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DLN: 93493318026244

Form **990** 

Department of the Treasury Internal Revenue Service

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

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

foundations)

▶ Do not enter Social Security numbers on this form as it may be made public. By law, the IRS

Open

generally cannot redact the information on the form
► Information about Form 990 and its instructions is at <a href="www.IRS.gov/form990">www.IRS.gov/form990</a>

2013

2013

Open to Public Inspection

<b>B</b> Che	eck ıf a	applicable	lendar year, or tax year beginning C Name of organization Carnegie Institute	01-01-2013 , 2013, and ending 12	2-31-2013		yer ident	ification number		
_	dress cl	_	Doing Business As			25-09	965280			
_	me cha	_								
_	tial retu		Number and street (or P O box if m 4400 Forbes Avenue	ail is not delivered to street address) Room	/suite	E Teleph	E Telephone number			
_	mınate 					(412)	622-33	01		
_	ended		City or town, state or province, coun Pittsburgh, PA 152134080	itry, and ZIP or foreign postal code						
App	olicatioi	n pending				<b>G</b> Gross i	eceipts \$ 1	175,121,834		
			<b>F</b> Name and address of prin DAVID HILLENBRAND	cipal officer	H(a)	Is this a group subordinates?		or ┌ Yes 🔽 No		
			4400 Forbes			Suborumuces				
			Pittsburgh, PA 15213		H(b)	) Are all subord included?	nates	│ Yes │ No		
<b>r</b> Ta	x-exen	npt status	5	nsert no )			ı a lıst (s	see instructions)		
ıw	ebsite	e: <b>-</b> ww	w carnegiemuseums org		$\dashv$ ,					
				_	H(c)					
			Corporation Trust Association	n   Other ►	LY	ear of formation 19	26 <b>M</b> S	tate of legal domicile PA		
Ра	rt I		nmary							
nce		Founded explora		arnegie Museums of Pittsburgh is a c negie Museum of Art, Carnegie Muse						
Ē										
Governance		Charlet	this hav by the second to the	continued to engations of the	d of : ::	than 3 En/ -f-	not	otc .		
		Cneck	nis box 🞮 if the organization dis	scontinued its operations or dispose	a or more	tnan 25% of its	net ass	ets		
Activities &	3	Number	of voting members of the governi	ng body (Part VI, line 1a)			з	43		
Ę	4	Number	of independent voting members o	of the governing body (Part VI, line 1	.b)		4	38		
<b></b>	5	Total nu	ımber of ındıvıduals employed ın c	alendar year 2013 (Part V, line 2a)			5	1,254		
4,	6	Total nu	ımber of volunteers (estımate ıf n	ecessary)			6	808		
				art VIII, column (C), line 12			7a	390,569		
	ь	Net unr	elated business taxable income fr	om Form 990-T, line 34			7b	169,999		
						Prior Year		Current Year		
a)	8			ne 1h)		16,044,	-	16,783,174		
Ravenue	9	_		ne 2g)		17,833,		19,417,554		
Ě	10			(A), lines 3, 4, and 7d)	•	16,087,521		18,462,705		
	11 12		, , , , , , , , , , , , , , , , , , , ,	lines 5, 6d, 8c, 9c, 10c, and 11e) (must equal Part VIII, column (A), l	line -	2,395,126		2,394,081		
	12		<del>_</del>		iiic	52,361,	037	57,057,514		
	13	Grant	s and similar amounts paid (Part	IX, column (A), lines 1-3)				0		
	14	Benet	its paid to or for members (Part I	X, column (A), line 4)				0		
ø	15			e benefits (Part IX, column (A), line	s	24,636,	690	25,291,261		
Expenses	16a	5-10 Profe	•	column (A), line 11e)		198,	<del></del>	286,543		
Φ ⊕	ь		undraising expenses (Part IX, column (D)		·	150,	103	200,343		
Δ	17			ines 11a-11d, 11f-24e)	-	31,263,	367	33,085,027		
	18			st equal Part IX, column (A), line 25		56,098,		58,662,831		
	19			18 from line 12	· —	-3,737,		-1,605,317		
Net Assets or Fund Balances					-	eginning of Curre Year		End of Year		
988 988	20	Total	assets (Part X, line 16)			385,424,	113	408,633,894		
정말	21					25,346,	774	25,114,398		
žΞ	22	Neta	ssets or fund balances Subtract	line 21 from line 20		360,077,	339	383,519,496		
Pai	rt II	Sigi	nature Block							
my k	nowle	dge and	belief, it is true, correct, and com knowledge	imined this return, including accomp iplete Declaration of preparer (other						
Sign	1	IB	nature of officer			Date				
Her			ELLEN PARKER PHD PRESIDENT & CEO							
		<u> </u>	e or print name and title							
			Print/Type preparer's name	Preparer's signature	Date	Check If	PTIN			
Paid			Firm's name 🕨	I	<u> </u>	self-employed Firm's EIN 🕨	<u> </u>			
	pare		Francis adda.							
Use	On	ly	Firm's address ►			Phone no				

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

┌Yes ┌No

		rage 2
Par	t III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
	Briefly describe the organization's mission	<u> </u>
_		
los	erve as a catalyst for growth and knowledge, offer a home to thinking and inquisitive children and adults,	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	es 🔽 No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	es 🗸 No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to othe total expenses, and revenue, if any, for each program service reported	
	(Code ) (Expenses \$ 15,191,829 including grants of \$ ) (Revenue \$ 2,757,	,268 )
	CARNEGIE MUSEUM OF ART-ENGAGED AUDIENCES THROUGH ITS NATIONALLY RECOGNIZED COLLECTIONS, EXHIBITIONS, AND PROGRAMS THE 20 INTERNATIONAL, A MAJOR QUINQUENNIAL SURVEY OF CONTEMPORARY ART, FEATURED WORKS BY 35 ARTISTS FROM 19 COUNTRIES EPITOMIZI MUSEUM'S GOAL OF BRINGING WORLD ATTENTION TO REGIONAL ARTISTS, TEENIE HARRIS, PHOTOGRAPHER AN AMERICAN STORY CONTINUED TWIDESPREAD RECOGNITION FOR THE WORK OF CHARLES "TEENIE" HARRIS, WHO DOCUMENTED THE LIFE OF PITTSBURGH'S HILL DISTRICT THROWN BOOM IMAGES FROM 1936 TO 1975 THE MUSEUM IS A STRATEGIC PARTNER IN REGIONAL EDUCA- TION INITIATIVES TO REACH AND ENGAGE ALS SPECIALLY DESIGNED PROGRAMS AND ACTIVITIES, COMMUNITY PARTNERSHIPS, SCHOLARSHIPS, AND FREE OR DISCOUNTED ADMISSIONS PROGRAMBITIONS FREQUENTLY EXPLORE THE ROLE OF ART AND ARTISTS IN CONFRONTING KEY SOCIAL ISSUES OF OUR TIME THESE OPPOR- TUNITIES CONTRIBUTED TO 2013 ATTENDANCE OF 181,514 FOR CARNEGIE MUSEUM OF ART	NG THE O GARNER OUGH NEARLY JDIENCES WITH RAMMING AND
4b	(Code ) (Expenses \$ 12,524,254 including grants of \$ ) (Revenue \$ 2,927, CARNEGIE MUSEUM OF NATURAL HISTORY - RANKED AMONG THE TOP 5 NATURAL HISTORY MUSEUMS IN THE COUNTRY, IT MAINTAINS, PRESERV INTERPRETS AN EXTRAORDINARY COLLECTION OF MORE THAN 22 MILLION OBJECTS AND SCIENTIFIC SPECIMENS USED TO BROADEN UNDERSTAN EVOLUTION, CONSERVATION AND BIODIVERSITY THE POPULAR DINOSAURS IN THEIR TIME EXHIBITION FEATURES SCIENTIFICALLY ACCURATE, IM ENVIRONMENTS SPANNING THE AGE OF DINOSAURS THE CENTER FOR LIFELONG SCIENCE LEARNING, INCLUDED AN EXHIBITION	/ES AND ID- ING OF
4c	(Code ) (Expenses \$ 12,290,225 including grants of \$ ) (Revenue \$ 10,077, CARNEGIE SCIENCE CENTER - PERMANENT EXHIBITS INCLUDE OMNIMAX THEATRE, PLANETARIUM, SPORTSWORKS (SCIENCE-OF-SPORTS EXHIBIT SUBMARINE AND ROBOWORLD, THE LARGEST AND MOST COMPREHENSIVE PERMANENT ROBOTICS EXHIBITION IN THE WORLD, WITH 3 MAIN THEIR SENSING AND ACTING THE CENTER FOR STEM (SCIENCE, TECHNOLOGY, ENGINEERING, AND MATH)CONTINUES TO BRING INNOVATIVE PROGRAM ENGAGE DIVERSE AUDIENCES AND STIMULATE YOUNG PEOPLE TO CONSIDER CAREERS IN STEM AND TO UNDERSTAND HOW SCIENCE	TTION), MES THINKING,
	(Code ) (Expenses \$ 8,743,174 including grants of \$ ) (Revenue \$ 6,143,	•
	The Andy Warhol Museum - Exhibitions showcased Warhol works through the lens of music, film and the performing arts. Teen the lens of music, film and the performing arts. Teen the lens of music, film and the performing arts. Teen the lens of music, performing arts. Teen the lens of music, film and the performing arts. Teen the lens of music, film and the performing arts. Teen	
	/Code \/Evpopose t E41 200 moliving awayte of t \/Deve=== t	240 \
	(Code ) (Expenses \$ 541,380 including grants of \$ ) (Revenue \$ 95, Other Programs offered via the Arts Education Collaborative	,349 )
4d	Other program services (Describe in Schedule O) (Expenses \$ 9,284,554 including grants of \$ ) (Revenue \$ 6,238,938)	)
4e	Total program service expenses ► 49,290,862	

