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The Andy Warhol Museum See Sched O for more

DLN: 93493308007170

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury

A For the 2009 ca	lendar vesi	r, or tax year beginning 01-01-2009 and ending 12-31-2009			Inspection		
B Check if applicable Address change	Please use IRS label or	C Name of organization CARNEGIE INSTITUTE Doing Business As	D Employer 25-0965 E Telephone				
Name change Initial return Terminated	print or type. See Specific Instruc- tions.	Number and street (or P O box if mail is not delivered to street addres 4400 FORBES AVENUE	s) Room/suite	(412) 62			
Amended return Application pending		City or town, state or country, and ZIP + 4 PITTSBURGH, PA 152134080					
	DAVID 4400 F	ne and address of principal officer M HILLENBRAND PHD ORBES BURGH,PA 15213	H(a) Is this a group return for affiliates? Yes				
Tax-exempt status	▽ 501(c)	(3) ◀ (Insert no)		No," attach a lı oup exemption	ıst (see ınstructions) number ⊨		
J Website: - www	w carnegien	nuseums org	. ,				
		ion	L Year of t	formation 1926	M State of legal domicile PA		
1 Briefly		e organization's mission or most significant activities v Carnegie in 1895, Carnegie Museums of Pittsburgh is a co	lection of fo	our distinctive	museums dedicated to		

exploration through art and science Carnegie Museum of Art, Carnegie Musuem of Natural History, Carnegie Science Center and

Governa				
၌ ဒီ	2	Check this box 🔭 if the organization discontinued its operations or disposed of	more than 25% of its net	assets
26	3	Number of voting members of the governing body (Part VI, line 1a)		3
Activities	4	Number of independent voting members of the governing body (Part VI, line 1b)		44:
₹	5	Total number of employees (Part V, line 2a)	·	51,10:
a ब	6	Total number of volunteers (estimate if necessary)	ı	61,12:
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12 .		7a 27,419
	ь	Net unrelated business taxable income from Form 990-T, line 34	7	'b
			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	24,431,493	19,001,932
Ravenue	9	Program service revenue (Part VIII, line 2g)	15,066,367	13,137,581
<u>o</u> >-	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,576,839	35,919,252
ď.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,278,112	1,751,056
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	57,352,811	69,809,821
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
8	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	24,407,654	22,978,846
<u>8</u>	16a	Professional fundraising fees (Part IX, column (A), line 11e)	219,347	256,313
Expenses	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶3,266,683		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	36,275,220	28,452,769
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	60,902,221	51,687,928
	19	Revenue less expenses Subtract line 18 from line 12	-3,549,410	18,121,893
Net Assets or Fund Balances			Beginning of Current Year	End of Year
88. 88. 88.	20	Total assets (Part X, line 16)	320,861,997	389,543,442
쭕	21	Total liabilities (Part X, line 26)	41,400,293	45,084,963
žĒ	22	Net assets or fund balances Subtract line 21 from line 20	279,461,704	344,458,479
D		Signature Plack		

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

Sign
Here

2010-11-03 DAVID M HILLENBRAND PHD PRESIDENT & CHIEF EXECUTIVE OFFICER

Type or print name and title Preparer's signature

Paid Preparer's Use Only

Firm's name (or yours if self-employed), address, and ZIP + 4

Check ıf empolyed 🕨 🔽

Cat No 11282Y

Preparer's identifying number (see instructions)

Phone no

May the IRS discuss this return with the preparer shown above? (see instructions) .

┌Yes ┌No

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

To serve as a catalyst for growth and knowledge, offer a home to thinking and inquisitive children and adults,

Did the organization undertake any significant program services during the year which were not listed on the prior Form 99 or 99 0-E27							
Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported (Code) (Expenses \$ 9,481,161 including grants of \$) (Revenue \$ 10,734,759) CARNEGIE MUSEUM OF ART-ENGAGED AUDIENCES THROUGH ITS NATIONALLY BECOGNIZED COLLECTIONS, EXHIBITIONS, AND PROGRAMS THE 8,500 SQUARE-FOOT ALISA MELLON BRUCE GALLERY FOR DECORATIVE ARTS REOPRIED AS WELL AS 13 NEW EXHIBITIONS, WHICH RECEIVED CRITICAL ACCIAIN BY THE MEDIA MAJOR WORK WAS CONCLUDED TO PRESERVE THE WORK OF CHANGES "TERMIE" HARRIS, WHO EXHIBITIONS WHICH RECEIVED CRITICAL ACCIAIN BY THE MEDIA MAJOR WORK WAS CONCLUDED TO PRESERVE THE WORK OF CHARLES "TERMIE" HARRIS, WHO EXHIBITIONS WHICH RECEIVED CRITICAL ACCIAIN BY THE MEDIA ACTIVITIES, COMMUNITY PAINTNETS FROM 1936 TO 1975 EDUCATIONAL PROGRAMS SERVED MORE THAN 35,000 INDIVIDUALS THROUGH A WIDE RANGE OF OFFERINGS, BOTH ON- AND OFF-SITE THE MUSEUM CONTINUED ITS EFFORT TO REACH AND ENGAGE AUDIENCES THROUGH A VARIETY DESIGNED PROGRAMS AND ACTIVITIES, COMMUNITY PAINTNETS, SICH ORD SERVED MORE THAN 35,000 INDIVIDUALS THROUGH A WIDE RANGE OF OFFERINGS, BOTH ON- AND OFF-SITE THE MUSEUM CONTINUED TO SERVED MORE THAN 35,000 INDIVIDUALS THROUGH A WIDE RANGE OF OFFERINGS, BOTH ON- AND OFF-SITE THE MUSEUM CONTINUED TO SERVED MORE TO PART AND ENGAGE MUSEUM OF ART THE CRANGE FLUES—WERE OFFERED AS PART OF AN ON-CONTINUE THE PROBLEMS OF A PART AND ENGAGE MUSEUM OF ART THE CRANE FLUES—WERE OFFERED AS PART OF AN ON-CONTINUED TO EXCITE THE PUBLIC'S INAGINATION MAJOR NEW EXHIBITIONS INCLUDED THE HORSE AND WHALES/TOHORA TWO EXHIBITION INCREDITS SINCE MUSEUM SINCE AND SINCE AND SINCE AND SINCE AND SINCE AND SINC	2					r which were not listed on	┌ Yes ┌ No
Services?		If "Yes," describe these	e new services on Sc	hedule O			
Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 5.01 (c)(3) and 5.01 (c)(4) organizations and section 4.947 (a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported (Code) (Expenses 9,481,161 including grants of \$) (Revenue \$ 10,734,759) CARNEGIE MUSEUM OF ART-ENGAGED AUDIENCES THROUGH ITS NATIONALLY RECOGNIZED COLLECTIONS, EXHIBITIONS, AND PROGRAMS THE 8,500 SQUARE-FOOT ALISA MELION BRUCE GALLERY FOR DECORATIVE ARTS REOPENED AS WELL AS 13 NEW EXHIBITIONS, WHICH RECEPTED CRITICAL ACCIAIM BY THE MEDIA MAJOR WORK WAS CONCLUDED TO PRESERVE THE WORK OF CHARLES TEENIE* HARRIS, WHO PHOTOGRAPHED PITT SBURGH'S ARKICAN AMERICAN COMMUNITY FROM 1936 TO 1975 EDUCATIONAL PROGRAMS SERVED MORE THAN 35,000 INDIVIDUALS THROUGH A WIDE RANGE OF OFFERINGS, BOTH ON- AND OFF-SITE THE MUSEUM CONTINUED ITS EFFORT TO REACH AND ENGAGE ADDIENCES THROUGH A VARIETY OF INITIATIVES SUCH AS SPECIALLY DESIGNED PROGRAMS AND ACTIVITIES, COMMUNITY PARTNERSHIPS, SCHOLARSHIPS, AND FREE OR DISCOUNTED ADMISSIONS THESE EXCELLENT OPPORTUNITIES ALL CONTRIBUTED TO ATTENDANCE OF 171,129 FOR CARNEGIE MUSEUM OF ART (Code) (Expenses \$ 11,690,934 including grants of \$) (Revenue \$ 7,901,522) CARNEGIE MUSEUM OF NATURAL HISTORY - DINOSAURS IN THEIR TIME, THE \$36 MILLION DINOSAUR EXHIBIT HALL OPENED IN 2007, CONTINUED TO EXCITE THE PUBLIC'S IMAGINATION MADOR NEW EXHIBITIONS INCLUDED THE HORSE AND WHALES/TOHORA TWO EXHIBITIONS—INSECTS, INKS \$ INKLINGS AND LOAD OF THE CRANIE FLUES—WERE OFFERED AS PART OF AN ON-GOING SERIES HIGHLIGHTING THE RESEARCH WORK OF THE MUSEUM'S SCIENTISTS'S EDUCATION PROGRAMS REACHED 133,295 PEOPLE, INCLUDING UNIVERSITY STUDENTS, ELEMENTARY, MIDDLE AND HIGH SCH 4c (Code) (Expenses \$ 10,765,318 including grants of \$) (Revenue \$ 8,957,720) CARNEGIE SCIENCE CENTER - IN ADDITION TO THE PERRAMBENT EXHIBITIST—ONNIMAX THEATER, PLANETARIM AND SUBMARINE—ROBOWO	3	•	ase conducting, or n	nake sıgnıfıcan	it changes in how it co	nducts, any program	┌ Yes ┌ No
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		Total program service					· · · · · · · · · · · · · · · · · · ·
		a. program service	enpointer 4	J, JJ I, JJ I			Form 990 /2009

