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)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For the 2020 calendar year, or tax year beginning

► 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.

, 2020, and ending

Open to Public Inspection

, 20 2021

В	Check if ap	plicable:	C							D Linplo	yei ideiidi	ication number	
	Addres	ss change	Carnegie (13-	15739	954	
	Name	change	Internati			nc.				E Teleph	one numbe	er	
	Initial	return	170 E 64t							(21	2) 83	38-4120	
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	—	ded return								G Gross	into S	31,106	112
	\vdash		F Name and addr	and of primain	al officers —				U(a) Is this	s a group retu		i i	1771
	Applic	ation pending			al officer: Joe.	l Rosent	thal					<u></u> ⊢ · • •	No No
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<u> </u>		npt status:	X 501(c)(3)	501(c) () ▼ (in	sert no.)	4947(a)(1)	or 527					
J	Websi		w.cceia.or	:g		1				p exemption n			
K		organization:	X Corporation	Trust	Association	Other ►		L Year of format	ion: 191	14 M :	State of le	gal domicile: NY	
Pa	rt I	Summar	у										
			be the organiza										<u>ofit</u>
Q)	0	rganiza	<u>tion dedic</u>	ated t	<u>o increa</u> :	<u>sing unc</u>	<u>derstar</u>	nding of	the r	<u>elatio</u>	<u>nship</u>	between	
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쁦			of individuals e								5		22
Activities &			of volunteers (6		16
Ă			ed business reve								7a		0.
	b Ne	t unrelated	business taxab	le income	from Form 99	90-T, Part I	, line 11				7b		0.
									l l	Prior Year		Current Y	
ø			and grants (Pa							2,861,4			,573.
Revenue			rice revenue (Pa							27,5			,336.
eve			icome (Part VIII							759,3	334.	1,045	, 057.
ď			e (Part VIII, coli							462,	723.	393	,942.
	12 To	tal revenue	e – add lines 8	through 11	l (must equal	Part VIII, co	olumn (A),	, line 12)		4,111,0	037.	2,380	,908.
	13 Gr	ants and si	milar amounts	oaid (Part	IX, column (A	A), lines 1-3)			80,	795.	131	,523.
	14 Be	nefits paid	to or for memb	ers (Part l	IX, column (A)), line 4)							
	15 Sa	laries, othe	er compensation	n, employe	ee benefits (Pa	art IX, colur	nn (A), lin	es 5-10)		2,441,	731.	2,093	. 886.
ses			fundraising fees							_,,			,
Expenses			sing expenses (•		•		238,045.					
ŭ			es (Part IX, col							750,4	187	814	,232.
			es. Add lines 13							3,273,0		3,039	
			expenses. Sub							838,0		<u> </u>	,733.
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ts or inces	20 To	tal accetc ((Part X, line 16)							ing of Currer 8,121,2		42,413	
ssets Baland	21 To		s (Part X, line 2							478,3			,092.
Net Ase Fund Ba	22 Na		•	•		20			· —				
			fund balances.	Subtract	iiile Zi iroiii ii	TIE 20			. 3	7,642,9	946.	42,354	<u>,</u> 263.
		Signatur											
Unde comp	r penalties olete. Declai	of perjury, I de ration of prepa	clare that I have exa rer (other than office	mined this re r) is based or	turn, including acc all information of	ompanying sche which preparer	edules and sta has any knov	atements, and to wledge.	the best of	my knowledge	and belie	f, it is true, correct	i, and
Sig	ın	Signatu	re of officer						D	Date			
He	re	Joe	l Rosentha	1					Pres	sident			
		Type or	print name and title							7_00110			
		Print/Type p	reparer's name		Preparer's sign	aure /	/ 11	Date		Check	if F	PTIN	
Dai	. al	Michae	el Schall		Michael	Schall	2001	3/4/2	2022	self-employ		202024184	
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	=-	10	NEW YO		10016	20				Phone no.	(212	·	
May	the IRS	discuss th	is return with th	e prepare	r shown abov	e? See insti	ructions					X Yes	No

Form **8868**

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.
► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automati	c 6-Month Extension of Time. Only subr	mit origin	al (no copies needed).			
	ions required to file an income tax return other th			ps, RE	MICs, and	trusts must
use Form /	004 to request an extension of time to file income Name of exempt organization or other filer, see instructions.	e tax return	5.	Тахра	yer identificat	tion number (TIN)
Type or	Carnegie Council for Ethics in	n				
print	International Affairs, Inc.			13-	157395	4
File by the due date for	Number, street, and room or suite number. If a P.O. box, see in	nstructions.				
filing your return. See	170 E 64th Street City, town or post office, state, and ZIP code. For a foreign add	trace caa inetri	actions			
instructions.		11033, 300 1113111	ictions.			
	New York, NY 10065					
Enter the Re	eturn Code for the return that this application is for	or (file a se	parate application for each return)			01
Application Is For		Return Code	Application Is For			Return Code
Form 990 or	r Form 990-EZ	01	Form 990-T (corporation)			07
Form 990-B		02	Form 1041-A			08
Form 4720	•	03	Form 4720 (other than individual)			09
Form 990-P		04	Form 5227			10
	(section 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T	(trust other than above)	06	Form 8870			12
If the orIf this is check the	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 If it is for part of the group, consion is for.	digit Group	e United States, check this box	f this is	for the w	hole group,
	est an automatic 6-month extension of time until	5/15	, 20 22 , to file the exempt organi	zation	return	
	e organization named above. The extension is for	the organiz	zation's return for:			
▶	calendar year 20 or	· ·				
► X	tax year beginning 7/01 , 20 20	, and endi	ng 6/30 .20 21 .			
2 If the	tax year entered in line 1 is for less than 12 mont	_ '		nal retu	ırn	
	nange in accounting period	uis, check i	eason. Illinuar Teturn	nai reii		
3a If this nonref	application is for Forms 990-BL, 990-PF, 990-T, 4 fundable credits. See instructions	4720, or 60	59, enter the tentative tax, less any	3 a	\$	0.
b If this tax pa	application is for Forms 990-PF, 990-T, 4720, or syments made. Include any prior year overpaymen	6069, enter nt allowed a	any refundable credits and estimated as a credit	3 b	\$	0.
c Balane EFTPS	ce due. Subtract line 3b from line 3a. Include you S (Electronic Federal Tax Payment System). See	r payment instructions	with this form, if required, by using	3 c	\$	0.
Caution: If y	you are going to make an electronic funds withdra	awal (direct	debit) with this Form 8868, see Form 8	453-EC	and Forr	n 8879-EO for

