

Short Form

OMB No. 1545-1150

Form **990-EZ****Return of Organization Exempt From Income Tax**

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

2017**Open to Public Inspection**

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning January 1, 2017, and ending December 31, 2017										
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization CARTHA</td> <td>D Employer identification number 20-5547610</td> </tr> <tr> <td colspan="2">Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 85 Leamer Court</td> <td>E Telephone number 319-248-9625</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code Iowa City, IA 52246-3202</td> <td>F Group Exemption Number ▶</td> </tr> </table>	C Name of organization CARTHA		D Employer identification number 20-5547610	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 85 Leamer Court		E Telephone number 319-248-9625	City or town, state or province, country, and ZIP or foreign postal code Iowa City, IA 52246-3202		F Group Exemption Number ▶
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City or town, state or province, country, and ZIP or foreign postal code Iowa City, IA 52246-3202		F Group Exemption Number ▶								
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶										
I Website: ▶ www.cartha.org										
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527										
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other										
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$										

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)		
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>		
Revenue	1 Contributions, gifts, grants, and similar amounts received	1 30,075
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3
	4 Investment income	4
	5a Gross amount from sale of assets other than inventory 5a	
	b Less: cost or other basis and sales expenses 5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a	
Expenses	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b	
	c Less: direct expenses from gaming and fundraising events 6c	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d	
	7a Gross sales of inventory, less returns and allowances 7a	
	b Less: cost of goods sold 7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c	
	8 Other revenue (describe in Schedule O) 8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ 9 30,075	
	10 Grants and similar amounts paid (list in Schedule O) 10 1,000	
	11 Benefits paid to or for members 11	
Net Assets	12 Salaries, other compensation, and employee benefits 12	
	13 Professional fees and other payments to independent contractors 13	
	14 Occupancy, rent, utilities, and maintenance 14	
	15 Printing, publications, postage, and shipping 15 128	
	16 Other expenses (describe in Schedule O) 16 11,316	
	17 Total expenses. Add lines 10 through 16 ▶ 17 12,444	
	18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 17,631	
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 2,325		
20 Other changes in net assets or fund balances (explain in Schedule O) 20 -33		
21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ 21 19,923		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2017)

Check if the organization used Schedule O to respond to any question in this Part II ☒

Check if the organization used Schedule O to respond to any question in this Part IV ☒

Form **990-EZ** (2017)

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☒

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		
b Did the organization file Form 1120-POL for this year?	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	✓
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	✓
41 List the states with which a copy of this return is filed ▶ Iowa		
42a The organization's books are in care of ▶ Usha Balakrishnan, President/CEO, CARTHAI Telephone no. ▶ 319-248-9625 Located at ▶ 85 Leamer Court, Iowa City, IA 52246 ZIP + 4 ▶ 52246-3202		
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)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	✓
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶	42c	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	✓

- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		✓

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47** 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

	Yes	No
47		✓

- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		✓

- 49a** Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		✓

- b** If "Yes," was the related organization a section 527 organization?

	Yes	No
49b		

- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 **0**

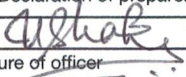
- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 **0**

- 52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ☒ **Yes** ☐ **No**

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

Sign Here		April 24, 2018
	Signature of officer	Date
	Usha R Balakrishnan, President/CEO, CARTHA	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

May the IRS discuss this return with the preparer shown above? See instructions ☐ **Yes** ☐ **No**

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

2017

**Open to Public
Inspection**

Name of the organization

Employer identification number

CARTHA

20-5547610

Part I 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.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 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.)
- 9 ☐ 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 university: _____
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a ☐ **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.**
 - 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.**
 - 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.**
 - d ☐ **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.**
 - e ☐ 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.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2100	19510	6964	4277	30075	62926
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3	2100	19510	6964	4277	30075	62926
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						4742
6 Public support. Subtract line 5 from line 4						58184

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	2100	19510	6964	4277	30075	62926
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	0	0	0	0	0	0
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						62926
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	92 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	63 %
16a 33¹/₃% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 ¹ / ₃ % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33¹/₃% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 ¹ / ₃ % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule of Contributors

OMB No. 1545-0047

2017

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

CARTHA

Employer identification number

20-5547610

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization CARTHA	Employer identification number 20-5547610
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Arnold and Meenal Menezes (incl \$5,000 RMD via US Bancorp) 205 Auburn East Lane Coralville, IA 52241-2682	\$ 6000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

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Name of the organization

CARTHA

Employer identification number

20-5547610

See attached

Schedule O Attachment to Form 990EZ Tax Return for 2017

Response to Form 990EZ-Part I, Line 10, Grants and similar amounts paid

- Expenses of \$1,000 relate to sponsorship support of two events at \$ 500 each, one being the 50th anniversary celebration of the International Writing Program and the other being a community conference held in September 2017.

Response to Form 990EZ-Part I, Line 16, Other expenses

- Two major Glocalizer events were held to launch the new CARTHA-Iowa Corridor Sangeet (ICS) Partnership Programs focusing on Bollywood-related musical concerts that combined educational and historical features. Each event was free and open to the public, and these events were enthusiastically attended by around 300 people: The kick-off event was held on October 30 at the Coralville Center for the Performing Arts—"Gaata Rahe Mera Dil" featured famed music director S.D. Burman's melodic songs performed by Drishti Arts, LLC; and the second event held on November 17 at City High School Auditorium focused on 50 Years of Bollywood performed by Samir & Dipalee, Inc. Enormous volunteer time was invested by dozens of people to make these programs happen under the leadership of Nitin Karandikar who is a CARTHA Ambassador and the Founding Director of this ICS Partnership Program. Each event's cost was around \$5,000 and adding related program expenditures, the total program expenditures for 2017 were \$11,316.