art TV	Chec	klist o	f Require	d Schedule	_
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A No	ļ	l	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III</i>	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

orm	990 (2009)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No.
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V	Statements Regarding Other IRS Filings and Tax Compliance
--------	---

			Yes	No
.a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
а	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	3a	Yes	
h	return?	3b	Yes	
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ►CA, CJ, LU See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
•	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
•	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	Yes	
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		N c
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
J	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

4400 FORBES AVENUE PITTSBURGH, PA 152134080

(412) 622-3301

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

Se	ection A. Governing Body and Management			
			Yes	No
		1		
4-	Enterthe number of voting members of the revenue had.	1		
1a L	Enter the number of voting members of the governing body			
ь	,	•		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			140
	evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed PA, AR, CA, FL, IL, MD, MA, MT, N	J, NY	, O H , V	A , WV
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ie orga	nızatıor	ı)
	FRANK A CARDIELLO CPA			

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

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. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not compensate any current or former officer, director, trustee or key employee										
(A) Name and Title	(B) Average hours	Posi t	(C tion (hat a	ched	ckal)	I		(D) Reportable compensation	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)		compensation from the organization and related organizations
See add'l data										

1b Total .										•	•	2,487,988	243,	548

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 14

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

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
MASCARO CONSTRUCTION COLP 1720 METROPOLITAN STREET PITTSBURGH, PA 15233	Construction Contractor	3,909,301
ROTO GROUP LLC 4150 TULLER ROAD DUBLIN, OH 43017	Robotic Exhibit et al	494,634
TURNER CONSTRUCTION CO 620 LIBERTY AVENUE PITTSBURGH, PA 15222	Construction Contractor	447,720
MASSARO RESTORATION SERVICES LLC 604 EPSILON DRIVE PITTSBURGH, PA 15238	Storm Restoration	366,030
PARKHURST DINING SERVICES PO BOX 644091 PITTSBURGH, PA 15264	Food Services	330,229
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►16	who received more than	

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Form 99								Page 9
Part V	/1111	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
\$ \$	1a	Federated cam	paigns 1a					
죮	ь	Membership du	es 1b					
Contributions, gifts, grants and other similar amounts	c	Fundraising eve	ents 1 c	246,002				
# <u>i</u> to	d	Related organiz	ations 1d					
<u>بر آ</u>	e	Government grants	s (contributions) 1e	5,634,487				
tíor si	f	All other contribution	ons, gifts, grants, and 1f	13,121,443		į	j	
ē Ā	g	Noncash contri	butions included in					
ξĎ		lines 1a-1f \$,567,996					
<u>~~</u>	h	Total. Add lines	s 1a-1f	· · · · •	19,001,932			
<u>a</u>				Business Code				
Program Serwce Revenue	2a	Admissions		713,990	5,449,001	5,449,001		
<u> </u>	b	Membership Fees		713,990	2,814,250	2,814,250		
M C.e	C	Tuitions		713,990	1,483,800	1,483,800		
Š	d	Exhibit Leases		713,990	1,222,231	1,222,231		
E	e	Miscellaneous		713,990	776,009	776,009		
Ď	f	All other progra	am service revenue		1,392,290	1,287,671	104,619	
<u>*</u>	g	Total. Add lines	s 2a-2f		13,137,581			
	3		ome (including dividen	. F				
	_		ar amounts)	⊢	19,604,114			19,604,114
	4 5		tment of tax-exempt bond	· · · · · · · · · · · · · · · · · · ·	51,972			51,972
		Royalties	(ı) Real	(II) Personal	,			
	6a	Gross Rents	2,415,087	(II) I CISOIIII				
	ь	Less rental	1,192,843					
	c	expenses Rental income	1,222,244					
	d	or (loss) Net rental incoi	me or (loss)		1,222,244	1,114,507	107,737	
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	103,794,493	24,033,332				
	Ь	Less cost or other basis and sales expenses	106,991,369	4,521,318				
	c	Gain or (loss)	-3,196,876	19,512,014				
	d		s)		16,315,138	16,315,138		
Other Revenue	8a	·	luding ,002 s reported on line 1c) se 18					
ā.	_	1	a	162,951				
₽	b с		penses b (loss) from fundraising	316,758 events ►	-153,807	-153,807		
	9a		rom gaming activities					
	ь		a penses b					
	100		loss) from gaming acti	vities				
	IVA	Gross sales of returns and allo		2,367,477				
	ь		oods sold b	1,551,893				
	С		loss) from sales of inve		815,584	815,584		
	11a	Miscellaneous		Business Code 900,003	-184,937		-184,937	
	ь	Ltd Partnershi	ps income	200,003	134,337		104,557	
	l d	All other reven						
	d e	Total. Add lines						
		. Julian Add Illies	,		-184,937			
	12	Total revenue.	See Instructions .	▶	69,809,821	31,124,384	27,419	19,656,086

Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) organizations must complete all columns.											
	ll other organizations must complete column (A) but are not required to	complet e column	ns (B), (C), and (B)	(D). (C)	(D)							
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses							
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV , line 21 $$											
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22											
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16											
4	Benefits paid to or for members											
5	Compensation of current officers, directors, trustees, and key employees	2,480,028	1,108,096	996,366	375,566							
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$											
7	Other salaries and wages	16,307,008	13,153,316	1,607,754	1,545,938							
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	452,561	343,160	62,158	47,243							
9	Other employee benefits	2,012,086	1,669,573	176,570	165,943							
10	Payroll taxes	1,727,163	1,353,204	214,046	159,913							
11	Fees for services (non-employees)											
а	Management											
b	Legal	172,272	157,817	14,455	0							
c	Accounting	74,974	0	74,974	0							
d	Lobbying	60,000	0	60,000	0							
е	Professional fundraising See Part IV, line 17	256,313			256,313							
f	Investment management fees	750,939	12,466	738,473	0							
g	Other	1,764,729	1,391,896	148,344	224,489							
12	Advertising and promotion	1,363,087	1,262,018	96,895	4,174							
13	Office expenses	120,991	99,921	8,883	12,187							
14	Information technology	564,327	23,975	504,689	35,663							
15	Royalties											
16	Occupancy	4,523,571	4,435,556	80,094	7,921							
17	Travel	423,447	382,958	3,344	37,145							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials											
19	Conferences, conventions, and meetings	85,041	80,898	2,014	2,129							
20	Interest	1,144,551	570,600	573,951	0							
21	Payments to affiliates											
22	Depreciation, depletion, and amortization	4,863,373	148,460	4,713,622	1,291							
23	Insurance	648,596	636,463	11,041	1,092							
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)											
а	Production & Exhibition	3,825,562	3,825,562	0	0							
b	Repairs & Maintenance	1,022,246	989,831	26,968	5,447							
c	Collections/Purchases	918,615	918,615	0	0							
d	Facilities Other	907,240	880,697	24,356	2,187							
e	Write-off of Impaired Asset	946,645	231,979	714,666	0							
f	All other expenses	4,272,563	3,640,885	249,636	382,042							
25	Total functional expenses. Add lines 1 through 24f	51,687,928	37,317,946	11,103,299	3,266,683							
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation											

