Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

<u>A I</u>	or the	e 2022 calendar year, or tax year beginning JUL 1, 2022 and	ل ending	<u>UN 30, 202.</u>	3					
B (Check if applicable	C Name of organization CARNEGIE COUNCIL FOR ETHICS IN		D Employer identi	fication number					
	Addre	SS TAMBONAMIONAL ABBAIDG ING								
F	Name chang			13-1573	954					
F	Initial		Room/suite	E Telephone numb						
	 □Final □return/	170 F 6/TH STREET		(212) 83						
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	Gross receipts \$ 5,664,461.					
	Ameno			H(a) Is this a group	return					
	Applic tion	F Name and address of principal officer: JOEL ROSENTHAL		for subordinate						
	pendir	SAME AS C ABOVE		H(b) Are all subordinates						
	Гах-ех	empt status: X 501(c)(3) D 501(c) () (insert no.) D 4947(a)(1) c	or 527	If "No," attach	a list. See instructions					
	Nebsit			H(c) Group exempt	ion number					
K	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 1914	M State of legal domicile: NY					
Pa	art I	Summary								
4	1	Briefly describe the organization's mission or most significant activities: SEE S	SCHEDU	LE O						
Governance										
rna	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net a	ssets.					
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3						
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4						
8	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)								
<u>Y</u>	6	Total number of volunteers (estimate if necessary)		6						
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7						
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		71	0.					
				Prior Year	Current Year					
Φ	8	Contributions and grants (Part VIII, line 1h)		5,217,864	1,846,466.					
Revenue	9	Program service revenue (Part VIII, line 2g)		6,248						
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		662,035	1,151,804.					
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		93,698						
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,979,845						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		188,058						
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0						
g	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,249,033	2,699,622.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	0.					
ě	b	Total fundraising expenses (Part IX, column (D), line 25) 306,16	50.							
Û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,366,181						
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,803,272						
		Revenue less expenses. Subtract line 18 from line 12		1,176,573	-2,638,662.					
10 or			Ве	ginning of Current Year						
Assets or	20	Total assets (Part X, line 16)		39,442,096						
t As	21	Total liabilities (Part X, line 26)		441,854						
Net		Net assets or fund balances. Subtract line 21 from line 20		39,000,242	. 37,381,651.					
	art II	Signature Block								
		lties of perjury, I declare that I have examined this return, including accompanying schedules		•	ny knowledge and belief, it is					
true	, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.						
		Charles of affine		Data						
Sig	n	Signature of officer		Date						
Her	е	JOEL ROSENTHAL, PRESIDENT								
		Type or print name and title	/	1	DTIN					
_	_	Print/Type preparer's name	7/11/1	Jate Check	PTIN					
Paid MIKE SCHALL MIKE SCHALT 03/21/24 self-employed P02024184										
	arer	Firm's name SAX LLP	\ 		81-2950760					
Use	Only	·	FLOOR	I	10 060 0004					
		NEW YORK, NY 10018		Phone no. 2	12-268-2804					
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No					

Pai	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	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?	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 measured by expenses.	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	values if any favorab program continue values and	
4a	0.707.752	
Tu	SEE SCHEDULE O	— ′
		—
4b	(Code:) (Expenses \$)
	PUBLIC EDUCATION - CARNEGIE COUNCIL'S PUBLIC EDUCATION PROGRAMS AIM TO	
	MAKE THE MORAL DIMENSIONS OF INTERNATIONAL ISSUES MORE VISIBLE AND	
	ACCESSIBLE TO STUDENTS, SCHOLARS, AND THE GENERAL PUBLIC. THESE	
	PROGRAMS INCLUDE: PUBLIC AFFAIRS LECTURES AND STUDIO INTERVIEWS WITH	
	PROMINENT INTELLECTUALS AND PRACTITIONERS; STUDENT ENGAGEMENT EVENTS,	
	INTERNATIONAL STUDENT ESSAY CONTESTS, AND ANNUAL STUDENT RESEARCH	
	CONFERENCES; AND THE PEER-REVIEWED JOURNAL ETHICS & INTERNATIONAL	
	AFFAIRS, PUBLISHED QUARTERLY IN PRINT AND ONLINE THROUGH CAMBRIDGE	
	UNIVERSITY PRESS.	
4c	(Code:) (Expenses \$1, 375, 535. including grants of \$26, 650.) (Revenue \$)
	MULTIMEDIA DISTRIBUTION - THE CARNEGIE ETHICS STUDIO PRODUCES PODCASTS,	
	VIDEOS, TRANSCRIPTS, AND LIVE STREAMS OF CARNEGIE COUNCIL'S PUBLIC	
	PROGRAMS, SPECIAL EVENTS, AND CLOSED-SET STUDIO INTERVIEWS. THE STUDIO	
	ENSURES THAT THE COUNCIL'S SPONSORED RESEARCH AND PUBLIC EDUCATION	
	PROGRAMS REACH WORLDWIDE AUDIENCES THROUGH FREE AND WIDELY ACCESSIBLE	
	CHANNELS. THESE HAVE HISTORICALLY INCLUDED PUBLIC RADIO AND TELLY AWARD	
	WINNING PUBLIC TELEVISION PROGRAMS. TODAY, THE STUDIO FOCUSES ON ITS	
	GROWING ONLINE DISTRIBUTION NETWORKS, INCLUDING CARNEGIE COUNCIL'S TOP	_
	RATED PODCAST AND VIDEO CHANNELS ON ITUNES AND YOUTUBE.	
	Other program convices (Describe on Schodule O.)	
40	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 4,493,125.	
40	Total program service expenses 4,493,125.	

