EXTENSION ATTACHED

Form **990**

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.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

		venue Service		3.907/1 0/1/1390 10/1/138140			on and the		•			
			dar year, or tax year begin	ning 7/01	, 2017, and endir	ng 6/			2018			
В	Check	if applicable:	С				D Employe	r identif	ication number			
	A	ddress change	Carnegie Council	for Ethics in			13-1	5739	954			
	Пи	ame change	International Af				E Telephor	ne numbe	er			
	H	nitial return	170 E 64th Street				(212) 83	38-4120			
	H	personal de la company de la c	New York, NY 100	65			(212	, 00	70 1120			
	\vdash	nal return/terminated					G Gross re	: 6	E 000	625		
	H	mended return	F			LU(a) Is this	a group return		The second second	137		
	∐ A	pplication pending	Name and address of principal	officer: Joel Rosenth	al	200.00			Д.03	X No		
			Same As C Above			If 'No,'	subordinates attach a list. (see insti	? Yes	∐ No		
<u> </u>	Tax	-exempt status	X 501(c)(3) 501(c) () ◄ (insert no.) 49	947(a)(1) or 527							
J	We	bsite: ► ww	w.cceia.org	*	*	H(c) Group	exemption nur	mber ►				
K	Forr	n of organization:	X Corporation Trust	Association Other ►	L Year of format	tion: 191	4 M St	ate of le	gal domicile: NY			
Pa	rt I	Summar	v		'							
10-2-10-0	1	Briefly descri	be the organization's missi	on or most significant activ	rities: An indepe	ndent.	nonpar	tisa	an, nonpro	fit		
JC.	organization dedicated to increasing understanding of the relationship between ethics and international affairs.											
'n	ECHICS and Internactional artails.											
Activities & Governance	2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets.											
ၓ	3	Number of vo	ting members of the gover	ning body (Part VI, line 1a)			3		17		
⋖ర	4			s of the governing body (Pa				4		16		
ties	5	Total number	of individuals employed in	calendar year 2017 (Part	V, line 2a)			5		23		
:≧	6	Total number	of volunteers (estimate if	necessary)				6		17		
Ac	7a	Total unrelate	ed business revenue from F	Part VIII, column (C), line 1	2		[7a		0.		
	b	Net unrelated	business taxable income	from Form 990-T, line 34			[7b		0.		
						P	rior Year		Current Ye	ar		
	8	Contributions	and grants (Part VIII, line	1h)			851,8	62.	712,	870.		
Revenue	9	Program serv	ice revenue (Part VIII, line	2g)					*			
Vel	10	Investment in	come (Part VIII, column (A	A), lines 3, 4, and 7d)		. 2	2,254,6	45.	1,138,	841.		
Be	11			nes 5, 6d, 8c, 9c, 10c, and			328,5			059.		
	12	Total revenue	- add lines 8 through 11	(must equal Part VIII, colu	mn (A), line 12)	. 3	3,435,0		2,515,			
	13	Grants and s	milar amounts paid (Part I	X, column (A), lines 1-3)			268,4			158.		
	14		to or for members (Part I)					/				
	15		er compensation, employee		2,128,7	68	2,356,	185				
es	200000		fundraising fees (Part IX, o		2,120,1	00.	2,330,	100.				
Expenses				N AS								
xbe	b		ing expenses (Part IX, col		405,804.	_						
ш	17	Other expens	es (Part IX, column (A), lir	nes 11a-11d, 11f-24e)		.]	1,131,4	90.	948,	626.		
	18	Total expense	es. Add lines 13-17 (must o	equal Part IX, column (A),	line 25)	. 3	3,528,6	70.	3,724,	969.		
	19	Revenue less	expenses. Subtract line 1	8 from line 12			-93,6		-1,209,			
P 80						Beginni	ng of Current		End of Ye			
\$ E	20	Total assets	Part X, line 16)				3,017,8		. 38, 577,			
Ass	21	Total liabilitie	s (Part X, line 26)				52,2			370.		
Net Assats or Fund Balances	22	Net assets or	fund halances. Subtract li	ne 21 from line 20		. 2.	7,965,6		38,495,			
_	rt II	Signatur		ne 21 nom me 24		. 3	1,905,0	32.	30,433,	363.		
	SPECIAL STREET											
comp	er pena olete. D	lities of perjury, I de Declaration of prepa	clare that I have examined this retu rer (other than officer) is based on a	rn, including accompanying schedul all information of which preparer has	es and statements, and to any knowledge.	the best of n	ny knowledge a	and belie	ef, it is true, correct,	and		
c:		Signatu	re of officer			l	ate					
Sig He	jn											
пе	re		Rosenthal			Pres	ident					
		7,		Donners de sienet na	In-t-			Т Т,	DTIN			
		2	reparer's name	Preparer's signature	2/12	119	Check] "	PTIN			
Pa			l Schall	Michael Schall	2/10	"	self-employe	d]	P02024184			
	epar		► SCHALL & ASH	ENFARB CPAS								
Us	e Or	ily Firm's addre	ss 307 5th Ave,	15th Floor			Firm's EIN	13-	-4036703			
			NEW YORK, NY		•		Phone no.	(212	TOTAL CONTRACTOR A STORY OF THE	0		
May	the	IRS discuss th		shown above? (see instruc	ctions)				X Yes	No		

Form **8868**

(Rev. January 2017)
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. 16. 16.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

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/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

			-					
<u>Automati</u>	c 6-Month Extension of Time. Only sub-	mit origina	al (no copies needed).					
All corporati use Form 70	ons required to file an income tax return other th 004 to request an extension of time to file income	an Form 99 tax returns	•		s, and trusts must ber, see instruction			
	Name of exempt organization or other filer, see instructions.				entification number (EIN)			
Type or								
print	Carnegie Council for Ethics in International Affairs, Inc.	n		13-157	3954			
File by the	Number, street, and room or suite number. If a P.O. box, see in		rity number (SSN)					
due date for	170 E 64th Street			}				
iling your return. See	City, town or post office, state, and ZIP code. For a foreign add	Į.						
nstructions.	New York, NY 10065							
	New Tork, NI 10005							
Enter the Re	eturn Code for the return that this application is f	or (file a se	parate application for each return)		01			
Application ls For		Return Code	Application Is For		Return Code			
orm 990 or	Form 990-EZ	01	Form 990-T (corporation)		07			
orm 990-B	<u> </u>	02	Form 1041-A		08			
orm 4720 (i	ndividual)	03	Form 4720 (other than individual)		09			
orm 990-P	F	04	Form 5227					
	(section 401(a) or 408(a) trust)	05	Form 6069		11			
orm 990-T	(trust other than above)	06	Form 8870		12			
If the orIf this is check th	ne No. • (212) 838-4120 ganization does not have an office or place of but for a Group Return, enter the organization's four his box •	siness in th digit Group	e United States, check this box Exemption Number (GEN)	this is for	the whole group,			
1 I reque	nsion is for. est an automatic 6-month extension of time until organization named above. The extension is for the calendar year 20 or tax year beginning 7/01 , 20 17	organization	s return for:	zation retu	rn			
2 If the	tax year entered in line 1 is for less than 12 mon lange in accounting period		eason: Initial return Fir	nal return				
3 a If this nonref	application is for Forms 990-BL, 990-PF, 990-T, fundable credits. See instructions.	4720, or 606	59, enter the tentative tax, less any	3a\$	0			
b If this tax pa	application is for Forms 990-PF, 990-T, 4720, or yments made. Include any prior year overpayme	6069, enter nt allowed a	any refundable credits and estimated s a credit.	3 b \$				
EFTPS	ce due. Subtract line 3b from line 3a. Include you 5 (Electronic Federal Tax Payment System). See	instructions	<u> </u>	3c \$				
payment ins								
3AA For Pri	vacy Act and Paperwork Reduction Act Notice, see	instructions	, 	For	m 8868 (Rev. 1-2017			