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

Form **8868** (Rev. 1-2020)

Par	t III	Statement of Program Service Accomplishments	
		Check if Schedule O contains a response or note to any line in this Part III	X
1		/ describe the organization's mission:	
	<u>See</u>	Schedule 0	
2	Did th	e organization undertake any significant program services during the year which were not listed on the prior	
_			lo
		s," describe these new services on Schedule O.	U
3			lo
		s," describe these changes on Schedule O.	
4	Section	ibe the organization's program service accomplishments for each of its three largest program services, as measured by expenses on 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses evenue, if any, for each program service reported.	S. ,
4 a	(Code	:) (Expenses \$1,089,443. including grants of \$32,881.) (Revenue \$	
		timedia Distribution - The Carnegie Ethics Studio produces podcasts, videos,	_′
		nscripts, and live streams of Carnegie Council's public programs, special events,	
		closed-set studio interviews. The Studio ensures that the Council's sponsored	
		earch and public education programs reach worldwide audiences through free and	
		ely accessible channels. These have historically included public radio and Telly	
		rd winning public television programs. Today, the Studio focuses on its growing	
		ine distribution networks, including Carnegie Council's top rated podcast and	
	<u>vid</u>	eo_channels_on_iTunes_and_YouTube	
	<i>(</i> 0	\(\tau_{\text{\tint{\text{\tint{\text{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}\tint{\text{\tin}\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\texi}\tint{\text{\text{\texi}\tin}\tint{\text{\texi}\tinz}\text{\text{\ti}\text{\text{\tint{	
4 b	(Code)
		lic Education - Carnegie Council's public education programs aim to make the mora	
		ensions of international issues more visible and accessible to students, scholars the general public. These programs include: Public Affairs lectures and studio	<u>، ر</u>
		erviews with prominent intellectuals and practitioners; student engagement events	,
		ernational student essay contests, and annual student research conferences; and	' <u>'</u> _
		peer-reviewed journal Ethics & International Affairs, published quarterly in	
		nt and online through Cambridge University Press.	
	<u>-</u>		
4 c	(Code		.)
		nsored Research - Carnegie Council's sponsored research programs advance ethical	
		uiry, spur public dialogue, and publish policy-relevant findings in the areas of	
		rican foreign policy, collective history, climate change, and emerging	
		nnologies. These programs convene expert working groups, lead research delegation	1 <u>S</u> _
	<u>abr</u>	oad, publish policy papers and articles, host live interviews and panels, and	
	sup	port independent researchers around the world. Current sponsored research program	1 <u>s</u> _
		lude U.S. Global Engagement, Artificial Intelligence and Equality Initiative,	
	<u>car</u>	negie New Leaders and Interns.	
4 ሰ	Other	program services (Describe on Schedule O.)	
	(Ехре		
4 e		program service expenses ► 2,182,958.	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part l</i>	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
k	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.	11 b	X	
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.	11 c		Х
c	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
Ł	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
	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? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I See instructions.	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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.	21		Х

Form 990 (2020) Carnegie Council for Ethics in

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22	Х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23	Х	
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
	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		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
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 I	25a		Х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i>	25b		Х
26	former officer, director, trusteé, key employee, créator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	instructions, for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		Χ
	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		Х
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Χ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Х	
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Χ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Χ
38	Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	rt 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		Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		. 33	
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
RΛ	(gambling) winnings to prize winners?	1 c	X 990 (2022
- A	1FFAUTU4L 10/07/20	- orm	uuii /	フロワハ

Form 990 (2020) Carnegie Council for Ethics in

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
	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 2a 22			
ŀ	f at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
	b If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
ŀ	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).	5 a		X
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		- 1
	<u>-</u>	30		
	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
á	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.		X
	a If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 a 7 b		Λ
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7 0		
	Form 8282?	7с		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	F Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ŀ	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	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		
	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	5 If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?	13a		
١	Note: See the instructions for additional information the organization must report on Schedule O.	154		
ŀ	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			
	Enter the amount of reserves on hand			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
ŀ	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
	If 'Yes,' see instructions and file Form 4720, Schedule N.	10		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O.	16		X

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 16 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent.... 15 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 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 Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b 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 X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... 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 .0 Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 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? a The organization's CEO, Executive Director, or top management official.. See . Schedule.. 0...... X 15 a **b** Other officers or key employees of the organization...See .Schedule . 0..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... 16 a X **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > NY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

Melissa Semeniuk 170 E 64th Street New York NY 10065 (212)

Form 990 (2020)	Carnegie	Council	for	Ethics	in

13-1573954

Page 7

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

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

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

- 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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