Pa	rt IV Checklist of Required Schedules		1	age o
_	In the constitution described is continue 504(AVO) or 4047(AVA) (although on a circle foundation)		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	_	х	
_	If "Yes," complete Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		x
4	public office? If "Yes," complete Schedule C, Part I	3		Α.
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		x
5	during the tax year? If "Yes," complete Schedule C, Part II	 		
3		5		x
6	similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	-		1
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	ا		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	–		
Ü	•	8	х	
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	۳		
3	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		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			 -
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		
•	as applicable.			
а				
_	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
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		X
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		X
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II

CARNEGIE COUNCIL FOR ETHICS IN INTERNATIONAL AFFAIRS, INC. 13-1573954 Page 4 Form 990 (2022) Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete Х 23 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 Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х 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 Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 27 creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III Х 27 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c "Yes," complete Schedule L, Part IV 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 Х If "Yes," complete Schedule R, Part V, line 2 36 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 Х 37

Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance

Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	43			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming			
	(gambling) winnings to prize winners?			1c	X	

Х

Form 990 (2022)

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If "Yes," complete Form 6069

13-1573954 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2h X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring 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 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 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 X 14a Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? Х 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17

Page 6

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 12			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer director trustee or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ū		3		Х
4	of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
		6		X
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	- 0		- 21
7a		7-		Х
	more members of the governing body?	7a		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			Х
_	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		37
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
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?	10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MELISSA SEMENIUK - (212) 838-4120			
	170 E 64TH STREET, NEW YORK, NY 10065			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization ne	or any related	orga	niza	tion	con	npen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)	(C)				(D)	(E)	(F)		
Name and title	Average	(do		Pos		l than d	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	amount of
	week		Jer an	lu a u	recto	i / ii uS	iee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	eord	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	al trustee		yee	m pen		1099-NEC)	1000 NEO)	and related
	below	Individual trustee or director	Institutional t	<u>~</u>	Key employee	Highest compensated employee	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highe	Former			
(1) JOEL ROSENTHAL	43.00									
PRESIDENT		Х		Х				450,000.	0.	69,583.
(2) MARISA BRASOR	43.00									
CHIEF PHILANTHROPY OFFICER						X		190,000.	0.	40,226.
(3) KEVIN MALONEY	43.00									
DIRECTOR OF COMMUNICATIONS						X		165,000.	0.	32,838.
(4) DEBORAH CARROLL	43.00								_	
DIRECTOR OF IT						X		154,124.	0.	38,257.
(5) MELISSA SEMENIUK	43.00									
CHIEF OF STAFF						X		165,000.	0.	17,708.
(6) DONNY Z BODNER	15.00							404 074		
CFO				Х				121,871.	0.	0.
(7) STEPHEN D. HIBBARD	2.00									_
SECRETARY				Х				0.	0.	0.
(8) ANTHONY FAILLACE	2.00									_
CHAIR		Х		Х				0.	0.	0.
(9) HARIS HROMIC	2.00									_
TREASURER		Х		Х				0.	0.	0.
(10) KATHLEEN CHEEK MILBY	2.00			l					•	•
VICE CHAIR	0.00	Х		Х				0.	0.	0.
(11) ROBERT G. SHAW	2.00	37							0	0
TRUSTEE (12) ATME PONOVAN	2.00	Х						0.	0.	0.
(12) AINE DONOVAN TRUSTEE	2.00	Х						0.	0.	0.
(13) ALEXANDER PLATT	2.00	Λ						0.	0.	· ·
TRUSTEE	2.00	Х						0.	0.	0.
(14) KRISTEN EDGREEN KAUFMAN	2.00	Λ						0.	0.	· ·
TRUSTEE	2.00	Х						0.	0.	0.
(15) MAXMILLIAN ANGERHOLZER	2.00							0.	0.	_
TRUSTEE		Х						0.	0.	0.
(16) EDDIE MANDHRY	2.00							•	•	
TRUSTEE		х						0.	0.	0.
(17) LESLIE VINJAMURI	2.00	<u></u>							3.	
TRUSTEE		Х						0.	0.	0.

007 12-13-22 Form **990** (2022)

Form 990 (2022) INTERNAT	TONAL AF	' I' A	ıΙΚ	.ठ <u>,</u>		NC	•		13-1	<u> </u>	954	Р	age c
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploye	ees,			ghes	st C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box,	not ch unles	Posi heck r ss pers d a di	ition more son is	than o	n an	(D) Reportable compensation from	(E) Reportable compensatio from related	on	l '	(F) stimate nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	is SC/	fr org an	pensa om th anizat d relat anizati	ation le tion ted
(18) ROBERT PERLMAN TRUSTEE	2.00	x						0.		0.			^
(19) SUSAN KING	2.00	^						0.		0.			0.
TRUSTEE (LEFT 12/31/22)		х						0.		0.			0.
(20) RICHARD EDLIN, ESQ	2.00]											
TRUSTEE (LEFT 12/31/22)	2.00	Х						0.		0.			0.
(21) JONATHAN GAGE TRUSTEE (LEFT 12/31/22)	2.00	$ \mathbf{x} $						0.		0.			0.
		-											
		-											
		-											
1b Subtotal								1,245,995.		0.	19	8,6	
c Total from continuation sheets to Part VI								1,245,995.		0.	10	8,6	0. 12
d Total (add lines 1b and 1c) Total number of individuals (including but n								•	000 of reportable			0,0	<u> </u>
compensation from the organization												Yes	6 No
3 Did the organization list any former officer,	•	,	,	•	,	,	_		•			162	X
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su											3		^
and related organizations greater than \$150											4	Х	
5 Did any person listed on line 1a receive or a					-			-			_		v
rendered to the organization? If "Yes," com Section B. Independent Contractors	<u>iplete Schedul</u>	e J fo	or su	ich p	pers	on .					5		X
Complete this table for your five highest co	mpensated inc	deper	nder	nt co	ntra	actor	rs th	nat received more than \$	3100,000 of comp	pensa	tion fro	om	
the organization. Report compensation for	the calendar ye	ear e	ndin	ıg wi	ith c	or wi	thin	the organization's tax y	ear.				
(A) Name and business	address							(B) Description of s	services	C)) ompe		n
KAI SCHMIDT, 2351 CHAMPLI WASHINGTON , DC 20009	AN ST.	NW	,				(CONSULTING			20	2,4	40.
Total number of independent contractors (in \$100,000 of compensation from the organic.)		ot lin	nited	to t	thos 1	e lis	ted	above) who received mo	ore than				