Form	1990 (2017) Carnegie Council for Ethics in	13-1573954	Page 2
Par	till 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 0		
		· 	
	Did the organization undertake any significant program services during the year which were not listed on the pri	or	
_	Form 990 or 990-EZ?		X No
	If 'Yes,' describe these new services on Schedule O.	لبا	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	rvices? Yes	X No
Ū	If 'Yes,' describe these changes on Schedule O.		
4		ices as measured by	expenses
•	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation and revenue, if any, for each program service reported.	s to others, the total	expenses,
4 8	a (Code:) (Expenses \$ 1,376,416. including grants of \$ 80,630.) (F	Revenue \$	33,121.)
	Multimedia Distribution - The Carnegie Ethics Studio produces po		
	transcripts, and live streams of Carnegie Council's public progra		
	and closed-set studio interviews. The Studio ensures that the Co		
	research and public education programs reach worldwide audiences		
	widely accessible channels. These have historically included pub-		
	Award winning public television programs. Today, the Studio focu		
	online distribution networks, including Carnegie Council's top r		
	video channels on iTunes and YouTube.		
	o (Code:) (Expenses \$ 833,882. including grants of \$ 256,444.) (F	Pavanua \$	50,114.)
41	Public Education - Carnegie Council's public education programs		
	dimensions of international issues more visible and accessible t		
	and the general public. These programs include: Public Affairs 1		
	interviews with prominent intellectuals and practitioners; stude		
	international student essay contests, and annual student research		
	the peer-reviewed journal Ethics & International Affairs, publis	ned duarrerry	
	<pre>print_and_online_through_Cambridge_University_Press</pre>		
		· · · · · · · · · · · · · · · · · · ·	
. 40		Revenue \$)
	Sponsored Research - Carnegie Council's sponsored research progr		
	inquiry, spur public dialogue, and publish policy-relevant findi	<u>ngs in the are</u>	as_of
	American foreign policy, collective history, climate change, and		
	technologies. These programs convene expert working groups, lead		
	abroad, publish policy papers and articles, host live interviews		
	support independent researchers around the world. Current sponso		
	include U.S. Global Engagement, Asia Dialogues, the Living Legac	y of the First	
	War, and the Carnegie Climate Geoengineering Governance Initiati	ve	
		. <u> </u>	
4 0	d Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$	•) .
46	e Total program service expenses ► 2,593,130.		

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete X Schedule A..... X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?..... Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I. 3 Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II. X 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III...... X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the X environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II....... 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' X complete Schedule D, Part III. 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV. X 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, X permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V..... 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule 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................... X 11 b c 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. X 11 c 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 X in Part X, line 16? If 'Yes,' complete Schedule D, Part IX...... 11 d X e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X...... 11 e 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.... X 11 f 12 a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII Х 12a 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....... Х 12b Х 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 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...... X 14b 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 Х 15 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...... X 16 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 Х X 18

X

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.

13-1573954 Page 4 Part IV Checklist of Required Schedules (continued) Yes No X 20a 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.............. 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....... Х 21 X 22 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete X Schedule J . . . 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 Schedule K. If 'No, 'go to line 25a...... Х 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?.... 24c 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?..... 25 a 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 1...... X 25a 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 X Schedule L, Part I. 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II. X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X 27 of any of these persons? If 'Yes,' complete Schedule L, Part III..... **.** NO. Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): Х a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV...... 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete X Schedule L, Part IV...... 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV..... Х X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M............. 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If 'Yes,' complete Schedule M..... Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I...... Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 32 X Schedule N, Part II...... Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I. 33 X 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, X and Part V, line 1..... 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? If 'Yes,' complete Schedule R, Part V, line 2.....

> X Form 990 (2017)

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13-1573954 Page 5 Form 990 (2017) Carnegie Council for Ethics in Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V..... No Yes 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 25 **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1 b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners?..... 1 c 2 a 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 X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?..... 2 b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?..... 3 a **b** If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule 0..... 3 h 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)?.. **b** 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). X 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?..... 5 a X 5 b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?..... 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization X solicit any contributions that were not tax deductible as charitable contributions?..... b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6 b not tax deductible?.... Organizations that may receive deductible contributions under section 170(c). a 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?.... 7 a X 7 b **b** If 'Yes,' did the organization notify the donor of the value of the goods or services provided?..... c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file X 7 c Form 8282?..... X 7 e X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... 7 f q If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g as required? h 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. 9 a a Did the sponsoring organization make any taxable distributions under section 4966?..... **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... 9h 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12..... 10 a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders..... **b** Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)..... 11 b 12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?..... 12a **b** If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.....

13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?..... Note. See the instructions for additional information the organization must report on Schedule O.

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans..... c Enter the amount of reserves on hand.

14a Did the organization receive any payments for indoor tanning services during the tax year?..... b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.....

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13a

13b

FOITI	13-13/3934		3.1	age o
Par	Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b be a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chan Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI.	ges i	7 ·	
Sac	tion A. Governing Body and Management			· [A]
360	tion A. Governing Body and management		Yes	No
1 a	a Enter the number of voting members of the governing body at the end of the tax year			
ŀ	Enter the number of voting members included in line 1a, above, who are independent			
	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 of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7 a	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7 a		X
t	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	a The governing body?	8 a	X	
	Each committee with authority to act on behalf of the governing body?	8 b	X	
9	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		X
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	ie Co	ode.)
			Yes	No
	a Did the organization have local chapters, branches, or affiliates?	10 a		X
r	o 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?	10 b		
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Χ	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O	10	v	
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 a	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done See Schedule O	12 c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?			
	The organization's CEO, Executive Director, or top management official. See .Schedule. O	15a	X	
Ľ	o Other officers or key employees of the organizationSeeSchedule.0	15 b	X	
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16 a		Х
	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?	16 b		e de la
	tion C. Disclosure	(4)		
	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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s for public inspection. Indicate how you made these available. Check all that apply. X Own website	only)	avail	able
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements availa	ble to		
	the public during the tax year. See Schedule O			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: Eva Becker 170 E 64th Street New York NY 10065 (212) 838-4120			

13-1573954

Form 990 (2017)	Carnegie	Council	for	Ethics	in	
The second of th	- 1	. 6				_

Part VII	Compensation (of Officers.	Directors.	. Trustees.	, Key Employees,	Hiahest	Compensated	Employees,	and
Kadilara (Salara (Sa	Independent Co	ntractors	,	,	,,p,,			,	

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, 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.

