

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2022
Open to Public Inspection

A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30, 2023

B Check if applicable: C Name of organization: CARNEGIE INSTITUTION OF WASHINGTON
D Employer identification number: 53-0196523
E Telephone number: (202) 387-6400
G Gross receipts \$: 325,479,318.
H(a) Is this a group return for subordinates? Yes [X] No
H(b) Are all subordinates included? Yes No
I Tax-exempt status: [X] 501(c)(3)
J Website: WWW.CARNEGIESCIENCE.EDU
K Form of organization: [X] Corporation
L Year of formation: 1904
M State of legal domicile: DC

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... SEE SCHEDULE O. 2 Check this box if the organization discontinued its operations... 3-7a Activities & Governance. 8-12 Revenue. 13-19 Expenses. 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

Signature of officer: Maisha Williams, Date: 5/10/2024
Preparer: MARY TORRETTA, Date: 5/10/2024, PTIN: P00847851
Firm: GRANT THORNTON LLP, 1000 WILSON BOULEVARD, SUITE 1500, ARLINGTON, VA 22209

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes No

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**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](http://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.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  CARNEGIE INSTITUTION OF WASHINGTON	Taxpayer identification number (TIN)  53-0196523
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 5241 BROAD BRANCH ROAD NW	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20015-1305	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	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)	07		

MICHELE WARE

- The books are in the care of ▶ 5241 BROAD BRANCH ROAD NW - WASHINGTON, DC 20005

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 box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until     MAY 15, 2024    , to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning     JUL 1, 2022    , and ending     JUN 30, 2023    .

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**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.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 74,013,789. including grants of \$ 0. ) (Revenue \$ 9,750,087. ) SEE SCHEDULE O.

4b (Code: ) (Expenses \$ 9,852,697. including grants of \$ 678,247. ) (Revenue \$ 0. ) SEE SCHEDULE O.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 83,866,486.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and excess benefit transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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]

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed 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 only) available 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 financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
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-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL STAMBAUGH CHIEF INVESTMENT OFFICER	40.00 0.00					X		1,066,281.	0.	54,164.
(2) DR. ERIC D. ISAACS PRESIDENT	40.00 0.00			X				762,869.	0.	166,718.
(3) ELENA LITCHMAN SCIENTIFIC STAFF MEMBER	40.00 0.00					X		604,144.	0.	71,257.
(4) MARGARET MCFALL-NGAI DIVISION DIRECTOR (BEG 01/22)	40.00 0.00				X			575,108.	0.	83,189.
(5) JOHN S. MULCHAEY DIVISION DIRECTOR	40.00 0.00				X			550,071.	0.	64,505.
(6) JEFFREY DUKES SCIENTIFIC STAFF MEMBER	40.00 0.00					X		541,878.	0.	43,267.
(7) BENJAMIN J. ADERSON GENERAL COUNSEL & SECRETARY	40.00 0.00			X				377,242.	0.	70,374.
(8) MICHAEL WALTER DIVISION DIRECTOR	40.00 0.00				X			322,259.	0.	85,997.
(9) YIXIAN ZHENG DIVISION DIRECTOR	40.00 0.00				X			323,137.	0.	56,045.
(10) ANNA M. MICHALAK DEPARTMENT DIRECTOR	40.00 0.00				X			327,988.	0.	47,558.
(11) REBECCA BERNSTEIN SCIENTIFIC STAFF MEMBER	40.00 0.00					X		337,161.	0.	31,212.
(12) EDWARD LAMADE INVESTMENT DIRECTOR	40.00 0.00					X		326,812.	0.	31,607.
(13) MICHAEL MCCARTHY CHIEF OPERATING OFFICER (THRU 07/22)	40.00 0.00			X				278,097.	0.	43,607.
(14) GEORGE D. CODY SCIENTIFIC STAFF MEMBER	40.00 0.00						X	231,882.	0.	80,654.
(15) SEUNG YON RHEE SENIOR STAFF SCIENTIST	40.00 0.00						X	252,456.	0.	55,181.
(16) ZHIYONG WANG ACTING DIRECTOR & SNR STF SCI	40.00 0.00				X			243,256.	0.	55,269.
(17) MAISHA WILLIAMS CHIEF FINANCIAL OFFICER (BEG 04/23)	40.00 0.00			X				0.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RANDY STRINGER INTERIM CFO (THRU 04/23)	40.00 0.00			X				0.	0.	0.
(19) CRAIG R. BARRETT TRUSTEE/CHAIRMAN	6.00 0.00	X		X				0.	0.	0.
(20) DAVID THOMPSON TRUSTEE/VICE CHAIRMAN	6.00 0.00	X		X				0.	0.	0.
(21) CHRISTINE M. MCCARTHY TRUSTEE	2.00 0.00	X						0.	0.	0.
(22) CHRISTOPHER T.S. STONE TRUSTEE	1.00 0.00	X						0.	0.	0.
(23) CRISTIAN SAMPER TRUSTEE	2.00 0.00	X						0.	0.	0.
(24) DAVID SPERGEL TRUSTEE	1.00 0.00	X						0.	0.	0.
(25) JOHN F. CRAWFORD TRUSTEE	1.00 0.00	X						0.	0.	0.
(26) KATHERINE LAPP TRUSTEE	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								7,120,641.	0.	1,040,604.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								7,120,641.	0.	1,040,604.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 134