Pa	rt X	Balance Sheet						
					(A) Beginning of year		(B) End of year	
	1	Cash—non-interest-bearing			140,149	1	37,250	
	2	Savings and temporary cash investments			9,308,780	2	16,134,303	
	3	Pledges and grants receivable, net			16,882,046	3	11,274,002	
	4	Accounts receivable, net			4,392,009	4	22,211,228	
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, key	employees, and				
		Schedule L				5		
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II		n 4958(f)(1)) and				
		Schedule L				6		
ets	7	Notes and loans receivable, net				7		
Assets	8	Inventories for sale or use			775,612	8	759,161	
⋖	9	Prepaid expenses and deferred charges			639,702	9	1,097,039	
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	145,721,773				
	ь	Less accumulated depreciation	10b	59,866,033	88,187,040	10c	85,855,740	
	11	Investments—publicly traded securities	· ·		161,829,895	11	206,060,348	
	12	Investments—other securities See Part IV, line 11			38,265,000	12	45,689,489	
	13	Investments—program-related See Part IV, line 11				13		
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11			441,764	15	424,882	
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			320,861,997	16	389,543,442	
	17	Accounts payable and accrued expenses .			6,690,266	17	7,222,357	
	18	Grants payable				18		
	19	Deferred revenue			206,839	19	836,926	
	20	Tax-exempt bond liabilities			29,085,000	20	27,975,000	
<u>8</u>	21	Escrow or custodial account liability Complete Part IV of Schedu	le D			21		
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	,					
===		persons Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third parties		•	5,287,591	23	9,044,624	
	24	Unsecured notes and loans payable to unrelated third parties				24		
	25	Other liabilities Complete Part X of Schedule D			130,597	25	6,056	
	26	Total liabilities. Add lines 17 through 25			41,400,293	26	45,084,963	
-S		Organizations that follow SFAS 117, check here ► 🔽 and complete through 29, and lines 33 and 34.	olet e l	ines 27				
anc	27	Unrestricted net assets			68,762,378	27	86,656,031	
Balance	28	Temporarily restricted net assets			24,537,413	28	27,808,908	
	29	Permanently restricted net assets			186,161,913	29	229,993,540	
돌		Organizations that do not follow SFAS 117, check here ▶ □ a	nd con	nplete				
or Fund		lines 30 through 34.						
	30	Capital stock or trust principal, or current funds	ital stock or trust principal, or current funds					
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31		
	32	Retained earnings, endowment, accumulated income, or other for	ınds			32		
¥	33	Total net assets or fund balances			279,461,704	33	344,458,479	
_	34	Total liabilities and net assets/fund balances			320,861,997	34	389,543,442	

Part XI Financial Statements and Reporting

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

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization CARNEGIE INSTITUTE

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection **Employer identification number**

Da	28 T	Door	on for Del	blic Charity Stat	ue /All ara	anizations	must same	lata this sa	25-096528			
	rt I			blic Charity Stat e foundation because						tructions		
	nyaiii								,			
1	<u>'</u>			on of churches, or as				(I)(A)(I).				
2	<u> </u>			ın section 170(b)(1)				470/5/4//	/ ::: .			
3	<u> </u>			perative hospital serv								
4	ı		cal research l's name, cit	organization operate y, and state	ed in conjunc	tion with a r	iospital desci	ribed in secti	on 1/0(b)(1))(A)(III). Ent	erthe	
5	Γ	_	-	erated for the benefit	_	or university	owned or op	erated by a g	jovernmental	l unit describ	 ed in	
	_			A)(iv). (Complete Pa	•							
6	<u>_</u>			local government or	=							
7	 ~	describ	ed ın	t normally receives a A)(vi) (Complete Pa		part of its s	upport from a	a government	tal unit or froi	m the genera	l public	С
8	Γ	A comn	nunity trust	described in section	170(b)(1)(A	(Com	plete Part II)				
9	Γ	Anorga	nization tha	t normally receives	(1) more tha	n 331/3% o	f its support f	from contribu	tions, membe	ership fees, a	and gro	SS
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of										
		ıts supp	ort from gro	ss investment incom	ne and unrela	ated busines	s taxable ınc	ome (less se	ction 511 ta	x) from busii	nesses	
		acquire	d by the org	anızatıon after June 3	30,1975 Se	e section 50	09(a)(2). (Co	mplete Part	III)			
10	Г	An orga	anization org	anized and operated	exclusively	to test for p	ublic safety S	See section 5	09(a)(4).			
11 e	one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d Type III - Other											
f		section If the o check t	509(a)(2) rganızatıon r hıs box	received a written de	termination f	from the IRS	that it is a T	ype I, Type I	[I or Type II]			
g			g persons?	006, has the organiz	ation accept	ted any gift o	or contributio	n irom any oi	the			
		(i) a pe	rson who dır	ectly or indirectly co	ntrols, eithe	r alone or to	gether with p	ersons desci	rıbed ın (ıı)		Yes	No
		and (III)) below, the $\mathfrak g$	governing body of the	the support	ed organizat	ion?			11g(i)		
		(ii) a fa	mıly membe	r of a person describ	ed in (i) abov	ve?				11g(ii)		
		(iii) a 3	5% controll	ed entity of a person	described in	ı (ı) or (ıı) ab	ove?			11g(iii		
h		Provide	the followin	g information about t	the supported	d organizatio	on(s)					
(ii) Name of supported organization (see (iii) Type of organization (described on supported organization (see (iii) Type of organization in col (i) listed in your governing document? (iv) Is the organization in col (i) listed in your governing document?								Is the organizat	nization in (vii)) organized A mount			
				instructions))	Yes	No	Yes	No	Yes	No		
Tota												

Support Schedule for Organizations Described in IRC 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.) Part II

_	(Complete only if y	ou checked the	box on line 3, 1	, or o or rait i	•/		
	ection A. Public Support endar year (or fiscal year beginning	1	T	1	T		<u> </u>
Care	in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do no	t 35,221,57	39,052,456	41,363,043	24,431,493	19,001,93	159,070,497
	include any "unusual						
2	grants ") Tax revenues levied for the						
_	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the organization without						
	charge						
4	Total. Add lines 1 through 3	35,221,57	39,052,456	41,363,043	24,431,493	19,001,93	2 159,070,497
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						5,237,852
	on line 1 that exceeds 2% of the amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5						452,022,645
	from line 4						153,832,645
S	ection B. Total Support						<u> </u>
Cal	endar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	beginning in)	35,221,573	19,942,744	41,363,043	24,431,493	19,001,93	
7	A mounts from line 4 Gross income from interest,	33,221,373	19,942,744	41,303,043	24,431,493	19,001,93	2 139,070,497
8	dividends, payments received						
	on securities loans, rents,	17,750,667	19,942,744	34,332,852	12,781,738	16,459,21	101,267,211
	royalties and income from						
	sımılar sources						
9	Net income from unrelated						
	business activities, whether or			67,138	477,007	27,41	9 571,564
	not the business is regularly carried on						
10	Other income (Explain in Part						
10	IV) Do not include gain or loss						
	from the sale of capital						
	assets						
11	Total support (Add lines 7						260,909,272
12	through 10) L Gross receipts from related activity	tion ata (Canina	tructions \			T T	
	·	•	•			12	118,185,647
13	First Five Years If the Form 990 is check this box and stop here	for the organizat	ion's first, second	third, fourth, or f	ifth tax year as a !	501(c)(3) orga	inization, ►
	check this box and stop here						F1
S	ection C. Computation of Pu	blic Support	Percentage				
14	Public Support Percentage for 200			11 column (f))		14	58 960 %
15	Public Support Percentage for 200)8 Schedule A, Pa	art II, line 14			15	58 850 %
16a	33 1/3% support test—2009. If the	e organization did	not check the hox	on line 13 and l	ine 14 is 33 1/3%		
	and stop here. The organization qu					or more, enec	₩ ▽
b	33 1/3% support test-2008. If th	e organization did	not check the box	on line 13 or 16	a, and line 15 is 3	3 1/3% or mo	e, check this
	box and stop here. The organization			-			▶ ┌
17a	10%-facts-and-circumstances test						
	is 10% or more, and if the organiz						
	in Part IV how the organization me organization	ets the lacts an	u circumstances"	test ine organiza	ation quannes as i	a publicly supp	orted F
ь	10%-facts-and-circumstances test	t— 2008. If the ord	ganızatıon dıd not o	heck a box on lin	ie 13, 16a, 16b. o	r 17a and line	- 1
	15 is 10% or more, and if the orga	ınızatıon meets th	ne "facts and circu	mstances" test, o	heck this box and	stop here.	
	Explain in Part IV how the organiz	ation meets the "	facts and circumst	ances" test The	organization qual	ıfıes as a publı	
	supported organization			46. 46! 45			► □
18	Private Foundation If the organiza	tion did not chec	ка box on line 13,	16a, 16b, 17a oi	r 1 / b, check this l	pox and see	▶ □
	ınstructions						-