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

Check this box if neither the organization nor any relate	ed organiz	ation	con	npen	sate	ed any	y cu	rrent officer, direct	or, or trustee.	
	(C)									
(A) Name and Title	(B) Average hours per	directo			officer /truste	and a	1	(D) Reportable compensation from	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Joel Rosenthal	40									
President	1] X		X				358,314.	0.	40,040.
(2) Stephen Hibbard	11									
Chairman	1	X		X		ĺ		0.	0.	0.
(3) Anthony Faillace	1									
Vice Chairman	1	X		X				0.	0.	0.
(4) Jonathan Colby	11									
Treasurer	1] X	l	X	l			0.	0.	0.
(5) Violy McCausland-Seve	1									
Trustee	1	X						0.	0.	0.
(6) Michael Smith	1									
Trustee	1	X		_				0.	0.	0.
(7) Haris Hromic	1		П							
Trustee	1	X	l _					0.	0.	0.
(8) Michael Doyle	1									
Trustee	1	X	l _					0.	0.	0.
(9) Robert Perlman	1								e e e e	gg gradie i to
Trustee	1	X	i					0.	0.	<u> </u>
(10) Alexander Platt	1									
Trustee	1 1	X						0.	0.	0.
(11) Richard Edlin	_1_									
Trustee	1	X						0.	0.	0.
(12) Jonathan Gage	1									
Trustee	1 1	X						0.	0.	0.
(13) Kathleen Cheek-Milby	1									
Trustee	1	<u> </u>				ŀ		0.	0.	0.
(14) Susan King	11									
Trustee	1	<u> x</u>						0.	0.	0.
BAA	TEEA0	107L	08/0	8/17						Form 990 (2017)

Part VII Section A. Officers, Directors, Tru	ıstees, İ	Key	Em	plo	ye	es, a	anc	l Highest Com	pensated Emp	loyees (continued)
· •	(B)			(0	;)					
(A) Name and title	Average hours per week	box,	unles er an	ss pe d a c	rson lirect	than is both or/trus	n an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	(list any hours for related organiza • tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(15) Robert Smith Trustee	$-\frac{1}{1}$	х						0.	0.	0.
(16) Barbara Crossette	1								0	
Trustee (17) Brett Buchness	1_1_	X						0.	<u> </u>	0.
Trustee	1	Х	$\vdash \vdash$	_				0.	0.	0.
VP of Fin & Adm	$-\frac{40}{1}$			Х				148,814.	0.	24,370.
(19) Deborah Carroll Director IT	_ 40 _					Х		110,857.	0.	30,691.
(20) Madeleine Lynn	40								·	
Dir. Communcations (21) Devin Stewart	40		\vdash			X_		113,668.	0.	18,330.
Senior Program Dir	0			_		Х		129,806.	0.	25,229.
C22) Cynthia Scharf Sr. Strategy Dir.	$-\frac{40}{0}$					$ _{\mathbf{x}} $		160,380.	0.	15,739.
(23)								-		
(24)		-		_						
(25)		-								
1 b Sub-total							•	1,021,839.	0.	154,399.
c Total from continuation sheets to Part VII, Secti							•	0.	0.	
d Total (add lines 1b and 1c)								1,021,839.	0.	
from the organization 6	to those i	isieu	auov	/e) v	VIIO	recer	veu	more than \$100,00	o or reportable com	perisation
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc	tor, or tru <i>h individu</i>	stee,	key	em	nplo	yee,	or h	nighest compensa	ted employee	Yes No 3 X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual.	er than \$1	50.00	00?	lf 'ነ	es.	' com	elar	te Schedule J for		4 X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e compen s,' comple	satio	n fro	om lule	any <i>J to</i>	unre	late ch p	d organization or	individual	5 X
Section B. Independent Contractors 1 Complete this table for your five highest compen	sated ind	ener	dent	CO	ntra	ctore	the	t received more t	han \$100 000 of	
compensation from the organization. Report compen	sation for	the ca	alenc	dar	year	endi	ng v	vith or within the or	ganization's tax yea	
Name and business add	ress							Description	of services	(C) Compensation
										
Total number of independent contractors (including be \$100,000 of compensation from the organization).		ited to	tho	se I	iste	d abo	ve)	 who received more	than	
		<u> </u>						<u> </u>		man and the second professional and the contract of the contra

	Check if Schedule O contains a response or note to any		TOTAL CONTRACTOR OF THE STREET CONTRACTOR OF T	Depth of Alexander Market and Committy Test			
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Gifts, Grants ilar Amounts	1a Federated campaigns1ab Membership dues1b83,235c Fundraising events1cd Related organizations1d						
Contributions, Gifts, Grants and Other Similar Amounts	e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above 1 f 629, 635. g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f	712,870.					
	Business Code	712,070.					
Program Service Revenue	2 a b c d e f All other program service revenue			300 S 3 5 5 5 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6			
ပို	g Total. Add lines 2a-2f.						
	3 Investment income (including dividends, interest and other similar amounts)	734,023.			734,023.		
	5 Royalties	STREET ST					
	6 a Gross rentsb Less: rental expenses c Rental income or (loss)				108,810.		
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory b Less: cost or other basis						
	and sales expenses 2,572,855.						
	c Gain or (loss) 404,818.						
	d Net gain or (loss).	404,818.			404,818.		
Other Revenue	8 a Gross income from fundraising events (not including. \$ of contributions reported on line 1c). See Part IV, line 18		S. J. etc.	N . 3.			
5	Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19						
	b Less: direct expenses b c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances			7.7.1			
	b Less: cost of goods soldb						
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue Business Code						
	11a Management Fee 900099 b Other Income 900099	509,192. 46,057.	509,192. 46,057.				
	d All other revenue.						
	e Total. Add lines 11a-11d.	555,249.					
	12 Total revenue. See instructions	2,515,770.	555,249.	0.	1,247,651.		