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
CSEM, SA, RUE JAQUET-DROZ 1 2000, 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.
<b>2</b> 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



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	15,102,318.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	39,361,172.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 263,140.				
	<b>h Total.</b> Add lines 1a-1f			54,463,490.			
Program Service Revenue	<b>2 a</b> <u>MAGELLAN TELESCOPE PROGRAM</u>	<b>Business Code</b>					
		541700	4,770,253.	4,770,253.			
	<b>b</b> <u>TELESCOPE NIGHTS</u>	541700	805,000.	805,000.			
	<b>c</b> <u>SLOAN DIGITAL SKY SURVEY</u>	541700	692,606.	692,606.			
	<b>d</b> <u>GEOCHEMICAL SOCIETY OFFICE</u>	541700	286,289.	286,289.			
	<b>e</b> <u>PLANT METAB. ENGRG &amp; SUSTBLTY</u>	541700	206,053.	206,053.			
	<b>f</b> All other program service revenue	541700	2,989,886.	2,989,886.			
<b>g Total.</b> Add lines 2a-2f			9,750,087.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		3,942,530.		2,740,765.	1,201,765.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties		240,488.			240,488.	
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real	264,125.			
			(ii) Personal				
				684,540.			
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>	-420,415.				
	<b>d</b> Net rental income or (loss)			-420,415.		-420,415.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	252,274,058.	4,406,638.		
			(ii) Other				
				191,462,584.	4,239,773.		
				60,811,474.	166,865.		
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>					
<b>c</b> Gain or (loss)	<b>7c</b>						
<b>d</b> Net gain or (loss)			60,978,339.		60,978,339.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b> <u>MOUNTAIN PRESENCE INCOME</u>	<b>Business Code</b>					
		721110	104,665.			104,665.	
	<b>b</b> <u>CELL TOWER RENTAL</u>	900099	16,261.		16,261.		
	<b>c</b> _____						
	<b>d</b> All other revenue	900099	16,976.			16,976.	
<b>e Total.</b> Add lines 11a-11d			137,902.				
<b>12 Total revenue.</b> See instructions			129,092,421.	9,750,087.	2,757,026.	62,121,818.	

**Part IX Statement of Functional Expenses**

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

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

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	510.	<b>1</b>	1,133.
	<b>2</b> Savings and temporary cash investments .....	29,311,752.	<b>2</b>	48,080,111.
	<b>3</b> Pledges and grants receivable, net .....	5,464,390.	<b>3</b>	8,302,193.
	<b>4</b> Accounts receivable, net .....	725,163.	<b>4</b>	583,228.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....	196,569.	<b>5</b>	94,988.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	570,290.	<b>7</b>	604,614.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	68,762,257.	<b>9</b>	77,044,620.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 262,093,174.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 159,286,123.		
	<b>11</b> Investments - publicly traded securities .....	104,556,947.	<b>10c</b>	102,807,051.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	679,315,059.	<b>11</b>	644,706,186.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	363,840,873.	<b>12</b>	371,105,542.
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	52,862,199.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	1,305,606,009.	<b>15</b>	53,573,327.	
		<b>16</b>	1,306,902,993.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	10,782,314.	<b>17</b>	13,612,467.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	26,886,427.	<b>19</b>	46,812,368.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	172,991,345.	<b>25</b>	171,853,484.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	210,660,086.	<b>26</b>	232,278,319.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	361,722,596.	<b>27</b>	339,801,935.
	<b>28</b> Net assets with donor restrictions .....	733,223,327.	<b>28</b>	734,822,739.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	1,094,945,923.	<b>32</b>	1,074,624,674.
	<b>33</b> Total liabilities and net assets/fund balances .....	1,305,606,009.	<b>33</b>	1,306,902,993.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	129,092,421.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	110,650,959.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	18,441,462.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	1,094,945,923.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-40,244,102.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	1,481,391.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	1,074,624,674.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

