) winnings to prize winners?			
232004	· 12-13-22	For	m <b>990</b>	(2022)

Form 990 (2022)	CARNEGIE INSTITUTION OF WASHINGTON	
Part V Statements	legarding Other IRS Filings and Tax Compliance (continue	

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	539			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthor	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	4a	Х	
b	If "Yes," enter the name of the foreign country CHILE					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccour	ts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution		-			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			_		v
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a		Х
b			of the of	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			7.		x
	to file Form 8282?	7d	1	7c		Α
d	If "Yes," indicate the number of Forms 8282 filed during the year		•	70		х
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		t?	7e 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		199 as required?	7g		
9 h	If the organization received a contribution of qualified intellectual property, did the organization me ro			79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
Ū		-		8		
9	Sponsoring organizations maintaining donor advised funds.			_		
а				9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	126	I			
_	organization is licensed to issue qualified health plans	13b 13c				
C 1/10	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?		•	1/10		х
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14a 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			עדי		
.0	excess parachute payment(s) during the year?			15	х	
	If "Yes," see the instructions and file Form 4720, Schedule N.			.0		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	ne?	16		х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	3			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
					000	10000

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 19			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(IIII COSIO DE LOGICO III SI III SI II SI		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA, DC, MD			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	onlv)	availal	ole
. =	for public inspection. Indicate how you made these available. Check all that apply.			
	X       Own website       Another's website       X       Upon request       Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
.5	statements available to the public during the tax year.	idi il	-141	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
_0	MICHELE WARE - 202-387-6400			
	5241 BROAD BRANCH ROAD NW, WASHINGTON, DC 20005			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Name and title	(A)	(B)	Jiga	∠a		CO11 C)	.pci	Juic	(D)	(E)	(F)
			Position								
The component of the			box	, unle	ss per	rson is	s both	an	· ·	•	
C11 MICHAEL STAMBAUGH		week		cer an	d a di	irecto	r/trus	tee)	from	from related	other
C11 MICHAEL STAMBAUGH		1 '	rector							•	
C11 MICHAEL STAMBAUGH			or di	tee			sated			,	
C11 MICHAEL STAMBAUGH			ruste	l trus		99/	ubeu		,	1099-14EC)	~
C11 MICHAEL STAMBAUGH		~	dual t	utiona		oldm	st col	Je.	1000 (120)		
CHIEF INVESTMENT OFFICER		line)	Indivi	Instit	Office	Key e	Highe emplo	Form			
PRESIDENT	(1) MICHAEL STAMBAUGH	40.00									
Resident	CHIEF INVESTMENT OFFICER	0.00					х		1,066,281.	0.	54,164.
GELENA LITCHMAN   40.00   X   604,144.   0.   71,257.	(2) DR. ERIC D. ISAACS	40.00									
SCIENTIFIC STAFF MEMBER	PRESIDENT	0.00			Х				762,869.	0.	166,718.
(4) MARGARET MCFALL-NGAI	(3) ELENA LITCHMAN	40.00									
DIVISION DIRECTOR (BEG 01/22)	SCIENTIFIC STAFF MEMBER	0.00					Х		604,144.	0.	71,257.
The color of the	(4) MARGARET MCFALL-NGAI	40.00									
DIVISION DIRECTOR	DIVISION DIRECTOR (BEG 01/22)	0.00				Х			575,108.	0.	83,189.
Color	(5) JOHN S. MULCHAEY	40.00									
SCIENTIFIC STAFF MEMBER	DIVISION DIRECTOR	0.00				Х			550,071.	0.	64,505.
CT   BENJAMIN J. ADERSON	(6) JEFFREY DUKES	40.00									
GENERAL COUNSEL & SECRETARY   0.00   X   377,242.   0. 70,374.	SCIENTIFIC STAFF MEMBER	0.00					Х		541,878.	0.	43,267.
Reference	(7) BENJAMIN J. ADERSON	40.00									
DIVISION DIRECTOR   0.00	GENERAL COUNSEL & SECRETARY	0.00			Х				377,242.	0.	70,374.
YIXIAN ZHENG	(8) MICHAEL WALTER	40.00									
DIVISION DIRECTOR   0.00	DIVISION DIRECTOR	0.00				Х			322,259.	0.	85,997.
Color   Colo	(9) YIXIAN ZHENG	40.00									
DEPARTMENT DIRECTOR	DIVISION DIRECTOR	0.00				Х			323,137.	0.	56,045.
Column	(10) ANNA M. MICHALAK	40.00									
SCIENTIFIC STAFF MEMBER   0.00	DEPARTMENT DIRECTOR	0.00				Х			327,988.	0.	47,558.
CHIEF FINANCIAL OFFICER (BEG 04/23)   CHIEF FINANCIAL OFFICER (BEG 04/23)   C	(11) REBECCA BERNSTEIN	40.00									
INVESTMENT DIRECTOR	SCIENTIFIC STAFF MEMBER	0.00					Х		337,161.	0.	31,212.
(13) MICHAEL MCCARTHY       40.00       X       278,097.       0. 43,607.         (14) GEORGE D. CODY       40.00       X       231,882.       0. 80,654.         (15) SEUNG YON RHEE       40.00       X       252,456.       0. 55,181.         (16) ZHIYONG WANG       40.00       X       243,256.       0. 55,269.         (17) MAISHA WILLIAMS       40.00       X       0. 0.       0. 0.         CHIEF FINANCIAL OFFICER (BEG 04/23)       0.00       X       0. 0.       0. 0.	(12) EDWARD LAMADE	40.00									
CHIEF OPERATING OFFICER (THRU 07/22) 0.00 X 278,097. 0. 43,607.  (14) GEORGE D. CODY 40.00 SCIENTIFIC STAFF MEMBER 0.00 X 231,882. 0. 80,654.  (15) SEUNG YON RHEE 40.00 X 252,456. 0. 55,181.  (16) ZHIYONG WANG 40.00 X 243,256. 0. 55,269.  ACTING DIRECTOR & SNR STF SCI 0.00 X 243,256. 0. 55,269.  CHIEF FINANCIAL OFFICER (BEG 04/23) 0.00 X 0. 0. 0.							Х		326,812.	0.	31,607.
(14) GEORGE D. CODY       40.00       X       231,882.       0.       80,654.         SCIENTIFIC STAFF MEMBER       0.00       X       231,882.       0.       80,654.         (15) SEUNG YON RHEE       40.00       X       252,456.       0.       55,181.         (16) ZHIYONG WANG       40.00       X       243,256.       0.       55,269.         ACTING DIRECTOR & SNR STF SCI       0.00       X       243,256.       0.       55,269.         (17) MAISHA WILLIAMS       40.00       X       0.       0.       0.       0.         CHIEF FINANCIAL OFFICER (BEG 04/23)       0.00       X       0.       0.       0.       0.											
SCIENTIFIC STAFF MEMBER       0.00       X       231,882.       0.80,654.         (15) SEUNG YON RHEE       40.00       X       252,456.       0.55,181.         SENIOR STAFF SCIENTIST       0.00       X       252,456.       0.55,181.         (16) ZHIYONG WANG       40.00       X       243,256.       0.55,269.         ACTING DIRECTOR & SNR STF SCI       0.00       X       243,256.       0.55,269.         (17) MAISHA WILLIAMS       40.00       X       0.00       0.00         CHIEF FINANCIAL OFFICER (BEG 04/23)       0.00       X       0.00       0.00	CHIEF OPERATING OFFICER (THRU 07/22)				Х				278,097.	0.	43,607.
(15) SEUNG YON RHEE 40.00 X 252,456. 0. 55,181.  (16) ZHIYONG WANG 40.00 X 243,256. 0. 55,269.  (17) MAISHA WILLIAMS 40.00 X 0. 0. 0. 0. 0.	(14) GEORGE D. CODY										
SENIOR STAFF SCIENTIST       0.00       X       252,456.       0. 55,181.         (16) ZHIYONG WANG       40.00       X       243,256.       0. 55,269.         ACTING DIRECTOR & SNR STF SCI       0.00       X       243,256.       0. 55,269.         (17) MAISHA WILLIAMS       40.00       X       0. 0.       0. 0.         CHIEF FINANCIAL OFFICER (BEG 04/23)       0.00       X       0. 0.       0. 0.	SCIENTIFIC STAFF MEMBER	0.00						Х	231,882.	0.	80,654.
(16) ZHIYONG WANG       40.00       X       243,256.       0. 55,269.         ACTING DIRECTOR & SNR STF SCI       0.00       X       243,256.       0. 55,269.         (17) MAISHA WILLIAMS       40.00       X       0. 0.       0. 0.         CHIEF FINANCIAL OFFICER (BEG 04/23)       0.00       X       0. 0.       0. 0.											
ACTING DIRECTOR & SNR STF SCI 0.00 X 243,256. 0. 55,269.  (17) MAISHA WILLIAMS 40.00 CHIEF FINANCIAL OFFICER (BEG 04/23) 0.00 X 0. 0. 0.		0.00						Х	252,456.	0.	55,181.
(17) MAISHA WILLIAMS       40.00         CHIEF FINANCIAL OFFICER (BEG 04/23)       0.00         X       0.         0.       0.											
CHIEF FINANCIAL OFFICER (BEG 04/23) 0.00 X 0. 0.						Х			243,256.	0.	55,269.
		0.00			Х				0.	0.	

