	Return of Organization Exempt From Inco	ome Tax	20
Form	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (excep		20
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	of organization	D Employer identification num	mber
Check if applicable THE	CARTER, CENTER INC.		

Form **8879-EO** 

OMB No. 1545-1878

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning 09/01, 2019, and ending 08/31

Do not send to the IRS. Keep for your records. 20 201 Department of the Treasury Part I 3 3 M Part II

# Cumulative e-File History 2019

### Federal

Tax Return Return Type

3342HM 990

**Taxpayer**THE CARTER CENTER, INC.

Account
1985

**Submitted Date** 2021-07-14 17:15:52

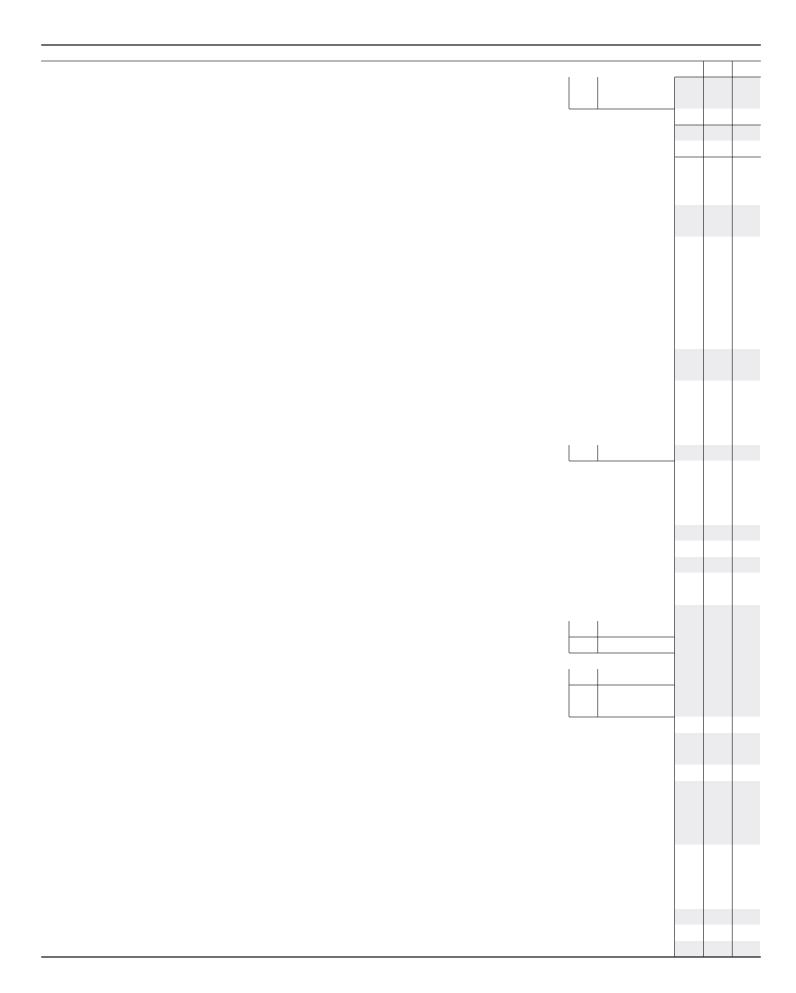
**Acknowledgement Date** 2021-07-14 17:29:23

