

Return of Organization Exempt From Income Tax

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

2024

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

Form header section containing fields B through M: 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 (\$ 439,184,960), H(a) Is this a group return, H(b) Are all subordinates included?, I Tax-exempt status, J Website (WWW.CARNEGIESCIENCE.EDU), K Form of organization (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, 2-7 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.

Signature block fields: Sign Here (Randy A Stringer, Chief Financial Officer), Preparer (Mary Torretta), Date (5/8/2026), Firm's name (GRANT THORNTON ADVISORS LLC), Firm's address (1000 WILSON BOULEVARD, SUITE 1500, ARLINGTON, VA 22209), Firm's EIN (99-1856619), Phone no. (703-847-7500)

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

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

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 up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, 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).

**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.

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.

**Part I - Identification**

<b>Type or Print</b>	Name of exempt organization, employer, 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 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

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

Telephone No. 202-939-1122 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, 20 26, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 \_\_\_\_\_ or  
 tax year beginning JUL 1, 20 24, and ending JUN 30, 2025

**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.

**For Privacy Act and Paperwork Reduction Act Notice, see 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 \$ 74,965,605. including grants of \$ 0. ) (Revenue \$ 12,305,423. ) SEE SCHEDULE O.

4b (Code: ) (Expenses \$ 10,389,380. including grants of \$ 1,371,719. ) (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 85,354,985.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

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 1a-1c regarding Form 1096 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
JESSICA PORET - 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	953,591.	0.	63,665.	
(2) DR. ERIC D. ISAACS PRESIDENT (THRU 12/24)	40.00 0.00			X			879,169.	0.	98,832.	
(3) EDWARD LAMADE INVESTMENT DIRECTOR	40.00 0.00					X	536,812.	0.	88,855.	
(4) JOHN S. MULCHAEY - PRESIDENT (BEG 10/24); DIV DIR (THRU 10/24)	41.00 0.00			X			461,399.	0.	75,379.	
(5) MAISHA WILLIAMS CHIEF FINANCIAL OFFICER (THRU 4/25)	40.00 0.00			X			462,441.	0.	64,576.	
(6) MICHAEL WALTER DIVISION DIRECTOR	40.00 0.00				X		341,872.	0.	98,800.	
(7) BENJAMIN J. ADERSON GENERAL COUNSEL & SECRETARY	40.00 0.00			X			369,357.	0.	66,966.	
(8) ANNA M. MICHALAK DEPARTMENT DIRECTOR	40.00 0.00					X	326,209.	0.	90,409.	
(9) WILLIAM FAHEY SCIENTIFIC STAFF MEMBER	40.00 0.00					X	313,838.	0.	83,741.	
(10) MARGARET MCFALL-NGAI DIVISION DIRECTOR	40.00 0.00					X	320,243.	0.	75,548.	
(11) YIXIAN ZHENG DIVISION DIRECTOR	40.00 0.00					X	322,988.	0.	65,061.	
(12) REBECCA BERNSTEIN SCIENTIFIC STAFF MEMBER	40.00 0.00					X	311,880.	0.	66,285.	
(13) JEFFREY DUKES SCIENTIFIC STAFF MEMBER	40.00 0.00					X	246,115.	0.	75,578.	
(14) ZHIYONG WANG ACTING DIRECTOR & SNR STF SCI	40.00 0.00					X	247,919.	0.	58,601.	
(15) MARY E. MAXON TRUSTEE & SENIOR VICE PRESIDENT	41.00 0.00	X					110,275.	0.	13,408.	
(16) RANDY STRINGER INTERIM CFO & TREASURER (BEG 4/25)	40.00 0.00			X			0.	0.	0.	
(17) CRAIG R. BARRETT CHAIRMAN	6.00 0.00	X		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) DAVID THOMPSON VICE CHAIRMAN	6.00 0.00	X		X				0.	0.	0.
(19) ANNE BONAPARTE TRUSTEE	1.00 0.00	X						0.	0.	0.
(20) SUZANNE BRENNER TRUSTEE (BEG (4/25))	1.00 0.00	X						0.	0.	0.
(21) JOHN F. CRAWFORD TRUSTEE	1.00 0.00	X						0.	0.	0.
(22) MICHAEL A. DUFFY TRUSTEE	2.00 0.00	X						0.	0.	0.
(23) SANDRA M. FABER TRUSTEE	1.00 0.00	X						0.	0.	0.
(24) STEPHEN P.A. FODOR TRUSTEE (THRU 5/25)	1.00 0.00	X						0.	0.	0.
(25) RUSH D. HOLT, JR. TRUSTEE (THRU 5/25)	1.00 0.00	X						0.	0.	0.
(26) TOM KORZENECKI TRUSTEE	2.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								6,204,108.	0.	1,085,704.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								6,204,108.	0.	1,085,704.