Part VII	10111 330 (2022)	STITUTION OF	WA	SHI	NGT	ON				53-019652	3 Page <b>8</b>
Name and title	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
Content   Cont	(A)	(B)							(D)	(E)	(F)
Nouris park	Name and title	Average	(do					nne	Reportable	Reportable	Estimated
Company   Comp		· ·	box	, unle	ss per	rson i	s both	n an	'	•	
Nours for related organizations   Page 1   Page 2   Page 3   Pag			_	Cer ai	lu a u	recid	I / ii us	lee)			
TRUSTEE		1 '	lirecto							•	•
TRUSTEE			e or c	stee			sated			•	
TRUSTEE		organizations	truste	al trus		yee	mper		, ·	1000 (120)	
TRUSTEE			idual	tution	Ja.	old me	est co	Jer.	·		organizations
TRUSTEE   0.00   X   0.00		line)	Indiv	Insti	Offic	Key 6	High emp	Form			
TRUSTEE	(18) RANDY STRINGER	40.00									
TRUSTEE/CHAIRMAN 0.00 X X X 0. 0. 0. 0. (20) DAVID THOMPSON 6.00	INTERIM CFO (THRU 04/23)	0.00			Х				0.	0.	0.
Carrel   C	(19) CRAIG R. BARRETT	6.00									
TRUSTEE / VICE CHAIRMAN	TRUSTEE/CHAIRMAN	0.00	Х		Х				0.	0.	0.
Carristing M. McCarthy   Carrister   Car	(20) DAVID THOMPSON	6.00									
TRUSTEE         0.00 x	TRUSTEE/VICE CHAIRMAN	0.00	Х		Х				0.	0.	0.
Carrel   C	(21) CHRISTINE M. MCCARTHY	2.00									
TRUSTEE 0.00 X 0. 0. 0. 0. (23) CRISTIAN SAMPER 2.00 TRUSTEE 0.00 X 0. 0. 0. 0. 0. 0. (24) DAVID SPERGEL 1.00 TRUSTEE 0.00 X 0. 0. 0. 0. 0. (25) JOHN F. CRAWFORD 1.00 TRUSTEE 0.00 X 0. 0. 0. 0. (26) KATHERINE LAPP 1.00 TRUSTEE 0.00 X 0. 0. 0. 0. 0. (26) KATHERINE LAPP 1.00 TRUSTEE 0.00 X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	TRUSTEE	0.00	Х						0.	0.	0.
Caristian Samper   2.00	(22) CHRISTOPHER T.S. STONE										
TRUSTEE         0.00 x         0.00 x           (24) DAVID SPERGEL         1.00 x         0.00 x           TRUSTEE         0.00 x         0.00 x           (25) JOHN F. CRAWFORD         1.00 x         0.00 x           TRUSTEE         0.00 x         0.00 x           (26) KATHERINE LAPP         1.00 x         0.00 x           TRUSTEE         0.00 x         0.00 x           1b Subtotal         7,120,641.         0.1,040,604.           c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)         7,120,641.         0.1,040,604.	TRUSTEE	0.00	Х						0.	0.	0.
TRUSTEE	(23) CRISTIAN SAMPER	2.00									
TRUSTEE         0.00 x	TRUSTEE	0.00	Х						0.	0.	0.
(25) JOHN F. CRAWFORD         1.00         0.00	(24) DAVID SPERGEL										
TRUSTEE         0.00 X	TRUSTEE	0.00	Х						0.	0.	0.
(26) KATHERINE LAPP         1.00         X         0. <td>(25) JOHN F. CRAWFORD</td> <td></td>	(25) JOHN F. CRAWFORD										
TRUSTEE         0.00 x		_	Х						0.	0.	0.
1b Subtotal         7,120,641.         0.         1,040,604.           c Total from continuation sheets to Part VII, Section A         0.         0.         0.           d Total (add lines 1b and 1c)         7,120,641.         0.         1,040,604.	(26) KATHERINE LAPP										
c Total from continuation sheets to Part VII, Section A 0. 0. 0. d Total (add lines 1b and 1c) 7,120,641. 0. 1,040,604.	TRUSTEE	0.00	Х						- •		
d Total (add lines 1b and 1c) 7,120,641. 0. 1,040,604.	1b Subtotal										
	C Total non continuation sheets to fart vii, occion A										
											1,040,604.

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

134

			162	INO
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3	Х	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes." complete Schedule J for such person	5		Х
$\overline{}$				

#### Section B. Independent Contractors

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
CSEM,SA, RUE JAQUET-DROZ 1 2000,	'	1
NEUCHATEL, SWITZERLAND	INNOVATION SERVICES	1,026,799.
STANTON BLACKWELL		
3825 N DITTMAR RD, ARLINGTON, VA 22207	TEMPORARY STAFFING	876,658.
CENTRIC CONSULTING INC		
1215 LYONS RD, DAYTON, OH 45458	IT CONSULTING	714,231.
KPMG		
3 CHESTNUT RIDGE ROAD, MONTVALE, NJ 07645	AUDIT SERVICES	254,985.
RANDSTAD PROFESSIONALS		
P.O. BOX 7247-6655, PHILADELPHIA, PA 19170	TEMPORARY STAFFING	170,349.
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	21	
		^^^

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 CARNEGIE INST	TITUTION OF	WA	SHI	NGT	NO				53-01965	523
Part VII   Section A. Officers, Directors, Tru	ıstees, Key En	nplo	yee	s, a	nd F	ligh	est	Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition	1		Reportable	Reportable	Estimated
	hours	(cl	heck	all	that	арр	ly)	compensation	compensation	amount of
	per week (list any hours for related organizations	Individual trustee or director	Institutional trustee		Jyee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
	below line)	Individual	Institution	Officer	Key employee	Highest or	Former			•
(27) MARSHALL WAIS	2.00									
TRUSTEE	0.00	Х						0.	0.	0.
(28) MARY E. MAXON	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(29) MICHAEL A. DUFFY	2.00									
TRUSTEE	0.00	х						0.	0.	0.
(30) MICHAEL LONG	1.00								-	<u> </u>
TRUSTEE	0.00	х						0.	0.	0.
(31) MICHAEL WILSON	1.00									<u> </u>
TRUSTEE	0.00	Х						0.	0.	0.
(32) RAY ROTHROCK	2.00									
TRUSTEE	0.00	х						0.	0.	0.
(33) RUSH D. HOLT, JR.	1.00									
TRUSTEE	0.00	х						0.	0.	0.
(34) SANDRA M. FABER	1.00							•	•	
TRUSTEE	0.00	x						0.	0.	0.
(35) STEPHEN P.A. FODOR	1.00							•	· ·	•
TRUSTEE	0.00	х						0.	0.	0.
(36) STEPHEN QUAKE	1.00							•	•	
TRUSTEE	0.00	х						0.	0.	0.
(37) TOM KORZENECKI	1.00									
TRUSTEE	0.00	х						0.	0.	0.
Total to Part VII, Section A, line 1c										

53-0196523

Form 990 (2022)
Part VIII

Statement of Revenue

		Check if Schedule O contains	a response	or note to any lin	e in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
						lanction revenue	business revenue	sections 512 - 514
ठ ठ	1 a	Federated campaigns	1a					
ran mi		Membership dues						
Ē,S	С	Fundraising events	1c					
ifts ar A		Related organizations						
S, G	е	Government grants (contributions)	1e	15,102,318.				
igi	f	All other contributions, gifts, grants, an	d					
the		similar amounts not included above	1f	39,361,172.				
ĘĠ.	g	Noncash contributions included in lines 1a-1f	1g \$	263,140.				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f			54,463,490.			
				Business Code				
ġ.	2 a	MAGELLAN TELESCOPE PROGRAM	1	541700	4,770,253.	4,770,253.		
ē Ķ	b	TELESCOPE NIGHTS		541700	805,000.	805,000.		
S	c	SLOAN DIGITAL SKY SURVEY		541700	692,606.	692,606.		
Program Service Revenue	d	GEOCHEMICAL SOCIETY OFFICE	3	541700	286,289.	286,289.		
og B	е	PLANT METAB. ENGRG & SUSTI	BLTY	541700	206,053.	206,053.		
4	f	All other program service revenue		541700	2,989,886.	2,989,886.		
	g	Total. Add lines 2a-2f			9,750,087.			
	3	Investment income (including divid	st, and					
		other similar amounts)			3,942,530.		2,740,765.	1,201,765.
	4	Income from investment of tax-exe	mpt bond p	roceeds				
	5	Royalties			240,488.			240,488.
			(i) Real	(ii) Personal				
	6 a	Gross rents 6a	264,125.					
	b	Less: rental expenses 6b	684,540.					
	c	Rental income or (loss) 6c	420,415.					
		Net rental income or (loss)			-420,415.			-420,415.
	7 a	· ······ · · · · · · · · · · · · · · ·	Securities	(ii) Other				
		assets other than inventory 7a <sup>252</sup>	,274,058.	4,406,638.				
	b	Less: cost or other basis						
anc		and sales expenses 76191	,462,584.	4,239,773.				
ther Revenue		. ,	,811,474.	166,865.	60 000 000			60.070.000
Ä.		Net gain or (loss)		I	60,978,339.			60,978,339.
Ţ.	8 a	Gross income from fundraising events	(not					
0		including \$	_ of					
		contributions reported on line 1c).						
		Part IV, line 18						
		Less: direct expenses						
		Net income or (loss) from fundraisi						
	9 a	Gross income from gaming activitie						
	h	Part IV, line 19  Less: direct expenses	I					
		Net income or (loss) from gaming a						
		Gross sales of inventory, less retur						
	10 6	and allowances	I					
	h	Less: cost of goods sold	1					
		: Net income or (loss) from sales of i		1				
			or itory	Business Code				
Snc	11 a	MOUNTAIN PRESENCE INCOME		721110	104,665.			104,665.
Miscellaneous Revenue	b			900099	16,261.		16,261.	,
ella	C	•			•			
<u>Isc</u>		All other revenue		900099	16,976.			16,976.
2		Total. Add lines 11a-11d			137,902.			
	12	<b>T</b>			129,092,421.	9,750,087.	2,757,026.	62,121,818.

232009 12-13-22

53-0196523

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

	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	678,247.	678,247.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	4,626,482.	1,548,971.	2,742,951.	334,560
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	674,813.	674,813.		
7	Other salaries and wages	44,472,466.	38,909,645.	4,201,049.	1,361,772
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	3,288,216.	2,912,069.	224,120.	152,027
9	Other employee benefits	6,054,847.	5,306,424.	465,842.	282,581
10	Payroll taxes	2,937,096.	2,521,222.	276,298.	139,576
11	Fees for services (nonemployees):				· · · · · · · · · · · · · · · · · · ·
а	Management	606,320.		606,320.	
b		145,246.	124,778.	20,468.	
С	Accounting	255,000.		255,000.	
d		55,787.		55,787.	
е					
f	Investment management fees	4,731,000.		4,731,000.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	9,475,512.	4,684,156.	3,966,225.	825,131
12	Advertising and promotion				
13	Office expenses	1,064,126.	738,097.	270,270.	55,759
14	Information technology	1,858,285.	870,165.	968,596.	19,524
15	Royalties				
16	Occupancy	4,043,053.	3,582,554.	437,016.	23,483
17	Travel	2,827,140.	1,588,130.	1,183,074.	55,936
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,117,930.	724,222.	231,544.	162,164
20	Interest	5,182,169.	3,549,114.	1,633,055.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,508,863.	7,508,863.		
23	Insurance	734,649.	137,329.	597,276.	44
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	RESEARCH EXPENSES	5,811,260.	5,747,439.	59,842.	3,979
b	UBI TAXES	498,300.	498,300.		
С	ACTUARIAL COSTS	309,940.	251,737.	44,267.	13,936
d	REPAIRS AND MAINTENANCE	278,319.	265,892.	12,305.	122
е	All other expenses	1,415,893.	1,044,319.	234,702.	136,872
25	Total functional expenses. Add lines 1 through 24e	110,650,959.	83,866,486.	23,217,007.	3,567,466
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.  Check here if following SOP 98-2 (ASC 958-720)				
					Earm 990 (202)