organization

Pa	(Complete only if you				(a)(2)		
Se	ction A. Public Support			•			
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,			+			
2	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513 Tax revenues levied for the						
4	organization's benefit and either						
	paid to or expended on its						
	behalf			-			
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons						
b	A mounts included on lines 2 and 3						
	received from other than disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public Support (Subtract line 7 c from line 6)						
Se	ction B. Total Support	1				1	
	ndar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	ın)	(4) 2003	(2) 2000	(6) 2007	(4) 2000	(0,200)	(1) otal
9	A mounts from line 6 Gross income from interest,						
10a	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
ь	sources Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
с 11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the						
12	business is regularly carried on Other income. Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
13	IV) Total support (Add lines 9, 10c,						
13	11 and 12)						
14	First Five Years If the Form 990 is fo	or the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orga	
	check this box and stop here						►□
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	0 %
16	Public support percentage from 200	8 Schedule A , P	art III, line 15			16	
Se	ction D. Computation of Inve						
17	Investment income percentage for 2	009 (line 10c co	olumn (f) divided l	by line 13 colum	n (f))	17	0 %
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	. 7		18	
19a	33 1/3% support tests—2009. If the					than 33 1/3% ar	nd line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T	ne organization q	ualities as a publ	ıcıy supported		

33 1/3% support tests—2008. 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 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

Additional Data

Software ID: Software Version:

EIN: 25-0965280

Name: CARNEGIE INSTITUTE

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program	services				
(Code) (Expenses \$	4,784,741	including grants of \$) (Revenue \$	3,521,761)
ıncludıng the works	s of Warhol through the lens of	hibitions inclu	x- hibitions including the work ding the works of Warhol throu iol through the lens of hibitions	gh the lens of hibitions includ	ing the works of
(Code) (Expenses \$	595,792	ıncludıng grants of \$) (Revenue \$	36,041)
Other Programs ar	e offered via the Arts Education	on Collaboratıv	е		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and	Independ	ent C	ontractors ´			
(A) Name and Title	(B) Average hours per		(C) ition (check all that apply)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Highest compensated employee Key employee Officer Institutional Trustee	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
JOHN ABARBOUR-VOTING	1 00	X		0	0	0
Trustee RAYMOND TBETLER-VOTING Science Ctr Bd Chair	2 00	X		0	0	0
DOREEN EBOYCE-VOTING Trustee	1 00	х		0	0	0
SUZANNE W BROADHURST-VOTING Director, Corp Giving	2 00	х		0	0	0
HOWARD JBRUSCHI-VOTING Trustee	1 00	Χ		0	0	0
JOANNE EBURLEY-VOTING Trustee	1 00	X		0	0	0
OLIVER BYRD-VOTING Trustee	1 00	Х		0	0	0
JOHN CCAMILLUS-VOTING Trustee	1 00	Х		0	0	0
JARED LCOHON-VOTING Trustee	1 00	Х		0	0	0
JUDITH MDAVENPORT-VOTING Trustee	1 00	Х		0	0	0
RANDALL SDEARTH VOTING Warhol Bd Chair	2 00	X		0	0	0
JOHN DEFAZIO-VOTING Trustee	1 00	Х		0	0	0
NICHOLAS JDEIULIIS-VOTING Trustee	1 00	Χ		0	0	0
JAMES CDIGGS-VOTING Trustee	1 00	Χ		0	0	0
ROY GDORRANCEIII-VOTING Trustee	1 00	X		0	0	0
GEORGE FEICHLEAY-VOTING Trustee	1 00	X		0	0	0
SYLVIA VFIELDS-VOTING Trustee	1 00	Х		0	0	0
EVAN SFRAZIER-VOTING Trustee	1	Х				
HENRY JGALLIOT-VOTING Trustee	1	Х				
JOSEPH CGUYAUX-VOTING Chair Natural History	2	Х				
TERESA HEINZ-VOTING Trustee	1	X				
WILLIAM EHUNT-VOTING Museum of Art Chair	2	Х				
WILLIAM HISLER-VOTING Trustee	1	X				
JAMES RJOHNSON-VOTING CMP Bldg &Grounds	2	X				
LAUREL KARET-VOTING Trustee	1	Х				

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

compensated Employees, and Endependent contractors										
(A) Name and Title	(B) A verage hours	A verage Position (check all hours that apply)				II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
MARSHALL PKATZ-VOTING Trustee	1	Х								
BARBARA DLOGAN-VOTING Trustee	1	X								
FRANK JLUCCHINO Trustee	1	X								
MARTIN GMCGUINN-VOTING Chair CMP Audit Com	2	X								
J KEVIN MCMAHON-VOTING Trustee	1	×								

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514					
A dmissions	713,990	5,449,001	5,449,001							
Membership Fees	713,990	2,814,250	2,814,250							
Tuitions	713,990	1,483,800	1,483,800							
Exhibit Leases	713,990	1,222,231	1,222,231							
Mıscellaneous	713,990	776,009	776,009							

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Production & Exhibition	3,825,562	3,825,562	0	0
Repairs & Maintenance	1,022,246	989,831	26,968	5,447
Collections/Purchases	918,615	918,615	0	0
Facilities Other	907,240	880,697	24,356	2,187
Write-off of Impaired Asset	946,645	231,979	714,666	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493308007170

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Political Campaign and Lobbying Activities

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. ► See separate instructions.

Open to Public

Interna	l Revenue Service		► Attach to Form 990 or Form 990	·EZ. ► See separate	inst ruct ions.			Open to Inspe	
	_	nswered "Yes	s," to Form 990, Part IV, Line 3, or	Form 990-EZ, Par	t VI, line 46 (Polit	ical C	ampa		
ther			mulata Darta I A and D. Da nat a small	to Dort I C					
			mplete Parts I-A and B Do not comple 01(c)(3)) organizations Complete Pa		Do not complete P	art LR			
	ction 527 organiza		· / · / ·	its 174 and 6 below	Bo not complete i	aitib			
	•	•	s," to Form 990, Part IV, Line 4, or	· Form 990-EZ, Par	t VI, line 47 (Lobl	bying .	Activi	ties), the	n
	, , , ,	•	have filed Form 5768 (election under	, ,,	•		•		
	, , , ,	•	have NOT filed Form 5768 (election in	•					
	_		s," to Form 990, Part IV, Line 5 (P	roxy Tax) or Form	990-EZ, line 35a (regar	ding	oroxy tax)	, then
	me of the organiz	,, , ,	rations Complete Part III		Employ	er ider	ntific a	tion numbe	ar.
	RNEGIE INSTITUTE	2011			Linploy	CI IGCI	itilica	ion namb	-1
					25-096				
Par	t I-A Comple	te if the or	ganization is exempt under	section 501(c)	or is a sectio	n 52/	org	anizatio	n.
1	Provide a descr	ıptıon of the org	anızatıon's dırect and ındırect polit	cal campaign activ	ities in Part IV				
2	Political expend	itures				-	\$		
3	V olunteer hours						_		
Dar	+ T-P Comple	to if the or	ganization is exempt under	saction E01(s)	(3)				
1			tax incurred by the organization un		(3).	<u> </u>			
		-	·		1055		\$ <u> </u>		
2			tax incurred by organization manag		1955		\$ <u> </u>		
3			ection 4955 tax, did it file Form 47.	20 for this year?				☐ Yes	∏ No —
4a	Was a correctio							☐ Yes	∏ No
ь	If "Yes," descri								
			ganization is exempt under				1(c)(3).	
1	Enter the amou	nt directly expe	nded by the filing organization for so	ection 527 exempt	function activities	•	\$		
2	Enter the amous exempt funtion a	•	rganızatıon's funds contributed to o	ther organizations f	or section 527		_		
	·					•	۰ ـــــ		
3	Total exempt fu	nction expendit	ures Add lines 1 and 2 Enter here	and on Form 1120	POL, line 17b	•	\$ <u></u>		
4	Did the filing or	ganızatıon file F	orm 1120-POL for this year?					☐ Yes	┌ No
5			d employer identification number (E						
			on listed, enter the amount paid froi e promptly and directly delivered to						
			ittee (PAC) If additional space is n			. 11 as a	3 e ha	ate segre	gateu
	(a) Nam		(b) Addross	(c) EIN	(d) A mount noid	£		A mount o	f nolitical

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -

section 4911 tax for this year?