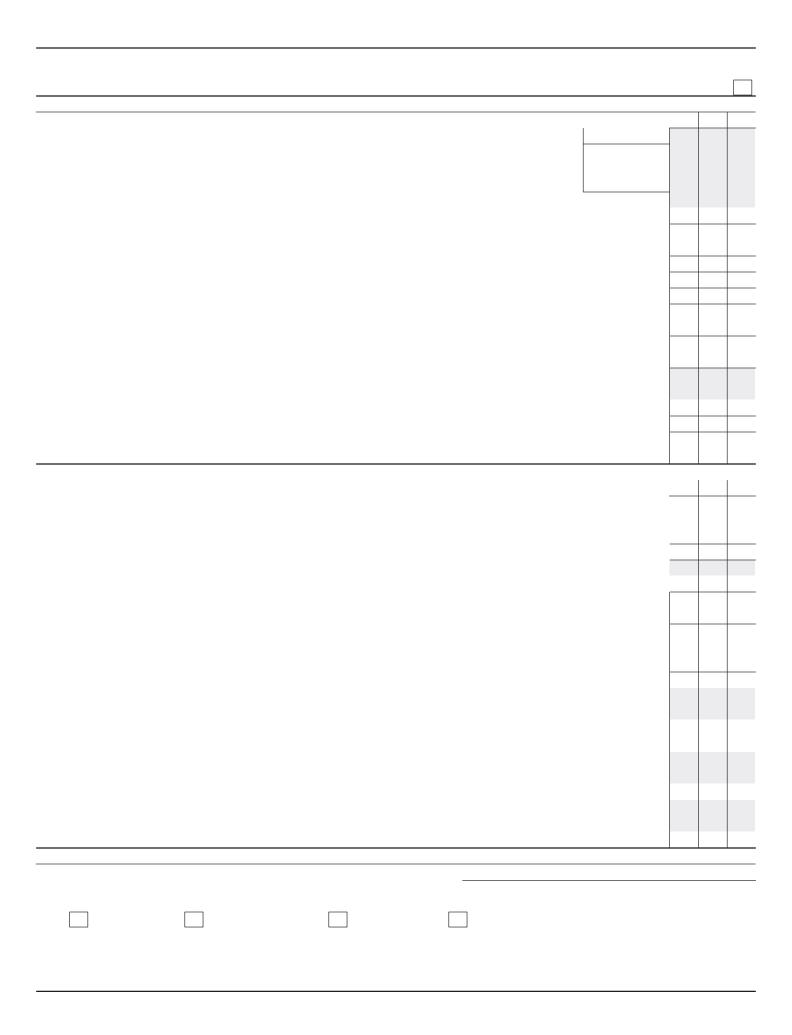
**Status** Accepted

**Submission ID** 56038220211955000007

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				_			-

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	A	1	А
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? If "Yes," complete Schedule J	23	A	
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 Dacember 31, 2002? If "Yas," answer lines 34b through 24d and complete Schedule K. If "No," go to line 25a	44	$ \wedge $	Α_,
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escription account other than a refunding escription at any time during the year	<b>24</b> b		
C	to defease any tax-exempt bonds? A A A A A A A A A A A A A A A A A A A	<b>A</b> 4c	A	l A
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? A	<b>2</b> 4d	A	<i> </i>
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefits	05-	Δ	Δ
b	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I A Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		
		25b		
26				
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29		29		
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990 (2019)	Page /

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

Section A. Officers, Directors, Trustees, K ey Employees, and Highest Compensated Employees

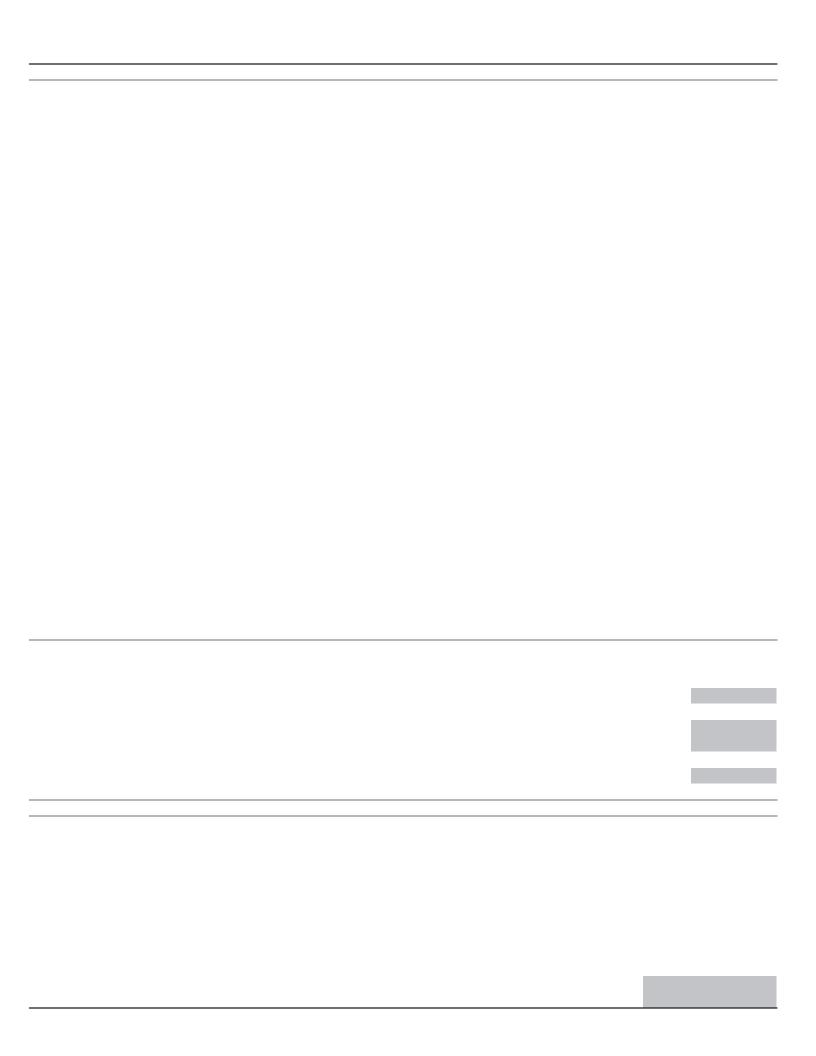
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