Responses to Form 990EZ-Part III: Program Service Accomplishments

CARTHA ("Collaborative Arts in Research Translation for Human Advancement") designs and sponsors academic-practitioner fellowships, and intergenerational Glocalizers focused on Social Innovation, Diaspora Givers, and Healthfulness. Volunteers tend to usually self-select themselves into CARTHA through key question: *What are your aspirations for humanity?*

OUTREACH/SPEAKING ENGAGEMENTS IN 2017

- CARTHA Founder was recognized with the 2016 Community Service Award from the Indian Association of Iowa City Area at the Indian Harvest Festival event on February 20 that was attended by around 400 people.
- Serving in her role as president of the Iowa City Noon Rotary Club and as a member of the RAG4Clubfoot organization as well as a 2001-2002 graduate of the ABI Leadership Iowa Program, Balakrishnan hosted the entire 2016-2017 Leadership Iowa Program class and staff members (approximately 40 individuals) at the Rotary meeting on March 2.
- Balakrishnan delivered an invited speech on May 3 at the Corridor Business Journal's 90 Ideas in 90 Minutes event. She highlighted in her speech the value of serendipity in the building of friendships and relationships that then have the opportunity to be translated into wonderful collaborations, including for the purposes of advancing humanitarian causes.
- Balakrishnan participated on the planning committee for a September 25-26, 2017 conference that was spearheaded by Dr. Resmiye Oral who directs the Child Protection Program at the University of Iowa Hospitals & Clinics. The conference had over 150 attendees to address the health impacts of rising ACE (Adverse Childhood Experiences) scores and how to promote resiliency through a Trauma Informed Care approach. Attendees included academics and practitioners who were medical and public health professionals, social workers, and nursing professors.

GLOCALIZERS & FELLOWSHIPS IN 2017

- CARTHA Founder Usha Balakrishnan's service as president of the Iowa City Noon Rotary Club continued in the first half of 2017 and several local as well as global humanitarian projects were featured during weekly programs as a means to highlight the work of Collaborative Doers and stress the importance of cross-sector partnerships, exchanges, and understanding between people of different professions and age-groups. CARTHA Fellow and Rotarian Casey Kidwell (University of Iowa law student) successfully garnered a Rotary District 6000 grant which then allowed for the installation of blue Rotary bike racks in three prominent and high-traffic areas in downtown Iowa City with in-kind support from the City of Iowa City. This project received phenomenal visibility on social media in May 2017 with a timely visit to Iowa City by Jennifer Jones, Vice President and Director of Rotary Intl.
- As an ongoing part of CARTHA's 10th anniversary celebrations, we joined as sponsors and participated as collaborators in the International Writing Program's 50th anniversary celebrations, in particular, the October 10 panel on which CARTHA founding Board Member Yvonne Owuor (a writer from Kenya, and IWP 2005) spoke eloquently.
- Between September through December of 2017, primarily through our collaboration with CARTHA Ambassador Nitin Karandikar, we excitedly were able to launch a brand new CARTHA-Iowa Corridor Sangeet Partnership. In addition to donor families and local event sponsors who provided the initial seed funds, we were also able to successfully articulate the vision to combine the power of music-making and memory-making for greater healthfulness as well as social connectedness through a series of musical programs in the Iowa City – Cedar Rapids Corridor area that included Bollywood songs and history of famous musicians and film directors as well as Indian classical vocalists. The Humanities Iowa Council awarded CARTHA with a \$10,000 grant for 2018-19 in support of this Partnership Program.

AGENCY ENDOWMENT FUND: The CARTHA Fund to support Partnerships in Social Innovation (an Agency Endowment Fund at the Community Fndn of Johnson County-Iowa) stands at \$6,942.48 as of December 31, 2017.

Response to Part IV: List of Officers, Directors, Trustees of CARTHA

- **Usha Balakrishnan, Founder, President/CEO, and Board Chair since 2006**
85 Leamer Court, Iowa City, IA 52246 / Email: usha.balakrishnan@gmail.com
- **Assata Caldwell – Board Member since 2016**
6703 Tennessee Dr SW, Cedar Rapids, IA 52404 / Email: assata@legacybiostudios.com
- **Linda Harrar – Board Member since 2012**
10 Oxbow Road, Wayland, MA 01778 / Email: ldharrar@aol.com
- **Judith Leavitt – Board Member since 2016**
2209 Jessica Lane, Coralville, IA 52241 / Email: Leavitt.j47@gmail.com
- **Horacio Olivo – Board Member since 2016**
2345 Macbride Drive, Iowa City, IA 52246 / Email: horacio-olivo@uiowa.edu
- **Roger Williamson – Board Member since 2016**
4235 Turkey Creek Rd NE, Iowa City, IA 52240 / Email: roger-williamson@uiowa.edu
- **Anu Subramanian since 2016**
139 Penfro Drive, Iowa City, IA 52246 / Email: subramanian.anu@gmail.com

Response to Part V: Lines 35a and 35b

CARTHA did not receive any unrelated business income in 2017.