		(C)								
(A) Name and title	(B) Average hours per	thar	Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other			
	week (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)	compensation from the organization and related organizations
(1) Joel Rosenthal	40									
President	1	Χ		Χ				393,556.	0.	42,518.
(2) Cynthia Scharf Sr. Strategy Dir.	$-\frac{40}{0}$					Х		159,957.	0.	9,597.
(3) Lynn Traverse Dir. Development	$-\frac{40}{0}$					Х		150,769.	0.	15,598.
(4) Deborah Carroll	40					21		130,703.	0.	13,330:
Director IT	0					Х		130,174.	0.	25,035.
(5) Melissa Semniuk	40									
Chief of Staff	0					Χ		115,859.	0.	7,048.
(6) Stephen Hibbard	2									
Chairman	1	Χ		Χ				0.	0.	0.
(7) Anthony Faillace	1									
Vice Chairman	1	Χ		Χ				0.	0.	0.
(8) Haris Hromic	1									
Treasurer	1	X		Χ				0.	0.	0.
(9) Robert G. Shaw	1									
Secretary	1	Χ		Χ				0.	0.	0.
(10) Kathleen Cheek Milby	1							_		
Trustee	1	Χ						0.	0.	0.
(11) Aine Donovan	0	.,						•	•	•
Director	0	X						0.	0.	0.
(12) Richard Edlin, Esq	1	v						_	0	0
Trustee	1	Χ						0.	0.	0.
(13) Jonathan Gage Trustee	1	Х						0.	0.	0.
(14) Alexander Platt	1	Λ	\vdash					0.	0.	0.
Trustee	11	Х						0.	0.	0.
1140000		4.7						J .	0.	<u> </u>

Part VII Section A. O	fficers, Directors, Tru	ıstees,	Key	Em	ıplo	oye	es,	and	d Highest Com	pensated Emp	loyee	5 (conti	inued)
		(B)			((•							
	A) and title	Average hours per week	box	, unle	ess pe	erson direct	than is both or/trus	h an tee)	(D) Reportable compensation from	(E) Reportable compensation from	Estim	(F) nated am of other	iount
		(list any hours for related	Individual or director	Institutio	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compe the o	ensation organizat nd related janization	tion d
		organiza - tions below dotted	Individual trustee or director	nstitutional trustee		oloyee	compens						
		line)	(1)	ee			ated						
(15) Kristen Edgree Trustee	en Kaufman	<u>1_</u>	Х						0.	0.			0.
(16) Susan King Trustee		1	X						0.	0.			0.
(17) Brian Mateo		1	X						0.	0.			0.
Trustee (18) Robert Perlman	<u> </u>	1											
Trustee (19) Ronnie Saha		1 1	X						0.	0.			0.
Trustee (20) Maxmillian Ano	merholzer	1	Х						0.	0.			0.
Trustee		0	Х						0.	0.			0.
(21)													
(22)													
(23)													
(24)													
(25)													
								>	950,315.	0.		99,	796.
	on sheets to Part VII, Section							>	950,315.	0.		99,	<u>0.</u> 796.
2 Total number of individu from the organization	als (including but not limited 5	to those I	isted	abo	ve) v	who	recei	ved	more than \$100,00	0 of reportable comp	pensatio	n	
•												Yes	No
3 Did the organization lis on line 1a? If 'Yes,' co	st any former officer, direct complete Schedule J for suc	tor, truste h individu	ee, ke ıal	ey ei	mpi	oyee	e, or	nıgr	nest compensated	employee	. 3		Х
the organization and re	d on line 1a, is the sum of elated organizations greate	er than \$1	50,00	00?	If '	es,	com	ıple	te Schedule J for		. 4	Х	
5 Did any person listed of for services rendered to	on line 1a receive or accrude the organization? If 'Yes	e comper s,' comple	satio	n fr chea	om Iule	any <i>J fo</i>	unre r suc	late ch p	ed organization or erson	individual	. 5		X
Section B. Independer 1 Complete this table for		sated ind	enen	dent	t coi	ntrad	rtors	tha	at received more th	han \$100,000 of			
compensation from the c	1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.												
(A) Name and business address (B) Description of services (C) Compensation								n					
2 Total number of indepen	ident contractors (including b	out not lim	ited to	o tha	se l	isted	d abo	ve)	who received more	than			
•	ation from the organization												

		Check if Schedule O contains a response or note to any	y line in this Part V	III		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
S S	1 a	Federated campaigns 1 a				
ant Ent		Membership dues				
ਤੋਂ ਦੇ		Fundraising events				
Contributions, Gifts, Grants and Other Similar Amounts		Related organizations				
ਭੂ ਦੇ						
ns,		Government grants (contributions) 1 e 426,095. All other contributions, gifts, grants, and				
er e	'	similar amounts not included above 1f 382, 478.				
듗苿	g	Noncash contributions included in				
털질		lines 1a-1f				
<u>ਲ ਨ</u>	h	Total. Add lines 1a-1f ▶	808,573.			
лe		Business Code				
₹ *	2 a	Research	133,336.	133,336.		
Program Service Revenue	b					
Ş.	С					
Şe	d					
Ē	е					
ğ	f	All other program service revenue				
ğ	g	Total. Add lines 2a-2f	133,336.			
	3	Investment income (including dividends, interest, and				
		other similar amounts)	671,102.			671,102.
	4	Income from investment of tax-exempt bond proceeds $lacktriangle$				
	5	Royalties	88,920.	88,920.		
		(i) Real (ii) Personal				
	6 a	Gross rents 6a				
	b	Less: rental expenses 6b				
	С	Rental income or (loss) 6c				
	d	Net rental income or (loss) ▶				
	7 a	Gross amount from (i) Securities (ii) Other				
		sales of assets				
	h	other than inventory Less: cost or other basis				
	~	and sales expenses 7b 28725505.				
	С	Gain or (loss) 7c 373, 955.				
	d	Net gain or (loss)	373,955.			373,955.
학	8 a	Gross income from fundraising events	•			,
	-	(not including \$				
š		of contributions reported on line 1c).				
ď		See Part IV, line 18				
Other Reven	b	Less: direct expenses 8b				
₹	С	Net income or (loss) from fundraising events ▶				
	9a	Gross income from gaming activities.				
	٠u	See Part IV, line 19				
	b	Less: direct expenses 9b				
	С	Net income or (loss) from gaming activities ▶				
	10a	Gross sales of inventory, less				
		Gross sales of inventory, less returns and allowances				
	b	Less: cost of goods sold 10b				
	С	Net income or (loss) from sales of inventory ▶				
δί		Business Code				
Miscellaneous Revenue	11 a	Management Fee 900099 Other Income 900099 All other revenue	300,000.	300,000.		
ᇎᆲ	b	Other Income 900099	5,022.	5,022.		
豐業	С					
<u>ନ</u> ୍ଧ ଝ	d	All other revenue				
Σ	е	Total. Add lines 11a-11d	305,022.			
	12	Total revenue. See instructions	2,380,908.	527,278.	0.	1,045,057.