Part IX | Statement of Functional Expenses

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

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

-	Check if Schedule O contains a re	1		(C)	(D)
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	83,084.	83,084.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	302,824.	302,824.		
3	Grants and other assistance to foreign organizations, foreign governments, and for-				
	eign individuals. See Part IV, lines 15 and 16	34,250.	34,250.		
4	Benefits paid to or for members				
5	trustees, and key employees	587,584.	323,607.	107,264.	156,713.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	1,363,665.	1,103,802.	175,960.	83,903.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	115,057.	92,786.	13,832.	8,439.
9	Other employee benefits	155,700.	119,409.	20,943.	15,348.
10	Payroll taxes	134,179.	99,010.	19,203.	15,966.
11	Fees for services (non-employees):	, =		,	
ā	Management				
	Legal	3,592.		3,592.	
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion	331,989.	118,768.	130,721.	82,500.
13	Office expenses.	177,537.	126,949.	30,117.	20,471.
14	Information technology	17770071	120/3131	55/22	
15	Royalties				
16	Occupancy				
17	Travel	41,862.	30,889.	5,992.	4,981.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		50		
19	Conferences, conventions, and meetings	72,456.	29,941.	38,280.	4,235.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	44,922.	33,148.	6,429.	5,345.
23 24		30,682.	22,640.	4,391.	3,651.
ä	Repairs & Maintenance	170,429.	26,376.	139,801.	4,252.
	Research Expenses	45,647.	45,647.		
	Bad Debt	20,519.		20,519.	
	Retirees Expense	8,991.		8,991.	
	All other expenses				
_25	Total functional expenses. Add lines 1 through 24e	3,724,969.	2,593,130.	726,035.	405,804.
26	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)			.2000 e	
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Part X Balance Sheet

		Check if Schedule O contains a response or note to	any line	in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			450.	1	450.
	2	Savings and temporary cash investments			1,316,594.	2	681,581.
	3	Pledges and grants receivable, net			827,485.	3	473,355.
	4	Accounts receivable, net				4	3,494.
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated er Part II of Schedule L		5			
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), persons described in section 4958(c)(3) employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete	ersons (as 3)(B), and (9) volunta Part II of	defined under contributing ry employees' Schedule L		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		<u></u>		8	
As	9	Prepaid expenses and deferred charges		9			
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1 1				
	b	Less: accumulated depreciation	10 b	5,715,297.	592,559.	10 c	593,021.
	11	Investments – publicly traded securities			30,276,053.	11	32,739,458.
	12	Investments – other securities. See Part IV, line 11		_	4,561,355.	12	3,764,355.
	13	Investments - program-related. See Part IV, line 11.	-,,	13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	443,392.	15	322,039.		
	16	Total assets. Add lines 1 through 15 (must equal line	34)		38,017,888.	16	38,577,753.
	17	Accounts payable and accrued expenses			52,031.	17	82,370.
	18	Grants payable		18			
	19	Deferred revenue.		19			
	20	Tax-exempt bond liabilities		20			
ies	21	Escrow or custodial account liability. Complete Part I				21	
Liabilities	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	disqualifi	ed persons		22	
-	23	Secured mortgages and notes payable to unrelated th	nird parties	i		23	
	24	Unsecured notes and loans payable to unrelated third			41-2-1	24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	es to relate plete Part	ed third parties, X of Schedule D.	225.	25	
	26	Total liabilities. Add lines 17 through 25			52,256.	26	82,370.
S		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	re ► X	and complete			
č	27	Unrestricted net assets			36,218,883.	27	37,417,084.
ala	28	Temporarily restricted net assets		man the street of the state of	1,746,749.	28	1,078,299.
B	29	Permanently restricted net assets			1,740,745.	29	1,070,233.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), ch and complete lines 30 through 34.					
ō	30	Capital stock or trust principal, or current funds	E)	*		30	ing the state of t
ets	31	Paid-in or capital surplus, or land, building, or equipm				31	
488	32	Retained earnings, endowment, accumulated income,				32	
et/	33	Total net assets or fund balances		37,965,632.	33	38,495,383.	
ž	34	Total liabilities and net assets/fund balances			38,017,888.	34	38,577,753.
RΛ		Total industries and not assets/fully balances			JU, UI 1, 000.	57	Form 990 (2017)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			· · · · · · · · · · · · · · · ·	
1	()	1	2,5	15,	770.
2	Total expenses (must equal Part IX, column (A), line 25)	2		24,9	CV - TV
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,2		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	37,9		
5	Net unrealized gains (losses) on investments	5		38,9	
6	Donated services and use of facilities	6		00/	
7	Investment expenses.	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B)).	10	38,4	95,3	383.
Pai	rt 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		- 0		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both:	d on a			
	Separate basis Consolidated basis Both consolidated and separate basis			(E) X (1) (1)	
,	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 separa		. 20	7 7 2 2	
	basis, consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
(c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain				
٠.	in Schedule O. a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single				
	Audit Act and OMB Circular A-133?		За		X
ı	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				(0017)
BAA			Forn	1 990	(2017)

SCHEDULE A (Form 990 or 990-EZ)

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

OMB No. 1545-0047

Open to Public Inspection Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number

			<u>nal Affairs, l</u>				13-157395	
		Reason for Public Cha						ions.
he	orga	inization is not a private found	•			•	•	
1	L	A church, convention of church	•		•).	
2	L	A school described in section 1		· ·	_	•		
3	L	A hospital or a cooperative h	-					
4	L	A medical research organiza	tion operated in conju	unction with a hospital o	described	in sec	tion 1 70(b)(1)(A)(iii) . E	nter the hospital's
_	_	name, city, and state:						
5	L	An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle emplete Part II.)	ge or university owned	or opera	ited by	a governmental unit de	scribed in
6 7		A federal, state, or local gove	ernment or governme	ntal unit described in s	ection 1	70(b)(1)	(A)(v).	
′	X	in section 170(b)(1)(A)(vi). (Complete Part II.)		-	ental uni	or from the general pub	lic described
8	L	A community trust described	in section 170(b)(1)(A)(vi). (Complete Part I	l.)			
9	Γ	An agricultural research organi						
	_	or university or a non-land-gran	nt college of agriculture	(see instructions). Enter	the nam	e, city, a	ind state of the college of	r
	_	university:						
10	L	An organization that normally r from activities related to its investment income and unre June 30, 1975. See section!	exempt functions—sub lated business taxable 509(a)(2). (Complete F	oject to certain exception of income (less section of section) Part III.)	ns, and 511 tax)	(2) no r from bu	nore than 33-1/3% of it isinesses acquired by t	s support from gross
11	L	An organization organized ar	nd operated exclusive	ly to test for public safe	ety. See	section	509(a)(4).	
12		An organization organized an or more publicly supported o lines 12a through 12d that de	rganizations describe	d in section 509(a)(1) o	r sectio	n 509(a)	(2). See section 509 (a)	t the purposes of one (3). Check the box in
•	a [Type I. A supporting organization organization (s) the power to re complete Part IV, Sections A	on operated, supervise gularly appoint or elect	d, or controlled by its sup a majority of the director	ported or s or trus	ganizati tees of t	on(s), typically by giving ne supporting organization	the supported on. You must
١	o [Type II. A supporting organize management of the supporting must complete Part IV, Section 11.	zation supervised or coorganization vested in	ontrolled in connection the same persons that co	with its ontrol or	support manage	ed organization(s), by the supported organizati	naving control or on(s). You
(Type III functionally integrated organization(s) (see instruction	. A supporting organizations). You must com	ion operated in connection	n with, an	d function	nally integrated with, its	supported
•	d [Type III non-functionally integrated. The cinstructions). You must com	rated A supporting org	anization operated in cor	nection (with its s	upported organization(s) and an attentiveness	that is not requirement (see
(• [Check this box if the organize integrated, or Type III non-fu	ation received a writte	en determination from	the IRS t			
1	Er	nter the number of supported						
		ovide the following informatio						
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-19 above (see instructions))	(lv) Is organizat in your g docum	on listed overning	(v) Amount of monetary support (see instructions)	(vI) Amount of other support (see instructions)
					Yes	No		
A)								
<u>''</u>		_						
B)								
			-					
<u>C)</u>								
D)								
-,								
E)								
<u> </u>							•	
٠.٠٠	.i							