Form **990** (2022)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> 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.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	23,406,867.	16,746,850.	16,048,861.	16,168,736.	54,463,490.	126,834,804.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						31,054,373.
<b>6 Public support.</b> Subtract line 5 from line 4.						95,780,431.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	23,406,867.	16,746,850.	16,048,861.	16,168,736.	54,463,490.	126,834,804.
<b>8</b> 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.
<b>9</b> 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.
<b>10</b> 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.
<b>11 Total support.</b> Add lines 7 through 10						161,730,785.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	38,023,671.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	59.22 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	69.34 %
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV 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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** *(continued)*

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>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.</i>		
<b>2</b> 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? <i>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.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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? <i>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.</i>	Yes	No
<b>b</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? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). **See instructions.**  
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2022</b>	<b>(iii) Distributable Amount for 2022</b>
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
<b>e</b> Excess from 2022			

Schedule A (Form 990) 2022

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

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

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

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

CARNEGIE INSTITUTION OF WASHINGTON

Employer identification number

53-0196523

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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).

Name of organization  CARNEGIE INSTITUTION OF WASHINGTON	Employer identification number  53-0196523
----------------------------------------------------------------	--------------------------------------------------

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 32,723,085.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 4,285,136.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  CARNEGIE INSTITUTION OF WASHINGTON	Employer identification number  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
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization  CARNEGIE INSTITUTION OF WASHINGTON	Employer identification number  53-0196523
----------------------------------------------------------------	--------------------------------------------------

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

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

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.

Table with 2 columns: Name of organization (CARNEGIE INSTITUTION OF WASHINGTON) and Employer identification number (53-0196523)

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures \$
3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	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 \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
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 \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation... 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with 2 columns: Question, Yes/No. Rows include: 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).

Part IV Supplemental Information

Provide 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 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE C, PART II-B

CARNEGIE SCIENCE ENGAGES A GOVERNMENT AFFAIRS FIRM WITHIN THE LIMITS SET

BY IRS REGULATIONS TO COMMUNICATE WITH POLICYMAKERS REGARDING ISSUES

RELATED TO THE INSTITUTION'S MISSION, INCLUDING TO ENCOURAGE SCIENTIFIC

ADVANCEMENT AND GROW MUTUALLY BENEFICIAL PARTNERSHIPS WITH EDUCATIONAL

INSTITUTIONS.

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

2022

Open to Public Inspection

Name of the organization: CARNEGIE INSTITUTION OF WASHINGTON; Employer identification number: 53-0196523

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures, and amounts for revenue and assets.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	845,409,546.	1,012,501,278.	776,508,102.	809,799,014.	830,826,623.
b Contributions	37,136,921.	237,117.	619,014.	1,677,170.	729,659.
c Net investment earnings, gains, and losses	18,980,555.	-116,560,305.	289,000,021.	15,888,803.	26,582,732.
d Grants or scholarships			143,799.	14,055.	1,500,019.
e Other expenditures for facilities and programs	50,618,174.	47,013,544.	50,713,069.	48,016,412.	44,847,217.
f Administrative expenses	4,446,626.	3,755,000.	2,768,991.	2,826,418.	1,992,764.
g End of year balance	846,462,223.	845,409,546.	1,012,501,278.	776,508,102.	809,799,014.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 17.2300 %
  - b Permanent endowment 11.2100 %
  - c Term endowment 71.5600 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                                                                                                     | Yes | No |
|---------------------------------------------------------------------------------------------------------------------|-----|----|
| (i) Unrelated organizations                                                                                         | X   |    |
| (ii) Related organizations                                                                                          |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		579,366.		579,366.
b Buildings	21,086,389.	56,890,814.	33,743,116.	44,234,087.
c Leasehold improvements				
d Equipment		177,738,521.	125,223,977.	52,514,544.
e Other		5,798,084.	319,030.	5,479,054.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				102,807,051.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) 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)		
<b>Total.</b> (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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" 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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	171,853,484.