# Form 990 (2022) Part X Balance Sheet

Part /		balance Sneet					
		Check if Schedule O contains a response or r	note to any	y line in this Part X	(A)		(B)
					Beginning of year		End of year
1	1	Cash - non-interest-bearing	510.	1	1,133		
2		Savings and temporary cash investments $\dots$			29,311,752.	2	48,080,111
3	3	Pledges and grants receivable, net			5,464,390.	3	8,302,193
4	4	Accounts receivable, net			725,163.	4	583,228
5	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	ostantial c	contributor, or 35%			
		controlled entity or family member of any of the	nese perso	ons	196,569.	5	94,988
6	6	Loans and other receivables from other disqu	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describ		6			
နှု 7	7	Notes and loans receivable, net			570,290.	7	604,614
Assets	8	Inventories for sale or use				8	
₹   9	9	Prepaid expenses and deferred charges			68,762,257.	9	77,044,620
10	0a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D		262,093,174.			
	b	Less: accumulated depreciation	. 10b	159,286,123.	104,556,947.	10c	102,807,051
11	1	Investments - publicly traded securities			679,315,059.	11	644,706,186
12	2	Investments - other securities. See Part IV, lin	e 11		363,840,873.	12	371,105,542
13	3	Investments - program-related. See Part IV, lin			13		
14	4	Intangible assets		14			
15		Other assets. See Part IV, line 11		52,862,199.	15	53,573,327	
16		Total assets. Add lines 1 through 15 (must e			1,305,606,009.	16	1,306,902,993
17	7	Accounts payable and accrued expenses		10,782,314.	17	13,612,467	
18		Grants payable		18			
19		Deferred revenue			26,886,427.	19	46,812,368
20		Tax-exempt bond liabilities				20	
21		Escrow or custodial account liability. Comple				21	
<sub>ω</sub> 22		Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, su	ostantial c	contributor, or 35%			
<u> </u>		controlled entity or family member of any of the				22	
⊐ັ   <sub>23</sub>		Secured mortgages and notes payable to uni	-			23	
24		Unsecured notes and loans payable to unrela		• • • • • • • • • • • • • • • • • • • •		24	
25		Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin					
		of Schedule D	,		172,991,345.	25	171,853,484
26	6	Total liabilities. Add lines 17 through 25			210,660,086.	26	232,278,319
		Organizations that follow FASB ASC 958, o					
es		and complete lines 27, 28, 32, and 33.					
E 27					361,722,596.	27	339,801,935
8   8a		Net assets with donor restrictions			733,223,327.	28	734,822,739
힏		Organizations that do not follow FASB ASC					
ᆵ		and complete lines 29 through 33.	,				
Net Assets or Fund Balances	9	Capital stock or trust principal, or current fun			29		
8 30		Paid-in or capital surplus, or land, building, or				30	
Ass   31		Retained earnings, endowment, accumulated				31	
₹ 32		Total net assets or fund balances			1,094,945,923.	32	1,074,624,674
2   33		Total liabilities and net assets/fund balances			1,305,606,009.	33	1,306,902,993

Pai	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	129	,092,	421.
2	Total expenses (must equal Part IX, column (A), line 25)	2	110	650,	959.
3	Revenue less expenses. Subtract line 2 from line 1	3	18	441,	462.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,094	945,	923.
5	Net unrealized gains (losses) on investments	5	-40	244,	102.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1	,481,	391.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,074	,624,	674.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b	Х	
			Form	990	(2022)

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

			IE INSTITUTION						53-0196523
Pa	rt I	Reason for Public (	Charity Status. (	(All organizations must o	omplete th	nis part.) S	ee instructions	3.	
The 6 1 2 3	organ	ization is not a private found A church, convention of che A school described in <b>sect</b> i A hospital or a cooperative	urches, or associatio i <b>on 170(b)(1)(A)(ii).</b> ( hospital service orga	n of churches described Attach Schedule E (Forn unization described in se	l in <b>sectio</b> n 990).) <b>ection 170</b>	n 170(b)(1 (b)(1)(A)(ii	ii).		
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in <b>sectio</b>	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
5		city, and state: An organization operated for section 170(b)(1)(A)(iv). (C		lege or university owned	d or operat	ed by a go	overnmental ur	it describe	ed in
6 7		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in							
		section 170(b)(1)(A)(vi). (C	•		· ·				
8		A community trust describe	ed in <b>section 170(b)(</b>	1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research orgor university or a non-land-guniversity:				-		-	-
10		An organization that norma activities related to its exem							
		income and unrelated busin See section 509(a)(2). (Con		(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	after June 30, 1975.
11		An organization organized and operated exclusively to test for public safety. See section 509(a)(4).							
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	ne function	ns of, or to car	ry out the	purposes of one or
		more publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> o	or <b>section</b>	509(a)(2).	See section 5	09(a)(3). (	Check the box on
	lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.								
а			· · · · · · · · · · · · · · · · · · ·			_			
		the supported organization			majority o	f the direc	tors or trustee	s of the su	upporting
		organization. You must o							
b			•				-		
		control or management o			ame perso	ns that co	ntrol or manag	e the sup	oorted
		organization(s). You mus	-						1 20
С		☐ Type III functionally inte	= : :					y integrate	ed with,
اء		its supported organization  Type III non-functionally	. , .	•	•	•	•	ad araani	ration(a)
d		that is not functionally int	•				• •	•	• •
		requirement (see instructi	-		•		•	analtenti	Veness
е		Check this box if the orga	•	•	•			I Tyne III	
·		functionally integrated, or					Type I, Type I	i, Type iii	
f	Ente	er the number of supported o	* *	.a,g. area eapper					
		vide the following information	•						
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of	•	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
T-4-									

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	` ,	, ,	, ,	, ,	, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")	23,406,867.	16,746,850.	16,048,861.	16,168,736.	54,463,490.	126,834,804.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	23,406,867.	16,746,850.	16,048,861.	16,168,736.	54,463,490.	126,834,804.
	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)						31,054,373.
6	Public support. Subtract line 5 from line 4.						95,780,431.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	23,406,867.	16,746,850.	16,048,861.	16,168,736.	54,463,490.	126,834,804.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	14,746,075.	5,999,936.	4,949,797.	1,619,804.	1,706,378.	29,021,990.
9	Net income from unrelated business	, ,					
_	activities, whether or not the						
	business is regularly carried on		189,398.	8,830.	2,303,021.	1,901,008.	4,402,257.
10	Other income. Do not include gain		,	,	, ,	, ,	, ,
	or loss from the sale of capital						
	assets (Explain in Part VI.)	865,464.	241,099.	215,432.	28,098.	121,641.	1,471,734.
11	Total support. Add lines 7 through 10	,	·	·	,	,	161,730,785.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	38,023,671.
	First 5 years. If the Form 990 is for th	·='		ourth. or fifth tax v	ear as a section 5		· · ·
	organization, check this box and stor	-	, , , , , , , , , , , , , , , , , , , ,	, ,			
Sec	tion C. Computation of Publi		centage				
14	Public support percentage for 2022 (li	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	59.22 %
15	Public support percentage from 2021	Schedule A, Part I	I, line 14			15	69.34 %
	33 1/3% support test - 2022. If the d					ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pul	olicly supported or	ganization		
b	10% -facts-and-circumstances test	· ·	•				
	more, and if the organization meets th	-					
	organization meets the facts-and-circu				-		
18	<b>Private foundation.</b> If the organization		-		• • •		<u> </u>
	<u> </u>		, :	. , ,			(Form 990) 2022

Schedule A (Form 990) 2022

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

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

Sed	ction A. Public Support	siow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	J		,	•	( ) ( )	· —
	check this box and stop here						
	ction C. Computation of Publi					<del> </del>	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>top here.</b> The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

232023 12-09-22

Schedule A (Form 990) 2022

Т.,

## Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

  If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
_		
5a		
5b		
5с		
6		
J		
7		
8		
9a		
9b		
9с		
10a		
10b		
A /F	~ ^^^	

Pai	TIV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	<i>y</i> 11 0 0		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		1		
0	organization's governing documents in effect on the date of notification, to the extent not previously provided?	_		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u>Sac</u>	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	Nov. 20, 1970 ( explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2022

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)									
Secti	on D - Distributions			Current Year						
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1							
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported								
	organizations, in excess of income from activity		2							
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3							
4	Amounts paid to acquire exempt-use assets	4								
_5	Qualified set-aside amounts (prior IRS approval required - pro	5								
_6	Other distributions (describe in Part VI). See instructions.		6							
_7_	Total annual distributions. Add lines 1 through 6.	7								
8	Distributions to attentive supported organizations to which the	ne organization is responsive								
	(provide details in Part VI). See instructions.		8							
9	Distributable amount for 2022 from Section C, line 6		9							
10	Line 8 amount divided by line 9 amount		10							
		(i)	(ii)	(iii)						
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	Distributable Amount for 2022						
1	Distributable amount for 2022 from Section C, line 6									
2	Underdistributions, if any, for years prior to 2022 (reason-									
	able cause required - explain in Part VI). See instructions.									
_3_	Excess distributions carryover, if any, to 2022									
a	From 2017									
b	From 2018									
c	From 2019									
<u>d</u>	From 2020									
e	From 2021									
f_	Total of lines 3a through 3e									
g	Applied to underdistributions of prior years									
<u>h</u>	Applied to 2022 distributable amount									
<u>i</u>	Carryover from 2017 not applied (see instructions)									
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.									
4	Distributions for 2022 from Section D,									
	line 7: \$									
<u>a</u>	Applied to underdistributions of prior years									
<u> </u>	Applied to 2022 distributable amount									
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.									
5	Remaining underdistributions for years prior to 2022, if									
	any. Subtract lines 3g and 4a from line 2. For result greater									
	than zero, explain in Part VI. See instructions.									
6	Remaining underdistributions for 2022. Subtract lines 3h									
	and 4b from line 1. For result greater than zero, explain in									
	Part VI. See instructions.									
7	Excess distributions carryover to 2023. Add lines 3j									
	and 4c.									
_8_	Breakdown of line 7:									
	Excess from 2018									
	Excess from 2019									
	Excess from 2020									
<u>a</u>	Excess from 2021  Excess from 2022									

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 CARNEGIE INSTITUTION OF WASHINGTON	53-0196523	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; P Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add (See instructions.)	nes 1 and 2; Part IV, Section Part V, Section B, line 1e; Pa	n C, art V,
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
REALIZED FX GAIN/LOSS		
2018 AMOUNT: \$ -93,104.		
SECURITY LITIGATION INCOME		
2018 AMOUNT: \$ 10,724.		
OTHER		
2018 AMOUNT: \$ 882,239.		
2019 AMOUNT: \$ 36,680.		
2020 AMOUNT: \$ 3,876.		
2022 AMOUNT: \$ 16,976.		
MOUNTAIN PRESENCE INCOME		
2018 AMOUNT: \$ 65,605.		
2019 AMOUNT: \$ 204,419.		
2020 AMOUNT: \$ 211,556.		
2021 AMOUNT: \$ 28,098.		
2022 AMOUNT: \$ 104,665.		

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

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

OMB No. 1545-0047

**2022** 

**Employer identification number** 

CARNEGIE INSTITUTION OF WASHINGTON 53-0196523 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990). LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990) (2022) Schedule B (Form 990) (2022) Page **2** 

Name of organization

Employer identification number

CARNEGIE INSTITUTION OF WASHINGTON

53-0196523

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Complete Part II for noncash contributions.