Form 990 (2022) INTERNA

Part VIII Statement of Revenue

	1 L V	••••				onco	or note to any lin	o in this Part VIII			
			Check if Schedule O	JUITE	airis a resp	UIISE I	or note to any iin	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
(0, (0	4	_	Fodorated compaigns		1a						000000000000000000000000000000000000000
Contributions, Gifts, Grants and Other Similar Amounts	'		Federated campaigns Membership dues								
ij d											
ts, An			Fundraising events								
Gif			Related organizations								
ns, Sim			Government grants (contr								
e ë		f	All other contributions, gifts,				1 046 466				
έŧ			similar amounts not included				1,846,466.				
a de		_	Noncash contributions included in	lines 1	a-1f 1g	\$		1 016 166			
<u>0 p</u>		h	Total. Add lines 1a-1f				I -	1,846,466.			
							Business Code				
မွ	2	а									
e Ži		b									
S		С									
am eve		d									
Program Service Revenue		е									
Ā.		f	All other program service	revei	nue						
		g	Total. Add lines 2a-2f								
	3 Investment income (including dividends, interest, and				st, and						
			other similar amounts)					631,654.			631,654.
	4		Income from investment of tax-exempt bond p				roceeds				
	5		Royalties	. <u></u>				56,553.			56,553.
					(i) Re	al	(ii) Personal				
	6	а	Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6с							
		d	Net rental income or (loss)							
			Gross amount from sales of		(i) Secu	ities	(ii) Other				
			assets other than inventory	7a	3,129	788.					
		b	Less: cost or other basis								
<u>o</u>			and sales expenses	7b	2,609	638.					
enr		С	Gain or (loss)	7c		150.					
Revenue		d	Net gain or (loss)				•	520,150.			520,150.
er			Gross income from fundraising					,			,
Ð.		_	including \$								
			contributions reported on								
			Part IV, line 18		,	8a					
		h	Less: direct expenses			8b					
			Net income or (loss) from				l.				
			Gross income from gamin								
		_	Part IV, line 19			- 1					
		h	Less: direct expenses								
			Net income or (loss) from								
			Gross sales of inventory, I			~~ <u>~</u>	<u> </u>				
	10	а	and allowances			10a					
		h	Less: cost of goods sold								
-		C	Net income or (loss) from	sales	o i iiivent	υγ	Business Code				
sn	44	_					Dusiness Code				
Miscellaneous Revenue	11										
llan		b									_
sce Be		С	All allandario								
Σ̈́			All other revenue								
		е	Total. Add lines 11a-11d					2 054 003	^	^	1200257
	12		Total revenue. See instruction	ons				3,054,823.	0.	0.	1208357.

	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons			. \ \ /-	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22	236,994.	236,994.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	632,854.	357,688.	147,420.	127,746
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 500 155	1 151 660	222 122	
7	Other salaries and wages	1,582,155.	1,171,668.	339,128.	71,359
8	Pension plan accruals and contributions (include	124 005	00 005	20 072	2 010
_	section 401(k) and 403(b) employer contributions)	134,085.	92,095.	38,072.	3,918 9,306
9	Other employee benefits	157,845. 192,683.	108,693. 132,979.	39,846. 43,384.	16,320
0	Payroll taxes	192,003.	134,979.	43,304.	10,320
1	Fees for services (nonemployees):	448,805.	292,858.	113,542.	42,405
a L	Management	440,005.	292,030.	113,342.	42,40
b	Legal				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	47,702.		47,702.	
g	Other. (If line 11g amount exceeds 10% of line 25,	2.7.020		2171020	
9	column (A), amount, list line 11g expenses on Sch O.)	1,201,508.	1,194,814.	6,694.	
2	Advertising and promotion	34,670.	34,670.	·	
3	Office expenses	399,838.	327,428.	53,868.	18,542
4	Information technology				
5	Royalties				
6	Occupancy				
7	Travel	313,127.	305,592.	5,476.	2,059
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates	100 000	00 006	20 000	10 010
2	Depreciation, depletion, and amortization	128,808. 68,500.	88,896. 58,225.	29,002. 10,275.	10,910
3	Insurance	00,500.	38,443.	10,2/5.	
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	REPAIRS & MAINTENANCE	69,204.	52,681.	13,269.	3,254
b	PROGRAM EVENTS	39,094.	37,844.	909.	341
С	STIPENDS	5,613.		5,613.	
d					
е	All other expenses				
5_	Total functional expenses. Add lines 1 through 24e	5,693,485.	4,493,125.	894,200.	306,160
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2022)

Form 990 (2022)