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



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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	86,283,250.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-40,244,102.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	1,481,391.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-38,762,711.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	125,045,961.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	4,731,000.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-684,540.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	4,046,460.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	129,092,421.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	106,604,499.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	684,540.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	684,540.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	105,919,959.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	4,731,000.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	4,731,000.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	110,650,959.

**Part XIII Supplemental Information.**

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

PART III, LINE 4:

ORGANIZATION'S COLLECTIONS

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, DEVICES AND

INSTRUMENTATION, AND PRINTED PUBLICATIONS. THE COLLECTION IS USED FOR

SCHOLARLY REFERENCE AND STUDY OF THE INSTITUTION'S PAST SCIENTIFIC

DISCOVERIES AS WELL AS FOR EDUCATION OF THE GENERAL PUBLIC.

PART V, LINE 4:

INTENDED USE OF ENDOWMENT FUNDS

THE ORGANIZATION'S ENDOWMENT FUNDS ARE INTENDED TO SUPPORT ITS OVERALL

**Part XIII** Supplemental Information (continued)

MISSION OF SUPPORTING SCIENTIFIC DISCOVERY "IN THE BROADEST AND MOST LIBERAL MANNER."

PART X, LINE 2:

FIN 48 FOOTNOTE

CARNEGIE HAS ANALYZED THE TAX POSITIONS TAKEN AND HAS CONCLUDED THAT AS OF JUNE 30, 2023 AND 2022, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PENSION RELATED CHANGES 1,481,391.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSES -684,540.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES 684,540.

**SCHEDULE E**  
**(Form 990)**

**Schools**

OMB No. 1545-0047

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

**2022**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public  
Inspection

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

CARNEGIE INSTITUTION OF WASHINGTON

Employer identification number

53-0196523

**Part I**

	YES	NO
<b>1</b> 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? .....	X	
<b>2</b> 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?	X	
<b>3</b> 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 community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II .....	X	
OUR NON-DISCRIMINATION POLICY IS AVAILABLE ON OUR WEBSITE, WWW.CARNEGIESCIENCE.EDU, UNDER ANTI-DISCRIMINATION POLICY.		
<b>4</b> Does the organization maintain the following?		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? .....	X	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? ..	X	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	X	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? .....	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
<b>5</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? .....		X
<b>b</b> Admissions policies? .....		X
<b>c</b> Employment of faculty or administrative staff? .....		X
<b>d</b> Scholarships or other financial assistance? .....		X
<b>e</b> Educational policies? .....		X
<b>f</b> Use of facilities? .....		X
<b>g</b> Athletic programs? .....		X
<b>h</b> Other extracurricular activities? .....		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
<b>6a</b> Does the organization receive any financial aid or assistance from a governmental agency? .....	X	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? .....		X
If you answered "Yes" on either line 6a or line 6b, explain on Part II.		
<b>7</b> 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 .....	X	

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

Schedule E (Form 990) 2022

**Part II Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

WE RECEIVE GRANTS AND PASS THROUGH FUNDS FROM SEVERAL FEDERAL AGENCIES

INCLUDING THE NATIONAL SCIENCE FOUNDATION (NSF), THE UNITED STATES

DEPARTMENT OF ENERGY (DOE), THE UNITED STATES DEPARTMENT OF HOMELAND

SECURITY (DHS), THE NATIONAL AERONAUTICS AND SPACE ADMINISTRATION (NASA),

THE UNITED STATES DEPARTMENT OF AGRICULTURE (USDA), THE OFFICE OF NAVAL

RESEARCH (ONR), THE NATIONAL INSTITUTE OF STANDARDS AND TECHNOLOGY (NIST),

AND OTHERS. THESE MONIES SUPPORT OUR SCIENTIFIC RESEARCH AND EDUCATION.