Schedule B (Form 990) (2022) Page **3** 

Name of organization

Employer identification number

CARNEGIE INSTITUTION OF WASHINGTON

53-0196523

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

Schedule B (Form 990) (2022)

Name of o	rganization			Employer identification number			
CARNEGIE	E INSTITUTION OF WASHINGTON			53-0196523			
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)			hat total more than \$1,000 for the year			
	completing Part III, enter the total of exclusively religious,	haritable, etc., contributions of \$1,000 c	or less for the year. (Enter this info.	once.) \$			
(a) No.	Use duplicate copies of Part III if additional s	space is needed.	<u> </u>				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
1 4111							
-		(e) Transfer of <b>ç</b>	l				
		(c) Transier or s	,				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
Part I	(2) peece e. g	(0, 000 0. g	(4,233				
-							
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
			•				
(a) No. from	(b) Purpose of gift	(a) Lloc of gift	(d) Doo	cription of how gift is held			
Part I	(b) Ful pose of gift	(c) Use of gift	(u) Des	Cription of now girt is neid			
			<del></del>				
_							
-							
	(e) Transfer of gift						
	Transferee's name, address, a	nd <b>7I</b> P + 4	Relationship of tra	ansferor to transferee			
	-						
(a) No. from		,,					
Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
			<del></del>				
		(e) Transfer of o	gift				
	Tunnafanosta manas saldus es es	-d 7ID . 4	Dalatianakin of to	anafayay ka kuanafaya -			
}	Transferee's name, address, a	10 ZIP + 4	Helationship of tra	ansferor to transferee			
		1					

Page 4

### SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

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

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

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

Name of org	anization			Empl	loyer identification number
		NSTITUTION OF WASHINGTON			53-0196523
Part I-A	Complete if the org	anization is exempt und	ler section 501(c)	or is a section 527 or	ganization.
2 Politica		ation's direct and indirect polition ures gn activities			s
Part I-B	Complete if the org	anization is exempt und	ler section 501(c)(	3).	
2 Enter th 3 If the or 4a Was a c	ne amount of any excise tax rganization incurred a section correction made?	incurred by the organization un incurred by organization managn 4955 tax, did it file Form 4720	gers under section 4955 ofor this year?	\$	Yes No
Part I-C	describe in Part IV.  Complete if the ord	anization is exempt und	ler section 501(c)	except section 501(c	2)(3)
<ul> <li>2 Enter the exempt</li> <li>3 Total exempt</li> <li>4 Did the</li> <li>5 Enter the made percontribution</li> </ul>	the amount of the filing organ function activities compt function expenditures of the filing organization file <b>Form</b> the names, addresses and emayments. For each organizations received that were productions received that were productions.	by the filing organization for set ization's funds contributed to o	ther organizations for sea and on Form 1120-POL, IN) of all section 527 po id from the filing organiz a separate political orga	stion 527 \$  stinction 527  \$  stinction organizations to which the cation's funds. Also enter the canization, such as a separate	Yes No n the filing organization e amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

Pa	rt II-A Complete if the org section 501(h)).	anizatio	ı is exen	npt under sectior	501(c)(3) and file	d Form 5768 (ele	ection under
<b>A</b> (	Check if the filing organiza expenses, and shar	e of excess	lobbying e	expenditures).	Part IV each affiliated	group member's nam	e, address, EIN,
<u>B (</u>	Limi	ts on Lobb	ying Expe	nd "limited control" pro nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
b	1a Total lobbying expenditures to influence public opinion (grassroots lobbying)  b Total lobbying expenditures to influence a legislative body (direct lobbying)  c Total lobbying expenditures (add lines 1a and 1b)						
d e	Total exempt purpose expenditure	s (add lines	1c and 1d				
'	f Lobbying nontaxable amount. Enter the amount from the following table in both columns.  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  \$100,000 plus 15% of the excess over \$500,000.						
	Over \$1,000,000 but not over \$1,5 Over \$1,500,000 but not over \$17,000,000	000,000	\$225,00 \$1,000,	00 plus 10% of the exce 00 plus 5% of the exce 000.	· · · · · · · · · · · · · · · · · · ·		
h	<ul> <li>g Grassroots nontaxable amount (enter 25% of line 1f)</li> <li>h Subtract line 1g from line 1a. If zero or less, enter -0-</li> <li>i Subtract line 1f from line 1c. If zero or less, enter -0-</li> <li>j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720</li> </ul>				ation file Form 4720		Yes No
	reporting section 4911 tax for this  (Some organizations the	nat made a	4-Year Ave	eraging Period Under	nave to complete all o		
		Lobb	ying Expe	nditures During 4-Yea	r Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 2	019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) Total
	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e))						
<u>c</u>	Total lobbying expenditures						
	Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

Schedule C (Form 990) 2022

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

For $\epsilon$	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(;	a)	(	b)
	e lobbying activity.	Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?		Х		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х		
С	Media advertisements?		Х	<u> </u>	
d	Mailings to members, legislators, or the public?		Х	<u> </u>	
е	Publications, or published or broadcast statements?		Х	<b></b>	
f	Grants to other organizations for lobbying purposes?		Х	<u> </u>	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х		<u> </u>	55,787.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х	<u> </u>	
	Other activities?		Х	<del>                                     </del>	
	Total. Add lines 1c through 1i				55,787.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
	If "Yes," enter the amount of any tax incurred under section 4912			<del>                                     </del>	
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	- 504(-)/	<u> </u>		
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 504(c)(6)	n 501(c)(	b), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			<u> </u>	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			<u> </u>	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			4:00	
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section		• •		0:-
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"NO" UK	(b) Part i	II-A, IINE	: 3, IS
			Ι.		
1	Dues, assessments and similar amounts from members		1	<del></del>	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal		1	
	expenses for which the section 527(f) tax was paid).		_	1	
	Current year			<u> </u>	
b	Carryover from last year			<del>                                     </del>	
С				<del> </del>	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	<del>                                     </del>	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess		1	
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditures next year?		4	<del> </del>	
	Taxable amount of lobbying and political expenditures. See instructions		5	L	
Paı	t IV Supplemental Information				
⊃rov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 a	nd 2 (See	
nstr	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
CHI	EDULE C, PART II-B				
CARI	REGIE SCIENCE ENGAGES A GOVERNMENT AFFAIRS FIRM WITHIN THE LIMITS SET				
3Y :	RS REGULATIONS TO COMMUNICATE WITH POLICYMAKERS REGARDING ISSUES				
RELA	TED TO THE INSTITUTION'S MISSION, INCLUDING TO ENCOURAGE SCIENTIFIC				
	·				
ADV	ANCEMENT AND GROW MUTUALLY BENEFICIAL PARTNERSHIPS WITH EDUCATIONAL				
INS	TITUTIONS.				
			Calar	l- Ο (Γ.····	- 000\ 0000

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

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Inspection

Name of the organization

CARNEGIE INSTITUTION OF WASHINGTON

**Employer identification number** 53-0196523

Par	rt I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, Iir		lar Funds or Ac	counts. Complete if the	ne
	organization answered Tes Offronti 990, Faithy, iii	(a) Donor advised fu	inds (	b) Funds and other accou	ınts
1	Total number at end of year	(a) Bollot advised to	,	b) i ando and other door	
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in		n donor advised fund	ls	
	are the organization's property, subject to the organization's	-			No
6	Did the organization inform all grantees, donors, and donor a				
_	for charitable purposes and not for the benefit of the donor of				
	• •		• •		☐ No
Par					
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).			
	Preservation of land for public use (for example, recrea	ation or education) Pr	reservation of a histo	rically important land area	a
	Protection of natural habitat	Pr	reservation of a certi	fied historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution	n in the form of a cor		
	day of the tax year.			Held at the End of th	e Tax Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic str	ructure included in (a)		2c	
d	Number of conservation easements included in (c) acquired a				
	historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or termi	inated by the organia	zation during the tax	
	year				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per		handling of		
	violations, and enforcement of the conservation easements if				No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and er	nforcing conservation	n easements during the ye	ear
7	Amount of expanses incurred in monitoring inspecting hand	dling of violations, and enforce	ing concentation and	omente during the year	
,	Amount of expenses incurred in monitoring, inspecting, hand	alling of violations, and emore	ing conservation eas	sements during the year	
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of	section 170(h)(4)(R)(	ï)	
•	and section 170(h)(4)(B)(ii)?				No
9	In Part XIII, describe how the organization reports conservati				
•	balance sheet, and include, if applicable, the text of the footr		· ·		
	organization's accounting for conservation easements.				
Par	rt III Organizations Maintaining Collections of	f Art, Historical Treasu	ıres, or Other S	imilar Assets.	
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue	e statement and bala	nce sheet works	
	of art, historical treasures, or other similar assets held for put	blic exhibition, education, or r	research in furtheran	ce of public	
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describe	es these items.		
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue sta	tement and balance	sheet works of	
	art, historical treasures, or other similar assets held for public	e exhibition, education, or res	earch in furtherance	of public service,	
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1			\$	0.
					174,303.
2	If the organization received or held works of art, historical tre	easures, or other similar asset	s for financial gain, p		
	the following amounts required to be reported under FASB A	ASC 958 relating to these item	ns:		
а	Revenue included on Form 990, Part VIII, line 1			\$	
b	Assets included in Form 990, Part X				

232051 09-01-22

Schedule D (Form 990) 2022

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

	t III Organizations Maintaining C	ollections of Ar		asures, or	Other S	Similar Asse	ets (contin		²age <b>∠</b>
3	100.1111.000								
J	collection items (check all that apply):								
а									
b	X Scholarly research	6		mange program	•				
c	X Preservation for future generations	•	, outlet						
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization	's exempl	t nurnose in Pa	rt XIII		
5	During the year, did the organization solicit of						a c 70111.		
Ū	to be sold to raise funds rather than to be ma					_	Yes	X	No
Pai	t IV Escrow and Custodial Arrang								
	reported an amount on Form 990, Par		3			,	,		
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for contribution	s or other asset	ts not inc	luded			
	on Form 990, Part X?						Yes		☐ No
b	If "Yes," explain the arrangement in Part XIII a								
	•	•	-				Amoun	t	
С	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo					?[	Yes		No
b	If "Yes," explain the arrangement in Part XIII.								
Pai	t V Endowment Funds. Complete i	f the organization ar	swered "Yes" on Fo	rm 990, Part IV					
		(a) Current year	(b) Prior year	(c) Two years		<b>)</b> Three years bac	ck (e) Four	years	s back_
1a	Beginning of year balance	845,409,546.	1,012,501,278.	776,508,	102.	809,799,014	1. 830,	826	,623.
b	Contributions	37,136,921.	237,117.	619,	014.	1,677,170	).	729	,659.
	Net investment earnings, gains, and losses	18,980,555.	-116,560,305.	289,000,	021.	15,888,803	3. 26,	582	,732.
d	Grants or scholarships			143,	799.	14,055	5. 1,	500	,019.
е	Other expenditures for facilities								
	and programs	50,618,174.	· · ·	50,713,	069.	48,016,412	2. 44,	847	,217.
f	Administrative expenses	4,446,626.				2,826,418	3. 1,	992	,764.
g	End of year balance	846,462,223.	845,409,546.	1,012,501,	278.	776,508,102	2. 809,	799	,014.
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, column (a	)) held as:					
а	Board designated or quasi-endowment	17.2300	%						
b	Permanent endowment 11.2100	%							
С	Term endowment 71.5600	%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that are held ar	nd administered	d for the		ſ		
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)	Х	<u> </u>
	(ii) Related organizations						3a(ii)		X X
b	If "Yes" on line 3a(ii), are the related organization						3b		<u> </u>
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.						
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answered			i i					
	Description of property	(a) Cost or obasis (investr	, , , , , ,	t or other (other)		umulated eciation	( <b>d)</b> Boo	k valu	ue 
1a	Land			579,366.				579	,366.
	Buildings		6,389. 56	,890,814.	33	743,116.	44,	234	,087.
	Leasehold improvements								
	Equipment		177	,738,521.	125	,223,977.	52,	514	,544.
	Other		5	,798,084.		319,030.	5,	479	,054.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X. column (B), line 1	0c.)			102,	807	,051.
			. , .	-			ıle D (Forn	n 990	) 2022

Part VII	Investments - C	Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENTS	231,875,533.	END-OF-YEAR MARKET VALUE
(B) REAL ASSETS/NATURAL RESOURCES	139,230,009.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	371,105,542.	

#### Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
otal (Col (h) must aqual Form 000 Part V col (R) line 13 \		

# Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(8)	
(9)	
	I

### Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

#### Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	TAXABLE BONDS	148,927,675.
(3)	ACCRUED POSTRETIREMENT BENEFIT	22,925,809.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	171,853,484.

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

Schedule D (Form 990) 2022

53-0196523

Complete if the organization answered "Yes" on Form 990, Par		neveriue per ne	turn.	
1 Total revenue, gains, and other support per audited financial statemer	ts		1	86,283,250.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a	-40,244,102.		
<b>b</b> Donated services and use of facilities				
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)		1,481,391.		
e Add lines 2a through 2d			2e	-38,762,711.
3 Subtract line 2e from line 1			3	125,045,961.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	4,731,000.		
<b>b</b> Other (Describe in Part XIII.)	4b	-684,540.		
c Add lines 4a and 4b			4c	4,046,460.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. I.	ine 12.)		5	129,092,421.
Part XII Reconciliation of Expenses per Audited Financi	al Statements With	Expenses per R	Return.	
Complete if the organization answered "Yes" on Form 990, Par	t IV, line 12a.			
			1	106,604,499.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
a Donated services and use of facilities	2a			
<b>b</b> Prior year adjustments	2b			
c Other losses	2c			
d Other (Describe in Part XIII.)	2d	684,540.		
e Add lines 2a through 2d			2e	684,540.
3 Subtract line 2e from line 1			3	105,919,959.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	4,731,000.		
<b>b</b> Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b			4c	4,731,000.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I.	line 18.)		5	110,650,959.
Part XIII Supplemental Information.				
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	a and 4; Part IV, lines 1b a	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 pro	vide any additional inform	ation.		
PART III, LINE 4:				
TAKI III, DIND 4.				
ORGANIZATION'S COLLECTIONS				
CHAIRITION B COMMOTIONS				
THE COLLECTION OF THE CARNEGIE INSTITUTION OF WASHINGTON	IS PREDOMINANTLY			
COMPOSED OF HISTORICAL ARTIFACTS RELATED TO ITS WORK IN	SCIENTIFIC			
RESEARCH. THIS INCLUDES SCIENTIFIC SAMPLES, MATERIALS, D	EVICES AND			
INSTRUMENTATION, AND PRINTED PUBLICATIONS. THE COLLECTIO	N IS USED FOR			
SCHOLARLY REFERENCE AND STUDY OF THE INSTITUTION'S PAST	SCIENTIFIC			
SCHOLARDI REFERENCE AND STODI OF THE INSTITUTION S TASI	BCIENTIFIC			
DISCOVERIES AS WELL AS FOR EDUCATION OF THE GENERAL PUBL	IC.			
PART V, LINE 4:				
INTENDED USE OF ENDOWMENT FUNDS				
THE ORGANIZATION'S ENDOWMENT FUNDS ARE INTENDED TO SUPPO	RT ITS OVERALL			

#### **SCHEDULE E**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schools**

Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Inspection

2022 Open to Public

Employer identification number

Part I

CARNEGIE INSTITUTION OF WASHINGTON

53-0196523

	rt I		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
•	bylaws, other governing instrument, or in a resolution of its governing body?	1	х	
•	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	х	
;	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet			
	homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the			
	homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the			
	registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general	3	х	
	community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II OUR NON-DISCRIMINATION POLICY IS AVAILABLE ON OUR WEBSITE.	3	71	
	WWW.CARNEGIESCIENCE.EDU, UNDER ANTI-DISCRIMINATION POLICY.			
_	Does the organization maintain the following?	4-	Х	
a	7, 7,	4a	X	
b	, , , , , , , , , , , , , , , , , , , ,	4b	Λ	_
С		١.	.,	
	with student admissions, programs, and scholarships?	4c	X	_
d	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain. If you need more space, use Part II.	4d	Х	
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		Х
b	Admissions policies?	5b		Х
С	Employment of faculty or administrative staff?	5с		Х
d	Scholarships or other financial assistance?	5d		Х
е	Educational policies?	5e		Х
f	Use of facilities?	5f		Х
g	Athletic programs?	5g		Х
	Other extracurricular activities?	5h		Х
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Х	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		Х
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering			
	racial nondiscrimination? If "No," explain on Part II	7	Х	l

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

Schedule E (Form 990) 2022

# SCHEDULE F (Form 990)

## 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.

Open to Public

Department of the Treasury Internal Revenue Service

 $\begin{tabular}{lll} \textbf{Go to} & \textit{www.irs.gov/Form990} & \textbf{for instructions and the latest information.} \end{tabular}$ 

Inspection

Name of the organization					Employer ident	ification number
CARNEGIE INSTITUTION OF	F WASHINGTON				53-0196523	
Part I General Infor	mation on A	ctivities Out	side the United States. Compl	ete if the organ	ization answered	'Yes" on
Form 990, Part IV	/, line 14b.					
•	J		ds to substantiate the amount of its gra		· -	
the grantees' eligibility for	or the grants or a	assistance, and t	the selection criteria used to award the	grants or assis	stance?	」Yes        No
2 For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	e arante and ot	her assistance out	side the
United States.	inde ii i ait v tile	organization s	procedures for monitoring the use of its	s grants and ot	nei assistance out	Side tile
	ne following Part	I, line 3 table ca	an be duplicated if additional space is r	needed.)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, program services, investments, grants to		gram service, e specific type	expenditures for and
	in the region	independent contractors	recipients located in the region)	I	(s) in the region	investments in the region
		in the region				in the region
CENTRAL AMERICA AND						
THE CARIBBEAN	0	0	INVESTMENTS			244,457,212.
NORTH AMERICA	0	0	INVESTMENTS			12,608,899.
- MINITERIE	, i		INVESTMENTS			12,000,055:
EUROPE (INCLUDING						
ICELAND & GREENLAND)	0	0	INVESTMENTS			4,513,038.
				TELESCOPE (	OPERATIONS	
SOUTH AMERICA	0	0	PROGRAM SERVICES	(OBS)		5,835,591.
SOUTH AMERICA	1	85	PROGRAM SERVICES	SALARIES PA	AID TO OBS BASED AT LCO	612,205.
BOUTH AMERICA		0.5	FROGRAM SERVICES	EMPLOTEES I	BASED AT LCO	012,203.
EUROPE (INCLUDING						
ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	MEETINGS/CO	ONFERENCES	101,348.
EAST ASIA AND THE						
PACIFIC	0	0	PROGRAM SERVICES	MEETINGS/CO	ONFERENCES	19,850.
						,
COLUMN AMEDICA	_		DDOGDAM GEDVICES	MEDITINGS /SS	NEED ENGE G	00.034
SOUTH AMERICA	0	0 85	PROGRAM SERVICES	MEETINGS/CO	ONFERENCES	90,031.
<b>3 a</b> Subtotal <b>b</b> Total from continuation	<u> </u>	33				200,230,174.
sheets to Part I	0	0				70,888.
c Totals (add lines 3a						
and 3b)	1	85				268,309,062.

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

Schedule F (Form 990) 2022

CARNEGIE INSTITUTION OF WASHINGTON Schedule F (Form 990) Page 1 Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3) Part I (a) Region (b) Number of (c) Number of (d) Activities conducted in region (e) If activity listed in (d) (f) Total offices employees or (by type) (i.e., fundraising, is a program service, expenditures in the region agents in program services, grants to describe specific type for region recipients located in the region) region of service(s) in region NORTH AMERICA 0 0 PROGRAM SERVICES MEETINGS/CONFERENCES 33,160. SOUTH AMERICA 0 0 PROGRAM SERVICES FIELDWORK 22,219. EUROPE (INCLUDING ICELAND & GREENLAND) 0 0 PROGRAM SERVICES FIELDWORK 15,509. 70,888. **Totals** 

CARNEGIE INSTITUTION OF WASHINGTON

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 n	needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			recognized as charities by the t					1
exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter  Solution 101(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter								

CARNEGIE INSTITUTION OF WASHINGTON

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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)	

Part IV	Foreign	Forme
I GILIV	Foreign	LOI IIIS

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	X 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)	X 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)	X 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

Part V	Supplemental Information
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
	(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART I,	LINE 3:
THE ACCR	UAL METHOD OF ACCOUNTING IS USED TO ACCOUNT FOR FOREIGN
EXPENDIT	URES.

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

2022
Open to Public

Inspection

Schedule I (Form 990) 2022

Name of the organization	THUMEON OF MA	NITNAMON					Employer identification number 53-0196523	
	CARNEGIE INSTITUTION OF WASHINGTON  Part I General Information on Grants and Assistance							
Does the organization maintain records to criteria used to award the grants or assis     Describe in Part IV the organization's pro	to substantiate the				•	stance, and the selecti	₩, <b>,</b> ,	
Part II Grants and Other Assistance to recipient that received more than S	Domestic Organiz	zations and Domestic	Governments.	Complete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
2 Enter total number of section 501(c)(3) a							<u> </u>	
3 Enter total number of other organization:	s iistea in the line 1	ı tadie						

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  Part III can be duplicated if additional space is needed.							
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance		
FELLOWSHIP	45	678,247.	0.				
Part IV Supplemental Information. Provide the information red	uired in Part I, lin	ne 2; Part III, column	(b); and any other ac	dditional information.			
PART I, LINE 2:							
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS &	OTHER ASSIST	PANCE IN US					
AS A RESEARCH INSTITUTION, CARNEGIE PROVIDES FELLO	WS WITH THE C	OPPORTUNITY					
TO PURSUE INDEPENDENT RESEARCH AND THE TRAINING TO	ACQUIRE THE	ADDITIONAL					
SKILLS AND EXPERTISE NEEDED TO BECOME A SUCCESSFUL	SCIENTIST. O	CARNEGIE					
MONITORS THE FELLOWSHIP EXPERIENCE TO ACHIEVE BOTH	OBJECTIVES.	FELLOWS					
PURSUE THEIR RESEARCH PROGRAM RELATIVELY INDEPENDENT	NTLY BUT HAVE	E FULL ACCESS					
TO CARNEGIE FACILITIES AND STAFF MEMBERS AND TYPICA	ALLY PERFORM	THEIR					
EXPERIMENTS AND SCIENTIFIC WORK ON-SITE AND IN COLLABORATION WITH OTHER							