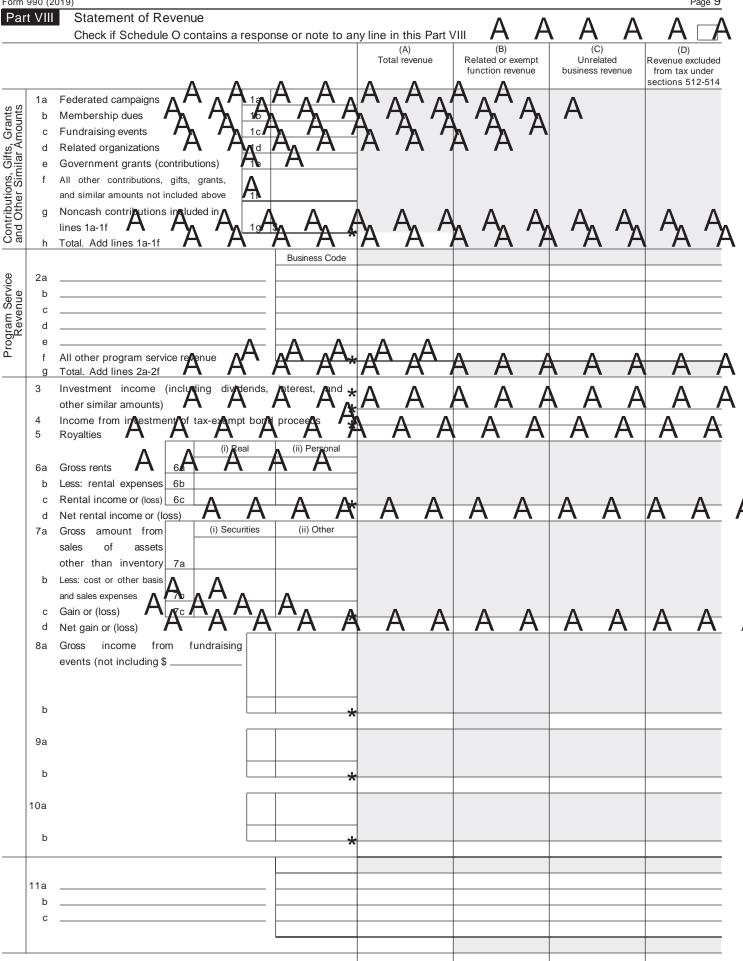
List all of the organization's current key employees, if any. See instructions for definition of "key employee."

List the organization's five current highest compensated employees (other than anye(s, 04100w7 -1.28-611.4(Scrl.8(an)-5w)27. 0 l t8.3

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employee							Employees	es (continued)				
	(A) Name and title	(B) Average hours per week (list any	(do r box,	not ch unles	Posineck ss pe	;) ition more rson	e than o is both or/trus	one an	(D) Reportable	(E)	(F) o)0(m)90)-170417312st1(	[e)]T
		hours for related organizations below dotted line)	Onice			iii eett	0171143					



Page 9 Form 990 (2019)