# Part IV Checklist of Required Schedules

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

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III </i>	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			
		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
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? 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		No
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	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$ ?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	30	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Par	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	 Yes	.) No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   330		163	140
	Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable  1b  0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
	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		ri	1
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 (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	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 LCA, CJ, EI			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	We also an analysis and the same block at the same at			NI -
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
b	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
7	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	
b	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			
А	file Form 8282?	7c		Νo
u	11 Tes, indicate the number of Forms 6262 med during the year	1		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> 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.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	Ţ		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule 0	14h		

Form 990 (2013) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management

	Section At Governing Body and Hanagement			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	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 governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		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	
b	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	<b>No</b> No
	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		Yes	
b 11a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b		
b 11a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a	Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10b 11a 12a 12b	Yes Yes Yes	
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	
b 11a b 12a c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	
b 111a b 112a c 13 14 15 a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?	10b  11a  12a  12b  12c  13  14	Yes Yes Yes Yes Yes Yes	
b 111a b 112a c 13 14 15 a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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? The organization's CEO, Executive Director, or top management official	10b  11a  12a  12b  12c  13  14	Yes Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official	10b  11a  12a  12b  12c  13  14	Yes Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b  11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participation in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10b  11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	10b  11a  12a  12b  12c  13  14  15a  15b  16a	Yes Yes Yes Yes Yes Yes Yes	No

- 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 made these available. Check all that apply
  - ☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of 19 interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization FRANK A CARDIELLO CPA 4400 Forbes Avenue Pittsburgh, PA 152134080 (412)622-3301

# <u>Part VII</u> 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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours for related	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	Individual trustée or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations	
(1) MARK A ALOE	2 00	х						0	0	0	
Trustee								· ·	Ŭ		
(2) JOHN ABARBOUR Trustee	2 00	х						0	0	0	
(3) HELEN M BILLAK	3 00										
Trustee		х						0	0	0	
(4) SUZANNE W BROADHURST	2 00	х						0	0	0	
Trustee (5) HOWARD JBRUSCHI	1 00										
	100	х						0	0	0	
Trustee (6) JOANNE EBURLEY	1 00										
Trustee		Х						0	0	0	
(7) CHRISTOPHER B CARSON	1 00	х						0	0	0	
Trustee (8) SUSAN M CORBETT	1.00										
	1 00	х						0	0	0	
Trustee  (9) JUDITH MDAVENPORT	1 00										
Trustee		Х						0	0	0	
(10) RANDALL SDEARTH	1 00	l								_	
Trustee		Х			L			0	0	0	
(11) JOHN DEFAZIO	1 00	х						0	0	0	
Trustee		$\stackrel{\sim}{\vdash}$							0	0	
(12) ROY GDORRANCEIII	1 00	x						0	0	0	
Trustee (13) MICHELE FABRIZI	2.00				_						
	2 00	x						О	0	0	
Trustee (14) SYLVIA VFIELDS	1 00										
Trustee		х						0	0	0	
(15) LEE B FOSTER	3										
Trustee - Chair		X		Х							
(16) EVAN S FRAZIER	1	V									
Trustee		X									
(17) HENRY JGALLIOT	1	x									
Trustee		^									

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

	(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not bo: h ar or/ti	chec x, unle n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F Estim amount comper from	ated of other isation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organi and re organiz	lated
(18)	oseph cguyaux	2	х									
Truste	ee FERESA HEINZ	1										
Truste		1	x									
	FORRENCE M HUNTJR	1	<b>.</b>									
Truste	ee		Х									
` ,	NILLIAM EHUNT	2	х		х							
	ee, Vice Chair WILLIAM HISLER	1	-								1	
Truste			X									
(23)	AMES R JOHNSON	2	x									
Truste			_ ^									
(24) I	MARSHALL PKATZ	1	x									
Truste	ee ELLEN PKESSLER	2										
Truste		_	x									
Truste											1	
											1	
											1	
											<u> </u>	
1b	Sub-Total						•					
<b>c</b>	Total from continuation sheets to Part	-			•		<b>.</b> •		2.005.056			202.422
d	Total (add lines 1b and 1c)					L	- > de -		3,095,856			302,423
2	Total number of individuals (including b \$100,000 of reportable compensation f				eu ai	DOVE	e) wno	rec	erved more than			
3	Did the organization list any <b>former</b> offi	cer, director or	trustee	e, key	/ em	nplo	yee, o	r hıç	ghest compensate	d employee	Yes	No
	on line 1a? If "Yes," complete Schedule J			•	•		•			3	Yes	
4	For any individual listed on line 1a, is the organization and related organizations of individual									om the	Yes	
5	Did any person listed on line 1a receive services rendered to the organization?								_	ndividual for		No
Se	ection B. Independent Contracto	rs										
1	Complete this table for your five highes	t compensated										
	compensation from the organization Re	port compensa	tion for	the	cale	nda	ryear	enc	ing with or within	the organization	s tax year	`

(A) Name and business address	(B) Description of services	(C) Compensation
Turner Construction Co 620 Liberty Ave Pittsburgh PA 15222	Construction Contractor	836,332
Parkhurst Dining Services PO Box 644091 Pittsburgh PA 15264	Food Services	546,063
Allied Barton Security PO Box 828854 Philadelphia PA 19182	Security Services	331,308
FJBusse Company PO Box 8540 Pittsburgh PA 15220	Construction Contractor	266,795
Mechanical Operations Inc 500 Ross St Pittsburgh PA 15219	Construction Contractor	240,202

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

Form 99							Page <b>S</b>
Part V	/ • • •	Statement of Revenue Check if Schedule O contains a respon	se or note to any lir	ne in this Part VIII			
		encek ii Senedale S contains a respon	Se of flore to they fill	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s	1a	Federated campaigns 1a					
anta	ь	Membership dues 1b					
Grants	c	Fundraising events 1c	561,180				
Giffs, nilar An	d	Related organizations 1d					
ĭi Gi			4,461,965				
ns, Sirr	e						
e ë	f	All other contributions, gifts, grants, and similar amounts not included above	11,760,029				
Contributions, Giffs, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f \$	805,662		İ		
3 ಕ	h	Total. Add lines 1a-1f	· · · •	16,783,174			
			Business Code				
nue.	2a	Admissions	713990	6,362,311			
æ	b	Sponsorship Fees	713990	3,760,270		45,000	
16.6	С	Membership Fees	713990	3,151,944			
Program Serwoe Revenue	d	Exhibit License Fees	713990	1,832,643			
Ξ	e	Tuitions	713990	1,806,268			
∑ 25	f	All other program service revenue		2,504,118		50,678	
š	g	Total. Add lines 2a-2f	🛌	19,417,554			
	3	Investment income (including dividend		4,240,942		-138,564	4,379,506
	4	and other similar amounts) Income from investment of tax-exempt bond p		4,240,342		-130,304	4,379,300
	5	Davaltua	noceeus -	48,926			48,920
		(I) Real	(II) Personal	·			
	6a	Gross rents 2,965,957	(,				
	ь	Less rental 1,153,774 expenses					
	c	Rental income 1,812,183					
	d	or (loss)  Net rental income or (loss)		1,812,183	1,378,728	433,455	
		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other 129,083,763	9,075				
	ь	than inventory Less cost or					
	-	other basis and 114,871,075 sales expenses					
	С	Gain or (loss) 14,212,688	9,075				
	d	Net gain or (loss)		14,221,763	9,075		14,212,688
Other Revenue	8a	Gross income from fundraising events (not including \$ 561,180 of contributions reported on line 1c)					
æ		See Part IV, line 18					
ē	Ь	Less direct expenses b	238,160				
₹	c	Net income or (loss) from fundraising e	466,867 events <b>.</b>	-228,707			-228,707
		Gross income from gaming activities See Part IV, line 19		·			
	ь	Less direct expenses b					
	c	Net income or (loss) from gaming activ	/ities <b></b> -				
	10a	Gross sales of inventory, less					
		returns and allowances .	2,334,283				
	Ь	Less cost of goods sold <b>b</b>					
		Net income or (loss) from sales of inve	1,572,604 entory • •	761,679	761,679		
		Miscellaneous Revenue	Business Code		·		
	11a						
	b						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d	🕨				
	12	Total revenue. See Instructions		E7 AE7 E44	21 471 250	200 500	10 412 41
	1			57,057,514	21,471,358	390,569	18,412,413