┌ Yes ┌ No

Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3) ar	nd filed Form 5768	(election
	Check If the filing organization belongs to	•		
<u>B</u>	Check I if the filing organization checked bo Limits on Lobbying E (The term "expenditures" means a		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	136,683	
c	Total lobbying expenditures (add lines 1a and 1	b)	136,683	
d	Other exempt purpose expenditures	51,551,245		
е	Total exempt purpose expenditures (add lines 1	51,687,928		
f	Lobbying nontaxable amount Enter the amount columns	1,000,000		
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 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		
	Grassroots nontaxable amount (enter 25% of lin	ne 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, ent	er -0-		
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -		

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 instructions for lines 2a through 2f on page 4.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total				
2a	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000				
ь —	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000				
_c	Total lobbying expenditures	118,140	60,162	118,940	136,683	433,925				
_d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000				
e 	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000				
f	Grassroots lobbying expenditures	118,140	60,162	35,682		213,984				

che	dule C (Form 990 or 990-EZ) 200						Page 3
Pa	rt II-B Complete if the or (election under se	rganization is exempt under ection 501(h)).	section 501(c)(3) and has I				
			-	(;	a)	(b)
				Yes	No	A mo	unt
1		anization attempt to influence foreign t to influence public opinion on a legis					
а	Volunteers?						
b	Paid staff or management (includ	e compensation in expenses reported	l on lines 1c through 1i)?				
c	Media advertisements?						
d	Mailings to members, legislators	, or the public?					
е	Publications, or published or broa	adcast statements?					
f	Grants to other organizations for	lobbying purposes?					
g	Direct contact with legislators, th	neır staffs, government officials, or a l	egislative body?				
h	Rallies, demonstrations, seminar	s, conventions, speeches, lectures, c	rany sımılar means?				
i	Other activities? If "Yes," descri	ibe in Part IV					
j	Total lines 1c through 1:						
2a	Did the activities in line 1 cause	the organization to be not described	n section 501(c)(3)?				
Ь	If "Yes," enter the amount of any	tax incurred under section 4912					
c	If "Yes," enter the amount of any	tax incurred by organization manage	rs under section 4912				
d	If the filing organization incurred	a section 4912 tax, did it file Form 4	720 for this year?				
Par	t III-A Complete if the or 501(c)(6).	ganization is exempt under	section 501(c)(4), section !	501(c)(5), o		
	W					Yes	s No
1		nore) dues received nondeductible by			-	2	
2	=	n-house lobbying expenditures of \$2,0			-	3	
3		ryover lobbying and political expendit		-01/-	\(\(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
26H	501(c)(6) if BOTH	rganization is exempt under Part III-A, lines 1 and 2 are					ion
	answered "Yes".						
1	Dues, assessments and similar a			1			
2	expenses for which the section 5	bbbying and political expenditures (do 27(f) tax was paid).	o not include amounts of political				
a	Current year	(. , para).		2a			
ь	Carryover from last year			2b			
c	Total			2c			
3	Aggregate amount reported in se	ction 6033(e)(1)(A) notices of nonde	ductible section 162(e) dues	3			
4	If notices were sent and the amo	unt on line 2c exceeds the amount or	line 3, what portion of the excess				
	does the organization agree to ca political expenditure next year?	arryover to the reasonable estimate o	f nondeductible lobbying and	4			
5	Taxable amount of lobbying and p	political expenditures (see instruction	ıs)	5			
Pä	rt IV Supplemental Info	ormation					
	mplete this part to provide the des o, complete this part for any addit	criptions required for Part I-A, line 1, ional information	Part I-B, line 4, Part I-C, line 5, an	d Part	II-B, lıne	11	
	Ident if ier	Return Reference	Explana	t ion			

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As Filed Data

DLN: 93493308007170

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** CARNEGIE INSTITUTE 25-0965280 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ┌ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-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 Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during

	the taxable 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?
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ►
7	A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

Par	411 Organizations Maintaining Co	ollections of Art	, His	toric	<u>al Trea</u>	asures, or	Othe	r Simila	r Asse	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	ne follo	wing tha	t are a signific	ant u	ise of its co	ollectio	n	
а	Public exhibition		d	<u>~</u>	Loan or	exchange prog	grams	;			
Ь	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and expla	ın hov	w they	further t	he organizatio	n's ex	kempt purp	ose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than							nılar	Г	Yes	√ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar						ed "Y	es" to Fo	rm 990),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	dian or other interme	dıary	for co	ntrıbutıo	ns or other as	sets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ving tal	ole				A mo	unt	
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 F	orm 990, Part X, line	e 21?						Г	Yes	┌ No
ь	If "Yes," explain the arrangement in Part XI\	/									
Pa	rt V Endowment Funds. Complete	ıf the organızatıoı	n ans	wered	d "Yes"						
		(a)Current Year	(Ł	Prior Y		(c)Two Years Ba	ck (d	Three Years	Back (e	e)Four Ye	ears Back
la	Beginning of year balance	205,341,782			564,854						
b	Contributions	3,529,000			963,756						
c	Investment earnings or losses	64,268,969		-89,	494,435						
d	Grants or scholarships	15,217,000		1.4	044,000						
е	Other expenditures for facilities and programs	13,217,000		14,	044,000						
f	Administrative expenses	687,000			648,393						
g	End of year balance	257,235,751		205,	341,782						
2	Provide the estimated percentage of the yea	r end balance held a	is				•		•		
а	Board designated or quasi-endowment	9 9 5 0 % %									
ь	Permanent endowment ► 87 390 % %	•									
c	Term endowment ► 2 660 % %										
3a	Are there endowment funds not in the posse	ssion of the organiza	ation	that ar	e held a	nd administer	ed for	the			
	organization by									Yes	No
	(i) unrelated organizations								3a(i)	Yes	
h	(ii) related organizations						•		3a(ii) 3b	Yes	
4	Describe in Part XIV the intended uses of th						•				
Par	t VI Investments—Land, Building					, Part X, line	10.				
	Description of investment			(a) C	ost or othe (investmen	er (b)Cost or	other	(c) Accum deprecia		(d) Boo	ok value
1a	_and		1	1		6,50	05,736			(5,505,736
b i	Buildings					117,7	15,368	46,1	55,143	7:	1,560,225
c l	_easehold improvements										
d l	Equipment					18,40	04,931	12,8	47,840	ļ	5,557,091
е (Other					3,09	95,738	8	63,050		2,232,688

85,855,740

Investments—Other Securities. See	-orm 990, Part X, line 1. I		
(a) Description of security or category (including name of security)	(b) Book value		od of valuation f-year market value
Financial derivatives			•
Closely-held equity interests			
Other			
Limited Partnerships	45,689,489		F_
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	45,689,489		
Part VIII Investments—Program Related. See		13.	
			od of valuation
(a) Description of investment type	(b) Book value		f-year market value
Tabal (Caluma (h) abould agual Form 2000 Part V cal (R) Inc. 12.)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	e 15		
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
			(b) Book value 424,882
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip			
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip			
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip			
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip			
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip			
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip			
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip			
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip			
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip			
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip			
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip			
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip			
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip			
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip			
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip Bond Issue Costs	tion		424,882
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip Bond Issue Costs Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	5.)	, , , , , , , , , , , , , , , , , , ,	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Bond Issue Costs Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X	5.)		424,882
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip Bond Issue Costs Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	5.)		424,882
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Bond Issue Costs Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X	5.)	, , , , , , , , , , , , , , , , , , ,	424,882
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.) , line 25. (b) A mount		424,882
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.) , line 25. (b) A mount		424,882
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.) , line 25. (b) A mount		424,882
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.) , line 25. (b) A mount		424,882
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.) , line 25. (b) A mount		424,882
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.) , line 25. (b) A mount		424,882
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.) , line 25. (b) A mount		424,882
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.) , line 25. (b) A mount		424,882
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.) , line 25. (b) A mount		424,882
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.) , line 25. (b) A mount		424,882
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.) , line 25. (b) A mount		424,882
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.) , line 25. (b) A mount		424,882
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.) , line 25. (b) A mount		424,882
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.) , line 25. (b) A mount		424,882
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.) , line 25. (b) A mount		424,882
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.) , line 25. (b) A mount		424,882