**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 157

	Yes	No
<b>3</b> Did the organization list any <b>former</b> 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
CBRE, INC, P.O. BOX 740935 LOCATION CODE 2010, LOS ANGELES, CA 90074	PROJECT MANAGEMENT	2,463,983.
SMITHGROUP, INC, 550 SOUTH HOPE STREET, SUITE 1950, LOS ANGELES, CA 90071	CONSTRUCTION DESIGN SERVICES	2,008,104.
CALIFORNIA INSTITUTE OF TECHNOLOGY, 1200 EAST CA BLVD MC 234-6, PASADENA, CA 91125	STUDENT & TECHNOLOGY SVCS	661,363.
ORR GROUP 3000 K ST NW STE E280, WASHINGTON, DC 20007	FUNDRAISING STRATEGY ADVICE	346,471.
UNIV. OF SOUTHERN CA, CARNEGIE-PHY DEPT-12, 3616 TROUSDALE PKWY, LOS ANGELES, CA 90089	STUDENT SUPPORT	301,667.
<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	11	

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>	11,147,240.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	4,707,976.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 108,782.				
	<b>h Total.</b> Add lines 1a-1f .....			15,855,216.			
Program Service Revenue	<b>2 a</b> <u>MAGELLAN TELESCOPE PROGRAM</u>	<b>Business Code</b>					
		541700	4,361,030.	4,361,030.			
	<b>b</b> <u>TELESCOPE NIGHTS</u>	541700	1,138,629.	1,138,629.			
	<b>c</b> <u>ADVANCING CORAL CELL SCIENCE</u>	541700	859,381.	859,381.			
	<b>d</b> <u>MIRMOS</u>	541700	381,091.	381,091.			
	<b>e</b> <u>SLOAN AETHER PROJECT</u>	541700	369,062.	369,062.			
	<b>f</b> All other program service revenue .....	541700	5,196,230.	5,196,230.			
<b>g Total.</b> Add lines 2a-2f .....			12,305,423.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		3,760,936.			3,760,936.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....		45.			45.	
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
			272,410.				
	<b>b</b> Less: rental expenses ...	<b>6b</b>	288,916.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	-16,506.				
	<b>d</b> Net rental income or (loss) .....			-16,506.			-16,506.
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
			(ii) Other				
			406,591,000.				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	332,262,365.	89,609.			
<b>c</b> Gain or (loss) .....	<b>7c</b>	74,328,635.	-89,609.				
<b>d</b> Net gain or (loss) .....			74,239,026.			74,239,026.	
<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	370,563.			370,563.	
	<b>b</b> <u>CELL TOWER RENTAL</u>	900099	29,367.		29,367.		
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....			399,930.				
<b>12 Total revenue.</b> See instructions .....			106,544,070.	12,305,423.	29,367.	78,354,064.	

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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Pension, Advertising, and Total functional expenses.