Part X Balance Sheet

ı a	IL A	Dalance 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			603.	1	603.
	2	Savings and temporary cash investments			2,282,800.	2	1,601,723.
	3	Pledges and grants receivable, net			2,925,000.	3	950,000.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of these	e perso	ons		5	
	6	Loans and other receivables from other disqualifi	ed per	sons (as defined			
		under section 4958(f)(1)), and persons described		6			
s	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges	36,523.	9	12,715.		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	9,252,041.			
	b	Less: accumulated depreciation		6,048,166.	1,274,307.	10c	3,203,875.
	11	Investments - publicly traded securities			30,924,315.	11	30,557,751.
	12	Investments - other securities. See Part IV, line 1		1,906,698.	12	1,315,208.	
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		91,850.	15	91,850.	
	16	Total assets. Add lines 1 through 15 (must equa		39,442,096.	16	37,733,725.	
	17	Accounts payable and accrued expenses	334,532.	17	210,227.		
	18	Grants payable		18			
	19	Deferred revenue			107,322.	19	141,847.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
Ś	22	Loans and other payables to any current or former	er offic	er, director,			
Liabilities		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
abi		controlled entity or family member of any of these	e perso	ons		22	
	23	Secured mortgages and notes payable to unrelate	ed thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	third p	arties		24	
	25	Other liabilities (including federal income tax, pay	ables t	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			441,854.	26	352,074.
		Organizations that follow FASB ASC 958, chec	ck here	X			
ces		and complete lines 27, 28, 32, and 33.					
an	27	Net assets without donor restrictions			35,875,731.	27	36,331,210.
Ba	28	Net assets with donor restrictions	3,124,511.	28	1,050,441.		
pur		Organizations that do not follow FASB ASC 95	8, che	ck here			
Ę		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or equ	uipmer	nt fund		30	
t As	31	Retained earnings, endowment, accumulated inc				31	
Ne.	32	Total net assets or fund balances			39,000,242.	32	37,381,651.
	33	Total liabilities and net assets/fund balances			39,442,096.	33	37,733,725.

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Pa	T XI Reconciliation of Net Assets									
	Check if Schedule O contains a response or note to any line in this Part XI									
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,05						
2	Total expenses (must equal Part IX, column (A), line 25)	2	5	,69	3,4	85.				
3	Revenue less expenses. Subtract line 2 from line 1	3	-2	,63	8,6	62.				
4										
5	1									
6	Donated services and use of facilities	6								
7	Investment expenses	7								
8	Prior period adjustments	8								
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,									
	coluṃn (B))	10	37	,38	1,6	51.				
Pa	t XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII									
					Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other									
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a								
	separate basis, consolidated basis, or both:									
	Separate basis Consolidated basis Both consolidated and separate basis									
b	Were the organization's financial statements audited by an independent accountant?			2b	Х					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,								
	consolidated basis, or both:									
	Separate basis X Consolidated basis Both consolidated and separate basis									
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,								
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule () .							
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the									
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		dit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		3b						

Form **990** (2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

CARNEGIE COUNCIL FOR ETHICS IN

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

INTERNATIONAL AFFAIRS, 13-1573954 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support	· · · · · · · · · · · · · · · · · · ·	•	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(-)	()	(-,	(=/ = = = :	(-,	(-)
-	membership fees received. (Do not						
	include any "unusual grants.")	432,525.	2861450.	808,573.	5217864.	1846466.	11166878.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	432,525.	2861450.	808,573.	5217864.	1846466.	11166878.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						5325292.
6	Public support. Subtract line 5 from line 4.						5841586.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	432,525.	2861450.	808,573.	5217864.		11166878.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	567,862.	751,002.	760,022.	754,172.	688,207.	3521265.
9	Net income from unrelated business	,	,	,	,	, , , , , , , , , , , , , , , , , , ,	
_	activities, whether or 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 VI.)	562,709.	2,087.	5,022.	4,268.		574,086.
11	Total support. Add lines 7 through 10	,	,				15262229.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	385,114.
	First 5 years. If the Form 990 is for th						
	organization, check this box and stor			•			
Sec	tion C. Computation of Publi						
	Public support percentage for 2022 (li			olumn (f))		14	38.27 %
15	Public support percentage from 2021	Schedule A, Part I	I, line 14	()		15	39.43 %
	33 1/3% support test - 2022. If the c					ore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the c						
	and stop here. The organization qual	•		•		•	
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts						
	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances test						
	more, and if the organization meets the	_					
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization		-				;
	The state of the s			., ,	,		/Farm 000\ 0000

Schedule A (Form 990) 2022

INTERNATIONAL AFFAIRS, INC. Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support		,				
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ł	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						
(Add lines 7a and 7b						
8 Se	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	o organizationic f	irot occord thin-	fourth or fifth to	Voor oo o oostisis i	F01(a)(2) arganinati	<u> </u>
14	First 5 years. If the Form 990 is for the	-			•		
Se	check this box and stop here ction C. Computation of Public	c Support Per	rcentage				·····
_	Public support percentage for 2022 (li			column (f))		15	%
16						16	
	ction D. Computation of Inves					<u>, 10 </u>	70
17				ine 13. column (f))		17	%
18						18	<u> </u>
	a 33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box an	•		•		,	
ŀ	33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, ched	JK this dox and si	top nere. The orga	unzation qualifies a	as a publicly supp	orted organization	

Schedule A (Form 990) 2022

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	За		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	Oh		
	9b		
	9c		
	90		
	10a		
	iva		
	10b		
ule	A (Forn	n 990)	2022

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

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

Schedule A (Form 990) 2022

instructions).

Schedule A (Form 990) 2022

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

Schedule A (Form 990) 2022

e Excess from 2022

CARNEGIE COUNCIL FOR ETHICS IN 13-157<u>3954 Page 8</u> INTERNATIONAL AFFAIRS, INC. Schedule A (Form 990) 2022 **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, Part VI line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule A (Form 990) 2022

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2022

Name of the organization

CARNEGIE COUNCIL FOR ETHICS IN INTERNATIONAL AFFAIRS, INC.