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 re				
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			3	·
2	Grants and other assistance to domestic individuals. See Part IV, line 22	131,523.	131,523.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	,	·		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	447,508.	314,651.	27,672.	105,185.
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	1,288,572.	957,583.	275,381.	55,608.
8	Pension plan accruals and contributions	1,200,312.	931,303.	273,301.	33,000.
0	(include section 401(k) and 403(b) employer contributions)	121,555.	89,078.	21,219.	11,258.
9	Other employee benefits	97,575.	71,505.	17,033.	9,037.
10	Payroll taxes	138,676.	101,624.	24,208.	12,844.
11	Fees for services (nonemployees):	100,010.	101,021,	21/2001	12/0111
a	Management				
	Legal				
	: Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	33,738.		33,738.	
_	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.\$ch. OAdvertising and promotion	373,649.	224,761.	134,514.	14,374.
13	Office expenses	219,674.	176,279.	28,352.	15,043.
14	Information technology	219,074.	170,279.	20,332.	13,043.
15	Royalties.				
16	Occupancy				
17	Travel.	992.	733.	171.	88.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	992.	733.	171.	00.
	Conferences, conventions, and meetings	19,313.	14,057.	3,434.	1,822.
20	Interest				
21	Payments to affiliates	10 ==1	26.24	0.650	
22	Depreciation, depletion, and amortization	49,554.	36,314.	8,650.	4,590.
23 24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).	41,169.	30,169.	7,187.	3,813.
_	Repairs & Maintenance	76,143.	34,681.	37,079.	4,383.
t.	` -				
C	` -				
	All other expenses.	2 020 641	2 102 050	(10, 620	220 045
25	Total functional expenses. Add lines 1 through 24e	3,039,641.	2,182,958.	618,638.	238,045.
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)				

		Check if Schedule O contains a response or note to	o any line	e 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			2,212,646.	2	1,638,673.
	3	Pledges and grants receivable, net			1,169,514.	3	788,314.
	4	Accounts receivable, net			39,984.	4	34,710.
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pe		5			
	6	Loans and other receivables from other disqualified p		<u> </u>			
		section 4958(f)(1)), and persons described in section				6	
	7	Notes and loans receivable, net		· · · ·		7	
Ø	8	Inventories for sale or use		<u> </u>		8	
Assets	9	Prepaid expenses and deferred charges		_	31,249.	9	59,916.
As	_	• •	1 1		31,249.	,	33, 310.
7		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		6,394,076.			
	b	Less: accumulated depreciation		5,856,315.	543,734.	10 c	537,761.
	11	Investments — publicly traded securities		-	31,820,909.	11	36,581,712.
	12	Investments — other securities. See Part IV, line 11		-	2,132,027.	12	2,138,858.
	13	Investments – program-related. See Part IV, line 11.				13	
	14	Intangible assets.			14		
	15	Other assets. See Part IV, line 11	-	170,750.	15	632,961.	
	16	Total assets. Add lines 1 through 15 (must equal line	33)		38,121,263.	16	42,413,355.
	17	Accounts payable and accrued expenses			52,222.	17	59,092.
	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 any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	ficer, dire utor, or 3 rsons	ector, trustee, 5%		22	
	23	Secured mortgages and notes payable to unrelated the				23	
	24	Unsecured notes and loans payable to unrelated third		 -	426,095.	24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	es to rela oplete Pa	ted third parties, rt X of Schedule D.	120,000	25	
	26	Total liabilities. Add lines 17 through 25			478,317.	26	59,092.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	e ►	X			·
lar	27	Net assets without donor restrictions			36,473,432.	27	41,590,949.
Ba	28	Net assets with donor restrictions			1,169,514.	28	763,314.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	eck here	· 🗆	, ,		,
ō	29	Capital stock or trust principal, or current funds				29	
sts	30	Paid-in or capital surplus, or land, building, or equipm				30	
SSE	31	Retained earnings, endowment, accumulated income		_		31	
t A	32	Total net assets or fund balances			37,642,946.	32	42,354,263.
Ne	33	Total liabilities and net assets/fund balances			38,121,263.	33	42,413,355.
<u>-</u>				10/07/20	50,121,205.		Earm 900 (2020)

_	, carriegle council for hearts in	_0,00	<u> </u>		
Pai	TXI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,	380,	908.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,	039,	641.
3	Revenue less expenses. Subtract line 2 from line 1	3	_	658,	733.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	37,	642,	946.
5	Net unrealized gains (losses) on investments.	5	5,	370,	050.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O).	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	42,	354,	263.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				🗌
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain				
	in Schedule O.				
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review	ed on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
ŀ	Were the organization's financial statements audited by an independent accountant?		2	b X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate	ate			
	basis, consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
(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?	,	2	c X	
				C A	-
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single				T
	Audit Act and OMB Circular A-133?		3	а	X
ŀ	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3	b	
BAA	TEEA0112L 10/19/20		For	m 990	(2020)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization Employer identification number Carnegie Council for Ethics in International Affairs, Inc. 13-1573954 **Reason for Public Charity Status.** (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