**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 .....	966.	<b>1</b>	812.
	<b>2</b> Savings and temporary cash investments .....	47,066,602.	<b>2</b>	26,567,651.
	<b>3</b> Pledges and grants receivable, net .....	6,933,287.	<b>3</b>	4,329,597.
	<b>4</b> Accounts receivable, net .....	912,340.	<b>4</b>	2,122,790.
	<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 .....	0.	<b>5</b>	0.
	<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 .....	591,148.	<b>7</b>	518,097.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	76,212,944.	<b>9</b>	81,383,019.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 257,048,207.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 164,611,828.		
	<b>11</b> Investments - publicly traded securities .....	621,043,869.	<b>11</b>	679,103,790.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	414,448,464.	<b>12</b>	395,273,124.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	56,456,073.	<b>15</b>	59,059,970.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	1,316,876,813.	<b>16</b>	1,340,795,229.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	14,720,086.	<b>17</b>	46,818,392.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	47,504,050.	<b>19</b>	47,570,194.
	<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 .....	170,996,858.	<b>25</b>	171,476,306.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	233,220,994.	<b>26</b>	265,864,892.
<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 .....	345,177,620.	<b>27</b>	308,991,789.
	<b>28</b> Net assets with donor restrictions .....	738,478,199.	<b>28</b>	765,938,548.
	<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 .....	1,083,655,819.	<b>32</b>	1,074,930,337.
<b>33</b> Total liabilities and net assets/fund balances .....	1,316,876,813.	<b>33</b>	1,340,795,229.	

**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>	106,544,070.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	112,285,627.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-5,741,557.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	1,083,655,819.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	33,608,337.
<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>	-36,592,262.
<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>	1,074,930,337.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
<b>b</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 _____	X	

Form **990** (2024)



**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	16,048,861.	16,168,736.	54,463,490.	19,290,581.	15,855,216.	121,826,884.
<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 .....	16,048,861.	16,168,736.	54,463,490.	19,290,581.	15,855,216.	121,826,884.
<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) .....						31,251,255.
<b>6 Public support.</b> Subtract line 5 from line 4.						90,575,629.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....	16,048,861.	16,168,736.	54,463,490.	19,290,581.	15,855,216.	121,826,884.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	4,949,797.	1,619,804.	1,706,378.	4,635,968.	4,033,391.	16,945,338.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	8,830.	2,303,021.	1,901,008.	0.	0.	4,212,859.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	215,432.	28,098.	121,641.	173,963.	399,930.	939,064.
<b>11 Total support.</b> Add lines 7 through 10						143,924,145.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	47,524,911.
<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 2024 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	62.93	%
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	<b>15</b>	62.38	%
<b>16a 33 1/3% support test - 2024.</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 - 2023.</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 - 2024.</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 - 2023.</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) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (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. Add lines 1 through 5; 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. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (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. (Add lines 9, 10c, 11, and 12.)

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 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 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 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2024. 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 - 2023. 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

Table with 3 columns: Question, Yes, No. Rows 1-10b containing questions about supported organizations, including their status, control, and support.

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, 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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<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 (describe in <b>Part VI</b> ). 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 2024 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-2024</b>	<b>(iii) Distributable Amount for 2024</b>
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019			
<b>b</b> From 2020			
<b>c</b> From 2021			
<b>d</b> From 2022			
<b>e</b> From 2023			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to under distributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, 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 2024. 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 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020			
<b>b</b> Excess from 2021			
<b>c</b> Excess from 2022			
<b>d</b> Excess from 2023			
<b>e</b> Excess from 2024			

Schedule A (Form 990) 2024

**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:

MOUNTAIN PRESENCE INCOME

2020 AMOUNT: \$ 211,556.  
 2021 AMOUNT: \$ 28,098.  
 2022 AMOUNT: \$ 104,665.  
 2023 AMOUNT: \$ 150,000.  
 2024 AMOUNT: \$ 370,563.

OTHER

2020 AMOUNT: \$ 3,876.  
 2022 AMOUNT: \$ 16,976.  
 2023 AMOUNT: \$ 23,963.  
 2024 AMOUNT: \$ 29,367.

**Schedule B  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

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/>	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 439,642.	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

2024

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 I-B. Do not complete Part I-C.
Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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 (EIN) (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 EINs 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) 2024

**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: 30%;">IF the amount on line 1e, column (a) or (b), is:</th> <th>THEN 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:	THEN 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:	THEN 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) 2021	(b) 2022	(c) 2023	(d) 2024	(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					

Schedule C (Form 990) 2024

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 columns: (a) Yes/No, (b) Amount. Rows include questions about lobbying activities like volunteers, paid staff, media, mailings, etc., with a total amount of 153,000.