Employer identification number

13-1573954

Oi gaillz	ation type (check of	1 0).
Filers of	f:	Section:
Form 99	90 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 99	90-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	l Rule	
	· ·	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., etc., ontributions totaling \$5,000 or more during the year for this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \$
answer	"No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Name of organization

CARNEGIE COUNCIL FOR ETHICS IN

INTERNATIONAL AFFAIRS, INC.

Employer identification number

13-1573954

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$115,475.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

223452 11-15-22

Schedule B (Form 990) (2022)

Name of organization CARNEGIE COUNCIL FOR ETHICS IN INTERNATIONAL AFFAIRS, INC.

Employer identification number

13-1573954

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		•	
		1 3	i .

Schedule B (Form 990) (2022)

Page 4 Schedule B (Form 990) (2022) Name of organization **Employer identification number** CARNEGIE COUNCIL FOR ETHICS IN INTERNATIONAL AFFAIRS, 13-1573954 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

CARNEGIE COUNCIL FOR ETHICS IN INTERNATIONAL AFFAIRS, INC.

Employer identification number 13-1573954

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin		i Siiilliai Funds	Or Accounts. Complete if the	€
	organization answered 165 on Form 330, Fattiv, III	(a) Donor ad	vised funds	(b) Funds and other accoun	its
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v	writing that the asset	s held in donor advis	ed funds	
	are the organization's property, subject to the organization's	exclusive legal contro	?וכ	Yes	No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that	t grant funds can be	used only	
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or fo	r any other purpose	conferring	
	impermissible private benefit?				No
Pa	rt II Conservation Easements. Complete if the org	ganization answered	"Yes" on Form 990,	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that app	ıly).		
	Preservation of land for public use (for example, recrea	tion or education)	Preservation of	f a historically important land area	
	Protection of natural habitat		Preservation of	f a certified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation con	tribution in the form	of a conservation easement on the	ast
	day of the tax year.			Held at the End of the	Tax Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic stru	ucture included in (a)		2c	
d	Number of conservation easements included in (c) acquired a				
	historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele				
	year				
4	Number of states where property subject to conservation eas	sement is located			
5	Does the organization have a written policy regarding the per	riodic monitoring, ins _!	pection, handling of		
	violations, and enforcement of the conservation easements it	t holds?		Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting,				ar
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	d enforcing conserva	tion easements during the year	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requiren	nents of section 170((h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes	No
9	In Part XIII, describe how the organization reports conservation	on easements in its re	evenue and expense	statement and	
	balance sheet, and include, if applicable, the text of the footn	note to the organization	on's financial stateme	ents that describes the	
	organization's accounting for conservation easements.				
Pa	rt III Organizations Maintaining Collections of	Art, Historical	reasures, or Ot	her Similar Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its	revenue statement a	and balance sheet works	
	of art, historical treasures, or other similar assets held for pub	olic exhibition, educa	tion, or research in fu	urtherance of public	
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that	describes these item	is.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its reve	enue statement and I	palance sheet works of	
	art, historical treasures, or other similar assets held for public	exhibition, education	n, or research in furth	nerance of public service,	
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1			\$ <u>_</u>	
				. 01	,850.
2	If the organization received or held works of art, historical trea				
	the following amounts required to be reported under FASB A			· /·	
а	Revenue included on Form 990, Part VIII, line 1			\$	
	Assets included in Form 990, Part X				
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 9	990) 2022

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INTERNATI	ONAL	AFF	AIRS	, INC.	

Pai	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or C	ther S	imilar Ass	ets (continued)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the fo	ollowing that ma	ake signi	ficant use of	its
	collection items (check all that apply):						
а	Public exhibition	d		nange program			
b	Scholarly research	е	X Other EX	HIBITED	AT C	ORPORAT	TE OFFICE
С	Preservation for future generations						
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's	exempt	purpose in F	Part XIII.
5	During the year, did the organization solicit or	receive donations of	f art, historical treas	ures, or other s	imilar ass	sets	
	to be sold to raise funds rather than to be ma	intained as part of th	ne organization's col	lection?			Yes X No
Pai	t IV Escrow and Custodial Arrang	gements. Comple	ete if the organization	n answered "Ye	s" on Fo	rm 990, Part	IV, line 9, or
	reported an amount on Form 990, Par	t X, line 21.					
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributions	or other assets	s not incl	uded	
	on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:				
							Amount
С	Beginning balance					1c	
d	Additions during the year					1d	
	Distributions during the year					1e	
f	Ending balance					1f	
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	stodial account	: liability?		Yes No
b	If "Yes," explain the arrangement in Part XIII.						
Pai	t V Endowment Funds. Complete it	the organization an	swered "Yes" on Fo	rm 990, Part IV,	line 10.		
		(a) Current year	(b) Prior year	(c) Two years b	ack (d)	Three years b	ack (e) Four years back
1a	Beginning of year balance	33,109,543.	38,836,386.	34,480,0	17.	33,180,17	70. 33,492,371.
b	Contributions					1,690,85	53.
С	Net investment earnings, gains, and losses	2,171,875.	-3,816,168.	6,415,1	107.	358,99	1,262,799.
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs	3,327,701.	1,910,675.	2,058,7	738.	750,00	1,575,000.
f	Administrative expenses						
g	End of year balance	31,953,717.	33,109,543.	38,836,3	886.	34,480,01	17. 33,180,170.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)) held as:			
а	Board designated or quasi-endowment	100	_%				
b	Permanent endowment	%					
С	Term endowment	%					
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.					
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held an	d administered	for the		
	organization by:						Yes No
	(i) Unrelated organizations						3a(i) X
	(ii) Related organizations						3a(ii) X
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?				3b
4	Describe in Part XIII the intended uses of the		vment funds.				
Pai	t VI Land, Buildings, and Equipm						
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. Se	ee Form 990, Pa	art X, line	9 10.	
	Description of property	(a) Cost or of basis (investment)	` '		` '	ımulated ciation	(d) Book value
12	Land	`		9,500.	асріес	o.ation	19,500.
ia b	Land			4,281.	4 23	4,281.	15,500.
C	Buildings			0,946.		5,432.	3,125,514.
d	Equipment			8,401.		5,325.	53,076.
	Other			8,913.		3,128.	5,785.
	I. Add lines 1a through 1e. (Column (d) must ed						3,203,875.
· Jta	arriad in 100 ra tin ough re. [Columni (a) must et	uai i Uilli 330. Päll 7	v. colullii (D). IIIIE 10	/し./			-,,