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	tion A. Public Support		•	W	*		()
	ndar year (or fiscal year						
begi	nning in) 🟲	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,551,887.	4,828,031.	1,926,291.	851,862.	712,870.	9,870,941.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	1,551,887.	4,828,031.	1,926,291.	851,862.	712,870.	9,870,941.
5	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)						5,229,840.
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						4,641,101.
Cale	ndar year (or fiscal year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	1,551,887.	4,828,031.	1,926,291.	851,862.	712,870.	9,870,941.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	301,581.	373,516.	55,617.	671,077.	842,833.	2,244,624.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	3017001.	37373131	3070171	0.2,0		0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). See Part VI.	1,347.	48,000.	42,890.	328,559.	555,249.	976,045.
11	Total support. Add lines 7 through 10						13,091,610.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	0.
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, th	ird, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	▶ □
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14	Public support percentage for 20	17 (line ô, colum	n (f) divided by lir				35.45 %
	Public support percentage from						44.92 %
16a	33-1/3% support test—2017. If t and stop here. The organization	he organization d qualifies as a pul	id not check the t blicly supported o	oox on line 13, and organization	d line 14 is 33-1/3	% or more, checl	this box
	33-1/3% support test—2016. If the and stop here. The organization	qualifies as a pu	blicly supported o	organization			
17a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	e. Explain in Par	t VI how
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-ad-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as	box and stop her a publicly support	e. Explain in Par ed organization	t VI how the
18	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a,	, or 17b, check thi	is box and see in	structions

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.)

Sec	tion A. Public Support		•	<u> </u>			
Calend	far year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				(7)
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 5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
,	facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6			'			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				St. Popular	ne en enjert	2
	Total support. (Add lines 9, 10c, 11, and 12.)				COL	ti 501 (a)(2)
	First five years. If the Form 990 organization, check this box and	stop here	· · · · · · · · · · · · · · · · · · ·	nd, third, fourth, c	or fifth tax year as	a section 501(c)(▶ □
	tion C. Computation of Pu			an 12 anima (A)			8
	Public support percentage for 20						96
16	Public support percentage from					16	
	tion D. Computation of Inv				(0)	1 4=	- %
17	Investment income percentage f						8
18	Investment income percentage (
	33-1/3% support tests—2017. If is not more than 33-1/3%, check	k this box and sto	p here. The organ	nization qualifies	as a publicly supp	orted organization	າ ▶ 📙
	33-1/3% support tests—2016. If line 18 is not more than 33-1/3%	6, check this box	and stop here. Th	ne organization qu	ualifies as a public	ly supported orga	ınization 🏲 🔲
20	Private foundation. If the organi	ization did not che	eck a box on line	14, 19a, or 19b, o	cneck this box and	see instructions.	····· <u> </u>

Part IV Supporting Organizations

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

Section A. A	All Su	pporting	Organ	izations
--------------	--------	----------	-------	----------

			Yes	No
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.	1		
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).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
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.	3b		•
С	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.	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
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.	4b		
С	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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) 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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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 .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.	9b		
c	Did a disqualified person (as defined in 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.	9c		
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 10b below.	10a		
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.)	10b		

Par	t IV Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?	,	Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	a		
b		b	-	
		С	\neg	
	tion B. Type I Supporting Organizations			
		1	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
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		
Sec	tion C. Type II Supporting Organizations			
		ľ	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).			
Sec	tion D. All Type III Supporting Organizations	_		
			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 in (2), 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	7	
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. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ruct	ions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	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 that these activities constituted substantially all of its activities.	2a		
t	Did the activities described in (a) constitute activities that, but for the organization's involvement, 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 these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
Ł	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

	edule A (Form 990 or 990-EZ) 2017 Carnegie Council for Ethics in		13-157	3954 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizati	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No ns mus	v. 20, 1970 (explain in F t complete Sections A th	Part VI). See nrough E.
Sec	tion 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	3
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		•
Sec	tion 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		
ı	Average monthly cash balances	1b		
(Fair market value of other non-exempt-use assets	1c		
- (d Total (add lines 1a, 1b, and 1c)	1d		
•	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 1-1/2% 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 .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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	6	10 m	

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). 7

Schedule A (Form 990 or 990-EZ) 2017

Par		upporting Organiza	ations (continued)	
Sec	tion D — Distributions	1	to the protocol of the contract of the contrac	- Current Year
1	Amounts paid to supported organizations to accomplish exempt pu			
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organization	ns,	
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizati in Part VI). See instructions.	ion is responsive (provide	e details	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
	Underdistributions, if any, for years prior to 2017 (reasonable cause required – explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.		生物 国际及建筑	
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
	Excess from 2014			
C	Excess from 2015			
C	Excess from 2016			推开提展的。 2011年 - 1911年 -
e	Excess from 2017			
D 4 4	Decay (2005) 2007 (\$150.00 Dec. 1) \$15.00 Dec. 1)		Cabadula A (Ca	rm 990 or 990 E7) 201

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Schedule A (Form 990 or 990-EZ) 2017

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part III, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section 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.)

Part II, Line 10 - Other Income

Nature and Source		 2017	 2016	_	2015	_	2014	 2013
Other Income Management Fee		\$ 46,057. 509,192.	\$ 328,559.	\$	42,890.	\$	48,000.	\$ 1,347.
•	Total	\$ 555,249.	\$ 328,559.	\$	42,890.	\$	48,000.	\$ 1,347.