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 questions about dues, lobbying expenditures, and carryover.

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 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and taxable amount.

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.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

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)**

(Rev. December 2024)

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

OMB No. 1545-0047

**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.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education)     Preservation of a historically important land area

Protection of natural habitat     Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year \_\_\_\_\_

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes     No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

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

Yes     No

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1 ..... \$ 0.

(ii) Assets included in Form 990, Part X ..... \$ 174,303.

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

a Revenue included on Form 990, Part VIII, line 1 ..... \$ \_\_\_\_\_

b Assets included in Form 990, Part X ..... \$ \_\_\_\_\_

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

**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 in 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	849,654,122.	846,462,223.	845,409,546.	1,012,501,278.	776,508,102.
b Contributions	143,930.	142,705.	37,136,921.	237,117.	619,014.
c Net investment earnings, gains, and losses	94,218,472.	61,431,710.	18,980,555.	-116,560,305.	289,000,021.
d Grants or scholarships					143,799.
e Other expenditures for facilities and programs	50,053,000.	49,144,435.	50,618,174.	47,013,544.	50,713,069.
f Administrative expenses	5,367,000.	9,238,079.	4,446,626.	3,755,000.	2,768,991.
g End of year balance	888,596,524.	849,654,122.	846,462,223.	845,409,546.	1,012,501,278.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 18.0000 %
  - b Permanent endowment 11.0000 %
  - c Term endowment 71.0000 %
- 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? |     |    |
- 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		13,092,420.		13,092,420.
b Buildings		57,089,392.	36,569,733.	20,519,659.
c Leasehold improvements				
d Equipment		175,267,991.	126,662,878.	48,605,113.
e Other		11,598,404.	1,379,217.	10,219,187.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				92,436,379.

**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	256,363,561.	END-OF-YEAR MARKET VALUE
(B) REAL ASSETS/NATURAL RESOURCES	138,909,563.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))	395,273,124.	

**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, line 13, col. (B))		

**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, line 15, col. (B))	

**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	149,004,397.
(3) ACCRUED POSTRETIREMENT BENEFIT	22,471,909.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	171,476,306.

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>	136,450,229.
<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> 33,607,520.		
<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>		
<b>e</b>	Add lines 2a through 2d		<b>2e</b>	33,607,520.
<b>3</b>	Subtract line 2e from line 1		<b>3</b>	102,842,709.
<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> 3,990,276.		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b> -288,915.		
<b>c</b>	Add lines 4a and 4b		<b>4c</b>	3,701,361.
<b>5</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<b>5</b>	106,544,070.

**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>	145,176,898.
<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> 38,028,547.		
<b>e</b>	Add lines 2a through 2d		<b>2e</b>	38,028,547.
<b>3</b>	Subtract line 2e from line 1		<b>3</b>	107,148,351.
<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> 3,990,276.		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b> 1,147,000.		
<b>c</b>	Add lines 4a and 4b		<b>4c</b>	5,137,276.
<b>5</b>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		<b>5</b>	112,285,627.

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

PART X, LINE 2:

FIN 48 FOOTNOTE

CARNEGIE FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO

**Part XIII** Supplemental Information (continued)

THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED.

CARNEGIE IS EXEMPT FROM INCOME TAX UNDER INTERNAL REVENUE CODE (THE CODE) SECTION 501(C)(3), THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. CARNEGIE HAS PROCESSES IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. CARNEGIE HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE ACCOMPANYING FINANCIAL STATEMENTS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSES -288,915.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

PENSION RELATED EXP 1,147,370.
RENTAL EXPENSES 288,915.
IMPAIRMENT LOSSES 33,704,614.
LOSS ON CONTRIBUTIONS RECEIVABLE 2,887,648.
TOTAL TO SCHEDULE D, PART XII, LINE 2D 38,028,547.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

POSTRETIREMENT CHANGES 1,147,000.