Part VII Investments -	Other Securities.			
schedule D (Form 990) 2022	INTERNATIONAL	AFFAIRS,	INC.	
	CARNEGIE COUNC	TIT LOK E.	THICS IN	

-		1b. See Form 990, Part X, line 12.	
a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F) (G)			
(H)			
II. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1d See Form 990 Part X line 15	
-	Description		(b) Book value
(1)	· · · · · · · · · · · · · · · · · · ·		
(2)			
(3)			
• •			
(4)			
(4) (5)			
(4) (5) (6) (7)			
(4) (5) (6) (7)			
(4) (5) (6) (7) (8)			
(4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
(4) (5) (6) (7) (8) (9) ral. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.			
(4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (
(4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability			(b) Book value
(4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes			
(4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)			
(4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)			
(4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)			
(4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)			
(4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			
(4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			
(4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			
(4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	

Schedule D (Form 990) 2022

CARNEGIE COUNCIL FOR ETHICS IN 13-1573954 Page 4 INTERNATIONAL AFFAIRS, INC. Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 4,027,192. 1 Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990. Part VIII, line 12:

_	Amounts included on line 1 but not on 1 on 1 330, 1 art viii, line 12.				
а	Net unrealized gains (losses) on investments	2a	1,020,071.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	1,020,071.
3	Subtract line 2e from line 1			3	3,007,121.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	47,702.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	47,702.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	3,054,823.
Par	t XII Reconciliation of Expenses per Audited Financial Stateme	ents Wi	th Expenses per F	Returi	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	5,645,783.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	5,645,783.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	47,702.		
	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b			4c	47,702.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	5,693,485.
Par	t XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1	lb and 2b; Part V, line 4	; Part)	K, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi	itional info	ormation.		
PAR	T X, LINE 2:				
THE	ORGANIZATION DOES NOT BELIEVE ITS FINANCI	IAL S'	TATEMENTS IN	CLUI	DE ANY
<u>TAM</u>	ERIAL, UNCERTAIN TAX POSITIONS. TAX FILING	S FO	R YEARS ENDE	D J	JNE 30,
<u> 202</u>	0 AND LATER ARE SUBJECT TO EXAMINATION BY	APPL	ICABLE TAXIN	G	
<u>TUA</u>	HORITIES.				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

CARNEGIE COUNCIL FOR ETHICS IN

OMB No. 1545-0047 **2022**

Open to Public Inspection

Employer identification number

Schedule I (Form 990) 2022

INTERNATI	ONAL AFFA.	IRS, INC.					13-15/3954
Part I General Information on Grants a	and Assistance	•				•	
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selectio	
criteria used to award the grants or assi	stance?						X Yes No
2 Describe in Part IV the organization's pr	ocedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to recipient that received more than					anization answered "Y	es" on Form 990, Part l	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) a 5 Enter total number of other organization	-	-	e line 1 table				

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

Schedule I (Form 990) 2022 INTERNATIONAL AFFAIRS, INC.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

Part ili cari de duplicateu il additional space is needed.					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
RESEARCH STIPEND	0	226 004	0		
RESEARCH STIPEND	0	236,994.	0.		
Part IV Supplemental Information. Provide the information red	l guired in Part I, lin	e 2; Part III, column	(b); and any other ac	l Iditional information.	<u> </u>
PART I, LINE 2:	,	,	<i>.</i> , , , , , , , , , , , , , , , , , , ,		
GRANTS ARE PAID TO SCHOLARS DOING	INDEPENDE	NT WORK, W	HOSE REPOR	TS ARE	
PUBLISHED IN THE ORGANIZATION'S JO	URNAL.				

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Questions Regarding Compensation

CARNEGIE COUNCIL FOR ETHICS IN INTERNATIONAL AFFAIRS,

Employer identification number 13-1573954

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

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

Schedule J (Form 990) 2022

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

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

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

	((B) Breakdown of W	-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits			
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) JOEL ROSENTHAL (i	i)	450,000.	0.	0.	45,000.	24,583.	519,583.	0.	
PRESIDENT (ii		0.	0.	0.	0.	0.	0.	0.	
(2) MARISA BRASOR (i	i) _	190,000.	0.	0.	19,000.	21,226.	230,226.	0.	
CHIEF PHILANTHROPY OFFICER (i	i)	0.	0.	0.	0.	0.	0.	0.	
(3) KEVIN MALONEY	i) _	165,000.	0.	0.	16,500.	16,338.	197,838.	0.	
DIRECTOR OF COMMUNICATIONS (i	i)	0.	0.	0.	0.	0.	0.	0.	
(4) DEBORAH CARROLL (i	i) _	154,124.	0.	0.	15,412.	22,845.	192,381.	0.	
DIRECTOR OF IT (ii	i)	0.	0.	0.	0.	0.	0.	0.	
(5) MELISSA SEMENIUK	i) _	165,000.	0.	0.	16,500.	1,208.	182,708.	0.	
CHIEF OF STAFF (ii	i)	0.	0.	0.	0.	0.	0.	0.	
(i	i) _								
(i	i)								
(i	i) _								
(ii	i)								
(i	i) _								
(i									
(i									
(i	i)								
(i									
(i									
(i	i) _								
(ii									
(i									
(ii									
(i									
(ii									
(i									
(i)	_								
(i									
(ii									
(i									
(ii	i)								

Schedule J (Form 990) 2022

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.