Form 990 (2013) Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) (B) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 2,679,269 1,303,609 974,172 401.488 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 17,931,959 15,207,922 1,118,143 1,605,894 Pension plan accruals and contributions (include section 401(k) 366,461 285,224 47,577 and 403(b) employer contributions) . . . . 33.660 2,577,728 146,508 Other employee benefits . . . . 2,224,269 206,951 10 1,735,844 1,417,190 166,324 152,330 11 Fees for services (non-employees) Management . . . . 111,085 192,087 3,271 Legal . . . . . . . . 306,443 101,012 101,012 0 0 35,663 35,663 0 Professional fundraising services See Part IV, line 17 286,543 286,543 Investment management fees . . . . . 371,828 7,450 363,403 975 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 2,372,818 1,479,432 641,220 252,166 Schedule O) . . . . . . . Advertising and promotion . . 1,335,333 1,241,717 92,893 12 723 13 Office expenses . . . . . 354,490 271,745 58,467 24,278 1,101,330 915,386 106,254 14 Information technology . . 79,690 15 Royalties . 4,063,013 210,944 135,346 16 Occupancy . . . . . . 3,716,723 **17** 595,160 511,840 7,493 75,827 Travel . . . . . . . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . . 19 Conferences, conventions, and meetings . . . 133,518 120,092 9,341 4,085 20 362,516 6,502 356,014 0 Payments to affiliates . . . . . . 21 22 Depreciation, depletion, and amortization . 4,724,488 4,588,300 111,461 24,727 23 673,456 655,415 11,588 6,453 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a Production & Exhibition 5,629,996 5,629,996 0 0 Collections/Purchases 1,716,938 1,716,938 0 Facilities Other 1,575,647 1,499,706 75,669 272 d Repairs & Maintenance 1,202,830 6,644 1,060,711 135,475 e All other expenses 6,428,548 5,319,610 704,845 404,093 Total functional expenses. Add lines 1 through 24e 25 58,662,831 49,290,862 5,666,553 3,705,416 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► [ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Pai	rt X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	32,550	1	59,992
	2	Savings and temporary cash investments	3,598,407	2	2,230,533
	3	Pledges and grants receivable, net	6,765,742	3	6,261,910
	4	Accounts receivable, net	2,836,188	4	2,822,834
হ	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
Assets	7	Notes and lang reservable not	4,611,501	7	
¥		Notes and loans receivable, net	788,324	8	760,824
	8		469.728	9	786,655
	10a	Prepaid expenses and deferred charges	'	9	780,033
	b	Complete Part VI of Schedule D  Less accumulated depreciation		10c	71,726,534
	11	Investments—publicly traded securities	219,429,183	11	245,888,207
	12	Investments—other securities See Part IV, line 11	71,843,214	12	77,924,765
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	180,835	15	171,640
	16	Total assets. Add lines 1 through 15 (must equal line 34)	385,424,113	16	408,633,894
	17	Accounts payable and accrued expenses	7,207,932	17	7,449,923
	18	Grants payable		18	
	19	Deferred revenue	200,428	19	254,475
	20	Tax-exempt bond liabilities	17,600,000	20	17,410,000
φ.	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
æ		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule			
		D	338,414	25	
	26	Total liabilities. Add lines 17 through 25	25,346,774	26	25,114,398
ě		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete lines 27 through 29, and lines 33 and 34.			
ä	27	Unrestricted net assets	79,151,476	27	80,585,843
<u> </u>	28	Temporarily restricted net assets	28,537,030	28	26,556,945
<u> </u>	29	Permanently restricted net assets	252,388,833	29	276,376,708
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
Ō	30	Capital stock or trust principal, or current funds		30	
Ř	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net /	33	Total net assets or fund balances	360,077,339	33	383,519,496
Ž	34	Total liabilities and net assets/fund balances	385,424,113	34	408,633,894
	1		1 222, 121, 110	<i>-</i> '	, 300,004

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
	Total various (much cause Book VIII. column (A.) lung 13.)				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		57,0	57,514
2	Total expenses (must equal Part IX, column (A), line 25)	2		58,6	562,831
3	Revenue less expenses Subtract line 2 from line 1	3		-1,6	505,317
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			77,339
5	Net unrealized gains (losses) on investments	5			, )47,474
6	Donated services and use of facilities	6		<u>.</u>	<u> </u>
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		383,5	519,496
Par	t XII Financial Statements and Reporting	<u>'</u>			
	Check if Schedule O contains a response or note to any line in this Part XII				. F
				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		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	▼ Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1			
3a	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?	Э	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b	Yes	

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As Filed Data -

DLN: 93493318026244

#### 110111100200

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

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

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

<u> </u>		
Name of the organization	Employer identification r	ıumber
	25-0965280	
Part I Reason for Public Charity Status (All organizations must complete this pa	rt.) See instructions.	
he organization is not a private foundation because it is (For lines 1 through 11, check only one box	)	

1	Γ	A church, convent	tion of churches, or as	sociation of	fchurches	described in s	ection 170	(b)(1)(A)(i).			
2	Γ	A school describe	d in <b>section 170(b)(1</b>	)( <b>A</b> )(ii). (At	tach Sched	dule E )					
3	Γ	A hospital or a co	operative hospital se	rvice organiz	zatıon desc	rıbed ın <b>secti</b>	on 170(b)(:	1)(A)(iii).			
4	Γ	A medical researc	h organization operat	ed ın conjun	ction with a	a hospital des	cribed in <b>s</b>	ection 170(b)	(1)(A)(iii). E	Enter the	
_	_	hospital's name, c	ity, and state								
5	ļ		perated for the benefi		e or univers	ity owned or	operated by	/ a governmei	ntal unit desc	cribed in	
_	_		(A)(iv). (Complete P	•			. 470(1)	(4)(4)(			
6	F		r local government or	_					£		
7	F □	described in <b>sect i</b>	nat normally receives on 170(b)(1)(A)(vi). t described in <b>sectior</b>	(Complete F	Part II)		_	nental unit or	from the gen	erai public	
9	Ţ.	=	at normally receives			-	-	ibutions, mer	nbership fees	s. and gros	s
	•	=	vities related to its e			* *		•	•	-	
			ross investment inco								
		acquired by the or	ganızatıon after June	30,1975 S	ee <b>section</b>	509(a)(2). (0	omplete P	art III )			
10	Γ	An organization oi	ganized and operated	lexclusively	to test for	public safety	See <b>sect i</b>	on 509(a)(4).			
11	Γ	one or more public	rganized and operated tly supported organiz ribes the type of supp <b>b</b> Type II <b>c</b>	ations descr or <u>ti</u> ng organ	ribed in sec lization and	tion 509(a)(1 complete lin	) or section es 11e th <u>ro</u>	n 509(a)(2) \$ ough 11h	See <b>section 5</b>	509(a)(3).	Check
e f g	Γ	other than foundar section 509(a)(2) If the organization check this box Since August 17,	received a written do	etermination	or more pu	blicly suppor	ted organiz Type I, Ty	pe II, or Type	bed in sectio	n 509(a)(	L) or
		following persons?	•					y of the			
		(1) // parson into	directly or indirectly o	ontrols, eith	ner alone or	together with			1)	Ves	No
		and (iii) below, the	directly or indirectly o			_				Yes	No
		, , ,	governing body of th	e supported	organizatio	_			110	y(i)	No
		(ii) A family meml	governing body of the ger of a person descri	e supported bed in (i) ab	organizatio ove?	on?			110	y(i) y(ii)	No
h		(ii) A family meml (iii) A 35% contro	governing body of th	e supported bed in (i) ab n described	organizatio ove? in (i) or (ii)	above?			11g	y(i) y(ii)	No
(	i) Nan suppoi rganiz	(ii) A family meml (iii) A 35% control Provide the follow ne of (ii) EIN	e governing body of the per of a person describiled entity of a person ing information about  (iii) Type of organization (described on lines 1 - 9 above or IRC section (see	e supported bed in (i) ab n described	organization ove? In (I) or (II) ed organiza the Ion In ted In erning	above?	u notify ization of your		11g 11g 1the tion in ganized	(ii) (iii) (vii) An	nount of
(	suppo	(ii) A family meml (iii) A 35% control Provide the follow  ne of (ii) EIN	e governing body of the per of a person describiled entity of a person ing information about  (iii) Type of organization (described on lines 1 - 9 above or IRC section	e supported bed in (i) ab n described the support  (iv) Is organizat col (i) lis your gove	organization ove? In (I) or (II) ed organiza the Ion In ted In erning	above? tion(s)  (v) Did yo the organ in col (i)	u notify ization of your	(vi) Is organiza col (i) or	11g 11g 1the tion in ganized	(ii) (iii) (vii) An	nount of
(	suppo	(ii) A family meml (iii) A 35% control Provide the follow  ne of (ii) EIN	e governing body of the per of a person describiled entity of a person ing information about  (iii) Type of organization (described on lines 1 - 9 above or IRC section (see	e supported bed in (i) ab n described the support  (iv) Is organizat col (i) lis your gove docume	organization ove? In (I) or (II) ed organiza the Ion In ted In Erning Ent?	above? tion(s)  (v) Did yo the organ in col (i) suppo	u notify ization of your rt?	(vi) Is organiza col (i) or	the tion in ganized J S ?	(ii) (iii) (vii) An	nount of
(	suppo	(ii) A family meml (iii) A 35% control Provide the follow  ne of (ii) EIN	e governing body of the per of a person describiled entity of a person ing information about  (iii) Type of organization (described on lines 1 - 9 above or IRC section (see	e supported bed in (i) ab n described the support  (iv) Is organizat col (i) lis your gove docume	organization ove? In (I) or (II) ed organiza the Ion In ted In Erning Ent?	above? tion(s)  (v) Did yo the organ in col (i) suppo	u notify ization of your rt?	(vi) Is organiza col (i) or	the tion in ganized J S ?	(ii) (iii) (vii) An	nount of

supported organization

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do 19,001,932 16,671,068 20,792,135 16,044,983 16,783,174 89,293,292 not include any "unusual 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 19,001,932 16,671,068 20,792,135 16,044,983 16,783,174 89,293,292 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 5,187,083 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 84,106,209 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total beginning in) 🟲 19,001,932 16,671,068 16,044,983 16,783,174 Amounts from line 4 20,792,135 89,293,292 Gross income from interest, dividends, payments received on securities loans, rents, royalties 16,459,210 8,370,327 6,970,556 5,399,125 4,289,868 41,489,086 and income from similar sources Net income from unrelated business activities, whether or 27,419 67,570 152,069 620,524 169,999 1,037,581 not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support (Add lines 7 131,819,959 through 10) 12 Gross receipts from related activities, etc (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 63 800 % Public support percentage for 2012 Schedule A, Part II, line 14 15 62 070 % 16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ┡┰ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2013 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 **(e)** 2013 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) 0 % 15 16 Public support percentage from 2012 Schedule A, Part III, line 15 16