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						
begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	851,862.	712,870.	432,525.	2,861,450.	808,573.	5,667,280.
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.
	Total. Add lines 1 through 3 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)	851,862.	712,870.	432,525.	2,861,450.	808,573.	5,667,280. 1,676,008.
6	Public support. Subtract line 5 from line 4						3,991,272.
Sec	tion B. Total Support	•	•				,
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	851,862.	712,870.	432,525.	2,861,450.	808,573.	5,667,280.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	671,077.	842,833.	567,862.	751,002.	671,102.	3,503,876.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	,		,		,	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). See Part VI.	328,559.	555,249.	562,709.	2,087.	5,022.	1,453,626.
	Total support. Add lines 7 through 10						10,624,782.
12	Gross receipts from related activ	ities, etc. (see ins	tructions)			12	378,866.
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	ifth tax year as a	section 501(c)(3)	▶ □
Sec	tion C. Computation of Pul	olic Support P	ercentage				
	Public support percentage for 20 Public support percentage from 2						37.57 %
	33-1/3% support test—2020. If the and stop here. The organization	ne organization di	d not check the bo	ox on line 13. an	d line 14 is 33-1/3	wor more, check	36.43 % this box
b	33-1/3% support test—2019. If the and stop here. The organization	e organization did	not check a box	on line 13 or 16a	a, and line 15 is 33	3-1/3% or more, o	check this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts-	meets the facts-ar	nd-circumstances	test, check this I	box and stop here	 Explain in Part 	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and Private foundation. If the organization	meets the facts-ard-circumstances' t	nd-circumstances est. The organiza	test, check this l tion qualifies as	box and stop here a publicly support	Explain in Part ed organization.	VI how the ►

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support	<u> </u>	picase complete	,			
Calend	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)	.,			, ,		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	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						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support		•		1	,	
	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	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						
	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.).						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	ifth tax year as a	section 501(c)(3)	▶ □
	tion C. Computation of Pul					1 1	
	Public support percentage for 20	•	•		-		%
	Public support percentage from 2					16	0/0
	tion D. Computation of Inv						
	Investment income percentage for	•		-	***		0,0
	Investment income percentage fi						%
	33-1/3% support tests—2020. If t is not more than 33-1/3%, check	this box and sto	p here. The organ	ization qualifies a	as a publicly supp	orted organization	▶ ∐
	33-1/3% support tests—2019. If t line 18 is not more than 33-1/3% Private foundation. If the organization	, check this box	and stop here. Th	e organization qu	ialifies as a public	cly supported organ	ization ►

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	NI.
			res	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 lines 3b			
	and 3c 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.	3с		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	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.	4 c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 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		
9а	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? <i>If 'Yes,' provide detail in Part VI.</i>	9b		
С	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.	9с		
l0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer line 10b below.	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		

Pai	t IV	Supporting Organizations (continued)			
				Yes	No
		the organization accepted a gift or contribution from any of the following persons?			
č	the g	son who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, overning body of a supported organization?	11a		
ŀ	A fan	nily member of a person described in line 11a above?	11b		
		controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI .	11c		
Sec	tion I	B. Type I Supporting Organizations	-		
_	5:11			Yes	No
1	or mo office orgar than were	the governing body, members of the governing body, officers acting in their official capacity, or membership of one pore supported organizations have the power to regularly appoint or elect at least a majority of the organization's ears, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported nization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers g the tax year.	1		
2	that o	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sec	tion (C. Type II Supporting Organizations			
				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			
	or ea	ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion I	D. All Type III Supporting Organizations			
		217th Type in Supporting Significations		Yes	No
1	Did th	he organization provide to each of its supported organizations, by the last day of the fifth month of the nization'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	,		
	orgar	nization'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			
	the o	nization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in Part VI how</i> organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice all tin	ason of the relationship described in line 2, above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played is regard.	3		
Sac		E. Type III Functionally Integrated Supporting Organizations	3		
500	don i	L. Type in Functionally integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
á	a 📙 T	he organization satisfied the Activities Test. Complete line 2 below.			
ŀ	ד 🗌 כ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
(: [] T	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	uctions	s).
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
á	suppo orgai	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was onsive to those supported organizations, and how the organization determined that these activities constituted			
		tantially all of its activities.	2a		
ŀ	more reaso	the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the organization's position that its supported organization(s) would have engaged in these activities	2b		
2		or the organization's involvement. Int of Supported Organizations. Answer lines 3a and 3b below.	ZIJ		
		the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of			
•		of the supported organizations? If 'Yes' or 'No,' provide details in Part VI.	3a		
ŀ		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

Pai	付 V □ Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	ınizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain in st complete Sections A	Part VI). See through 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	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):			
ā	Average monthly value of securities	1a		
ŀ	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	I Total (add lines 1a, 1b, and 1c)	1d		
6	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_ 7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated	Type III supporting org	ganization

Schedule A (Form 990 or 990-EZ) 2020

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Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continu	ıed)	
Sec	tion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8	
9	Distributable amount for 2020 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			
BAA		Schedule A (Fo	rm 990 or 990-EZ) 202

Schedule A (Form 990 or 990-EZ) 2020

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section 4, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part II, Line 10 - Other Income

Nature and Source		 2020	 2019	 2018	 2017	 2016
Other Income Management Fee		\$ 5,022.	\$ 2,087.	\$ 93,834. 468,875.	\$ 46,057. 509,192.	\$ 328,559.
-	Total	\$ 5,022.	\$ 2,087.	\$ 562,709.	\$ 555,249.	\$ 328,559.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Carnegie Council for Ethics in International Affairs, Inc. 13-1573954 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... 1 Aggregate value of contributions to (during year). Aggregate value of grants from (during year)...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?... Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit?.... Yes **Conservation Easements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements. 2 a **b** Total acreage restricted by conservation easements. 2 b c Number of conservation easements on a certified historic structure included in (a)..... d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?.... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X..... 850 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1.....

b Assets included in Form 990, Part X.....