SCHEDULE 0 (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

Internal Revenue Service Name of the organization

CARNEGIE COUNCIL FOR ETHICS IN INTERNATIONAL AFFAIRS,

Employer identification number 13-1573954

Schedule O (Form 990) 2022

OMB No. 1545-0047

Inspection

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AN INDEPENDENT, NONPARTISAN, NONPROFIT ORGANIZATION DEDICATED TO
INCREASING UNDERSTANDING OF THE RELATIONSHIP BETWEEN ETHICS AND
INTERNATIONAL AFFAIRS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CARNEGIE COUNCIL BELIEVES THAT THE BEST WAY TO ADDRESS MAJOR
INTERNATIONAL PEACE AND SECURITY ISSUES IS TO LINK THINKERS AND DOERS
TOGETHER IN AN ETHICAL DIALOGUE THAT REINTEGRATES FRAGMENTED
INFORMATION INTO A BROAD-BASED, HUMANISTIC BODY OF KNOWLEDGE. TO
ACHIEVE THIS, THE COUNCIL FOSTERS A GLOBAL NETWORK OF ACADEMIC
PARTNERS, OPERATES A GLOBAL MEDIA PLATFORM, AND PRODUCES PUBLIC
PROGRAMMING THAT CONVENES LEADING EXPERTS AND THE PUBLIC. THE
COUNCIL'S WORK SERVES AS A BRIDGE BETWEEN THE ACADEMY AND THE POLICY
SPHERE, THE ACADEMY AND THE PUBLIC, AND THE ACADEMY WITHIN ITSELF.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
SPONSORED RESEARCH CARNEGIE COUNCIL'S SPONSORED RESEARCH PROGRAMS
ADVANCE ETHICAL INQUIRY, SPUR PUBLIC DIALOGUE, AND PUBLISH
POLICY-RELEVANT FINDINGS IN THE AREAS OF AMERICAN FOREIGN POLICY,
COLLECTIVE HISTORY, CLIMATE CHANGE, AND EMERGING TECHNOLOGIES. THESE
PROGRAMS CONVENE EXPERT WORKING GROUPS, LEAD RESEARCH DELEGATIONS
ABROAD, PUBLISH POLICY PAPERS AND ARTICLES, HOST LIVE INTERVIEWS AND
PANELS, AND SUPPORT INDEPENDENT RESEARCHERS AROUND THE WORLD. CURRENT
SPONSORED RESEARCH PROGRAMS INCLUDE U.S. GLOBAL ENGAGEMENT, ARTIFICIAL
INTELLIGENCE AND EQUALITY INITIATIVE, CARNEGIE NEW LEADERS AND INTERNS.

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

Schedule O (Form 990) 2022 Page 2 CARNEGIE COUNCIL FOR ETHICS IN **Employer identification number** Name of the organization 13-1573954 INTERNATIONAL AFFAIRS, INC. CARNEGIE CLIMATE GEOENGINEERING GOVERNANCE INITIATIVE (C2G2): C2G2'S PRIORITIES ARE: (1) GOVERNANCE OF SOLAR RADIATION MODIFICATION: C2G2 WILL CATALYSE INTERNATIONAL AGREEMENTS TO HELP PREVENT THE DEPLOYMENT OF SOLAR RADIATION MODIFICATION UNLESS (I) THE RISKS AND POTENTIAL BENEFITS ARE SUFFICIENTLY UNDERSTOOD, AND (II) INTERNATIONAL GOVERNANCE FRAMEWORKS ARE AGREED. (2) GOVERNANCE OF RESEARCH: C2G2 WILL SUPPORT THE DEVELOPMENT OF INTERNATIONAL GOVERNANCE OF RESEARCH, PARTICULARLY FOR SOLAR RADIATION MODIFICATION. (3) GOVERNANCE OF CARBON DIOXIDE REMOVAL: C2G2 WILL ENCOURAGE DISCUSSIONS ABOUT THE GOVERNANCE OF LARGE-SCALE CARBON DIOXIDE REMOVAL AT THE APPROPRIATE SUB-NATIONAL, NATIONAL AND GLOBAL LEVELS, INCLUDING IN PARTICULAR AT THE UNFCCC. FORM 990, PART VI, SECTION B, LINE 11B: MANAGEMENT REVIEWED A DRAFT OF THE FORM 990 WITH THE AUDIT/EXECUTIVE COMMITTEE AND PROVIDED EDITS TO THE TAX PREPARER. AFTER THIS PROCESS WAS PERFORMED, THE FORM 990 WAS SENT TO THE FULL BOARD OF DIRECTORS PRIOR TO BEING FILED WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION HAS A BOARD APPROVED CONFLICTS OF INTEREST POLICY. EACH BOARD MEMBER MUST FILL OUT AN ANNUAL DECLARATION STATING THEY HAD NO CONFLICTS OR IDENTIFYING THE NATURE OF THEIR INTERESTED PARTY TRANSACTIONS.