19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
 b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Section D. Computation of Investment Income Percentage

Investment income percentage from 2012 Schedule A, Part III, line 17

Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))

17

18

0 %

17

18

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17, 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).						
		Facts And Circumstances Test				
Retu	ırn Reference	Explanation				
		Schodulo A / Form 0	000 er 000 E7) 201			

Schedule A (Form 990 or 990-EZ) 2013

DLN: 93493318026244

## OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

# 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. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

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

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

Car	me of the organization negle Institute			Em	ployer ideni	tification number
					0965280	
Par	t I-A Complete if the or	ganization is exempt under	section 501(	c) or is a sec	tion 527	organization.
1	Provide a description of the or	ganızatıon's dırect and ındırect polıt	tical campaign act	ivities in Part IV	,	
2	Political expenditures				<b>&gt;</b>	\$
3	Volunteer hours					
Par	t I-B Complete if the or	ganization is exempt under	section 501(	c)(3).		
1	Enter the amount of any excis	e tax incurred by the organization u	nder section 4955	5	<b>-</b>	\$
2	Enter the amount of any excise	e tax incurred by organization mana	gers under sectio	n 4955	▶	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 47	20 for this year?			┌ Yes ┌ No
4a	Was a correction made?					┌ Yes ┌ No
b	If "Yes," describe in Part IV					
Par	t I-C Complete if the or	ganization is exempt under	section 501(	c), except se	ction 50	1(c)(3).
1		ended by the filing organization for s				\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to o	other organization:	s for section 527	, <b>F</b>	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	e and on Form 112	0-POL, line 17b	<b>▶</b>	\$
4	Did the filing organization file I	Form 1120-POL for this year?				☐ Yes ☐ No
5	organization made payments amount of political contribution	nd employer identification number ( For each organization listed, enter t ns received that were promptly and political action committee (PAC) I	he amount paid fro directly delivered	om the filing orga to a separate po	nızatıon's f	unds Also enter the
				is needed, provi	de ınformat	
	(a) Name	( <b>b</b> ) Address	(c) EIN	(d) A mount filing organ funds If none	paıd from zatıon's	
	(a) Name		1	(d) Amount filing organ	paıd from zatıon's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none,
	(a) Name		1	(d) Amount filing organ	paıd from zatıon's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none,
	(a) Name		1	(d) Amount filing organ	paıd from zatıon's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none,
	(a) Name		1	(d) Amount filing organ	paıd from zatıon's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none,
	(a) Name		1	(d) Amount filing organ	paıd from zatıon's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none,
	(a) Name		1	(d) Amount filing organ	paıd from zatıon's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none,
	(a) Name		1	(d) Amount filing organ	paıd from zatıon's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none,

section 4911 tax for this year?

┌ Yes ┌ No

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

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

	Limits on Lobbying E (The term "expenditures" means ar			(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)			
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		88,526	
c	Total lobbying expenditures (add lines 1a and 1i	)		88,526	
d	Other exempt purpose expenditures			58,574,305	
e	Total exempt purpose expenditures (add lines 1	c and 1d)		58,662,831	
f	Lobbying nontaxable amount Enter the amount f	rom the following table in both		1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
	Not over \$500,000	20% of the amount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000	\$1,000,000			
g	Grassroots nontaxable amount (enter 25% of lin	ue 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 -			
j	If there is an amount other than zero on either lii	ne 1h or line 1i, did the organization file Form	4720 rei	oorting	

# 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.)

	Lobbying Expendi	tures During 4	1-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	( <b>d)</b> 2013	(e) Total
2a	Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c	Total lobbying expenditures	99,731	96,531	99,115	88,526	383,903
_d	Grassroots nontaxable 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					

	Part II-B Complete if the organization is exempt under section filed Form 5768 (election under section 501(h)).					
For e	r each "Yes" response to lines 1a through 1ı below, provide in Part IV a detailed descri	ption of the lobbying	(8	a)	(1	b)
	tivity.		Yes	No	Amo	ount
1 a	legislation, including any attempt to influence public opinion on a legislative r through the use of					
b c	b Paid staff or management (include compensation in expenses reported on line	es 1c through 1ı)?				
d	d Mailings to members, legislators, or the public?					
e	e Publications, or published or broadcast statements?					
f	f Grants to other organizations for lobbying purposes?					
g	<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislati	ive body?				
h i		ımılar means?				
j	•			1		
2a	<b>.</b>	on 501(c)(3)?				
b						
C	, , , , , , , , , , , , , , , , , , , ,			İ		
	d If the filing organization incurred a section 4912 tax, did it file Form 4720 for	-				
Par	art III-A Complete if the organization is exempt under section 501(c)(6).	on 501(c)(4), section 5	01(c	)(5), c	or sect	ion
	301(0)(0).				Ye	s No
1	Were substantially all (90% or more) dues received nondeductible by membe	rs?		Г	1	111
2					2	
3					3	
Pai	art III-B Complete if the organization is exempt under section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 a line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not inclease for which the section 527(f) tax was paid).	lude amounts of political	20			
a	•		2a			
b			2b 2c			
с 3		a saction 163(a) duas	3			
4						
•	does the organization agree to carryover to the reasonable estimate of nonde political expenditure next year?	•	4			
5	, , , , , , , , , , , , , , , , , , , ,		5			
P	Part IV Supplemental Information					
	Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line Part II-B, line 1 Also, complete this part for any additional information	e 5, Part II-A (affiliated grou	p lıst),	Part II	-A , line	2, and
	Return Reference Explanation					

201104410 0 (101111 330 01 330 12) 2013		i age <del>-i</del>
Part IV Supplemental Information	on <i>(continued)</i>	
Return Reference	Explanation	
l		

Schedule D (Form 990) 2013

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DLN: 93493318026244

OMB No 1545-0047

# **SCHEDULE D**

(Form 990)

Department of the Treasury

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990)

Open to Public

nal Revenue Service	tructions is at <u>www.irs.gov/rorin990</u> .	Inspection
ame of the organization Imegie Institute		Employer identification number
megic institute		25-0965280
art I Organizations Maintaining Donor	Advised Funds or Other Similar F	
organization answered "Yes" to Form		·
	(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year		
Aggregate contributions to (during year)		
Aggregate grants from (during year)		
Aggregate value at end of year		
Did the organization inform all donors and donor a funds are the organization's property, subject to t		nor advised <b>Yes</b> [
Did the organization inform all grantees, donors, a used only for charitable purposes and not for the the conferring impermissible private benefit?		
	te if the organization answered "Yes" t	o Form 990, Part IV, line 7.
Purpose(s) of conservation easements held by the	<del>-</del>	
Preservation of land for public use (e.g., recrea		historically important land area
Protection of natural habitat	Preservation of a	certified historic structure
□ Preservation of open space		
Complete lines 2a through 2d if the organization h	ield a qualified conservation contribution in t	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 easeme		2b
Number of conservation easements on a certified	• •	2c
Number of conservation easements included in (c historic structure listed in the National Register		2d
Number of conservation easements modified, tran	sferred, released, extinguished, or terminate	ed by the organization during
the tax year ▶		
Number of states where property subject to conse	rvation easement is located ►	
Does the organization have a written policy regard enforcement of the conservation easements it hol		dling of violations, and <b>Yes</b> 「I
Staff and volunteer hours devoted to monitoring, i	nspecting, and enforcing conservation easer	ments during the year
A mount of expenses incurred in monitoring, inspe	cting, and enforcing conservation easement	s during the year
<b>▶</b> \$		
Does each conservation easement reported on lin and section 170(h)(4)(B)(II)?	e 2(d) above satisfy the requirements of sec	rtion 170(h)(4)(B)(i)
In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation eas	of the footnote to the organization's financia	
	tions of Art, Historical Treasures,	or Other Similar Assets.
If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footn	assets held for public exhibition, education,	or research in furtherance of public
If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to	AS 116 (ASC 958), to report in its revenue assets held for public exhibition, education,	statement and balance sheet
(i) Revenues included in Form 990, Part VIII, line	e 1	<b>►</b> \$
(ii) Assets included in Form 990, Part X		<u></u> \$ <u></u>
If the organization received or held works of art, h following amounts required to be reported under S		or financial gain, provide the
Revenues included in Form 990, Part VIII, line 1	, ,	<b>►</b> \$
Assets included in Form 990, Part X		· · · · · · · · · · · · · · · · · · ·
Assets included in Form 550, Fall A		<del>-</del> ₽