Part III Organizations Mainta	ining Collection	ons of Art, Histo	orical	Treasures, or (Other	Similar Ass	ets (c	ontinu	ıed)
3 Using the organization's acquisition items (check all that apply):	, accession, and of	her records, check a	any of t	he following that mal	ke signi	ificant use of its	collectio	n	
a Public exhibition				hange program					
b Scholarly research		e X Other	Ex	hibited at C	orpo	rate Offic	е		
c Preservation for future gener									
4 Provide a description of the organiz Part XIII.									
5 During the year, did the organiza to be sold to raise funds rather the							Yes		X No
Part IV Escrow and Custodia line 9, or reported an					wered	l 'Yes' on Foi	m 99	0, Par	t IV,
1 a Is the organization an agent, trus	stee, custodian or	other intermediary	for co	ntributions or other	assets	s not included	¬v		
on Form 990, Part X? b If 'Yes,' explain the arrangement							Yes	L	No
							Amoun	t	
c Beginning balance									
d Additions during the year									
e Distributions during the year									
f Ending balance					. 1f				
2a Did the organization include an a						- L	Yes	_	No
b If 'Yes,' explain the arrangement	in Part XIII. Ched	ck here if the expla	nation	has been provided	on Pa	rt XIII		· · · · · L	
Dort V Fredominant Fredo C				rad IV. al an Fam	000	David IV / 15:00	. 10		
Part V Endowment Funds. C									
1 a Beginning of year balance	(a) Current year	(b) Prior yea		(c) Two years back		Three years back		Four years	
b Contributions	34,480,01	7. 33,180,1 1,690,8		33,492,371		3,104,432. 1,000,000.	30	<u>,655,</u>	1/2.
		1,090,0	555.		<u> </u>	1,000,000.			
c Net investment earnings, gains, and losses	6,415,10	7. 358,9	994	1,262,799		2,137,939.	4	,236,	474
d Grants or scholarships	0,110,10	7. 000/3	,,,,,,	1,202,133		2,10,,505.	1	/ 200/	
e Other expenditures for facilities									
and programs	2,058,73	8. 750,0	000.	1,575,000	•	1,750,000.	1	,787,	214.
f Administrative expenses									
g End of year balance	,,			33,180,170		<u>4,492,371.</u>			250.
2 Provide the estimated percentage	-	•	ne 1g,	column (a)) held as	S:				
a Board designated or quasi-endowm		<u>.00.00</u> %							
b Permanent endowment ►	% %								
c Term endowment ►		1000/							
The percentages on lines 2a, 2b, and	na zc snoula equal	100%.							
3 a Are there endowment funds not in t	the possession of the	ne organization that	are hel	d and administered f	or the		ſ		
organization by: (i) Unrelated organizations							2-45	Yes	No
(ii) Related organizations							3a(i)		X
b If 'Yes' on line 3a(ii), are the rela							_ ` `		Х
4 Describe in Part XIII the intended	-						วม		
		IIIZation's endowin	ent iui	ius.					
Part VI Land, Buildings, and Complete if the organi		od Wool on For	m 00	0 Dort IV line :	11. (Soo Form 000) Dor	4 V 16	na 10
Description of property	(a) (Cost or other basis (investment)	(b)	Cost or other pasis (other)	(c) A dep	ccumulated preciation	(d)	Book va	alue
1 a Land				19,500.				19	,500.
b Buildings				4,234,281.	4	,234,281.			0.
c Leasehold improvements				1,488,209.	1,	,004,786.		483	,423.
d Equipment				425,469.		394,958.		30	,511.
e Other				226,617.		222,290.		4	,327.
Total Add lines 1a through 1e (Colum	nn (d) must equal	Form 990 Part X	colum	n (R) line 10c)		•		527	761