Part IV Supplemental Information
CARNEGIE SCIENTISTS. FELLOWS IN THE BIOLOGICAL SCIENCES APPLY TO CARNEGIE
MAINLY TO LEARN THE RESEARCH TECHNIQUES AND RESEARCH AREAS OF A PARTICULAR
CARNEGIE STAFF SCIENTIST, THAT IS, TO WORK IN THAT PRINCIPAL INVESTIGATOR'S
(PI) LAB. LABS ROUTINELY ENGAGE A NUMBER OF DIFFERENT PEOPLE, INCLUDING A
PI, TECHNICIANS, POSTDOCTORAL SCIENTISTS, AND RESEARCHERS. THE PI MONITORS
THE WORK OF THE FELLOW ON AN ONGOING BASIS, CRITIQUES THE FELLOWS'
RESEARCH, MAKES SUGGESTIONS FOR AVENUES TO EXPLORE, AND PROVIDES ONGOING
MENTORING. FELLOWS IN THE PHYSICAL SCIENCES TYPICALLY COLLABORATE WITH A
SENIOR STAFF MEMBER ON RESEARCH PROJECTS. THIS PROVIDES AN ONGOING VEHICLE
FOR MONITORING AND SUPPORTING THE WORK OF THE FELLOW. FELLOWS ARE ASKED TO
PRESENT AND DEFEND THEIR RESEARCH TO OTHER SCIENTISTS BOTH AT CARNEGIE AND
AT OTHER INSTITUTIONS. THIS PROCESS HELPS TO MONITOR A FELLOWS' SCIENTIFIC
PROGRESS AND PERMITS ADJUSTMENTS AS NECESSARY. CARNEGIE'S VARIOUS
ADMINISTRATIVE AND RESEARCH POLICIES APPLY TO FELLOWS. IN CARNEGIE'S
STRUCTURE, DEPARTMENT DIRECTORS ARE RESPONSIBLE FOR ASSURING THAT FELLOWS
FOLLOW THESE PROCEDURES AND CARRY OUT THE RESEARCH SUPPORTED THROUGH
EXTERNALLY OR INTERNALLY-FUNDED FELLOWSHIPS.
TO ENSURE SPONSORED PROGRAM DOLLARS ARE APPROPRIATELY USED, AND IN
ACCORDANCE WITH APPLICABLE REGULATIONS, THE INSTITUTION APPLIES RIGOROUS
FINANCIAL AND PROGRAMMATIC MONITORING. CARNEGIE CONDUCTS REGULAR ACCOUNT
RECONCILIATIONS, SUBRECIPIENT MONITORING; WHEREIN SUBRECIPIENT
ORGANIZATIONS ARE REQUIRED TO SUBMIT FINANCIAL AND TECHNICAL REPORTS.
REPORTS AND INVOICES ARE REVIEWED FOR ACCURACY, AND COMPLIANCE WITH
APPLICABLE TERMS AND CONDITIONS INCLUDING OMB 2 CFR 200 ADMINISTRATIVE
REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR FEDERAL AWARDS.

Schedule I (Form 990)

#### SCHEDULE J (Form 990)

**Compensation Information** 

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

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

Attach to Form 990.

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

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

Employer identification number 53-0196523

OMB No. 1545-0047

CARNEGIE INSTITUTION OF WASHINGTON

**Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. X First-class or charter travel X Housing allowance or residence for personal use X Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or X reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, X trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Written employment contract X Compensation survey or study X Independent compensation consultant Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Х a Receive a severance payment or change-of-control payment? 4a Х **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4b Х c Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: a The organization? 5a Х **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of: Х a The organization? 6a Х **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Х 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" on 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) 2022

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MICHAEL STAMBAUGH	(i)	540,850.	525,000.	431.	51,713.	2,451.	1,120,445.	0.
CHIEF INVESTMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DR. ERIC D. ISAACS	(i)	665,581.	75,000.	22,288.	135,558.	31,160.	929,587.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ELENA LITCHMAN	(i)	233,821.	0.	370,323.	42,354.	28,903.	675,401.	0.
SCIENTIFIC STAFF MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MARGARET MCFALL-NGAI	(i)	473,879.	100,000.	1,229.	61,000.	22,189.	658,297.	0.
DIVISION DIRECTOR (BEG 01/22)	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JOHN S. MULCHAEY	(i)	402,747.	146,550.	774.	52,902.	11,603.	614,576.	0.
DIVISION DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JEFFREY DUKES	(i)	172,069.	0.	369,809.	25,438.	17,829.	585,145.	0.
SCIENTIFIC STAFF MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) BENJAMIN J. ADERSON	(i)	306,559.	50,000.	20,683.	43,778.	26,596.	447,616.	0.
GENERAL COUNSEL & SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MICHAEL WALTER	(i)	321,071.	0.	1,188.	57,172.	28,825.	408,256.	0.
DIVISION DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) YIXIAN ZHENG	(i)	301,863.	0.	21,274.	55,571.	474.	379,182.	0.
DIVISION DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ANNA M. MICHALAK	(i)	307,222.	0.	20,766.	46,757.	801.	375,546.	0.
DEPARTMENT DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) REBECCA BERNSTEIN	(i)	286,747.	50,000.	414.	19,488.	11,724.	368,373.	0.
SCIENTIFIC STAFF MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) EDWARD LAMADE	(i)	326,632.	0.	180.	0.	31,607.	358,419.	0.
INVESTMENT DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) MICHAEL MCCARTHY	(i)	277,655.	0.	442.	30,879.	12,728.	321,704.	0.
CHIEF OPERATING OFFICER (THRU 07/22)	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) GEORGE D. CODY	(i)	230,694.	0.	1,188.	46,950.	33,704.	312,536.	0.
SCIENTIFIC STAFF MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) SEUNG YON RHEE	(i)	233,119.	0.	19,337.	43,125.	12,056.	307,637.	0.
SENIOR STAFF SCIENTIST	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) ZHIYONG WANG	(i)	232,725.	0.	10,531.	44,054.	11,215.	298,525.	0.
ACTING DIRECTOR & SNR STF SCI	(ii)	0.	0.	0.	0.	0.	0.	0.

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:

FIRST-CLASS TRAVEL

COACH OR ECONOMY CLASS TRAVEL IS THE STANDARD FOR ALL BUSINESS TRAVEL;

HOWEVER. THERE ARE CIRCUMSTANCES WHERE BUSINESS CLASS OR PREMIUM CLASS

TRAVEL IS PERMITTED ONLY WITH PRE-APPROVAL. THE ORGANIZATION FOLLOWS ITS

ACCOUNTABLE PLAN FOR ALL BUSINESS TRAVEL.

HOUSING ALLOWANCE

CARNEGIE'S POLICIES INCLUDE A PROVISION FOR HOUSING SUBSIDIES IN HIGH-COST

AREAS FOR QUALIFYING STAFF MEMBERS. SIX STAFF MEMBERS QUALIFY FOR THE

HOUSING ALLOWANCE. THESE BENEFITS ARE TREATED AS TAXABLE COMPENSATION AND

INCLUDED ON THE STAFF MEMBER'S FORM W-2.

TRAVEL FOR COMPANIONS

TRAVEL FOR COMPANIONS WAS ALLOWED PURSUANT TO POLICY AND PAID FOR MR.

ISAAC'S SPOUSE. THIS BENEFIT IS INCLUDED WITHIN SCHEDULE J. PART II. COLUMN

B(III).

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 4B:

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

PER APPROVAL OF THE BOARD AND HIS EMPLOYMENT AGREEMENT, DR. ERIC D. ISAACS

ACCRUED \$75,000 IN DEFERRED COMPENSATION DURING THE YEAR.

PART I, LINE 5:

CONTINGENT COMPENSATION

CARNEGIE PAID COMPENSATION UPON AND DETERMINED IN PART BY THE REVENUES OF

THE ORGANIZATION TO MICHAEL STAMBAUGH. CONTINGENT COMPENSATION IS REPORTED

IN COLUMN B(II) OF SCHEDULE J. PART II.

PART I, LINE 7:

NON-FIXED PAYMENTS

THE ORGANIZATION ESTABLISHES ANNUAL GOALS AND METRICS FOR ITS EMPLOYEES AND

EXECUTIVES. BASED ON ATTAINMENT OF THESE GOALS AND METRICS. CERTAIN

EMPLOYEES MAY BE AWARDED A PERFORMANCE BONUS. ALL BONUSES ARE CONSIDERED AS

PART OF TOTAL COMPENSATION FOR REASONABLENESS.

#### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

(Form 990)

## **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open To Public Inspection

Name of the organization							Em	oloyer	ridenti	ificatio	on nu	mber	
	CARNEGIE INS	TITUTION OF W	VASHIN	IGTON			53	8-019	6523				
Part I Excess Ben	efit Transact	ions (section 5	01(c)(3	), secti	ion 501(c)(4), and sec	ction 501(c)(29) organ	nizatio	ns on	ly).				
Complete if the	organization and	wered "Yes" on	Form 9	90, Pa	art IV, line 25a or 25b	, or Form 990-EZ, Pa	art V, I	ne 40	b.				
1 (a) Name of disqualified	(b)	Relationship bet			ified	e) Description of trans	eactio	n		(d)	Corre	orrected?	
(a) Name of disqualified	person	person and o	rganiza	ation	(0	Description of trans	Sactio	''		Ye	es	No	
										_			
										+	$\dashv$		
										+	-		
										+	$\dashv$		
										+	+		
O Fatantha ann an taithan	. See a consent to a Albana												
2 Enter the amount of tax	•	•	Ū			•		Φ					
section 4958  3 Enter the amount of tax	, if any on line 2	abovo roimburg	and by	the or				. э \$					
3 Litter the amount of tax	a, ii ai iy, oi i iii le 2	, above, reimburs	seu by	uie oi	gariization			Ф					
Part II Loans to an	d/or From In	terested Per	sons.	ı									
Complete if the	organization ans	swered "Yes" on	Form 9	990-EZ	, Part V, line 38a or F	orm 990. Part IV. line	e 26: d	or if th	e orgai	nizatio	n		
	ount on Form 99				, ,	, ·, · · · · · · · · · · · · ·	,		5				
(a) Name of	(b) Relationship		(d) Lo	an to or	(e) Original	(f) Balance due	(g)	In	(h) App	oroved	(i) V	/ritten	
interested person	with organizatio	of loan		n the zation?	principal amount	.,	defa	ult?	comm		agree	ment?	
			То	From			Yes	No	Yes	No	Yes	No	
SEUNG YON RHEE	DEPT DIR	MORTGAGE		Х	761,694.	94,988.		Х	Х		Х		
												_	
			-									-	
												-	
												-	
												-	
Tatal			1			94,988.							
Part III   Grants or A	ssistance Be	nefiting Inter	estec	d Per	\$ sons	34,300.							
	organization ans	•											
(a) Name of interested		(b) Relationship			(c) Amount of	(d) Type	of		(a)	) Purp		f	
(a) Name of interested	person	interested per			assistance	assistan				assista			
		the organiz	ation										
								$\neg \uparrow$					
					I			- 1					

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

Schedule L (Form 990) 2022

	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	ring o
	person and the organization	transaction	transaction		
				Yes	No
Supplemental Information.			I		
	ponses to questions on Schedule L (see ir	nstructions).			