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	69,809,82
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	51,687,92
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	18,121,89
4	Net unrealized gains (losses) on investments	4	46,871,88
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	2,00
9	Total adjustments (net) Add lines 4 - 8	9	46,873,88
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	64,995,77
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per Retu	ırn
1	Total revenue, gains, and other support per audited financial statements	1	118,950,21
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	46,873,88
3	Subtract line 2e from line 1	3	72,076,33
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 697,593		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	-2,266,51
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	69,809,82
	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Re	
1	Total expenses and losses per audited financial statements	1 1	53,954,43
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV) 2d 2,964,104	1	
e	Add lines 2a through 2d	2e	2,964,10
3	Subtract line 2e from line 1	3	50,990,33
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 697,594		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	697,59
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	51,687,92

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Pt III Line 1a		The Institute's collections include minerals, ethnographic
		THE COLLECTIONS, WHICH WERE ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS SINCE THE INSTITUTE'S INCEPTION ARE NOT RE-COGNIZED AS ASSETS IN THE STATEMENTS OF FINANCIAL POSI-TION PURCHASES OF COLLECTION ITEMS ARE RECORDED AS OPERATING EXPENDITURES IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED (APPROXIMATELY \$930,000 IN 2009) CONTRIBUTED COLLECTION ITEMS ARE NOT REFLECTED IN THE FINANCIAL STATE-MENTS PROCEEDS FROM DEACCESSIONS OR INSURANCE RECOVERIES ARE REFLECTED AS INCREASES IN TEMPORARILY RES
II Line 4		See description above for Pt III Line 1a The collections
		are central to our mission as collector, guardian, and interactive presenter of cultural and scientific treasures and ideas promoting growth and knowledge for thinking and inquisitive adults and children
Pt V Line 4		The intended uses of the organization's endowment funds
		are to meet the intent of Donor restrictions, provide a reasonable level of draw for the operating needs of Carnegie Institute, and to enhance the purchasing power of the funds corpus by striving for long-term growth
Pt XI Line 8		Rounding
Pt XII Line 2d		Rounding
Pt XII Line 4b		Cost of Rentals, Cost of Sales, Net Fundraiser Exp , & Rounding
Pt XIII Line 2d		Cost of Rentals, Cost of Sales, Net Fundraiser Exp , & Rounding

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As Filed Data -

DLN: 93493308007170

OMB No 1545-0047

2009

SCHEDULE F (Form 990)

Department of the Treasury

Totals .

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspect ion

Internal Revenue Service

Employer identification nu

	NECTE INCTITUTE					Lilipioyei ide	intil ication number
. A F	RNEGIE INSTITUTE					25-0965280)
Pā	General Infor "Yes" to Form S			de the United States	s. Complete	e if the organ	nization answered
1				ecords to substantiate t	the amount	of the grant	s or
				assistance, and the se			
	the grants or assistar	ıce [?]					. Tyes No
2 For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States							
Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)							
	(a) Daggar			(d) Activities conducted in	(e) If activity	ty listed in (d)	(f) Total ava and tura
	(a) Region	(b) Number of	(c) Number of	region (by type) (i.e.,		am service,	(f) Total expenditures for region
		offices in the region	employees or agents in region	fundraising, program services, grants to recipients located in the region)		ecific type of s) in region	ioi region
Se	e Add'l Data			the region/		. ,	
					1		

104,554

Part IV	Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000										
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)			
2 Enter total r tax-exempt	number of recipions by the IRS, or f	ent organizations lis or which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . •				
3 Enter total r	number of other	organizations or en	tities					(Form 990) 2009			

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Part IV Supplemental Info	Part IV Supplemental Information Complete this part to provide the information required in Part I, line 2, and any additional information.									
Identifier	ReturnReference	Explanation								
Pt I Line 2		Not applicable								

Software ID: Software Version:

EIN: 25-0965280

Name: CARNEGIE INSTITUTE

Form 990 Schedule F Part I - Activities Outside The United States

Form 990 Schedule F Part I - Activities Outside The United States									
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region				
Central America	0	0	Program Services	Research travel	2,450				
Central A merica	0	0	Program Services	Honorarium	1,000				
Central A merica	0	0	Investments						
East Asia and Pacific	0	0	Program Services	Research travel	18,793				
East Asia and Pacific	0	0	Program Services	Exhibit collaboration					
East Asia and Pacific	0	0	Program Services	Video/Film Leasing					
East Asia and Pacific	0	0	Program Services	Curating					
East Asia and Pacific	0	0	Program Services	Fees Rights,Reprod,Other					
Europe	0	0	Employee Travel	Research travel	22,525				
Europe	0	0	Program Services	Research & exhibit support	21,874				
Europe	0	0	Program Services	Research support	2,998				
Europe	0	0	Program Services	Curating					
Europe	0	0	Program Services	Video/Film Leasing					
Europe	0	0	Program Services	Funds raised					
Europe	0	0	Program Services	Fees Rights,Reprod,Other					
Mıddle East	0	0	Program Services	Research travel	1,949				
Mıddle East	0	0	Program Services	Fees Rights,Reprod,Other					
North America	0	0	Program Services	Research travel	4,824				
North America	0	0	Program Services	Exhibit support	4,808				
North A merica	0	0	Program Services	Curating					
North A merica	0	0	Program Services	Video/Film Leasing					
North A merica	0	0	Program Services	Fees Rights,Reprod,Other					
North America	0	0	Investments						
South America	0	0	Program Services	Research travel	14,883				
South America	0	0	Program Services	Honoraria	8,450				
South America	0	0	Program Services	Video/Film Leasing					
South America	0	0	Program Services	Fees Rights,Reprod,Other					
			•	•					

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

2009

OMB No. 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,

_					han \$15,000 on Form 990-EZ, 0-EZ. 🏲 See separate instruct		Open to Public Inspection
	ne of the organization RNEGIE INSTITUTE				Employer identification num		
						25-0965280	
Pa		Activities. Complete filers are not required				to Form 990, Part IV	, line 17.
1	Indicate whether the o	rganızatıon raısed funds	through a	any of the	following activities Ch	eck all that apply	
а	Mail solicitations			e	Solicitation of noi	n-government grants	
Ь	✓ Internet and e-ma	ıl solıcıtatıons		f	Solicitation of gov	vernment grants	
c	Phone solicitations	S		g	Special fundraisir	ng events	
d	✓ In-person solicitat	tions					
2a b	or key employees liste If "Yes," list the ten hi	ave a written or oral agreed in Form 990, Part VII ghest paid individuals or least \$5,000 by the org	or entity entities	ın conne (fundraıs e	ction with professional ers) pursuant to agreem	fundraising activities? ents under which the fun	
(i) Name of individual or entity (fundraiser)		control of from activity		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization	
		-	Yes	No			
DCM INC		Telemarketing		No	735,238	252,833	482,405
Tota	Total			>	735,238	252,833	482,405