Schedule O (Form 990) 2022 Name of the organization	Employer identification number 13-1573954								
FORM 990, PART VI, SECTION B, LINE 15:	13-13/3934								
EACH YEAR, THE EXECUTIVE COMMITTEE REVIEWS COMPARABLE SALA	ARIES BASED ON A								
RECOGNIZED STUDY AND REVIEWS THE PERFORMANCE OF THE OTHER	OFFICERS TO								
DETERMINE IF THE EXISTING SALARY FALLS WITHIN THESE RANGES	S. AFTER A								
DELIBERATION OF THIS MATTER, A NEW PROPOSED SALARY AND BEN	EFIT PACKAGE IS								
VOTED ON. THE MINUTES OF THE BOARD OF DIRECTORS REFLECT THE NATURE OF THIS									
PROCESS.									
PERIODICALLY, THE EXECUTIVE COMMITTEE REVIEWS COMPARABLE S	SALARIES BASED ON								
A RECOGNIZED STUDY AND REVIEWS THE PERFORMANCE OF THE EXEC	CUTIVE DIRECTOR TO								
DETERMINE IF THE EXISTING SALARY FALLS WITHING THESE RANGE	ES. AFTER								
DELIBERATION OF THIS MATTER, A MULTI-YEAR PROPOSED SALARY	AND BENEFIT								
PACKAGE IS VOTED ON. IN ADDITION, EACH YEAR THE EXECUTIVE	COMMITTEE REVIEWS								
THE PERFORMANCE OF THE EXECUTIVE DIRECTOR TO ASSESS PERFOR	RMANCE UNDER THE								
CONTRACT AND ACHIEVEMENT OF ESTABLISHED GOALS. THE MINUTES	OF THE BOARD OF								
DIRECTORS REFLECT THE NATURE OF THIS PROCESS.									
FORM 990, PART VI, SECTION C, LINE 19:									
AVAILABLE UPON REQUEST.									
FORM 990, PART IX, LINE 11G, OTHER FEES:									
OTHER PROFESSIONAL FEES:									
PROGRAM SERVICE EXPENSES	1,194,814.								
MANAGEMENT AND GENERAL EXPENSES	6,694.								
FUNDRAISING EXPENSES	0.								
TOTAL EXPENSES	1,201,508.								
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,201,508.								

SCHEDULE R (Form 990)

Part I

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.

Open to Public Inspection

(e)

(d)

Department of the Treasury Internal Revenue Service

(a)

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

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

ame of the organization CARNEGIE COUNCIL FOR ETHICS IN	Employer identification number
INTERNATIONAL AFFAIRS, INC.	13-1573954

(c)

Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	r Total inco	me End-of-year	assets	assets Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.	izations. Complete if the organization	on answered "Yes" on Form 990), Part IV, line 34, t	pecause it had one	or more relat	ed tax-exem	pt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		Section 512(controlle entity?	
CARNEGIE COUNCIL FUND INC 13-4185528				301(0)(0))			Yes	No
NEW YORK, NY 10065	SUPPORT	NEW YORK	501(C)(3)	LINE 12A, I	N/A			Х
For Paperwork Reduction Act Notice, see the Instructi	ions for Form 990.	<u> </u>			So	hedule R (F	orm 99	0) 2022

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

Schedule R (Form 990) 2022

OMB No. 1545-0047

(f)

Schedule R (Form 990) 2022 Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)		
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disproportionate		Disproportiona		Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		itions?	amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership		
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0		
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Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?	
		country)		,				Yes	No
	-								
-									
	-								
									

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

1a

Yes No

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

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

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant	, or capital contribution to related organization(s)				. 1b	X		
c Gift, grant	c Gift, grant, or capital contribution from related organization(s)							
d Loans or I	d Loans or loan guarantees to or for related organization(s)							
e Loans or loan guarantees by related organization(s)								
f Dividends	from related organization(s)				1f	X		
g Sale of as	g Sale of assets to related organization(s)							
	h Purchase of assets from related organization(s)							
i Exchange	i Exchange of assets with related organization(s)							
j Lease of f	j Lease of facilities, equipment, or other assets to related organization(s)							
k Lease of f	acilities, equipment, or other assets from related organization(s)				. 1k	X		
	Performance of services or membership or fundraising solicitations for related organization(s)							
	m 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)							
Sharing of paid employees with related organization(s)								
	ement paid to related organization(s) for expenses					X		
q Reimbursement paid by related organization(s) for expenses								
						X		
	sfer of cash or property from related organization(s)				. 1s	X		
2 If the answ	ver to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered rela	tionships and transaction thresholds.				
	(a) Name of related organization	_ (b)	(c)	(d)				
	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount	involved			
		type (a s)						
(1)								
(0)								
(2)								
(2)								
(3)								
(4)								
(+)								
(5)								
(- /		1						
(6)								
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Schedule R (Form 990) 2022

Page 4

13-1573954

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

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

(a)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec		Share of	Disprop	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	Percentage
of entity		(state or foreign	(related, unrelated,	partners sec 501(c)(3) orgs.?	total	end-of-year	allocatio	amount in box 20) managin	g ownership
•		country)	sections 512-514)	Yes No		assets	Yes N	(Form 1065)	Yes No	
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Schedule R (Form 990) 2022

CARNEGIE COUNCIL FOR ETHICS IN

Schedule F	(Form 990) 2022 INTERNATIONAL AFFAIRS, INC.	13-15/3954	Page 5
Part VII	Supplemental Information Supplemental Inform		
	Provide additional information for responses to questions on Schedule R. See instructions.		
	Provide additional information for responses to questions on Schedule N. See instructions.		

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Type or Taxpayer identification number (TIN) CARNEGIE COUNCIL FOR ETHICS IN print INTERNATIONAL AFFAIRS, INC. 13-1573954 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 170 E 64TH STREET return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. NEW YORK, NY 10065 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) MELISSA SEMENIUK • The books are in the care of ▶ 170 E 64TH STREET - NEW YORK, NY 10065 Telephone No. \blacktriangleright (212) 838-4120 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. MAY 15, 2024 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or $_$, and ending $_$ JUN $\,$ 30 , $\,$ 2023 ► X tax year beginning JUL 1, 2022 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

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

Form 8868 (Rev. 1-2022)