**SCHEDULE E  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Schools**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

CARNEGIE INSTITUTION OF WASHINGTON

Employer identification number

53-0196523

**Part I**

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....	X	
2 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	
3 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, HTTPS://CARNEGIESCIENCE.EDU/ABOUT/WORKING/CODE-CONDUCT.		
4 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff? .....	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? ...	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	X	
d 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.		
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges? .....		X
b Admissions policies? .....		X
c Employment of faculty or administrative staff? .....		X
d Scholarships or other financial assistance? .....		X
e Educational policies? .....		X
f Use of facilities? .....		X
g Athletic programs? .....		X
h Other extracurricular activities? .....		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
6a Does the organization receive any financial aid or assistance from a governmental agency? .....	X	
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 in Part II.		
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering racial nondiscrimination? If "No," explain in Part II .....	X	

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

Schedule E (Form 990) (Rev. 12-2024)

**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 FEDERAL FINANCIAL ASSISTANCE IN THE FORM OF GRANTS, COOPERATIVE AGREEMENTS, AND PASS-THROUGH FUNDING FROM VARIOUS U.S. GOVERNMENT AGENCIES, INCLUDING THE NATIONAL SCIENCE FOUNDATION (NSF), THE NATIONAL INSTITUTES OF HEALTH (NIH), THE U.S. DEPARTMENT OF ENERGY (DOE), THE NATIONAL AERONAUTICS AND SPACE ADMINISTRATION (NASA), THE U.S. DEPARTMENT OF AGRICULTURE (USDA), AND THE OFFICE OF NAVAL RESEARCH (ONR). THESE FUNDS SUPPORT SCIENTIFIC RESEARCH, EDUCATIONAL PROGRAMS, AND RELATED ACTIVITIES, INCLUDING TRAINING AND STUDENT SUPPORT WHERE APPLICABLE.

**SCHEDULE F  
(Form 990)**

(Rev. December 2024)  
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

**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
SOUTH AMERICA	2	90	PROGRAM SERVICES	TELESCOPE OPERATIONS (OBS)	5,298,569.
SOUTH AMERICA	0	0	PROGRAM SERVICES	SALARIES PAID TO OBS EMPLOYEES BASED AT LCO	640,363.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	INTERNATIONAL TRAVEL	361,125.
SOUTH AMERICA	0	0	PROGRAM SERVICES	INTERNATIONAL TRAVEL	167,096.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	INTERNATIONAL TRAVEL	78,002.
NORTH AMERICA	0	0	PROGRAM SERVICES	INTERNATIONAL TRAVEL	27,717.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	INTERNATIONAL TRAVEL	23,357.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	INTERNATIONAL TRAVEL	10,665.
<b>3 a Subtotal</b> .....	2	90			6,606,894.
<b>b Total from continuation sheets to Part I</b> .....	0	0			251,741,436.
<b>c Totals</b> (add lines 3a and 3b) .....	2	90			258,348,330.

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

Schedule F (Form 990) (Rev. 12-2024)







**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 the 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 the 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 the 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 the 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 the 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 the 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.

Lined area for supplemental information input.



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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts .....			
	2	Less: Contributions .....			
	3	Gross income (line 1 minus line 2) .....			
Direct Expenses	4	Cash prizes .....			
	5	Noncash prizes .....			
	6	Rent/facility costs .....			
	7	Food and beverages .....			
	8	Entertainment .....			
	9	Other direct expenses .....			
	10	Direct expense summary. Add lines 4 through 9 in column (d) .....			
	11	Net income summary. Subtract line 10 from line 3, column (d) .....			

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

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

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

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

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

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

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

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_

c If "Yes," enter the name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

- Director/officer       Employee       Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: ORR GROUP

(I) ADDRESS OF FUNDRAISER:

3000 K STREET NW, SUITE E280, WASHINGTON, DC 20007

(II) ACTIVITY: PROVIDES COUNSEL ON CAMPAIGNS AND PLANNED GIVING SERVICES

SCHEDULE G, PART I, LINE 2B

ORR GROUP PROVIDES STRATEGY ADVICE AND SUPPORT FOR MAJOR GIFT AND PLANNED GIVING CAMPAIGNS, INCLUDING ASSISTANCE ON PROGRAM DEVELOPMENT AND PROSPECT RESEARCH TO SUPPORT CARNEGIE'S FUNDRAISING EFFORTS.