SCHEDULE D (Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection
Employer identification number

	International Affairs, Inc.	10 1550051	
		13-1573954	
Pai	Organizations Maintaining Donor Advised Funds or Other Similar Fun Complete if the organization answered 'Yes' on Form 990, Part IV, line	as or Accounts.	
	(a) Donor advised funds	(b) Funds and other acc	ounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held in do are the organization's property, subject to the organization's exclusive legal control?	nor advised funds	No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fund for charitable purposes and not for the benefit of the donor or donor advisor, or for any other impermissible private benefit?	s can be used only purpose conferring Yes	☐ No
Pai	Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line	7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).		
	Preservation of land for public use (e.g., recreation or education)	f a historically important land a	rea
	Protection of natural habitat Preservation o	f a certified historic structure	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form	of a conservation easement on t	he
	last day of the tax year.		
		Held at the End of the	ne Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
(: Number of conservation easements on a certified historic structure included in (a)	. 2c	
	Number of conservation easements included in (c) acquired after 7/25/06, and not on a histor structure listed in the National Register	. 2d	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the tax year ▶	e organization during the	
4	Number of states where property subject to conservation easement is located ▶	_	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, har and enforcement of the conservation easements it holds?	∐Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing con	nservation easements during the y	ear
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conserves.	ation easements during the year	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of se and section 170(h)(4)(B)(ii)?	ction 170(h)(4)(B)(i)	☐ No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expeninclude, if applicable, the text of the footnote to the organization's financial statements that d	se statement, and balance sheet, escribes the organization's acco	and ounting for
	conservation easements.	Other Similar Accets	·
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered 'Yes' on Form 990, Part IV, line	8.	
	a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reversart, historical treasures, or other similar assets held for public exhibition, education, or research in full Part XIII, the text of the footnote to its financial statements that describes these items.	irtherance of public service, provid	ie,
	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue historical treasures, or other similar assets held for public exhibition, education, or research in furthe following amounts relating to these items:		orks of art, ne
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		91,850.
2	If the organization received or held works of art, historical treasures, or other similar assets for finan- amounts required to be reported under SFAS 116 (ASC 958) relating to these items:		
	a Revenue included on Form 990, Part VIII, line 1		
	b Assets included in Form 990, Part X	► \$	

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		19,500.		19,500.
b Buildings		4,234,281.	4,234,281.	0.
c Leasehold improvements		1,455,324.	885,199.	570,125.
d Equipment		375,946.	375,946.	0.
e Other		223,267.	219,871.	3,396.
otal. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X, c	olumn (B), line 10c.).	· · · · · · · · · · · · · · · · · · ·	593,021.

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Schedule **D** (Form 990) 2017

Complete if the organization answere (a) Description of security or category (including name of security)	(b) Book value		t or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other Limited Partnerships	3,764,355.	End of Year Market	Value
(A) (B)			
(C)			
(D)			
(E)			
 (F)			
(G)			
(H)			
(1)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)	3,764,355.		
Part VIII Investments - Program Related.	-l IVl F 00	N/A	Tarma 000 Dart V line 12
Complete if the organization answered			orm 990, Part X, line 13 or end-of-year market value
(a) Description of investment	(b) Book value	(c) Method of Valuation: Cost	or end-or-year market value
(1)			
(2)			
(3)			
(4)		-	
(5)			
(6)			
(7)			
(8)			
(9)			
(9) (10)	-		
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.).	N / 2		
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answere	N/I d 'Yes' on Form 99	A 0, Part IV, line 11d. See F	Form 990, Part X, line 15
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answere (a) De	N / 2	A 0, Part IV, line 11d. See F	Form 990, Part X, line 15
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answere (a) De	N/I d 'Yes' on Form 99	A 0, Part IV, line 11d. See F	Form 990, Part X, line 15 (b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answere (a) December 13.	N/I d 'Yes' on Form 99	Q Q, Part IV, line 11d. See F	Form 990, Part X, line 15 (b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answere (a) December 13.	N/I d 'Yes' on Form 99	A 0, Part IV, line 11d. See F	Form 990, Part X, line 15 (b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answere (1) (2) (3) (4)	N/I d 'Yes' on Form 99	A 0, Part IV, line 11d. See F	Form 990, Part X, line 15 (b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answere (1) (2) (3) (4) (5)	N/I d 'Yes' on Form 99	A 0, Part IV, line 11d. See F	Form 990, Part X, line 15 (b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answere (1) (2) (3) (4)	N/I d 'Yes' on Form 99	A 0, Part IV, line 11d. See F	Form 990, Part X, line 15 (b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answere (a) De (1) (2) (3) (4) (5) (6) (7) (8)	N/I d 'Yes' on Form 99	A 0, Part IV, line 11d. See F	Form 990, Part X, line 15 (b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answere (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9)	N/I d 'Yes' on Form 99	A 0, Part IV, line 11d. See F	Form 990, Part X, line 15 (b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answere (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	N/I d 'Yes' on Form 99 escription	0, Part IV, line 11d. See F	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answere (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column	N/I d 'Yes' on Form 99 escription	0, Part IV, line 11d. See F	Form 990, Part X, line 15 (b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answere (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities	M/I d 'Yes' on Form 99 escription (B) line 15.)	0, Part IV, line 11d. See F	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answere (a) December 1990, Part X, column (B) line 13.). (a) December 1990, Part X, column (B) line 13.). (b) In It is a second sequence of the part X of the par	M/I d 'Yes' on Form 99 escription (B) line 15.)	0, Part IV, line 11d. See F	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answere (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of liability	M/I d 'Yes' on Form 99 escription (B) line 15.)	0, Part IV, line 11d. See F	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answere (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of liability (1) Federal income taxes	M/I d 'Yes' on Form 99 escription (B) line 15.)	0, Part IV, line 11d. See F	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answere (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of liability	M/I d 'Yes' on Form 99 escription (B) line 15.)	0, Part IV, line 11d. See F	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answere (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of liability (1) Federal income taxes (2) (3) (4)	M/I d 'Yes' on Form 99 escription (B) line 15.)	0, Part IV, line 11d. See F	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answere (a) December (a) Description of liability (b) Federal income taxes (c) (3) (4) (5)	M/I d 'Yes' on Form 99 escription (B) line 15.)	0, Part IV, line 11d. See F	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answere (a) December (a) Dece	M/I d 'Yes' on Form 99 escription (B) line 15.)	0, Part IV, line 11d. See F	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answere (a) December (a) Description of liability (a) December (a) Description (b) Column (b) Must equal Form (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of liability (b) Description (c)	M/I d 'Yes' on Form 99 escription (B) line 15.)	0, Part IV, line 11d. See F	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answere (a) December (a) Description of liability (a) December (b) December (b) December (b) December (c) D	M/I d 'Yes' on Form 99 escription (B) line 15.)	0, Part IV, line 11d. See F	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answere (a) December (a) Description of liability (a) December (a) Description of liability (b) (b) (c) (c) (d) (d) (e) (e) (e) (e) (f) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	M/I d 'Yes' on Form 99 escription (B) line 15.)	0, Part IV, line 11d. See F	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answere (a) December (a) Dece	M/I d 'Yes' on Form 99 escription (B) line 15.)	0, Part IV, line 11d. See F	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answere (a) December (a) Description of liability (a) December (a) Description of liability (b) (b) (c) (c) (d) (d) (e) (e) (e) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	M/I d 'Yes' on Form 99 escription (B) line 15.) Form 990, Part IV, line (b) Book value	0, Part IV, line 11d. See F	(b) Book value

Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	<u> </u>
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	4,254,720.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	184	
a Net unrealized gains (losses) on investments	三年	
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2 e	1,738,950.
3 Subtract line 2e from line 1	3	2,515,770.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,515,770.
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Returi	1.
Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Returi	1.
	Returi	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Returi	3,724,969.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	Returi	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	Returi 1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	Returi	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. 2 a 2 b	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). e Add lines 2a through 2d.	1 3 2e	3,724,969.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). e Add lines 2a through 2d. 3 Subtract line 2e from line 1.	1 3 2e	3,724,969.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 3 2e	3,724,969.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.). c Add lines 4a and 4b.	2 e 3	3,724,969.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a b Other (Describe in Part XIII.). 4 b 4 b 4 b 4 b 4 b	2 e 3	3,724,969.

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

Part X - FIN 48 Footnote

The Organization does not believe its financial statements include any material, uncertain tax positions. Tax filings for years ended June 30, 2015 and later are subject to examination by applicable taxing authorities.

Schedule D (Form 990) 2017

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

OMB No. 1545-0047

13-1573954 International Affairs, Inc Part I General Information on Activities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b.

For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?...

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

Activities per Region (The following Part Lline 3 table can be duplicated if additional space is needed.)

Carnegie Council for Ethics in

3 Activities per Region. (The	following Part I, I	ine 3 table can b	e duplicated if additional space	e is needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
East Asia and the					
(1) Pacific		7	Grantmaking	Research	13,250.
(2) Europe		3	Grantmaking	Research	18,500.
(3) North America		1	Grantmaking	Research	2,500.
(4)					
(5)					Tian
(6)		i i			
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3 a Sub-total		11			34,250.
b Total from continuation sheets to Part I					24.050
C Totals (add lines 3a and 3b)	0	11		Coho	34,250. dule F (Form 990) 2017

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Schedule F (Form 990) 2017

13-1573954

Carnegie Council for Ethics in

Schedule F (Form 990) 2017

Part II Grants and Other Assistance to Grganizations or Entities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(i) Method of valuation (book, FMV, appraisal, other) 0 Schedule F (Form 990) 2017 0 of (h) Description o noncash assistance (g) Amount of noncash assistance (f) Manner of cash disbursement (e) Amount of cash grant (d) Purpose of grant (c) Region (b) iRS code section and EIN (if applicable) Enter total number of other organizations or entities..... (a) Name of organization (10) (11) (12) (14) (15) (16) (13) E 8 8 3 9 8 9 (5) 0 က 7 _

Part III Grants and Other Assistance to individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(à) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) December Ordered	East Asia & Pacific	7	12 250	Wire Transfer			
(1) Research Stipend	Pacific	1	13,230.	Wile Hanslei			
(2) Research Stipend	Europe	3	18,500.	Wire Transfer			
(3) Research Stipend	North America	1	2,500.	Wire Transfer			
(4)							
(5)							
(6)	·						
(7)							
(8)				_			
(9)							
(10)							
(11)					:		
(12)	?						
(13)							
(14)	, g						
(15)							
(16)	<i>*</i>						
(17)							·
(18) BAA	<u></u>			- !	<u> </u>	Schedule F	(Form 990) 2017

TEEA3505L 08/10/17

Schedule F (Form 990) 2017

BAA

Part V Supplemental Information

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

Part I, Line 2 - Grantmakers Explanation For Monitoring Use of Funds Outside US

Grants are paid to scholars doing independent work, whose reports are published in the Organization's journal.

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 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

Open to Public Inspection

Carnegie Counc International						13-15739	54
Part General Information on Gra	ants and Assista	nce					
Does the organization maintain records to the selection criteria used to award the							X Yes No
2 Describe in Part IV the organization's pro-						Part IV	
Part II Grants and Other Assistan	ce to Domestic	Organizations	and Domestic Gove	ernments. Comple	te if the organiza	tion answered 'Y	'es' on
Form 990, Part IV, line 21,	for any recipient	that received	more than \$5,000. F	Part II can be dupli	cated if additiona	I space is neede	d.
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Carnegie Council Fund, Inc.							
170 East 64th Street							
New York, NY 10065	13-4185528	501 (c) (3)	83,084.	0.			Research Grant
<u>(2)</u>							
(3)		-					
(4)							-
(4)							
<u>(5)</u> :							
(6)							
							:
(7)							
<u></u>							
(8)							
2 Enter total number of section 501(c)(3) and government o	rganizations listed	in the line 1 table		I		1
3 Enter total number of other organization	ons listed in the line	1 table					. 0
TAR T D L D L L L L L L L L L L L L L L L L	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- for Form 000		TEC 4 20011	00/10/17	Schodu	le I /Form 990\ (2017)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Research Stipend	23	302,824.			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.

Grants are paid to scholars doing independent work, whose reports are published in the Organization's journal.

SCHEDULE J (Form 990)

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

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Carnegie Council for Ethics in International Affairs, Inc.

Employer identification number 13–1573954

Part I Questions Regarding Compensation Yes No 1 a 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 Housing allowance or residence for personal use 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 1 b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors. 2 Indicate which, if any, of the following the filing 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 Written employment contract Independent compensation consultant X Compensation survey or study X Form 990 of other organizations Approval by the board or compensation committee 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: 4a X a Receive a severance payment or change-of-control payment?..... b Participate in, or receive payment from, a supplemental nonqualified retirement plan?..... 4 b X c Participate in, or receive payment from, an equity-based compensation arrangement?..... 4 c X 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. 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: 5 a X a The organization?..... 5 b X **b** Any related organization?..... If 'Yes' on line 5a or 5b, describe in Part III. 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: X a The organization?..... 6 a 6 h b Any related organization?..... If 'Yes' on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If 'Yes,' describe in Part III..... 7 X 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)? 8 X If 'Yes,' describe in Part III...... If 'Yes' on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

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Schedule J (Form 990) 2017

section 53.4958-6(c)?.....