### **SCHEDULE M** (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Employer identification number

	CARNEGIE INSTITUT	ION OF WAS	SHINGTON		53-0	196523	3	
Par	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of do noncash contrib	etermini	•	s
1	Art - Works of art							
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	Х	4	263,140.	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	1						
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ( )							
29	Number of Forms 8283 received by the organ	ization durino	g the tax year for c	ontributions				
	for which the organization completed Form 82	283, Part V, D	Oonee Acknowledg	ement <b>29</b>			0	
						$\rightarrow$	Yes	No
30a	During the year, did the organization receive b	•			•			
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ich isn't required to be used	for			
	exempt purposes for the entire holding period	l?				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review of	of any nonstandard contribu	tions?	31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in	column (c) fo	r a type of property	for which column (a) is che	cked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 990	).	Schedule I	И (Form	990)	2022

232141 09-09-22

Schedule M (Form 990) 2022

#### SCHEDULE O (Form 990)

# 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 Form 990-EZ

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization **Employer identification number** CARNEGIE INSTITUTION OF WASHINGTON 53-0196523 PART I LINE 1 DESCRIPTION OF ORGANIZATION MISSION: THE CONDUCT OF SCIENTIFIC DISCOVERY, RESEARCH AND EDUCATION IN THE FIELDS OF PLANT BIOLOGY DEVELOPMENTAL BIOLOGY EARTH AND PLANETARY SCIENCES ASTRONOMY AND GLOBAL ECOLOGY. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE MISSION OF THE CARNEGIE INSTITUTION OF WASHINGTON, AS SET FORTH IN ITS ARTICLES OF INCORPORATION UNDER AN ACT OF CONGRESS IN 1904, IS "TO ENCOURAGE, IN THE BROADEST AND MOST LIBERAL MANNER, INVESTIGATION RESEARCH, AND DISCOVERY, AND THE APPLICATION OF KNOWLEDGE TO THE IMPROVEMENT OF MANKIND." FORM 990. PART III. LINE 4A. PROGRAM SERVICE ACCOMPLISHMENTS: PROGRAM SERVICE ACTIVITY #1 CARNEGIE IS A WORLD-RENOWNED CENTER FOR PETROLOGY-THE STUDY OF ROCKS. IT IS ALSO A GLOBAL LEADER IN HIGH-PRESSURE AND HIGH-TEMPERATURE PHYSICS, WHICH ENABLES OUR SCIENTISTS TO MAKE SIGNIFICANT CONTRIBUTIONS TO EARTH, PLANETARY AND MATERIAL SCIENCES. CARNEGIE IS LEADING AN INTERNATIONAL, MULTI-INSTITUTION, CROSS-DISCIPLINARY INITIATIVE DEDICATED TO ACHIEVING A TRANSFORMATIONAL UNDERSTANDING OF EARTH'S DEEP CARBON CYCLE, INCLUDING ITS POORLY CONSTRAINED RESERVOIRS AND FLUXES; THE UNKNOWN ROLE OF DEEP BIOLOGY; AND THE UNEXPLORED INFLUENCES OF THE DEEP CARBON CYCLE ON CRITICAL SOCIETAL CONCERNS RELATED TO ENERGY, ENVIRONMENT, AND CLIMATE. CARNEGIE RESEARCHERS ARE CONTRIBUTING TO INTERDISCIPLINARY EFFORTS INVESTIGATING HOW LIFE EVOLVED ON THIS PLANET

Schedule O (Form 990) 2022

AND DETERMINING ITS POTENTIAL FOR EXISTING ELSEWHERE. CARNEGIE

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

Schedule O (Form 990) 2022 Page **2** 

Schedule O (Form 990) 2022	Page 2
Name of the organization  CARNEGIE INSTITUTION OF WASHINGTON	Employer identification number 53-0196523
OBSERVATIONAL AND THEORETICAL ASTRONOMERS COLLABORATE TO TRACE THE	
EVOLUTION OF THE UNIVERSE FROM THE SPARK OF THE BIG BANG THROUGH STAR	
AND GALAXY FORMATION; EXPLORE THE STRUCTURE OF THE UNIVERSE; AND PROBE	
THE MYSTERIES OF DARK MATTER, DARK ENERGY, AND THE EVER-ACCELERATING	
RATE AT WHICH THE UNIVERSE IS EXPANDING. UNLIKE MOST IN THEIR FIELD,	
CARNEGIE OBSERVATIONAL ASTRONOMERS DESIGN AND BUILD THEIR OWN	
INSTRUMENTS TO CAPTURE THE SECRETS OF SPACE. CARNEGIE OPERATES	
TELESCOPES IN LAS CAMPANAS, CHILE, AT WHICH MUCH OF OUR ASTRONOMICAL	
RESEARCH IS CONDUCTED. WE ARE FOUNDING PARTNERS IN A CONSORTIUM THAT IS	
WORKING TO DESIGN, CONSTRUCT, AND OPERATE THE GIANT MAGELLAN TELESCOPE,	
ONE OF THE NEW CLASS OF EXTREMELY LARGE TELESCOPES, WHICH WILL BE AMONG	
THE WORLD'S LARGEST GROUND-BASED OPTICAL/INFRARED FACILITIES ONCE IT IS	
COMPLETED. CARNEGIE ALSO INCLUDES INTERDISCIPLINARY TEAMS OF	
ASTRONOMERS AND ASTROPHYSICISTS, GEOPHYSICISTS AND GEOCHEMISTS,	
COSMOCHEMISTS AND PLANETARY SCIENTISTS. THESE GROUPS ARE DISCOVERING	
PLANETS ORBITING DISTANT STARS; PROBING THE FORMATION AND EVOLUTION OF	
EARTH, THE MOON, AND OUR SOLAR SYSTEM; AND STUDYING THE CAUSES OF	
EARTHQUAKES, VOLCANOES, AND OTHER GEOLOGIC PHENOMENA. USING INNOVATIVE	
APPROACHES TO ECOLOGICAL RESEARCH, CARNEGIE SCIENTISTS ARE UNTANGLING	
THE COMPLICATED INTERACTIONS BETWEEN EARTH'S LAND, ATMOSPHERE, AND	
OCEANS TO UNDERSTAND HOW GLOBAL SYSTEMS OPERATE, DEPLOYING A WIDE RANGE	
OF POWERFUL TOOLS-FROM SATELLITES TO MOLECULAR BIOLOGY TECHNIQUES-THESE	
SCIENTISTS EXPLORE ISSUES SUCH AS THE GLOBAL CARBON CYCLE, THE ROLE OF	
LAND AND OCEANIC ECOSYSTEMS, AND OCEAN ACIDIFICATION. OUR ECOLOGISTS	
ALSO PLAY AN ACTIVE ROLE IN THE PUBLIC ARENA, FROM SERVING ON NATIONAL	
PANELS AND COMMITTEES THAT INVESTIGATE CLIMATE CHANGE TO IDENTIFYING	
ENVIRONMENTAL HOT SPOTS FOR CONSERVATION EFFORTS. CARNEGIE BIOLOGISTS	
REVEAL CRUCIAL BIOCHEMICAL PATHWAYS AND THE GENES THAT ENCODE THEIR	

<u>Schedule O (Form 990) 2022</u> Page **2** 

Name of the organization **Employer identification number** CARNEGIE INSTITUTION OF WASHINGTON 53-0196523 FUNCTIONS IN MICROBES, PLANTS, AND ANIMALS. TOGETHER WITH OUR LONGSTANDING EXPERTISE IN MODEL SYSTEM DEVELOPMENT. THIS WORK PROVIDES A FOUNDATION FOR EXPLORING NEW RESEARCH AVENUES THAT DEPLOY CELLULAR AND MOLECULAR APPROACHES TO UNDERSTAND ECOSYSTEM-WIDE AND GLOBAL PHENOMENA RELATED TO CLIMATE CHANGE, INCLUDING CORAL BLEACHING. THEY ALSO STUDY INTERACTIONS BETWEEN THE SPECIES THAT MAKE UP BACTERIAL COMMUNITY ECOSYSTEMS. OUR RESEARCHERS ARE DEMONSTRATING THAT THE INTERSPECIES RELATIONSHIPS IN THE GUT MICROBIOME AFFECT OUR HEALTH FERTILITY. AND LONGEVITY. SIMILAR DYNAMICS ALLOW MICROBIAL MATS TO THRIVE IN HOT SPRINGS; UNDERSTANDING THEM IMPROVES OUR KNOWLEDGE OF HOW LIFE ADAPTS TO EXTREME CONDITIONS. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: PROGRAM SERVICE ACTIVITY #2 EDUCATION - CARNEGIE, A NON-DEGREE GRANTING ENTITY, IS AN ADVANCED STUDY ORGANIZATION AT WHICH HIGHLY QUALIFIED GRADUATE SCIENTISTS ARE OFFERED POSTGRADUATE AND POSTDOCTORAL TRAINING FOR CAREERS IN EDUCATION AND RESEARCH. CARNEGIE'S POSTDOCTORAL SCIENTIFIC EDUCATION IS PRIMARILY CONDUCTED IN THE LABORATORY OR IN THE FIELD. THE POSTDOCTORAL CURRICULUM IS HEAVILY WEIGHTED TOWARD TRAINING CANDIDATES TO BE CAPABLE RESEARCHERS AND TEACHERS OF RESEARCH. THE FACULTY CONSISTS OF THE PROFESSIONAL STAFF OF CARNEGIE, ALL OF WHOM PURSUE THEIR OWN RESEARCH. CARNEGIE ALSO OFFERS CERTAIN TRAINING OPPORTUNITIES FOR PREDOCTORAL STUDENTS WHO MAY GO ON TO PURSUE ADVANCED DEGREES AT DEGREE-GRANTING INSTITUTIONS, AS WELL AS INTERNSHIP OPPORTUNITIES, BOTH THROUGH FORMAL PROGRAMS AND ON AN INDIVIDUAL, CASE-BY-CASE BASIS. THE FORMAL PROGRAMS IN PARTICULAR, MAKE AN EFFORT TO PROVIDE RESEARCH OPPORTUNITIES AND ENCOURAGEMENT FOR CONSIDERING STEM CAREERS TO GROUPS WHO ARE