Form 990 (2019) Page 10

Part IX Statement of Functional Expenses				Page I
Section 501(c)(3) and 501(c)(4) organizations mu			ons must complete co	Plumn (A).
Check if Schedule O contains a response not include amounts reported on lines 6b, 7b,	onse or note to any III		(C)	(D)
8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(0)	
				-
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Form 990 (2019) Page 12

1 01111 3	00 (2013)		rage rz	
Part	XI Reconciliation of Net Assets			^
	Check if Schedule O contains a response or note to any line in this Part X A A A A	$\leftarrow$	_ <i>L</i> _	\ <i>F</i>
1	Total revenue (must equal Part VIII, column (A), line 12)	<i>∱</i>	\ <i>/</i> _	<i>\</i>
2	Total expenses (must equal Part IX, column (A), line 25)	<del>1</del> Λ Η	$\setminus_{\Lambda}$ $\vdash$	$^{\lambda}_{\Lambda}$
3	Revenue less expenses. Subtract line 2 from line 1	$\mathbf{A}^{A}$	$H^{\Lambda}$	H
4	Net assets or fund balances at beginning of year (must equal Part X line 32 column (A))	<u> </u>	<b>-</b> ₹	, V
5	Net unrealized gains (losses) on investments 7 7 7 7 7 7 7 7	<b>-</b> ∕7\-	-7	7
6	Donated services and user of facilities	<del>\</del>	<b>─</b> ∕∧	· 7
7	Investment expenses $A_{\Lambda}A_{\Lambda}A_{\Lambda}A_{\Lambda}A_{\Lambda}A_{\Lambda}A_{\Lambda}A_{\Lambda}$	$\sqrt{\nabla}$	$\Lambda$	ΛΛ
8	Prior period adjustments A A A A A A A A A A A A A A A A A A A	$\Delta$	$\Delta$	$\Delta$
9	Other changes in net assets or fund balances (explain on Schedule O) A A A 9 A			$\overline{}$
10	Net assets or fund balances at end of year. Combine lines 3 through (must Aqual Part X, line) 32, column (B))	<u> </u>	<u> </u>	Α
Part	XII Financial Statements and Reporting $\Lambda$ $\Lambda$	Λ		Λ
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u></u>	
		Ye	s No	
1	Accounting method used to prepare the Form 990: Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.	$\setminus$	^	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a <b>A</b>		\ /
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate hasis			_
h	Were the organization's financial statements audited by an independent accountant?	A	А	Α
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			<i>,</i> ,
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			Δ.
C	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2	A	Α
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O.			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	Λ	Δ	Λ
	Single Audit Act and OMB Circular A-133? A A A A A A A A A A A A A A A A A A	A	_A_	А
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
		3b		

#### SCHEDULE A (Form 990 or 990-EZ)

# Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1)

Attach to Form 990 or Form 990-EZ.

nonexempt charitable trust.

Employer identification number

OMB No. 1545-0047

eczb

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-E2.

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

Open to Public Inspection

Part I	Reason for Public Chari	ty Status (All	organizations must c	omplete th	is part.) Se	ee instructions.	
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	1						
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Part	IV	Supporting Organizations	(continued)		
				Yes	No
11	Has	the organization accepted a g	ift or contribution from any of the following persons?		
	Аре	erson who directly or indirectly	controls, either alone or together with persons described in (b) and (c)		
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Part V	Type III Non-Functionally Integrated 509(a)(3) Supporting Organization	ns	
·			