BAA

537, 761. Schedule D (Form 990) 2020

	ription of security or category (including name of security)	(b) Book value	O, Part IV, line 11b. See Form (c) Method of valuation: Cost or end	
(1) Financ	ial derivatives	(b) book value	(C) Method of Valuation. Cost of end	u-or-year market value
	held equity interests.			
	Limited Partnerships		End of Year Market Val	116
			End of fedf fidthee var	40
(A) (B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(l) -		0 100 050		
	nn (b) must equal Form 990, Part X, column (B) line 12.) >	2,138,858.	N / 2	
Part VIII	Investments – Program Related. Complete if the organization answered	'Yes' on Form 990	N/A D. Part IV. line 11c. See Form	990. Part X. line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) (10)				
	nn (b) must equal Form 990, Part X, column (B) line 13.) 🟲			
Part IX	Other Assets.	N/A		
	Complete if the organization answered		0, Part IV, line 11d. See Form	990 Part X line 15
(1)	(a) De:	scription		(b) Book value
(1)	(a) De:	scription		
(1) (2) (3)	(a) De:	scription		
(2) (3) (4)	(a) De:	scription		
(2) (3) (4) (5)	(a) De:	scription		
(2) (3) (4) (5) (6)	(a) De:	scription		
(2) (3) (4) (5) (6) (7)	(a) De:	scription		
(2) (3) (4) (5) (6)	(a) De:	scription		
(2) (3) (4) (5) (6) (7) (8)	(a) De:	scription		
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co	lumn (b) must equal Form 990, Part X, column (l			
(2) (3) (4) (5) (6) (7) (8) (9) (10)	lumn (b) must equal Form 990, Part X, column (b) Other Liabilities.	3) line 15.)		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co.	Jumn (b) must equal Form 990, Part X, column (b) Other Liabilities. Complete if the organization answered 'Yes' on F	3) <i>line 15.)</i> orm 990, Part IV, line 1		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co.	Jumn (b) must equal Form 990, Part X, column (b) Complete if the organization answered 'Yes' on F	3) line 15.)		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co. Part X 1. (1) Fede	Jumn (b) must equal Form 990, Part X, column (b) Other Liabilities. Complete if the organization answered 'Yes' on F	3) <i>line 15.)</i> orm 990, Part IV, line 1		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co.) Part X 1. (1) Fede (2) (3)	Jumn (b) must equal Form 990, Part X, column (b) Complete if the organization answered 'Yes' on F	3) <i>line 15.)</i> orm 990, Part IV, line 1		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co. Part X 1. (1) Fede (2) (3) (4)	Jumn (b) must equal Form 990, Part X, column (b) Complete if the organization answered 'Yes' on F	3) <i>line 15.)</i> orm 990, Part IV, line 1		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X 1. (1) Fede (2) (3) (4) (5)	Jumn (b) must equal Form 990, Part X, column (b) Complete if the organization answered 'Yes' on F	3) <i>line 15.)</i> orm 990, Part IV, line 1		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X 1. (1) Fede (2) (3) (4) (5) (6)	Jumn (b) must equal Form 990, Part X, column (b) Complete if the organization answered 'Yes' on F	3) <i>line 15.)</i> orm 990, Part IV, line 1		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X 1. (1) Fedel (2) (3) (4) (5) (6) (7)	Jumn (b) must equal Form 990, Part X, column (b) Complete if the organization answered 'Yes' on F	3) <i>line 15.)</i> orm 990, Part IV, line 1		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X 1. (1) Feder (2) (3) (4) (5) (6) (7) (8)	Jumn (b) must equal Form 990, Part X, column (b) Complete if the organization answered 'Yes' on F	3) <i>line 15.)</i> orm 990, Part IV, line 1		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co. Part X 1. (1) Fede (2) (3) (4) (5) (6) (7) (8) (9)	Jumn (b) must equal Form 990, Part X, column (b) Complete if the organization answered 'Yes' on F	3) <i>line 15.)</i> orm 990, Part IV, line 1		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X 1. (1) Feder (2) (3) (4) (5) (6) (7) (8)	Jumn (b) must equal Form 990, Part X, column (b) Complete if the organization answered 'Yes' on F	3) <i>line 15.)</i> orm 990, Part IV, line 1		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co. Part X 1. (1) Fede (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	Jumn (b) must equal Form 990, Part X, column (b) Complete if the organization answered 'Yes' on F	3) line 15.)orm 990, Part IV, line 1 iption of liability	1e or 11f. See Form 990, Part X, line 2	(b) Book value

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	ı
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	7,717,220.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
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	5,370,050.
3 Subtract line 2e from line 1	3	2,347,170.
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	33,738.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,380,908.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retui	rn
		1111
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	. total	
	1	3,005,903.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	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:	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	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. 2 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.)	1	3,005,903.
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 2e	
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 33,738.	1 2e 3	3,005,903.
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 Amounts included on Part XIII.) 4 Other (Describe in Part XIII.) 4 Dother (Describe in Part XIII.) 4 Amounts included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part VIII, line 7b.	1 2e 3	3,005,903.
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	3,005,903. 3,005,903.
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 Amounts included on Part XIII.) 4 Other (Describe in Part XIII.) 4 Dother (Describe in Part XIII.) 4 Amounts included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part VIII, line 7b.	2 e 3	3,005,903.

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 - FASB ASC 740 Footnote

The Organization does not believe its financial statements include any material, uncertain tax positions. Tax filings for years ended June 30, 2018 and later are subject to examination by applicable taxing authorities.

BAA Schedule D (Form 990) 2020

SCHEDULE I (Form 990)

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service ► Go to www.irs.gov/Form990 for the latest information.								Inspection
Name of the organization	Carnegie Coun International	ncil for Ethic Affairs, Inc	s in				Employer identified 13-157395	
Part I General I	nformation on G	rants and Assist	ance				•	
the selection cri	teria used to award t	he grants or assistan	ce?	assistance, the granteesnds in the United States.			Part IV	X Yes No
				and Domestic Gov nore than \$5,000. I				
1 (a) Name and ad or go	dress of organization vernment	(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
<u>(1)</u>								
(2)								
(3)								
<u>(4)</u>								
(5)								
<u>(6)</u>								
(7)								
<u>(8)</u>								
2 Enter total numb	per of section 501(c)	(3) and government o	organizations listed	in the line 1 table	<u> </u>		· · · · · · · · · · · · · · · · · · ·	. 0

3 Enter total number of other organizations listed in the line 1 table.

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		131,523.			
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

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

Par	t I Questions Regarding Compensation	·			
				Yes	No
1 a	Check the appropriate box(es) if the organization provided any overlap of the section A, line 1a. Complete Part III to provide any release to the section A , line 1a. Complete Part III to provide any release to the section A , line 1a.	of the following to or for a person listed on Form 990, Part evant 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)			
		T croonar services (such as maid, chauncur, chery			
k	If any of the boxes on line 1a are checked, did the organization reimbursement or provision of all of the expenses described	follow a written policy regarding payment or d above? If 'No,' complete Part III to explain	1 b		
2	Did the organization require substantiation prior to reimburs trustees, and officers, including the CEO/Executive Director	sing or allowing expenses incurred by all directors, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to executive Director. Check all that apply. Do not check any establish compensation of the CEO/Executive Director, but	establish the compensation of the organization's CEO/ boxes for methods used by a related organization to explain in Part III.			
	X Compensation committee	Written employment contract			
	Independent compensation consultant	X Compensation survey or study			
	X Form 990 of other organizations	X Approval by the board or compensation committee			
	<u></u>	<u> </u>			
4	During the year, did any person listed on Form 990, Part VI organization or a related organization:	II, Section A, line 1a, with respect to the filing			
a	Receive a severance payment or change-of-control payment	nt?	4 a		X
Ł	Participate in or receive payment from a supplemental none	qualified retirement plan?	4 b		Х
C		npensation arrangement?	4 c		Χ
	If 'Yes' to any of lines 4a-c, list the persons and provide the	e applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organization	ons must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did contingent on the revenues of:	the organization pay or accrue any compensation			
	•		5 a		Χ
k			5 b		X
	If 'Yes' on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did contingent on the net earnings of:	the organization pay or accrue any compensation			
a	The organization?		6 a		Χ
t	Any related organization?		6 b		Χ
	If 'Yes' on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a payments not described on lines 5 and 6? If 'Yes,' describe	a, did the organization provide any nonfixed in Part III.	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or	accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations se	ction 53.4958-4(a)(3)?	8		v
			0		X
9	If 'Yes' on line 8, did the organization also follow the rebuttable section 53 4958 6(c)?	presumption procedure described in Regulations			