Part	Organizations Maintaining Co	llections of Art	, His	torio	cal Trea	sures, or O	the	r Similar As	sets (c	ontınued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, ch	neck a	ny of the	following that a	are a	sıgnıfıcant use	of its	
а	▼ Public exhibition		d	~	Loan or e	xchange progi	ams			
b	Scholarly research		e	$\vdash$	Other					
c	✓ Preservation for future generations									
4	Provide a description of the organization's c Part XIII	ollections and expla	ın hov	w they	further th	ne organizatior	ı's ex	empt purpose ı	n	
5	During the year, did the organization solicit			,					_	_
Do	assets to be sold to raise funds rather than								Yes	✓ No
Pal	Escrow and Custodial Arrang Part IV, line 9, or reported an ar						u r	es to Form 9	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						ets r		- Yes	┌ No
b	If "Yes," explain the arrangement in Part XI $$	II and complete the	follov	ving ta	able	_				
						-		Am	ount	
С	Beginning balance					-	1c			
d	Additions during the year						1d			
e	Distributions during the year					-	1e			
f	Ending balance					L	1f			
2a	Did the organization include an amount on F	orm 990, Part X, lin	e 21?					J	_ Yes	Г No
ь	If "Yes," explain the arrangement in Part XI	II Check here if the	expl	anatıc	n has bee	n provided in l	art :	KIII		<u> </u>
Pa	rt V Endowment Funds. Complete						_		, ) <u>F</u>	
1a	Beginning of year balance	(a)Current year 289,773,295	(D)I	Prior ye 263.2	87,776	Two years back: 279,908,871	+ • •	257,235,751		ears back 05,341,782
b	Contributions	788,000			18,000	2,015,000	-	2,045,000		3,529,000
c	Net investment earnings, gains, and losses	45,263,841		39,9	98,646	-4,215,095		35,834,120		64,268,969
d	Grants or scholarships									
e	Other expenditures for facilities and programs	14,774,000		13,7	15,000	14,010,000		14,549,000		15,217,000
f	Administrative expenses	415,242			16,127	411,000	-	657,000		687,000
g	End of year balance	320,635,894		289,7	73,295	263,287,776		279,908,871	2	57,235,751
2	Provide the estimated percentage of the cur	·	ce (lın	e 1g,	column (a	a)) held as				
а	Board designated or quasi-endowment 🕨	13 290 %								
b	Permanent endowment ► 84 160 %									
С	Temporarily restricted endowment ► 2.5 The percentages in lines 2a, 2b, and 2c sho	50 % uld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organiz	atıon '	that a	re held an	ıd admınıstere	d for	the		
	organization by							3-/	Yes	+
	(i) unrelated organizations			•			•	3a( 3a(		No
ь	If "Yes" to 3a(II), are the related organization		·      . d on S	 Sched	ule R?		٠. ٔ	3E		1
4	Describe in Part XIII the intended uses of the	ne organization's en	dowm	ent fu	nds					
Par	t VI Land, Buildings, and Equipme		the o	rganı	zatıon aı	nswered 'Yes	' to	Form 990, Pa	rt IV, l	ine
	11a. See Form 990, Part X, line  Description of property	10.			Cost or othe (ınvestmen			(c) Accumulated depreciation	(d) B	ook value
4-				1			701			C FOE 30 -
	and		•			<u> </u>	5,736	61 404 66		6,505,736
	Buildings		•			122,860	J, / Ø I	61,484,66	9	51,376,121
	Equipment		•			19,95	) QQ1	16,108,30	4	3,844,677
	Other					19,93.	_, , , 0 1	10,100,30		5,044,077
	I. Add lines 1a through 1e <i>(Column (d) must</i> e		X, colu	ımn (F	3), line 10(			🕨	1	71,726,534
. Jea		.quui i Oilli 550, Falt.	., coru	(E	.,, mic 10(	~ <i>/./</i> • • •	•	Schedule D		

Part VII Investments—Other Securities. Cor See Form 990, Part X, line 12.  (a) Description of security or category		(c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests (3)Other		
(A ) Limited Partnerships	77,924,765	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	77,924,765	
Part VIII Investments—Program Related. Co	, ,	answered 'Yes' to Form 990, Part IV, line 11c
See Form 990, Part X, line 13.  (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organizatio	n answered 'Yes' to Form 990	, Part IV, line 11d See Form 990, Part X, line 15
(a) Descr		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1	5)	
Part X Other Liabilities. Complete if the organic		
Form 990, Part X, line 25.		, ,
1 (a) Description of liability	(b) Book value	
Federal Income taxes		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		
2. Liability for uncertain tax positions In Part XIII, provide		e organization's financial statements that
reports the organization's liability for uncertain tax position provided in Part XIII		

Sched	dule D (Form 990) 2013						Page <b>4</b>
Par		venue per Audited Financial Sta		nts With Reve	nue per	Reti	<b>ırn</b> Complete ıf
-		ered 'Yes' to Form 990, Part IV, line			Τ.	1	04 702 050
1	· -	support per audited financial statements			<u> </u>	-	84,792,950
2		not on Form 990, Part VIII, line 12	١.	1 25.4			
a		ments	2a	25,04	7,4/4		
Ь		cilities	2b				
C			2c				
d			2d	3,19	3,245		
е	Add lines <b>2a</b> through <b>2d</b> .		•			<u>!e</u>	28,240,719
3					· <u>  -</u>	3	56,552,231
4		), Part VIII, line 12, but not on line <b>1</b>		1			
а		ded on Form 990, Part VIII, line 7b .	4a	35	5,953		
b	Other (Describe in Part XIII )		4b	14	9,330		
C	Add lines <b>4a</b> and <b>4b</b>				. 4	kc	505,283
5		<b>4c.</b> (This must equal Form 990, Part I, line				5	57,057,514
Par		<b>spenses per Audited Financial St</b> swered 'Yes' to Form 990, Part IV, line			enses p	er Re	eturn. Complete
1		audited financial statements				1	61,350,793
2	Amounts included on line 1 but	not on Form 990, Part IX, line 25					
а		cilities	2a				
b	Prior year adjustments		2b				
c	Other losses		2c				
d	Other (Describe in Part XIII )		2d	3,19	3,245		
e	Add lines <b>2a</b> through <b>2d</b>		<u> </u>			2e	3,193,245
3	Subtract line <b>2e</b> from line <b>1</b> .				. —	3	58,157,548
4	Amounts included on Form 990	, Part IX, line 25, but not on line 1:					· · ·
а		ded on Form 990, Part VIII, line 7b	4a	J 35	5,953		
b	•		4b		9,330		
c	Add lines <b>4a</b> and <b>4b</b>		<u> </u>	·		4c	505,283
5	Total expenses Add lines 3 an	d <b>4c.</b> (This must equal Form 990, Part I, lir	ne 18 )			5	58,662,831
	Supplemental Info		· · · · · ·				
P rov P a rt	vide the descriptions required for	Part II, lines 3, 5, and 9, Part III, lines 1a lines 2d and 4b, and Part XII, lines 2d and				ovide (	any additional
	Return Reference	Explanation					
Pt III	Line 1a	The Institute's collections include minera sculptures, draw- ings and watercolors, de treasures. These items are held for educa of the items is cataloged, preserved and c	ecorati tional,	ve arts and other research, scientif	archeolo- ic and cur	gical a atorial	and paleontological pur- poses Each

Return Reference	Explanation
Pt III Line 1a	The Institute's collections include minerals, ethnographic items, paintings, prints, photographs, sculptures, draw- ings and watercolors, decorative arts and other archeolo- gical and paleontological treasures. These items are held for educational, research, scientific and curatorial pur- poses. Each of the items is cataloged, preserved and cared for, and activities verifying their existence and assessing their condition are performed continuously.
Pt III Line 1a	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 \$1,782,000 IN 2013) CONTRIBUTED COLLECTION ITEMS ARE NOT REFLECTED IN THE FINANCIAL STATE-MENTS PROCEEDS FROM DEACCESSIONS OR INSURANCE RECOVERIES ARE REFLECTED AS INCREASES IN TEMPORARILY R
Pt III 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 2d	Cost of Sales 1,572,604 Cost of Rentals 1,153,774 Fundraising Expenses 466,867 Total 3,193,245
Pt XI Line 4b	Fundraising Revenue 149,330
Pt XII Line 2d	Cost of Sales 1,572,604

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493318026244

OMB No 1545-0047

2013

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

**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.

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

Open to Public **Inspection** 

Name of the organization Carnegie Institute  Part I General Information on Activities Outside the United States. Complete if the organization "Yes" to Form 990, Part IV, line 14b.	
Part I General Information on Activities Outside the United States. Complete if the organization Tyes" to Form 990, Part IV, line 14b.	ion answered
Part I General Information on Activities Outside the United States. Complete if the organization "Yes" to Form 990, Part IV, line 14b.	ion answered
"Yes" to Form 990, Part IV, line 14b.	ion answered
1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and	
other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used	
to award the grants or assistance?	│ Yes │ No
2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants a	and other
assistance outside the United States.	
Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )	
(a) Region (b) Number of offices in the employees, region (by type) (e.g., a program service, describe)	(f) Total expenditures for and investments
region agents, and fundraising, program specific type of	in region
independent services, investments, grants service(s) in region	-
contractors in to recipients located in the region region)	
(1) See Add'l Data	
( 2)	
(3)	
(4)	
(5)	
<b>3a</b> Sub-total 0 0	9,898,656
<b>b</b> Total from continuation sheets 0 0	11,980
to Part I	
c Totals (add lines 3a and 3b) 0 0	9,922,616

Pa						<b>ited States.</b> Compl duplicated if additior			to Form 990,
1	(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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(:	1)								
( :	2)								
(:	3)								
( 4	4)								
2						ies by the foreign co (c)(3) equivalency l			
3	Enter total nur	nber of other or	ganizations or ent	rities					

Schedule F (Form 990) 2013

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.

Part III can be	duplicated if addit	ional space is ne	eeded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
(1)							
( 2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
( 12)							
(13)							
(14)							
( 15)							
( 16)							
( 17)							
( 18)							
	1			l .			

### Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	<u> ~</u>	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Yes	।ন	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	I~	Yes	Γ	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	দ	Yes	Г	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	<u> </u>	Yes	Г	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Г	Yes	굣	No

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013 Page 5

### Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

#### 990 Schedule F, Supplemental Information

Return Reference	Explanation		
Pt I Line 2	Not applicable		

### **Additional Data**

**Software ID:** 13000178

**Software Version:** 

**EIN:** 25-0965280

Name: Carnegie Institute

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	Investments		7,019,887
Central America	0	0	Program Services	Exhibit Travel	94
East Asia and Pacific	0	0	Program Services	Exhibit Travel	82,069

Form 990 Schedule F	<u> Part I - Activit</u>	<u>ties Outside T</u>	he 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
East Asia and Pacific	0	0	Program Services	Exhibit License Fees	
East Asia and Pacific	0	0	Program Services	Gıfts	
Europe	0	0	Investments		180,300

Form 990 Schedule F	<u>Part I - Activit</u>	ties Outside T	he 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
Europe	0	0	Program Services	Exhibit Travel	39,618
Europe	0	0	Program Services	Research Travel	16,198
Europe	0	0	Gıfts Received		

Form 990 Schedule	F Part I - Activi	<u>ties Outside T</u>	he 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
Europe	0	0	Program Services	Exhibit License Fees	
Europe	0	0	Program Services	Memberships	
Mıddle East	0	0	Program Services	Research Travel	5,646

Form 990 Schedule F	Part I - Activit	<u>ties Outside T</u>	he 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
Mıddle East	0	0	Gifts Received		
North America	0	0	Investments		2,539,450
North America	0	0	Program Services	Exhibit Travel	13,956

Form 990 Schedule F	<u>Part I - Activit</u>	<u>ties Outside T</u>	he 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
North America	0	0	Program Services	Research Travel	1,438
North America	0	0	Gifts Received		
North America	0	0	Program Services	Memberships	

Form 990 Schedule F	<u> Part I - Activit</u>	<u>ies Outside T</u>	he 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
North America	0	0	Program Services	Exhibit License Fees	
Russia	0	0	Program Services	Exhibit Travel	1,136
South America	0	0	Program Services	Exhibit Travel	5,394

Form 990 Schedule F I	Part I - Activit	ies Outside T	he 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
South America	0	0	Program Services	Research Travel	5,450

DLN: 93493318026244

OMB No 1545-0047

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

Name of the organization

Department of the Treasury

Internal Revenue Service

Carnegie Institute

10

Total.

**Fundraising or Gaming Activities** Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**Supplemental Information Regarding** 

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

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

**Employer identification number** 

						25-0965280	
Part I Fundraising Act Form 990-EZ filer						o Form 990, Part IV,	, line 17.
1 Indicate whether the organ	uzatıon raısed funds	through ar	ny of the	follo	wing activities Che	ck all that apply	
a 🔽 Mail solicitations			е	굣	Solicitation of non-	government grants	
<b>b</b> 🔽 Internet and email soli	<b>b</b> 🔽 Internet and email solicitations					ernment grants	
c 🔽 Phone solicitations	Phone solicitations					g events	
<b>d</b> 🔽 In-person solicitations	5						
<ul><li>Did the organization have a or key employees listed in</li><li>If "Yes," list the ten highes to be compensated at leas</li></ul>	Form 990, Part VII	) or entity r entities (1	ın connec	ction	with professional fo	ındraısıng services?	<b>▼ Yes                                   </b>
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or crol of outions?	(i	v) 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				
1 DCM Inc	Telemarketing		No		518,505	194,672	323,833
2 Nadine Peyser LLC	Consulting		No		57,548	79,396	-21,848
3 G2G Consulting	Consulting		No			12,475	-12,475
4							
5							
6							

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

289,510

286,543

576,053

		G (Form 990 or 990-EZ) 2013				Page <b>2</b>
Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts g	aising event contributi			
		3 1 3	(a) Event #1  Science Awards (event type)	(b) Event #2  Gala-Carnegie International (event type)	(c) O ther events (total number)	(d) Total events (add col (a) through col (c))
£	1	Gross receipts	307,315	348,775	143,250	799,340
Revenue	2	Less Contributions	252,795	227,030	81,355	561,180
<u>~</u>	3	Gross income (line 1 minus line 2)	54,520	121,745	61,895	238,160
	4	Cash prizes				
မှာ	5	Noncash prizes				
Expenses	6	Rent/facility costs				
ă	7	Food and beverages .	43,237	170,431	14,307	227,975
Direct	8	Entertainment	85,325	77,024	25,021	187,370
ā	9	Other direct expenses .	11,964	25,129	14,429	51,522
	10	Direct expense summary Add lin	nes 4 through 9 ın column	(d)		(466,867)
	11	Net income summary Subtract li	ne 10 from line 3, column	(d)		-228,707
Par	t III	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
Revenue		\$20,000 OH (OH) 330 EE, III	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1	Gross revenue				
enses	2	Cash prizes				
cpen	3	Non-cash prizes				
Direct Exp	4	Rent/facility costs				
₽ B	5	Other direct expenses				
	6	Volunteer labor	Г Yes% Г No	┌ Yes%_ ┌ No	┌ Yes	
		Direct expense summary Add line				
	•	Net gaming income summary Subt				l
9 a b	Ist	er the state(s) in which the organization licensed to operate No," explain	gaming activities in each	of these states?		. 「Yes 「No
		re any of the organization's gaming Yes," explain	licenses revoked, suspen	ded or terminated during	the tax year?	

Does	s the organization operate gaming activit	ies with nonmember	s?
12			st or a member of a partnership or other entity
		·	· · · · · · · · · · · · · · · · · · ·
13	Indicate the percentage of gaming acti		Yes   No
a			
ь			
14	·		e organization's gaming/special events books and records
			,
	Name 🟲		
	Address ►		
15a			m whom the organization receives gaming
h			he organization <b>&gt;</b> \$ and the
Ь	amount of gaming revenue retained by		
_			
С	If "Yes," enter name and address of the	s third party	
	Name 🕨		
	Address 🏲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation ► \$		<del></del>
	Description of services provided		
	Director/officer	<del>_</del> Employee	Independent contractor
17	Mandatory distributions	⊏mpioyee	i independent contractor
1/ a	'	e law to make charit:	able distributions from the gaming proceeds to
4			· · · · · · · · · · · · · · · · · · ·
ь			Istributed to other exempt organizations or spent
	in the organization's own exempt activi		
Pa	rt IV Supplemental Information	<b>on.</b> Provide the ex b, 15c, 16, and 17	rplanations required by Part I, line 2b, columns (iii) and (v), and 7b, as applicable. Also complete this part to provide any
	Return Reference		Explanation

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OMB No 1545-0047

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### Schedule J (Form 990)

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

**Compensation Information** 

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

Department of the Treasury Internal Revenue Service Name of the organization

Carnegie Institute

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

**Employer identification number** 

25-0965280

				23-0903200			
Pa	rt I	Questions Regarding Compensation				l	
						Yes	No
1a				ny of the following to or for a person listed in Form ride any relevant information regarding these items			
	Γ	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	$\sqcap$	Travel for companions	Γ	Payments for business use of personal residence			
		Tax idemnification and gross-up payments	고	Health or social club dues or initiation fees			
	Γ	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b		ny of the boxes in line 1a are checked, did the org nbursement or provision of all of the expenses des			1b	Yes	
2		the organization require substantiation prior to rectors, trustees, officers, including the CEO/Execu			2	Yes	
3	orga	icate which, if any, of the following the filing organi anization's CEO/Executive Director Check all tha d by a related organization to establish compensa	t apply				
	굣	Compensation committee	굣	Written employment contract			
	$\Gamma$	Independent compensation consultant	굣	Compensation survey or study			
	<u>~</u>	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4		ing the year, did any person listed in Form 990, Pa related organization	art VII	, Section A, line 1a with respect to the filing organization			
а	Rec	eive a severance payment or change-of-control p	aymen	t?	4a	Yes	
b	Par	ticipate in, or receive payment from, a supplement	al non	qualified retirement plan?	4b		No
c	Par	ticipate in, or receive payment from, an equity-bas	sed co	mpensation arrangement?	4c		Νo
		Yes" to any of lines 4a-c, list the persons and pro					
	Onl	y 501(c)(3) and 501(c)(4) organizations only mus	t comp	olete lines 5-9.			
5		persons listed in Form 990, Part VII, Section A, l opensation contingent on the revenues of	ıne 1a	, did the organization pay or accrue any			
а	The	organization?			5a		No
Ь	Any	related organization?			5b		No
	If"	Yes," to line 5a or 5b, describe in Part III					
6		persons listed in Form 990, Part VII, Section A, I opensation contingent on the net earnings of	ıne 1a	, did the organization pay or accrue any			
а	The	organization?			6a		No
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, I ments not described in lines 5 and 6? If "Yes," de			7	Yes	
8		e any amounts reported in Form 990, Part VII, pa					
	sub	ject to the initial contract exception described in I		tions section 53 4958-4(a)(3)? If "Yes," describe			
	ın P	art III			8		Νo
9		res" to line 8, did the organization also follow the tion 53 4958-6(c)?	rebutt	able presumption procedure described in Regulations	9		

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

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

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

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of	<b>(F)</b> Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation			columns (B)(ı)-(D)	
See Addıtıonal Data Table							

Schedule J (Form 990) 2013

### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
Pt I Line 1a	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 4a	Severance payments in accordance with their employment contracts were made as follows \$175,000 to John Wetenhall, prior President and CEO of Carnegie Institute, \$46,529 to Samuel Taylor, former Director of Carnegie Museum of Natural History, \$20,000 to Maureen Rolla, prior Deputy Director of Carnegie Museum of Art
Pt I Line 7	Bonuses were paid to people who assumed additional responsibilities and were rewarded consistent with compensation policy

Schedule J (Form 990) 2013

## **Additional Data**

Software ID: Software Version:

**EIN:** 25-0965280

Name: Carnegie Institute

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

roilli 990, Schedule 3, Pai	<del></del> -	1 - Officers, Direc	tors, rrustees, ke	y Lilipioyees, and	Ingliest compens	sateu Employees		
(A) Name		(B) Breakdown o	of W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
DAVID HILLENBRAND	(ı) (ıı)						336,500	
JOHN WETENHALL	(ı) (ıı)	44,295		175,059	1,018	128	220,500	
DOLORES F ELLENBERG	(ı) (ıı)		11,591	1,879	8,182	18,453	238,642	
KEVIN HILES	(ı) (ıı)	186,753	7,500	603	7,641	18,257	220,754	
FRANK A CARDIELLO	(ı) (ıı)		3,500	420	5,720	20,358	166,224	
ERIC SHINER	(ı) (ıı)	158,785	20,000	212	6,402	6,871	. 192,270	
RONALD J BAILLIE	(ı) (ıı)		7,500	1,828	7,984	7,395	222,784	
ANN M METZGER	(ı) (ıı)		7,500	1,840	8,025	15,573	230,412	
LYNN ZELEVANSKY	(ı) (ıı)		7,500	1,999	8,608	18,531	. 255,216	
EILEEN MEDDIS	(ı) (ıı)		2,500	1,402	5,998	7,487	177,995	
CYNTHIA MCCORMICK	(ı) (ıı)	143,889	3,500	814	5,888	8,754	162,845	
MAUREEN ROLLA	(ı) (ıı)			20,981	4,947	6,772	154,858	
SAMUEL TAYLOR	(ı) (ıı)			46,529			46,529	

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### 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, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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Name of the or	ganızatıon						E	mploy	er ident	ificatio	n numbe	er
ourneyre menture							2	25-09	65280			
					3) and sectio							
					90, Part IV, line							
<b>1 (a)</b> Nam	e of dısqualı	fied person		nship betwee on and organ	n disqualified	<b>(c)</b> Des	cription	of tra	nsactior	י -		rected?
			pers	on and organ							Yes	No
												-
												-
												•
												-
												•
2 Enter the a	amount of ta	x incurred by	y organization	managers or	disqualified pe	rsons during t	he year	r unde	rsection • ¢	າ 		
	emount of ta	v ifany on	line 2 above	reimbursed b	y the organizat	100	•	•	<b>▶</b> \$			_
5 Enter the t	illoulle of tu	x,	me 2, above,	Tellibarsea E	y the organizat			<u> </u>	- Ψ			
			m Interest									
					990-EZ, Part \		Form 9	90, Pa	art IV , lı	ne 26,	or if the	
					line 5, 6, or 22		(-) T-		(6)		(:X)//:	
(a) Name of interested	( <b>b)</b> Relations	(c) nip   Purpos	( <b>d)</b> Loar e of or from		(e)Original principal	(f)Balance due	(g) In defaul		(h) Approv	ed.	(i)Wr	
person	with	loan			amount			by				
	organızatı	on							board			
									or committee?			
			То	From			Yes	No	Yes	No	Yes	No
											_	
											_	
											_	
											_	
Total		<b>•</b>	\$									
					ed Persons.	_						
	•				n Form 990, P							
(a) Name of Ir			nship betwee person and th		unt of assistanc	:e <b>(d)</b> Typ	e of ass	ıstano	:e <b>(e</b> )	) Purpos	se of as:	sistance
perso	II		person and th inization	e								
		<u> </u>				•			<u> </u>			
· <del></del> _												

Part IV	Business	Transactions	Involvina	Interested	Persons.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh organiz reven	zation's
				Yes	No
(1) Parkhurst Dining Services	Current Trustee	546,063	Arms-Length Food Svc		No
(2) Highmark	Current Trustee	2,872,057	Arms-Length Health Insur		No
(3) PNC Financial	Current Trustee	400,136	Arms-Length Investment Svc		No
(4) MARC USA	Current Trustee	459,662	Arms-Length Advertising		No

## Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
------------------	-------------

Schedule L (Form 990 or 990-EZ) 2013

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Department of the Treasury

Internal Revenue Service

**SCHEDULE M** 

(Form 990)

# **Noncash Contributions**

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

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

**Employer identification number** Name of the organization Carnegie Institute

25-0965280 Part I Types of Property (d) (a) (b) (c) Check Number of contributions Noncash contribution Method of determining ıf or items contributed amounts reported on noncash contribution amounts applicable Form 990, Part VIII, line 1 g 107 N/A 1 Art—Works of art . . . Χ 2 Art—Historical treasures Art—Fractional interests Χ 4 N/A 4 Books and publications Clothing and household goods . . . . . Cars and other vehicles Boats and planes . . . Intellectual property . . . 805,662 FMV Securities—Publicly traded . Χ 10 Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests . . . . 12 Securities-Miscellaneous . . Oualified conservation contribution—Historic structures . . . . 14 Qualified conservation contribution—Other . . . Real estate—Residential . 16 Real estate—Commercial . N/A 17 Real estate—Other . . . Х 18 Collectibles . . . . Х 200 N/A 19 Food inventory . . . Drugs and medical supplies 20 21 Taxidermy . . . . . Historical artifacts . . . 229 N/A Χ Χ 17,176 N/A 23 Scientific specimens . . Archeological artifacts . 24 25 Other ► (\_ 26 Other ►( \_\_\_ 27 Other ►(\_\_ **28** Other ▶ ( Number of Forms 8283 received by the organization during the tax year for contributions 29 14 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . 30a Νo **b** If "Yes," describe the arrangement in Part II 31 Yes 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash **32a** | Yes **b** If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part I Line 17, 18, 22, 23

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

Return Reference

Explanation

Pt I Line 32b

Unrelated third parties are used to sell items at public sales

The organization has elected, as permitted under SFAS 116, not to report as revenue in its statement of activities and as assets in its statement of financial position works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service

Part I Line 1,3 & 9

Line 1 Column (b) reflects the number of items received from 28 donations, 5 of which were requested

to be acknowledged on Form 8283 Line 3 Column (b) reflects the number of items on which fractional interests were received from 1 donation, which was requested to be acknowledged on Form 8283 Line 9 Column (b) reflects the number of separate contributions received

LINE 17 COLUMN (B) REFLECTS THE NUMBER OF ITEMS RECEIVED FROM 1 WHICH WAS REQUESTED TO BE ACKNOWLEDGED ON FORM 8283 LINE 18 COLUMN (B) REFLECTS THE NUMBER OF ITEMS RECEIVED FROM 21 DONATIONS, 5 OF WHICH WERE REQUESTED TO BE ACKNOWLEDGED ON FORM 8283 LINE 22 COLUMN (B) REFLECTS THE NUMBER OF ITEMS RECEIVED FROM 229 DONATIONS, NONE OF WHICH WERE REQUESTED TO BE ACKNOWLEDGED ON FORM 8283 LINE 23 COLUMN (B) REFLECTS THE NUMBER OF ITEMS RECEIVED FROM 143 DONATIONS, 2 OF WHICH WERE REQUESTED TO

Schedule M (Form 990) (2013)

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2013

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# SCHEDULE O

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Return Reference

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

Name of the organization Carnegie Institute	Employer identification number
	25-0965280

**Explanation** 

#### 990 Schedule O, Supplemental Information

Return Reference	Бранатон
Pt VI, Line 2	FAMILY/BUSINESS RELATIONSHIPS BETWEEN OFFICER/DIRECTOR/KEY EE -
Pt VI, Line 2	Trustees C Carson & A Mitinger = Business
Pt VI, Line 2	Trustees L Foster & A Neupaver = Business
Pt VI, Line 2	Trustees D Hillenbrand and Walter Turner = Business
Pt VI, Line 2	Trustees Torrence Hunt, Jr & William Hunt = Business & Family
Pt VI, Line 7a	The Bylaws of Carnegie Institute provide for appointment of
Pt VI, Line 7a	Ex Officio Trustees who serve as Public Trustee or as Life
Pt VI, Line 7a	Trustees of a neighboring 501(c)(3) organization
Pt VI, Line 11b	990 REVIEW PROCESS -
Pt VI, Line 11b	The Carnegie Institute Controller's Office is responsible
Pt VI, Line 11b	for gathering relevant information and preparing the
Pt VI, Line 11b	annual Form 990 Once the Form is complete in draft
Pt VI, Line 11b	status, it is reviewed with the Institute's independent
Pt VI, Line 11b	certified public accounting firm Upon completion of
Pt VI, Line 11b	independent review by the CPAs, the form is reviewed by
Pt VI, Line 11b	President and senior management of the Institute and then
Pt VI, Line 11b	presented to and reviewed with the Audit Committee
Pt VI, Line 11b	Finally, the Form is presented to the Board of Trustees for
Pt VI, Line 11b	review at a scheduled meeting prior to filing with the IRS
Pt VI, Line 12c	CONFLICT OF INTEREST COMPLIANCE -