**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	49	1,371,719.	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 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

**Part IV Supplemental Information**

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)**

(Rev. December 2024)  
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

**Open to Public  
Inspection**

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

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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 type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	X	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....	X	
<b>3</b> 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 checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment? .....		X
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....		X
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization? .....	X	
<b>b</b> Any related organization? .....		X
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization? .....		X
<b>b</b> Any related organization? .....		X
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> 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 .....	X	
<b>8</b> 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 .....		X
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....		

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

Schedule J (Form 990) (Rev. 12-2024)

**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)	581,825.	368,670.	3,096.	60,185.	3,480.	1,017,256.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DR. ERIC D. ISAACS PRESIDENT (THRU 12/24)	(i)	761,150.	87,500.	30,519.	69,000.	29,832.	978,001.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) EDWARD LAMADE INVESTMENT DIRECTOR	(i)	361,632.	175,000.	180.	50,663.	38,192.	625,667.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JOHN S. MULCHAEY - PRESIDENT (BEG 10/24); DIV DIR (THRU 10/24)	(i)	458,303.	0.	3,096.	61,962.	13,417.	536,778.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MAISHA WILLIAMS CHIEF FINANCIAL OFFICER (THRU 4/25)	(i)	411,721.	50,000.	720.	51,405.	13,171.	527,017.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MICHAEL WALTER DIVISION DIRECTOR	(i)	337,120.	0.	4,752.	66,568.	32,232.	440,672.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) BENJAMIN J. ADERSON GENERAL COUNSEL & SECRETARY	(i)	345,659.	0.	23,698.	50,663.	16,303.	436,323.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ANNA M. MICHALAK DEPARTMENT DIRECTOR	(i)	302,939.	0.	23,270.	53,717.	36,692.	416,618.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) WILLIAM FAHEY SCIENTIFIC STAFF MEMBER	(i)	310,793.	0.	3,045.	56,640.	27,101.	397,579.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MARGARET MCFALL-NGAI DIVISION DIRECTOR	(i)	318,167.	0.	2,076.	62,750.	12,798.	395,791.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) YIXIAN ZHENG DIVISION DIRECTOR	(i)	298,842.	0.	24,146.	60,921.	4,140.	388,049.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) REBECCA BERNSTEIN SCIENTIFIC STAFF MEMBER	(i)	311,466.	0.	414.	53,408.	12,877.	378,165.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) JEFFREY DUKES SCIENTIFIC STAFF MEMBER	(i)	245,701.	0.	414.	43,386.	32,192.	321,693.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) ZHIYONG WANG ACTING DIRECTOR & SNR STF SCI	(i)	223,731.	0.	24,188.	46,168.	12,433.	306,520.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

PART I, LINE 1A:

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.

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:

NONFIXED 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 M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2024**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

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	576	108,384. 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**

30a During the year, did the organization receive by contribution any property reported on 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.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2024

**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):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN COLUMN

(B).

Multiple horizontal lines for data entry.

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**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 BIOLOGY, EARTH AND PLANETARY SCIENCES, AND ASTRONOMY.