Multiple horizontal lines for supplemental information.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization <b>CARNEGIE INSTITUTION OF WASHINGTON</b>	Employer identification number <b>53-0196523</b>
-----------------------------------------------------------------------	-----------------------------------------------------

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

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		244,457,212.
NORTH AMERICA	0	0	INVESTMENTS		12,608,899.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		4,513,038.
SOUTH AMERICA	0	0	PROGRAM SERVICES	TELESCOPE OPERATIONS (OBS)	5,835,591.
SOUTH AMERICA	1	85	PROGRAM SERVICES	SALARIES PAID TO OBS EMPLOYEES BASED AT LCO	612,205.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	MEETINGS/CONFERENCES	101,348.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	MEETINGS/CONFERENCES	19,850.
SOUTH AMERICA	0	0	PROGRAM SERVICES	MEETINGS/CONFERENCES	90,031.
<b>3 a Subtotal</b> .....	1	85			268,238,174.
<b>b Total from continuation sheets to Part I</b> .....	0	0			70,888.
<b>c Totals</b> (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









**Part IV Foreign Forms**

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

**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 ACCRUAL METHOD OF ACCOUNTING IS USED TO ACCOUNT FOR FOREIGN

EXPENDITURES.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization CARNEGIE INSTITUTION OF WASHINGTON Employer identification number 53-0196523

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance

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

**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 required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS & OTHER ASSISTANCE IN US  
 AS A RESEARCH INSTITUTION, CARNEGIE PROVIDES FELLOWS WITH THE OPPORTUNITY  
 TO PURSUE INDEPENDENT RESEARCH AND THE TRAINING TO ACQUIRE THE ADDITIONAL  
 SKILLS AND EXPERTISE NEEDED TO BECOME A SUCCESSFUL SCIENTIST. CARNEGIE  
 MONITORS THE FELLOWSHIP EXPERIENCE TO ACHIEVE BOTH OBJECTIVES. FELLOWS  
 PURSUE THEIR RESEARCH PROGRAM RELATIVELY INDEPENDENTLY BUT HAVE FULL ACCESS  
 TO CARNEGIE FACILITIES AND STAFF MEMBERS AND TYPICALLY 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 J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

CARNEGIE INSTITUTION OF WASHINGTON

Employer identification number

53-0196523

**Part I Questions Regarding Compensation**

**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.

- |                                                                    |                                                                                     |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> First-class or charter travel  | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions          | <input type="checkbox"/> Payments for business use of personal residence            |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)          |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** 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.

- |                                                                         |                                                                                     |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>	X	
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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.

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

**Transactions With Interested Persons**

OMB No. 1545-0047

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.

**2022**

Attach to Form 990 or Form 990-EZ.

**Open To Public Inspection**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization CARNEGIE INSTITUTION OF WASHINGTON	Employer identification number 53-0196523
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**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

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

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
SEUNG YON RHEE	DEPT DIR	MORTGAGE		X	761,694.	94,988.		X	X		X	
<b>Total</b> .....						\$ 94,988.						

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization: **CARNEGIE INSTITUTION OF WASHINGTON**  
Employer identification number: **53-0196523**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	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				
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 organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

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

SCHEDULE M, PART I, COLUMN (B):

NUMBER OF CONTRIBUTIONS

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN COLUMN

(B).

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

CARNEGIE INSTITUTION OF WASHINGTON

Employer identification number

53-0196523

FORM 990, 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, THE  
ENVIRONMENT, AND CLIMATE. CARNEGIE RESEARCHERS ARE CONTRIBUTING TO  
INTERDISCIPLINARY EFFORTS INVESTIGATING HOW LIFE EVOLVED ON THIS PLANET

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

232211 10-28-22

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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

Name of the organization CARNEGIE INSTITUTION OF WASHINGTON	Employer identification number 53-0196523
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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



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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

Name of the organization CARNEGIE INSTITUTION OF WASHINGTON	Employer identification number 53-0196523
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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

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OFFICER. THE INDEPENDENT COMPENSATION STUDY FOCUSES ON THE COMPENSATION 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

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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.
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**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization <p align="center">CARNEGIE INSTITUTION OF WASHINGTON</p>	Employer identification number <p align="center">53-0196523</p>
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**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2022



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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....	X	
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NOT REQUIRED		0.	
(2)			
(3)			
(4)			
(5)			
(6)			