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

Schedule J (Form 990) 2020

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.

(i) Base compensation (ii) Bonus & incentive compensation (iii) Other reportable compensation (iii) Ot	pensation umn (B)
1 President (i) 0. 0. 0. 0. 0. 0. 0. 0	rted as d on prior m 990
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16 (ii) TEFM102 09/5/20 Soledida 1/Form	

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Schedule J (Form 990) 2020

Part III Supplemental Information

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

SCHEDULE 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.

2020

OMB No. 1545-0047

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

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/executive committee and provided edits to the tax preparer. After this process was performed, the form 990 was sent to the full board of directors prior to being filed with the IRS.

Form 990, Part VI, 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

Periodically, 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 withing these ranges. After deliberation of this matter, a multi-year proposed salary and benefit package is voted on. In addition, each year the executive committee reviews the performance of the executive director to assess performance under the contract and achievement of established goals. The minutes of the board of directors reflect the nature of this process.

Name of the organization Carnegie Council for Ethics in	Employer identification number
	13-1573954

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 study and reviews the performance of the other officers 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 19 - Other Organization Documents Publicly Available

Available upon request.

Form 990, Part IX, Line 11g Other Fees For Services

	()	A)		(B)		(C)	(D)
				rogram		nagement	Fund-
=	To	<u>tal</u>	Se	<u>ervices</u>	_&	<u>General</u>	 <u>raising</u>
	37	3,649.		224,761.		134,514.	14,374.
Total S	\$ 37	73,649.	\$	224,761.	\$	134,514.	\$ 14,374.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► 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.

2020

OMB No. 1545-0047

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

(a) Name, address, and EIN (if applicable) of disregarded enti	ty Primary a	activity Legal	(c) Legal domicile (state or foreign country)		(d) Total income		(e) End-of-year assets		(f) Direct control entity	
<u>(1)</u>										
(2)										
(3)										
Part II Identification of Related Tax-Exempt Org had one or more related tax-exempt organ	anizations. Completed in the temperature that the temperature is a second contract to the temperature in the temperature is a second contract to the second contract to th	e if the organizatax ax year.	ion answere	d 'Yes'	on Form 990), Part	IV, line 34,	becaus	se it	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (st	(d) ate Exempt	Code Public chari		atatus	(f) Direct contro	lling	(g) ng Sec 512(b)(13	
Name, address, and Ein or related organization	Primary activity	or foreign country	y) Exempl y) section		(if section 501(c)(3		entity	oning	controlled	i entity?
									Yes	No
(1) Carnegie Council Fund Inc. 170 East 64th Street										
New York, NY 10065										
13-4185528 (2)	Support	NY	501 (c) (3)	12		N/A			X
(3)										
<u></u>										

Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered 'Yes' on Form 990, Part IV, line 34,
	because it had one or more related organizations treated as a par	tnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections	(f) Share of total income	(g) Share of end-of-year assets	(h) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		managing		(k) Percentage ownership	
		country)		512-514)			Yes	No	1065)	Yes	No	
<u>(1)</u>												
(2)												
<u>(3)</u>												_

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	Sec 512 controlled) (b)(13) d entity?
		country)	Critity	or trusty				Yes	No
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Part V Transactions With Related Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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?		res	NO
١.		1.		37
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	1a		X
	Gift, grant, or capital contribution to related organization(s)	1 b		X
	Gift, grant, or capital contribution from related organization(s).	1 c		X
	1 Loans or loan guarantees to or for related organization(s).	1 d		Χ
•	Loans or loan guarantees by related organization(s)	1 e		X
	Dividends from related organization(s)	1 f		X
•	g Sale of assets to related organization(s)	1 g		X
	Purchase of assets from related organization(s)	1 h		X
	Exchange of assets with related organization(s)	1i		Χ
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Χ
ŀ	C Lease of facilities, equipment, or other assets from related organization(s)	1 k		Χ
ı	Performance of services or membership or fundraising solicitations for related organization(s).	11	Χ	
r	n Performance of services or membership or fundraising solicitations by related organization(s)	1 m		Χ
r	1 Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Χ
(Sharing of paid employees with related organization(s)	1 o		Χ
r	Reimbursement paid to related organization(s) for expenses	1 p		Х
•	Reimbursement paid by related organization(s) for expenses.	1 q		X
r	Other transfer of cash or property to related organization(s)	1r		Χ
	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.	.,,	ļ	71
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	type (a-s) ar	nount	involve	ed
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4)				
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6)				
ΑΑ	TEFA5003L 07/15/20 Schedule R	(Form	1 990)	2020

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)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?		Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	box managin dule partner?		(k) Percentage ownership
			from tax under sections 512-514)	Yes	No			Yes	No	(Yes	No	<u> </u>
<u>(1)</u>													
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Part VII Supplemental Information

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