<u>Schedule O (Form 990) 2022</u> Page **2** 

Name of the organization **Employer identification number** CARNEGIE INSTITUTION OF WASHINGTON 53-0196523 TRADITIONALLY UNDERREPRESENTED IN MATHEMATICS AND THE PHYSICAL SCIENCES. CARNEGIE PROGRAMS ALSO TRAIN PUBLIC ELEMENTARY SCHOOL TEACHERS ON HOW TO INCORPORATE INTERACTIVE SCIENCE INSTRUCTION INTO ALL ASPECTS OF THE CURRICULUM; HELPS IMPROVE THE INSTRUCTION OF MATHEMATICS EDUCATION OF PUBLIC SCHOOL CHILDREN BY TRAINING INDIVIDUALS WITH MATHEMATICS OR RELATED DEGREES TO BECOME CLASSROOM INSTRUCTORS; INTRODUCES AND TRAINS HIGH SCHOOL STUDENTS TO CAREER EDUCATION PATHWAYS IN THE FIELD OF BIOTECHNOLOGY; AND MAKES INFORMATION AVAILABLE CONCERNING CARNEGIE'S SCIENTIFIC RESEARCH FINDINGS TO STUDENTS AND THE GENERAL PUBLIC. FORM 990, PART VI, SECTION A, LINE 2: RELATIONSHIPS CHRISTOPHER STONE AND JOHN CRAWFORD: BUSINESS RELATIONSHIP FORM 990, PART VI, SECTION A, LINE 3: MANAGEMENT DUTIES EFFECTIVE JUNE 2022, RANDY STRINGER BECAME THE INTERIM CHIEF FINANCIAL OFFICER FOR CARNEGIE. STRINGER IS PAID THROUGH STANTON BLACKWELL PURSUANT TO A MANAGEMENT SERVICES AGREEMENT WITH CARNEGIE. DURING CALENDAR YEAR 2022. \$374.152 WAS PAID TO STANTON BLACKWELL FOR SERVICES PROVIDED BY THIS INDIVIDUAL TO CARNEGIE. FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 REVIEW PROCESS CARNEGIE'S FINANCE DEPARTMENT, SENIOR STAFF AND ITS INDEPENDENT PAID PREPARER, GRANT THORNTON, WORK TOGETHER TO PREPARE AND REVIEW THE FORM 990. THE DRAFT FORM 990 IS THEN DISTRIBUTED TO MEMBERS OF THE AUDIT COMMITTEE OF

<u>Schedule O (Form 990) 2022</u> Page **2** 

Name of the organization **Employer identification number** CARNEGIE INSTITUTION OF WASHINGTON 53-0196523 THE BOARD OF TRUSTEES FOR REVIEW AND COMMENT. AFTER THE AUDIT COMMITTEE HAS REVIEWED THE RETURN AND ITS FEEDBACK HAS BEEN INCORPORATED. THE RETURN IS DISTRIBUTED TO ALL MEMBERS OF THE BOARD OF TRUSTEES FOR REVIEW AND COMMENT BEFORE IT IS FILED WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST POLICY CARNEGIE HAS ADOPTED CONFLICT OF INTEREST POLICIES THAT APPLY TO THE INSTITUTION'S TRUSTEES, CORPORATE OFFICERS, AND EMPLOYEES, THESE POLICIES REQUIRE EACH TRUSTEE TO COMPLETE ANNUALLY A FORM TO DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST. THE FORMS ARE COLLECTED BY THE CORPORATE SECRETARY AND ANY DISCLOSURES ARE SUBSEQUENTLY PROVIDED TO THE BOARD OF TRUSTEES OR RELEVANT COMMITTEE OF THE BOARD FOR REVIEW AND APPROVAL. SIMILARLY, ALL EMPLOYEES OF CARNEGIE (INCLUDING CORPORATE OFFICERS) ARE REQUIRED, UPON HIRING AND ANNUALLY THEREAFTER, TO REPORT THEIR POTENTIAL CONFLICTS OF INTEREST. DEPARTMENT DIRECTORS REVIEW ALL POTENTIAL CONFLICTS IN THEIR DEPARTMENTS. THE PRESIDENT REVIEWS ALL POTENTIAL CONFLICTS FOR DEPARTMENT DIRECTORS. THE BOARD OF TRUSTEES REVIEWS ALL POTENTIAL CONFLICTS FOR THE CORPORATE OFFICERS. THROUGHOUT THE YEAR, EACH INDIVIDUAL SUBJECT TO THE CONFLICT OF INTEREST POLICIES IS REQUIRED TO UPDATE HIS/HER DISCLOSURE STATEMENT TO INCLUDE ANY INFORMATION REQUIRED TO BE DISCLOSED. THE SIGNED EMPLOYEE DISCLOSURE FORMS ARE KEPT IN THE EMPLOYEE'S PERSONNEL FILE. FORM 990, PART VI, SECTION B, LINE 15: CARNEGIE ENGAGES AN INDEPENDENT COMPENSATION CONSULTING FIRM TO CONDUCT A COMPENSATION STUDY TO EVALUATE THE REASONABLENESS OF THE TOTAL PROPOSED COMPENSATION FOR THE ORGANIZATION'S "DISQUALIFIED PERSONS" UNDER TREAS. REG. 53.4958-3 WITHOUT REGARD TO WHETHER THE PERSON HAS BEEN ELECTED AN

Schedule O (Form 990) 2022 Page **2** 

Name of the organization  CARNEGIE INSTITUTION OF WASHINGTON	Employer identification number 53-0196523
OFFICER. THE INDEPENDENT COMPENSATION STUDY FOCUSES ON THE COMPENSATION	55 0150525
PAID TO FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY-SITUATED	
ORGANIZATIONS AND ALSO CONSIDERS INDUSTRY COMPENSATION SURVEYS. THE	
COMPENSATION STUDY IS PROVIDED TO THE ORGANIZATION'S HUMAN RESOURCES AND	
COMPENSATION COMMITTEE, TOGETHER WITH A REASONED WRITTEN OPINION FROM THE	
COMPENSATION CONSULTANT THAT THE PROPOSED COMPENSATION ARRANGEMENTS FOR THE	
DISQUALIFIED PERSONS ARE "REASONABLE" WITHIN THE MEANING OF TREAS. REG.	
53.4958-4(B)(1)(II)(A). THE HUMAN RESOURCES AND COMPENSATION COMMITTEE SETS	
COMPENSATION FOR EACH DISQUALIFIED PERSON AND MAKES A RECOMMENDATION TO THE	
FULL BOARD OF TRUSTEES WITH RESPECT TO COMPENSATION FOR THE PRESIDENT. THE	
FULL BOARD THEN REVIEWS THE COMPENSATION STUDY AND OPINION FOR THE	
PRESIDENT TOGETHER WITH THE RECOMMENDATION OF THE HUMAN RESOURCES AND	
COMPENSATION COMMITTEE AND MAKES A DECISION WITH RESPECT TO THE PRESIDENT'S	
COMPENSATION. THE HUMAN RESOURCES AND COMPENSATION COMMITTEE AND BOARD RELY	
ON THE COMPENSATION CONSULTANT'S OPINION AND COMPENSATION STUDY TO GUIDE	
ITS REVIEW, DELIBERATION, AND APPROVAL OF THE PROPOSED COMPENSATION	
ARRANGEMENTS, AND ITS DECISIONS REGARDING COMPENSATION (INCLUDING THE BASES	
FOR THESE DECISIONS) ARE DOCUMENTED IN THE MEETING MINUTES. THE HUMAN	
RESOURCES AND COMPENSATION COMMITTEE AND TRUSTEES WHO VOTE ON COMPENSATION	
FOR DISQUALIFIED PERSONS AND THE PRESIDENT DO NOT HAVE A CONFLICT OF	
INTEREST WITH REGARD TO THESE COMPENSATION ARRANGEMENTS.	
FORM 990, PART VI, SECTION C, LINE 19:	
MAKING ORGANIZATIONAL DOCUMENTS AVAILABLE TO THE PUBLIC IN ACCORDANCE WITH	
TREAS. REG. 301.6104(D)-1(A)(1) AND IRS NOTICE 2007-45, COPIES OF	
CARNEGIE'S THREE MOST RECENT FORMS 990 ARE MADE AVAILABLE FOR INSPECTION BY	
THE PUBLIC DURING REGULAR BUSINESS HOURS AT CARNEGIE'S OFFICE IN	
WASHINGTON, DC. CARNEGIE'S MOST RECENT FORM 990 IS ALSO MADE AVAILABLE TO	

Schedule O (Form 990) 2022	Page 2
Name of the organization CARNEGIE INSTITUTION OF WASHINGTON	Employer identification number 53-0196523
THE PUBLIC ON THE INSTITUTION'S WEBSITE. THE ORGANIZATION MAKES IT	
GOVERNING DOCUMENTS AVAILABLE TO THE EXTENT REQUIRED BY LAW. THE	
ORGANIZATION'S AUDITED FINANCIAL STATEMENTS AND STAFF CONFLICT OF INTEREST	
POLICY ARE ALSO MADE AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
POST RETIREMENT BENEFIT COST 1,481,391.	

#### **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

	CARNEGIE INSTITUTION	OF WASHINGTON					53-0196523		
Part I Identif	cation of Disregarded Entities. Complete	e if the organization answered "Yes"	on Form 990, Part IV, line 33	3.					
Name,	(a) address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state of foreign country)	r (d) Total inco	me End-of-year	assets	Direct o	(f) controlling ntity	9
Part II Identifi organiz	cation of Related Tax-Exempt Organizat ations during the tax year.	ions. Complete if the organization a	Inswered "Yes" on Form 990	, Part IV, line 34, b	ecause it had one o	or more	related tax-exe	mpt 	
	(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Direc	(f) ot controlling entity	contr	<b>g)</b> 512(b)(13) rolled tity?
					501(c)(3))			Yes	No
For Paperwork R	eduction Act Notice, see the Instructions	for Form 990.					Schedule R	(Form 99	90) 2022

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Dienroportionata		ortionate Code V-UBI		Percentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
				1					1		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?
CARNEGIE SCIENCE HOLDINGS - 84-3506481								163	140
813 SANTA BARBARA STREET									
PASADENA, CA 91101	HOLDING	DE	cis	C CORP	-2,514.	71,925.	100%	х	

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V	Transactions With Related Organizations.	Complete if the organization answered	"Yes" on Form 990, Part IV, line 34, 35b, or 36.
--------	--	---------------------------------------	--

1	1 During the tax year, did the organization engage in any of the following transactions with one or mo	re related organizations listed	in Parts II-IV?					
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a		Х		
	<b>b</b> Gift, grant, or capital contribution to related organization(s)			1b		Х		
С	c Gift, grant, or capital contribution from related organization(s)			1c		Х		
	d Loans or loan guarantees to or for related organization(s)			1d		Х		
	e Loans or loan guarantees by related organization(s)			1e		Х		
f	f Dividends from related organization(s)			1f		Х		
g	g Sale of assets to related organization(s)			<b>1</b> g		Х		
h	h Purchase of assets from related organization(s)			1h		X		
i	i Exchange of assets with related organization(s)			1i		Х		
j	j Lease of facilities, equipment, or other assets to related organization(s)			1j		Х		
k	k Lease of facilities, equipment, or other assets from related organization(s)			1k		Х		
ı	I Performance of services or membership or fundraising solicitations for related organization(s)			11		Х		
n	<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		1m		Х			
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							
0	Sharing of paid employees with related organization(s)			10		Х		
	p Reimbursement paid to related organization(s) for expenses			<b>1</b> p		X		
q	q Reimbursement paid by related organization(s) for expenses			1q		Х		
	r Other transfer of cash or property to related organization(s)			1r	Х			
	s Other transfer of cash or property from related organization(s)			1s		Х		
2	2 If the answer to any of the above is "Yes," see the instructions for information on who must comple	te this line, including covered r	relationships and transaction thresholds.					
	(a) (b)  Name of related organization (type (a-s))	(c) Amount involved	(d) Method of determining amount inv	olved				
1)	) NOT REQUIRED	0.						
2)	)							
3)								
4)								
-,								
5)	)							

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000