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 SCIENCE IS A WORLD-RENOWNED CENTER FOR SCIENTIFIC RESEARCH IN  
ASTRONOMY, EARTH AND PLANETARY SCIENCES, AND BIOLOGY. CARNEGIE  
RESEARCHERS EMPLOY INTERDISCIPLINARY EFFORTS TO INVESTIGATE HOW THE  
UNIVERSE WAS FORMED, HOW LIFE EVOLVED ON THIS PLANET, AND THE POTENTIAL  
FOR LIFE TO EXIST ELSEWHERE IN THE COSMOS. CARNEGIE 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 AT LAS CAMPANAS OBSERVATORY IN CHILE, WHERE 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 WHEN IT IS COMPLETED. CARNEGIE EARTH AND PLANETARY  
SCIENTISTS POSSESS EXPERTISE IN PETROLOGY, HIGH-PRESSURE AND  
HIGH-TEMPERATURE PHYSICS, AND NOVEL MATERIAL SYNTHESIS, AMONG OTHER  
CORE AREAS. SOME CARNEGIE SCIENTISTS 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. CARNEGIE BIOLOGISTS ARE  
EMPLOYING INNOVATIVE APPROACHES TO UNDERSTANDING THE INTERCONNECTED  
NATURE OF LIFE ON EARTH. WORKING ACROSS SCALES FROM GENOMES TO  
ECOSYSTEMS, CARNEGIE BIOLOGISTS ARE PROBING FUNDAMENTAL PLANET-SHAPING  
PROCESSES LIKE PHOTOSYNTHESIS AND GLOBAL NUTRIENT CYCLES, AS WELL AS  
THE MICROBIAL RELATIONSHIPS THAT UNDERPIN NEARLY EVERY ASPECT OF LIFE  
ON OUR PLANET. THEIR EFFORTS CAN INFORM AGRICULTURAL SUSTAINABILITY,  
ECOLOGICAL RESILIENCE, AND THE FIGHT AGAINST CLIMATE CHANGE, AS WELL AS  
INFORM THE SEARCH FOR BIOSIGNATURES ON DISTANT WORLDS.

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

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

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

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. CARNEGIE ALSO PARTNERS WITH LOCAL SCHOOLS AND SCHOOL DISTRICTS TO OFFER MORE INSTRUCTION ON ASTRONOMY AND PLANETARY SCIENCE, AND MAKES INFORMATION AVAILABLE CONCERNING CARNEGIE'S SCIENTIFIC RESEARCH FINDINGS TO THE GENERAL PUBLIC THROUGH LECTURES AND OTHER PROGRAMMING.

FORM 990, PART VI, SECTION A, LINE 2:

RELATIONSHIPS

CHRISTOPHER STONE AND JOHN CRAWFORD: BUSINESS RELATIONSHIP

FORM 990, PART VI, SECTION A, LINE 3:

RANDY STRINGER RE-JOINED CARNEGIE SCIENCE IN APRIL 2025 AS THE INTERIM CHIEF FINANCIAL OFFICER. IN THIS ROLE, MR. STRINGER OVERSEES THE DAILY FINANCIAL OPERATIONS AS WELL AS PROVIDES EXPERTISE AROUND THE INSTITUTIONAL TRANSFORMATIONAL CHANGE THAT CARNEGIE IS UNDERGOING. MR. STRINGER REPORTS DIRECTLY TO CARNEGIE'S PRESIDENT, JOHN MULCHAHEY.

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 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. TRUSTEES ARE ENCOURAGED TO CONTACT THE CHIEF OPERATING OFFICER OR DIRECTOR OF FINANCE WITH ANY QUESTIONS.

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:

PROCESS FOR DETERMINING EXECUTIVE COMPENSATION

CARNEGIE ENGAGES AN INDEPENDENT COMPENSATION CONSULTING FIRM TO CONDUCT A

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

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 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 THE PUBLIC ON THE INSTITUTION'S WEBSITE. THE ORGANIZATION MAKES ITS 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:

LOSS ON CONTRIBUTIONS RECEIVABLE	-2,887,648.
PERIODIC POSTRETIREMENT BENEFIT COST	
IMPAIRMENT LOSSES	-33,704,614.
TOTAL TO FORM 990, PART XI, LINE 9	-36,592,262.

**SCHEDULE R  
(Form 990)**

(Rev. January 2025)

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.

OMB No. 1545-0047

**Open to Public  
Inspection**

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

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

**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



**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
<b>(1)</b> NOT REQUIRED		0.	
<b>(2)</b>			
<b>(3)</b>			
<b>(4)</b>			
<b>(5)</b>			
<b>(6)</b>			