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-MIS	C compensation	(C) Potiroment	(D) Nontaxable	(E) Total of	(E) Componention
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iil) Other reportable compensation	(C) Retirement and other deferred compensation	benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
Joel Rosenthal	(i)	358,314.	0.	0.	25,000.	15,040.	398,354.	0.
1 President	(ii)	0.	0.	0.	0.	0.	0.	0.
Eva Becker	(i)	148,814.	0.	0.	15,795.	8,575.	173,184.	0.
2 VP of Fin & Adm	(ii)	0.	0.	0.	0.	0.	0.	0.
Devin Stewart	(i)	129,806.	0.	0.	12,075.	13,154.	155,035.	<u>_0.</u>
3 Senior Program Dir	(ii)	0.	0.	0.	0.	0.	0.	0.
Cynthia Scharf	(i)	160,380.	0.	0.	15,739.	0.	176,119.	0.
4 Sr. Strategy Dir.	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)				L		L	
5	(ii)							
	(i)			-			L	
6	(ii)		[T			
	(i)							
7	(ii)		_ 		T 		Γ]
	(i)							
8	(ii)				T		Γ	
	(i)							
9	(ii)				† -			1
1	(i)							
10	(ii)		†		†			1
	(i)							
11	(ii)				T		†	1
	(0)	· · · · · · · · · · · · · · · · · · ·	-					
12	(ii)				† -		†	1
	(i)							
13	(ii)				†- 		† -	1
	(i)							
14	(ii)		† 		† <i></i> -		†	1
17	(i)							
15	(ii)		† 		 -		†	1
13	(1)							
16	(ii)		+ 		† 		†	<u>;</u>
BAA			TEEA4102L 08/09)/17	L		Schedule	J (Form 990) 2017

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.

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SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization Carnegie Council for Ethics in International Affairs, Inc.

Employer identification number 13–1573954

Form 990, Part III, Line 1 - 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 VI, Line 11b - Form 990 Review Process

Management reviewed a draft of the form 990 with the audit/finance 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, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

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.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

Each year, the executive committee reviews comparable salaries based on a recognized study and reviews the performance of the executive director to determine if the existing salary falls within these ranges. After a deliberation of this matter, a new proposed salary and benefit package is voted on. The minutes of the board of directors reflect the nature of this process.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

Each year, the executive committee reviews comparable salaries based on a recognized

Name of the organization Carnegie Council for Ethics in International Affairs, Inc.

Employer identification number 1:3-1573954

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees (continued) salary falls within these ranges. After a deliberation of this matter, a new proposed salary and benefit package is voted on. The minutes of the board of directors reflect the nature of this process.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Available upon request.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Carnegie Council for Ethics in International Affairs, Inc.

Employer identification number

13-1573954

Part Identification of Disregarded Entities. Complete if	the organization answ	ered 'Yes' on Forn	n 990, Part IV, line	33.	
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					·

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Sec 512 controlle	g) ?(b)(13) d entity?
						Yes	No
(1) Carnegie Council Fund Inc. 170 East 64th Street New York, NY 10065 13-4185528	Support	NY	501 (c) (3)	12	N/A		x
(2)							
(3)							
(4)				·			

Page 2

13-1573954

Schedule R (Form 990) 2017 Carnegie Courcil for Ethics in

Partition 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 relaied organizations treated as a partnership during the tax year.

(k) Percentage ownership												rt IV,	(i) Sec 512(b)(13) controlled entity?	S										Schedule R (Form 990) 2017
General or managing partner?	No											90, Pa		Yes	-		+						_	R (Form
	Yes								_			orm 9	(h) Percentage ownership											chedule
Code V-UBI amount in box 20 of Schedule K-1 (Form	1065)											s a Corporation or Trust Complete if the organization answered 'Yes' on Form 990, Part IV, izations treated as a corporation or trust during the tax year.	(g) Share of end-of- year assets											S
(h) Disproportionate allocations?	No											ınswer year.				•							-	
Disp	Yes											ation a ne tax	(f) Share of total income											
(g) Share of end-of-year assets												rganiz ıring tl												
(g) Share end-of-y asse												s a Corporation or Trust Complete if the organization answezations treated as a corporation or trust during the tax year.	Type of entity (C corp, S corp,	lst,										
												plete i on or t	Type of C corp,	50										
(e) (f) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h												st Com rporati					+							17
i io												or Trus s a co	(d) Direct controlling	eriniy	ı									TEEA5002L 11/29/17
(e) Predominant income (related, unrelated, unrelated, unrelated, under sextlund from tax	512-514)											ation a				_			-				-	TEEA500
Predomi g (related exclude	51,											Sorpor	(c) Legal domicile (state or foreign	country										
												as a (_			_						_	
(d) Jal Direct colle controlling e or entity												axable ed orga	(b) Primary activity											
icile e or	(Çıtı					<u> </u>						ions T relate) Primary											i
(C) Legal domicile (state or	DO TO											anizat r more	ation		!	1 1			1					
(b) Primary activity												one o	organiz			 				 				
Primary												Relate it had	related					 	1	 				
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(a) ne, address, and EIN of related organization			1 1	 		 	 			1	 		րе, addr					1	 	 		1 1		
Name, a		(E)	 	 	(2)			(3)		 	 	Part IV	Nan		€			(E)			(6)			BAA
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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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?	(Vine		
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1 a		X
b	Gift, grant, or capital contribution to related organization(s)	1 b	Х	
С	Gift, grant, or capital contribution from related organization(s)	1 c	٤.	X
	Loans or loan guarantees to or for related organization(s)	1 d		X
	Loans or loan guarantees by related organization(s)	1 e		X
Ī		1411E-17	1, 183	
f	Dividends from related organization(s)	1 f	1401000000	X
	Sale of assets to related organization(s)	1 g		X
e h	Purchase of assets from related organization(s)	1 h		X
	Exchange of assets with related organization(s)	1i		X
	Lease of facilities, equipment, or other assets to related organization(s)	1 _i		X
J	Lease of facilities, equipment, or other assets to related organization(c)		1	
1-	Lease of facilities, equipment, or other assets from related organization(s)	1 k		Х
. K	Performance of services or membership or fundraising solicitations for related organization(s)	11	Х	<u> </u>
	Performance of services or membership or fundraising solicitations by related organization(s)	1 m	X	
		1 n	X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			
0	Sharing of paid employees with related organization(s)	10	Χ	ISTO FROM
				Kii
р	Reimbursement paid to related organization(s) for expenses	1 p		X
q	Reimbursement paid by related organization(s) for expenses	1 q	X	atturn over
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X
2	If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			
	(a) (b) (c) Nante of related organization Transaction Amount involved Met	hod of	detàrn	ninina
	Nanie of related organization type (a-s)	mount	vlevni	red
<u>(1)</u>			.,	
(2)				
(3)				
<u> </u>				
(4)				
(")				
(5)				
(6)			000	
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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) Name, address, and EIN of entity .	(b) Primary activity	(c) Legal domicile (state or foreign country)	income (related, unre- lated, excluded	Are all p sec 501(organiz	partners tion (c)(3) tations?	Share of total income	(g) Share of end-of-year assets	l tior	n) opor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?		(k) Percentage ownership
			from tax under sections 512-514)	Yes	No			Yes	No		Yes	No	1
<u>(1)</u>													
(2)													
(3) · · · · · · · · · · · · · · · · · · ·													
(4)													
(5)													
	<u> </u>												
<u></u>													:
(8)													
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Schedule R (Form 990) 2017 Carnegie Council for Ethics in 13-157395

Part VIII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

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