Return Reference	Explanation
Pt VI, Line 12c	The bylaws of Carnegie Institute contain a provision that
Pt VI, Line 12c	requires each trustee, member of a museum board or com-
Pt VI, Line 12c	mittee, officer and member of senior management to dis-
Pt VI, Line 12c	close, annually, the existence of any circumstances that
Pt VI, Line 12c	might constitute a conflict of interest with the organi-
Pt VI, Line 12c	zation The process is initiated in the spring of each
Form 990, Part III, Line 4d	THE ANDY WARHOL MUSEUM - EXHIBITIONS SHOWCASED WARHOL WORKS THROUGH 8743174 0 6143589 O THER PROGRAMS OFFERED VIA THE ARTS EDUCATION COLLABORATIVE 541380 0 95349
Form 990, Part IX, Line 24f	BANK FEES 343097 205920 52428 84749 CATERING & HOSPITALITY 286362 222748 0 63614 C OLLECTIONS CONSERVATION 16304 16304 0 0 DUES & SUBSCRIPTIONS 114199 62666 34110 174 23 ENTERTAINMENT 23357 14188 4619 4550 EQUIPMENT PURCHASES 613173 586327 23557 328 9 EQUIPMENT RENTAL 261904 172573 72788 16543 HONORARIA 379182 379182 0 0 POSTAGE & SHIPPING 562972 445829 7466 109677 PRINTING 596424 522111 7997 66316 PROGRAM OTH ER 998760 998760 0 0 PUBLIC RELATIONS 6877 68
Pt VI, Line 12c	year by the President sending a Conflict of Interest
Pt VI, Line 12c	Policy and Disclosure Questionnaire to above recipients
Pt VI, Line 12c	Completed questionnaires are returned to the President
Pt VI, Line 12c	for evaluation of actual or perceived conflicts A
Pt VI, Line 12c	summary of the process and results is communicated to the
Pt VI, Line 12c	Audit Committee at a scheduled meeting and forwarded to
Pt VI, Line 12c	the Board of Trustees Appropriate action is taken
Pt VI, Line 12c	annually by the board relative to actual or perceived
Pt VI, Line 12c	conflicts The minutes of the governing board contain
Pt VI, Line 12c	an official record of the process and conclusions
Pt VI, Line 15a	EXECUTIVE COMPENSATION PROCESS -
Pt VI, Line 15a	Carnegie Institute adopted an Executive Compensation

Return Reference	Explanation
Pt VI, Line 15a	Policy aimed at providing a reasonable and competitive
Pt VI, Line 15a	executive total compensation consistent with market-based
Pt VI, Line 15a	performance compensation practices for individuals
Pt VI, Line 15a	possessing the experience and skill needed to improve the
Pt VI, Line 15a	overall performance of the organization. The Institute
Pt VI, Line 15a	focuses on comparable nonprofit organizations in the
Pt VI, Line 15a	local area to benchmark pay, along with data from addi-
Pt VI, Line 15a	tional market segments, private foundations and published
Pt VI, Line 15a	not-for-profit surveys The board authorizes the Presi-
Pt VI, Line 15a	dent, in consultation with the independent Executive Com-
Pt VI, Line 15a	mittee (EC)to establish an organizational job evaluation
Pt VI, Line 15a	system and compensation policy The Pres /CEO annually
Pt VI, Line 15a	reviews and approves museum/corporate goals and objectives
Pt VI, Line 15a	relevant to Executives, evaluates their performance and
Pt VI, Line 15a	recommends to the EC compensation levels based on the
Pt VI, Line 15a	evaluations The EC reviews recommendations and grants
Pt VI, Line 15a	approval as appropriate The EC annually reviews and
Pt VI, Line 15a	approves corporate goals and objectives relevant to
Pt VI, Line 15a	Pres /CEO compensation based on comparables, the evaluation
Pt VI, Line 15a	and subject to any employment contract that is in

Return Reference	Explanation
Pt VI, Line 15a	effect The process/conclusions are contemporaneously
Pt VI, Line 15a	documented in EC meeting minutes
Pt VI, Line 15b	Information included under 15a
Pt VI, Line 19	GOVERNING DOCUMENTS -
Pt VI, Line 19	Carnegie Institute's governing documents, conflict of
Pt VI, Line 19	interest policy, and financial statements are available
Pt VI, Line 19	for public inspection. The documents are available upon
Pt VI, Line 19	request and communication of same is conveyed at http://
Pt VI, Line 19	www carnegiemuseums org/docs/Financials pdf
Pt VIII, Line 1	ORGANIZATION'S MISSION & MOST SIGNIFICANT ACTIVITIES -
Pt VIII, Line 1	DESCRIPTION
Pt VIII, Line 1	Founded by Andrew Carnegie in 1895, Carnegie Museums of
Pt VIII, Line 1	Pittsburgh is a collection of four distinctive museums
Pt VIII, Line 1	dedicated to exploration through art and science Carnegie
Pt //III, Line 1	Museum of Art, Carnegie Museum of Natural History, Carnegie
Pt VIII, Line 1	Science Center and The Andy Warhol Museum
Pt VIII, Line 1	MISSION
Pt VIII, Line 1	The mission is to serve as a catalyst for growth and
Pt VIII, Line 1	knowledge, offer a home to thinking and inquisitive children
Pt VIII, Line 1	and adults, act as a collector, guardian and interactive

Return Reference	Explanation
Pt //III, Line 1	presenter of cultural and scientific treasures and ideas,
Pt //III, Line 1	and support the community by attracting visitors and
Pt I/III, Line 1	promoting economic development
Pt //III, Line 1	ACTIVITIES
Pt //III, Line 1	In 2013, the museums reached close to 1 3 million people
Pt I/III, Line 1	through exhibitions, education programs, outreach
Pt //III, Line 1	activities, and special events CMP is the largest,
Pt I/III, Line 1	most far-reaching cultural organization in the Pittsburgh
Pt //III, Line 1	region, known throughout the world for its vast art and
Pt //III, Line 1	scientific collections and scientific research
Part V - Line 4b	Canada, Cayman Islands, Ireland
Part VI - Line 17	Pennsylvania
Part VI - Line 17	Arkansas
Part VI - Line 17	California
Part VI - Line 17	Illinois
Part VI - Line 17	Maryland
Part VI - Line 17	Massachusetts
Part VI -Line17	Michigan
Part VI - Line 17	Minnesota
Part VI - Line 17	New Jersey

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VI - Line 17	New York
Part VI - Line 17	North Carolina
Part VI - Line 17	Ohio
Part VI - Line 17	Virginia
Part VI - Line 17	West Virginia
Sched G - Line 2b	Column V - Includes fees paid for fundraising services
Sched G - Line 2b	No payment was made for fundraising expenses
Sched G - Line 3	cont'd Ohio, Virginia, West Virginia

DLN: 93493318026244

OMB No 1545-0047

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# **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Carnegie Institute

(Form 990)

**SCHEDULE R** 

Name of the organization

**Employer identification number** 25-0965280

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	<b>(e)</b> End-of-year assets	(f) Direct controlling entity		
(1) CARNEGIE INSTITUTE TRUST 4400 FORBES AVENUE PITTSBURGH, PA 15213 27-6667826	INVESTMENT	PA	42,159,000	320,636,000	CARNEGIE INSTITUTE		
Part II Identification of Related Tax-Exempt Orga or more related tax-exempt organizations during	inizations Complete if	the organization a	answered "Yes" o	on Form 990, Part	IV, line 34 because it	: had or	ne
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity statu (if section 501(c)(3		Section (13) co	
						Yes	_
(1) JOHN BERDAN MEMORIAL TRUST	SUPPORT FOR CHARITY	PA	501(c)(3)	PF	NA		No
20 WASHINGTON STREET							
BOSTON, MA 021084408 25-6016908							
(2) THE DIETRICH FOUNDATION	SUPPORT FOR CHARITY	PA	501(c)(3)	TYPE 1 SUPPORTING OR	NA		No
600 GRANT ST RM 5360				OR			
PITTSBURGH, PA 15219 36-4711746							
For Danonwork Doduction Act Notice see the Instructions for Form (	<u> </u>	Cat No EO	1.257		Schodulo D (For	000) 3	

Part III	<b>Identification of Related Org</b> because it had one or more rela						ation ansv	vered "Ye	es" on	Form	990, Part	IV, lu	ne 34	34		
	(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	entity -	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income		<b>(h</b> Disprop r allocat	rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	j) eral or agıng :ner?	<b>(k)</b> Percentage ownership		
						,			Yes	No		Yes	No			
												_				
													$\square$			
Part IV	<b>Identification of Related Org</b> line 34 because it had one or mo	ore related organız							wered	d "Yes				IV,		
Na	( <b>a)</b> ame, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)		<b>(d)</b> Direct controllir entity	g Type of entity (C corp, S corp, or trust)		total Share	(g) are of end- of-year assets		<b>(h)</b> Percentage ownership		i) on 512 (13) rolled tity?	No.		
							1			-	ĺ	Yes	<u>*</u>	No		
												ı				

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?										
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No			
b	<b>b</b> Gift, grant, or capital contribution to related organization(s)									
C	c Gift, grant, or capital contribution from related organization(s)									
d	Loans or loan guarantees to or for related organization(s)				1d		No			
e	e Loans or loan guarantees by related organization(s)									
f	f Dividends from related organization(s)									
g	Sale of assets to related organization(s)				1g		No			
h	Purchase of assets from related organization(s)				1h		No			
i	Exchange of assets with related organization(s)				1i		No			
j Lease of facilities, equipment, or other assets to related organization(s)							No			
k	k Lease of facilities, equipment, or other assets from related organization(s)									
- 1	l Performance of services or membership or fundraising solicitations for related organization(s)									
m	<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)									
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No			
0	Sharing of paid employees with related organization(s)				10		No			
р	Reimbursement paid to related organization(s) for expenses				1p		No			
q	Reimbursement paid by related organization(s) for expenses				1q		No			
r	Other transfer of cash or property to related organization(s)				1r		No			
s	Other transfer of cash or property from related organization(s)				1s	Yes				
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line  (a)		(c)	(d)						
	Name of related organization Tra	( <b>b)</b> Fransaction type (a-s)	Amount involved	Method of determining amo	ount involved					

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

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

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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income (g) Share of end-of-year assets		(h) Disproprtionate allocations?		(i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												]	
												$\Box$	
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Schedule R (Form 990) 2013

# Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2013