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or 3 licensing

PA,CA,IL,MD,MA,NJ,NY,OH,VA,WV

Pai	t II	Fundraising Events. Com more than \$15,000 on Form					repor	:ed
			(a) Event #1 Founders Dinner (event type)	(b) Event #2 Science Awards (event type)	(c) O ther Events (total number)	(d) Tot (Add col		
₽ L E	1	Gross receipts	95,753				40	8,953
Reveilue	2	Less Charitable contributions	63,903		·			6,002
	3	Gross income (line 1 minus line 2)	31,850	76,618	54,483		16	2,951
	4	Cash prizes						
မွာ	5	Non-cash prizes						
Expenses	6	Rent/facility costs	4,525		1,028			5,553
ă	7	Food and beverages	44,997	52,448	29,647		12	7,092
Direct	8	Entertainment	14,216	122,615	23,608		16	0,439
ឨ	9	Other direct expenses .	10,618	4,541	8,515		2	3,674
	10	Direct expense summary Add lin	es 4 through 9 in column	(d)			31	6,758
	11	Net income summary Combine III	nes 3, column d, and line	10			-15	3,807
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col col		
	1	Gross revenue						
မွ	2	Cash prizes						
Expenses	3	Non-cash prizes						
Direct E	4	Rent/facility costs						
<u>ā</u>	5	Other direct expenses						
	6	Volunteer labor	Г Yes	Г Yes	∀es			
		Direct expense summary Add lines Net gaming income summary Com						
							Yes	No
9 a	Is t	er the state(s) in which the organiza the organization licensed to operate				· 9a		
Ь	If "	No," Explain				_		
10a b		re any of the organization's gaming Yes," Explain	licenses revoked, suspen	ded or terminated during	the tax year?	10a		
11 12		es the organization operate gaming since				11		<u> </u>
	forn	ned to admınıster charıtable gamıng			Schedule G (Form 9	12 90 or 990-	EZ) 20	09

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
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?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

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DLN: 93493308007170

OMB No 1545-0047

Open to Public Inspection

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization CARNEGIE INSTITUTE

Employer identification number

	25-0903200			
Pa	rt I Questions Regarding Compensation			
			Yes	Νo
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		.,	
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in fine 1a	2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			
	organization's CEO/Executive Director Check all that apply			
	▼ Compensation committee ▼ Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990 , Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

- The sam of columns (B)(I	, , ,	,	<u></u>		,,			
(A) Name		(B) Breakdown of	f W-2 and/or 1099-M	IISC compensation	(C) Retirement and		(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
DAVID HILLENBRAND- VOTING	(1) (11)	345,277		2,376	13,865	2,607	364,125	
DOLORES F ELLENBERG	(ı) (ıı)	185,278		15,326	9,362	11,683	221,649	
KEVIN HILES	(ı) (ıı)	156,385		340	8,043	12,876	177,644	
THOMAS SOKOLOWSKI	(ı) (ıı)	180,337		15,259	9,860	5,250	210,706	
SAMUEL M TAYLOR	(ı) (ıı)	183,949		1,213		11,567	196,729	
ANN M METZGER	(ı) (ıı)	137,020		821	6,965	11,229	156,035	
EILEEN MEDDIS	(ı) (ıı)	137,447		14,929	7,732	4,433	164,541	
CYNTHIA MCCORMICK	(ı) (ıı)	138,214		4,058	7,287	4,357	153,916	
LUO ZHEXI	(ı) (ıı)	101,269		290	5,190	4,554	111,303	
	T _'		1	!		 I		<u> </u>
	1			!			!	1
			1	1			!	1
			1	1			!	1
			1	1			!	1
			Ī	!			!	1
			1	!			!	1

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
Pt I Line 1b		Carnegie Institute provides reimbursement for three employees (President, VP of Development, VP for Corporate and Government Affairs) for social club membership fees and related expenses. Dues to these clubs and related expenses directly related to Carnegie Institute's exempt purposes are paid in accordance with the Institute's accountable plan. The club memberships are considered a required resource to provide an off-site business and social environment to meet with Trustees, Donors, and Foundations.
Pt I Line 7		Bonuses were paid to people who assumed additional responsibilities and were rewarded consistent with compensation policy

Schedule J (Form 990) 2009

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493308007170 Schedule K OMB No 1545-0047 (Form 990) Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a, Provide descriptions, explanations, and any additional information in Schedule O (Form 990). Open to Public ► Attach to Form 990. ► See separate instructions. Department of the Treasury Inspection Internal Revenue Service Name of the organization Employer identification number CARNEGIE INSTITUTE 25-0965280 **Bond Issues** (h) O n (g) Defeased Behalf of (a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose Issuer Yes No Yes ALLEGHENY COUNTY INDUSDEVAUTH 25-1269117 017292WB5 04-28-2005 20,070,000 Capital Renovation Projects Χ Х **Proceeds** Α В C D Ε Total proceeds of issue 20,070,000 Gross proceeds in reserve funds 2 Proceeds in refunding or defeasance escrows 3 Other unspent proceeds Issuance costs from proceeds 220,119 Working capital expenditures from proceeds Capital expenditures from proceeds 19,849,881 Year of substantial completion 2007 Yes No Yes No Yes Yes No Yes No Were the bonds issued as part of a current refunding issue? Х 9 Were the bonds issued as part of an advance refunding issue? Х 10 Has the final allocation of proceeds been made? Х 11 Does the organization maintain adequate books and records to support 12 Х the final allocation of proceeds? Part III **Private Business Use** В С Ε Α D Yes No Yes No Yes No No No Yes Yes Was the organization a partner in a partnership, or a member of an LLC, 1 Х which owned property financed by tax-exempt bonds? Are there any lease arrangements with respect to the financed property Х which may result in private business use? For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50193E Schedule K (Form 990) 2009

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

				A	ь			C		ט		
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?			Χ								
3b	Are there any research agreements with respect to the financed proper which may result in private business use?	ty		X								
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?			Х								
4	Enter the percentage of financed property used in a private business us by entities other than a section 501(c)(3) organization or a state or loc government			0 %								
5	Enter the percentage of financed property used in a private business us as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or loca government			0 %								
6	Total of lines 4 and 5			0 %								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities		X									
Par	t IV Arbitrage											
		A			В		C		D		E	
1	Yes Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	•	No	Yes	No	Yes		No	Yes	No	Yes	No
			X									
2	Is the bond issue a variable rate issue?											
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		x									
b	Name of provider											
с	Term of hedge											
4a	Were gross proceeds invested in a GIC?		Χ									
b	Name of provider											
c	Term of GIC											
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?											
5	Were any gross proceeds invested beyond an available temporary period?		x									
6	Did the bond issue qualify for an exception to rebate?											

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DLN: 93493308007170

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

	INSTITUTE								ition numb	
	1110111012					2	5-09652	80		
art I	Excess Benefit Tra									
	Complete if the organizat	tion answered "	Yes" on Form 990,	Part IV, line 25a c	r 25b, o	r Form	990-EZ,	Part V , l		
1	(a) Name of disq	ualified person		(b) Desc	ription o	of trans	action			orrecte
				. ,	•				Yes	No
. Ente	r the amount of tax ımpos	ed on the organ	nization managers c	r disqualified perso	ons duri	ng the	year unde	r		
sect	ıon 4958						🕨	* \$ —		
Ente	r the amount of tax, if any	, on line 2, abo	ve, reimbursed by t	he organızatıon .			🕨	* \$		
rt II	Loans to and/or	Erom Intore	etad Barcans							
11.5	Complete if the organi			0. Part IV. line 26	or Forn	1990-	EZ. Part V	/. line 38	3a	
	Complete in the organi			oj r die 17 j illie 20 j	, 01 1 0111	, , , ,	(f)		<u> </u>	
Nama		(b) Loan to or from the	(a)0 manal		(e) I	n	A pprov		(g) Writ	ten
Name	of interested person and purpose	organization?	(c)O riginal principal amount	(d)Balance due	defaul	t?	by boar		agreeme	nt?
	parpose	_	principal amount				commit			
		To From			Yes	No	Yes	No	Yes	No
<u>1 -</u>			<u>.</u> ▶ \$				1		I	
							1			
		anızatıon ansv	wered "Yes" on Fo	orm 990, Part IV		7.	l		1	
al . rt IIII	Complete if the orga	anızatıon ansv	wered "Yes" on Fo b) Relationship betw	orm 990, Part IV reen interested per			nount of a	rant or t	vne of assi	stance
rt III		anızatıon ansv	wered "Yes" on Fo b) Relationship betw	orm 990, Part IV			nount of g	rant or t	ype of assi	stance
rt III	Complete if the orga	anızatıon ansv	wered "Yes" on Fo b) Relationship betw	orm 990, Part IV reen interested per			nount of g	rant or t	ype of assı	stance
t III	Complete if the orga	anızatıon ansv	wered "Yes" on Fo b) Relationship betw	orm 990, Part IV reen interested per			nount of g	rant or t	ype of assi	stance
t III	Complete if the orga	anızatıon ansv	wered "Yes" on Fo b) Relationship betw	orm 990, Part IV een interested per			nount of g	rant or t	ype of assi	stance
t III	Complete if the orga	anızatıon ansv	wered "Yes" on Fo b) Relationship betw	orm 990, Part IV een interested per			nount of g	rant or t	ype of assi	stance
rt III	Complete if the orga	anızatıon ansv	wered "Yes" on Fo b) Relationship betw	orm 990, Part IV een interested per			nount of g	rant or t	ype of assi	stance