Page 7

Section D - Distributions  1. Amounts paid to supported organizations to accomplish exempt purposes  2. Amounts paid to perform activity that directly furthers exempt purposes of supported organizations. In excess of income from activity  3. Administrative expenses paid to accomplish exempt purposes of supported organizations  4. Amounts paid to acquire exempt-use assets  5. Qualified set-asicia amounts (prior IRS approval required)  6. Other distributions (describe in Part VI). See instructions.  7. Total amount distributions. Add lines 1 through 6.  8. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.  9. Distributable amount for 2019 from Section C, line 6  10. Line 8 amount divided by line 9 amount  8. Section E - Distribution Allocations (see instructions)  9. Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.  9. Excess distributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.  9. Excess distributions carryover, if any, to 2019  From 2016  From 2017  4.   4.   4.   4.   4.   4.   4.   4.	Part '	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)									
Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity  Administrative expenses paid to accomplish exempt purposes of supported organizations  Amounts paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval required)  Other distributions (describe in Part VI). See instructions.  Total annual distributions. Add lines 1 through 6.  Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.  Distributable amount for 2019 from Section C, line 6  Line 8 amount divided by line 9 amount  Section E - Distribution Allocations (see instructions)  Underdistributions Pre-2019  Distributable amount for 2019 from Section C, line 6  Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.  Excess distributions carryover, if any, to 2019 From 2014 From 2015 From 2016 From 2017	Section D - Distributions										
organizations, in excess of income from activity  Administrative expenses paid to accomplish exempt purposes of supported organizations  Amounts paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval required)  Other distributions (describe in Part VI). See instructions.  Total annual distributions. Add lines 1 through 6.  Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.  Distributable amount for 2019 from Section C, line 6  Line 8 amount divided by line 9 amount  Section E - Distribution Allocations (see instructions)  Distributable amount for 2019 from Section C, line 6  Distributable amount for 2019 from Section C, line 6  Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.  Excess Distributions carryover, if any, to 2019  From 2014  From 2015  From 2016  From 2017	1										
Administrative expenses paid to accomplish exempt purposes of supported organizations  Amounts paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions.  Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.  Distributable amount for 2019 from Section C, line 6  Line 8 amount divided by line 9 amount  Section E - Distribution Allocations (see instructions)  Distributable amount for 2019 from Section C, line 6  Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.  Distributions arryover, if any, to 2019 From 2014 From 2015 From 2016 From 2017	2										
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6 Other distributions (describe in Part VI). See instructions.  7 Total annual distributions. Add lines 1 through 6.  8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.  9 Distributable amount for 2019 from Section C, line 6  10 Line 8 amount divided by line 9 amount  Section E - Distribution Allocations (see instructions)  1 Distributable amount for 2019 from Section C, line 6  2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.  3 Excess distributions carryover, if any, to 2019  From 2014  From 2015  From 2016  From 2017	4										
7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount  Section E - Distribution Allocations (see instructions)  1 Distributable amount for 2019 from Section C, line 6 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2019 From 2014 From 2015 From 2016 From 2017	5										
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(provide details in Part VI). See instructions.  9 Distributable amount for 2019 from Section C, line 6  10 Line 8 amount divided by line 9 amount  Section E - Distribution Allocations (see instructions)  1 Distributable amount for 2019 from Section C, line 6  2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.  3 Excess distributions carryover, if any, to 2019  From 2014  From 2015  From 2016  From 2017	7										
9 Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount  Section E - Distribution Allocations (see instructions)  1 Distributable amount for 2019 from Section C, line 6 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.  3 Excess distributions carryover, if any, to 2019 From 2014 From 2015 From 2016 From 2017	8		the organization is resp	oonsive							
Line 8 amount divided by line 9 amount  Section E - Distribution Allocations (see instructions)  Instributable amount for 2019 from Section C, line 6  Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.  Excess distributions carryover, if any, to 2019  From 2014  From 2015  From 2017											
Section E - Distribution Allocations (see instructions)    Continuous continu	9	<u> </u>									
Section E - Distributions (see instructions)    Distributable amount for 2019 from Section C, line 6	10	Line 8 amount divided by line 9 amount									
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.  3 Excess distributions carryover, if any, to 2019 From 2014 From 2015 From 2016 From 2017		Section E - Distribution Allocations (see instructions)		Underdistributions	Distributable						
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instructions.  3 Excess distributions carryover, if any, to 2019 From 2014 From 2015 From 2016 From 2017	2										
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Schedule A (Form 990 or 990-EZ) 2019 Page 8

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 A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section 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, SECTION B, LINE 10

Schedule A (Form 990 or 990-EZ) 2019

#### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

## Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

ecZb

Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)( ) (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 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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)
Name of organization THE CARTER CENTER, INC.

Employer identification number 58-1454716

Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_		\$1,911,297.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_		\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)
Name of organization THE CARTER CENTER, INC.