Complete if the organiza	ation answered "Yes" on F (b) Relationship	orm 990, Part IV, III	ne 28a, 28b, or 28c.	(e) Sh	naring of	
(a) Name of interested person	between interested person and the	(c) A mount of transaction	(d) Description of transaction	organization' revenues?		
	organization			Yes	No	
HIGHMARK	20 fficers=Voting Trustees	2,459,743	Arms-Length Health Insur		Νο	
PNC FINANCIAL	Officer = Voting Trustee	418,589	Arms-Length Investment Services		Νο	
PARKHURST DINING SERVICES	O wner = V oting Trustee	330,229	Arms-Length Food Services		No	
CITIZENS BANK	Officer = Voting Trustee	237,174	Arms-Length Investment Services		Νο	

NonCash Contributions

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization CARNEGIE INSTITUTE

SCHEDULE M

Department of the Treasury

Internal Revenue Service

(Form 990)

Employer identification number

D-	rt I Types of Property				25-0965280			
Fe	Types of Property	(a)	(b)	(c)	(d))		
		Check ıf applicable	Number of Contributions	Revenues reported on Form 990, Part VIII, line 1g	Method of de reven		nıng	
1	Art-Works of art	Х	94	<u> </u>	Not Applicable			
	Art—Historical treasures .							
	Art—Fractional interests							
4	Books and publications							
	Clothing and household							
6	goods							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	×	45	1 567 996	Fair Market Value			
	Securities—Closely held stock .		7.3	1,307,330	Tall Market Value			
	Securities—Partnership, LLC,							
	or trust interests							
	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Q ualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles	Х	292		Not Applicable			
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens	Х	28,482		Not Applicable			
24	Archeological artifacts	Х	21		Not Applicable			
25	O ther ▶ ()							
26	O ther ▶()							
27	O ther ▶()							
28	O ther ► ()							
29	Number of Forms 8283 received				29			15
	for which the organization compl	eted Form 8	3283, Part IV, Donee Ackr	owledgement	29		l I	
20-	Dumma the warm did the amanusa		- h.,h.,h.,h.,	uk., ususukad .u. Dauk T. I.u.s.	1 20 16-1.1		Yes	No
Sua	During the year, did the organiza		, , , ,					
	must hold for at least three year			on, and which is not require	a to be used			
	for exempt purposes for the enti					30a		No
ь	If "Yes," describe the arrangemo	ent in Part 1	I					
31	Does the organization have a gif					31	Yes	
32a	Does the organization hire or us contributions?	e third part • • •	es or related organizations	to solicit, process, or sell i	non-cash	32a	Yes	
ь	If "Yes," describe in Part II							
33	If the organization did not report	revenuesı	n column (c) for a type of p	roperty for which column (a) is checked.			
-	describe in Part II		()	. ,	,,			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Ident if ier	Return Reference	Explanation
Pt I Line 32b	Form 990	Unrelated third parties are used to sell items at public sales
Pt I Line 33	Form 990	The organization has elected, as permitted under SFAS 116, not to
	Form 990	report in its revenue statement and balance sheet works of art,
	Form 990	historical treasures, or other similar assets helf for public
		EXHIBITION, EDUCATION, OR RESEARCH IN FURTHERANCE OF PUBLIC SERVICE, PART I LINE 1 COLUMN (B) REFLECTS THE NUMBER OF ITEMS RECEIVED FROM 29, CONTRIBUTIONS, THIRTEEN OF WHICH WERE REQUESTED TO BE, ACKNOWLEDGED ON FORM 8283, PART I LINE 9 COLUMN (B) REFLECTS THE NUMBER OF SEPARATE CONTRIBUTIONS RECEIVED, PART I LINE 18 COLUMN (B) REFLECTS THE NUMBER OF FROM 7, CONTRIBUTIONS, TWO OF WHICH WAS REQUESTED TO BE, ACKNOWLEDGED ON FORM 8283, PART I LINE 23 COLUMN (B)

Schedule M (Form 990) 2009

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As Filed Data -

DLN: 93493308007170

OMB No 1545-0047

2009

Open to Public Inspection

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990

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

Attach to Form 990.

Name of the organization
CARNEGIE INSTITUTE

Employer identification number

25-0965280

ldentifier	Return Reference	Explanation
Pt VI-A, Line 2		FAMILY/BUSINESS RELATIONSHIPS BETWEEN OFFICER/DIRECTOR/KEY EE -
		Trustees John Barbour and Hugh Van der Veer = Business
		Trustees R Betler, L Foster & A Neupaver = Business
		Trustees E Frazier and D O'Brien = Business
Pt VI-A, Line 7a		The Bylaw's of Carnegie Institute provide for appointment of
		Ex Officio Trustees w ho serve as Public Trustee or as Life
		Trustees of a neighboring 501(c)(3) organization as defined
		by that organization

ldentifier	Return Reference	Explanation
Pt VI-B, Line 11A		990 REVIEW PROCESS -

The Carnegie Institute Controller's Office is responsible—for gathering relevant information and preparing the—annual Form 990—Once the Form is complete in draft—status, it is reviewed with the Institute's independent—certified public accounting firm—Upon completion of—independent review by the CPAs, the form is reviewed by—President and senior management of the Institute and then

ldentifier	Return Reference	Explanation
		presented to and reviewed with the Audit Committee

Finally, the Form is presented to the Board of Trustees for review at a scheduled meeting prior to filing with the IRS Pt VI-B, Line 12c CONFLICT OF INTEREST COMPLIANCE - The bylaws of Carnegie Institute contain a provision that requires each trustee, member of a museum board or committee, officer and member of senior management to dis-close, annually, the existence of any circumstances that

ldentifier	Return Reference	Explanation
		might constitute a conflict of interest with the organi-

zation The process is initiated in the spring of each—year by the President sending a Conflict of Interest—Policy and Disclosure Questionnaire to above recipients—Completed questionnaires are returned to the President—for evaluation of actual or perceived conflicts—A—summary of the process and results is communicated to the—Audit Committee at a scheduled meeting and forwarded to

ldentifier	Return Reference	Explanation
		the Board of Trustees Appropriate action is taken by

the board relative to actual or perceived conflicts. The minutes of the governing board contain an official record of the process and conclusions. Pt VI-B, Line 15 EXECUTIVE COMPENSATION PROCESS - Carnegie Institute adopted an Executive Compensation. Policy aimed at providing a reasonable and competitive executive total compensation consistent with market-based.

Identifier	Return Reference	Explanation
		performance compensation practices for individuals

possessing the experience and skill needed to improve the overall performance of the organization. The Institute focuses on comparable nonprofit organizations in the local area to benchmark pay, along with data from additional market segments, private foundations and published not-for-profit surveys. The board authorizes the President, in consultation with the independent Executive Com-

ldentifier	Return Reference	Explanation
		mittee (EC)to establish an organizational job evaluation

system and compensation policy. The Pres /CEO annually reviews and approves museum/corporate goals and objectives relevant to Executives, evaluates their performance and recommends to the EC compensation levels based on the evaluations. The EC reviews recommendations and grants approval as appropriate. The EC annually reviews and approves corporate goals and objectives relevant to

ldentifier	Return Reference	Explanation
		Pres /CEO compensation based on comparables, the evaluation

and subject to any employment contract that is in effect. The process/conclusions are contemporaneously documented in EC meeting minutes. Pt VI-C, Line 19. GOVERNING DOCUMENTS - Carnegie Institute's governing documents, conflict of interest policy, and financial statements are available for public inspection. The documents are available upon

ldentifier	Return Reference	Explanation
		request and communication of same is conveyed at http://