Employer identification number 58-1454716

Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule D (Form 990) 2019 Page 2

Part III	Organizations Maintainin	g Collections of Art	t, Historical Treasu	res, or Oth	er Simila	r Assets	(co	ntinu	ed)	
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Schedule D (Form 990) 2019 Page 3

Part VII Investments - Other Securities. Complete if the organization answered	l "Yes	s" on F	orm 990	) Part I	V line 1	1b See	Form 9	90 Par	t X line	 12
	$\overline{}$	(b) Book		, r art r	v, IIIIC 1		hod of val		17, 1110	12.
(a) Description of security or category (including name of security)  (1) Financial derivatives		Λ		_	^	Cost or end	l-of-year m	arket val	ue 🔨	
(1) Financial derivatives A A A (2) Closely huttyoseldalue	_	Α_	Α_	Α	_A_	_A_	Α_	A	_A_	<u> </u>

Schedule D (Form 990) 2019

Scheau	e D (Form 990) 2019				Page 4
Part >		Rever IV, lin	nue per Return. e 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	
				-	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1	1		
	Net unrealized gains (losses) on investments			_	
	Donated services and use of facilities				
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Part XIII Supplemental Information (continued)

STATEMENTS AS A RESULT OF ASC 740.

# THE CARTER CENTER, INC.

Schedule F (Form 990) 2019

Page 2 Complete if the organization answered "Yes" on Form 990, s or Entities Outside the United States. Grants and Other Assistance to Organization

Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(i) Method of valuation (book, FMV, appraisal, other)																
tion (i) N sh ve se (bo																
(h) Description of noncash assistance																
(g) Amount of noncash assistance																
(f) Manner of cash disbursement	WIRE	WIRE	WIRE	СНЕСК	СНЕСК	WIRE	WIRE	WIRE	СНЕСК	WIRE	WIRE	СНЕСК	WIRE	WRE	WIRE	WIRE
(e) Amount of cash grant	5,920,000.	609,236.	543,895.	394,572.	216,013.	129,158.	82,111.	55,388.	49,946. C	49,500. W	48,090. W	42,900.	40,000.	39,000. W	37,320.	33,543.
(d) Purpose of grant	_	2	3	4	5	9	7	8	<b>o</b>	10	11	12	13	14	15	16
(c) Region	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA	SOUTH AMERICA	SOUTH AMERICA	SOUTH AMERICA	MIDDLE EAST/NORTH AFRICA	MIDDLE EAST/NORTH AFRICA	EAST ASIA/PACIFIC	EAST ASIA/PACIFIC	EAST ASIA/PACIFIC	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA	EAST ASIA/PACIFIC	SUB-SAHARAN AFRICA	SOUTH AMERICA
(b) IRS code section and EIN (if applicable)																
(a) Name of organization																
-	£	(2)	(3)	(4)	(5)	(9)	(7)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country recognized as tax-exemple.

by the IRS, or for which the grantee or counsel has provided a serious of the interiors or entities. 0

V 19-8.5F

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Schedule F (Form 990) 2019

Page 2

Page 2

Page 2

Page 2

Page 1

Page 2

Part II Grants and Other Assistance to Organization s or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,

# THE CARTER CENTER, INC.

Schedule F (Form 990) 2019

Page 2 Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. s or Entities Outside the United States. Grants and Other Assistance to Organization

d of 10, 11V, vther)																
(i) Method of valuation (book, FMV, appraisal, other)																
(h) Description of noncash assistance																
(g) Amount of noncash assistance																
(f) Manner of cash disbursement	СНЕСК	WIRE	СНЕСК	СНЕСК	СНЕСК	СНЕСК	СНЕСК	СНЕСК	WIRE	WIRE	WIRE	WIRE	WIRE	WIRE	CHECK	WIRE
Region (d) Purpose of (e) Amount of (f) Manner of (g) Among grant cash grant disbursement assist	20,696.	20,484.	20,000.	20,000.	20,000.	19,532.	14,345.	14,324.	13,891.	12,000.	12,000.	11,386.	.696,6	9,150.	.000,6	6,850.
(d) Purpose of grant	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48
	SUB-SAHARAN AFRICA	CENT. AMERICA/CARIBBEAN	SUB-SAHARAN AFRICA	SOUTH AMERICA	SUB-SAHARAN AFRICA	SOUTH AMERICA	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA								
(b) IRS code section and EIN (if applicable)																
(a) Name of (b) IRS code (c) organization (if applicable)																
-	(1)	(2)	(3)	(4)	(5)	(9)	(7)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country recognized as tax-exemple.

by the IRS, or for which the grantee or counsel has provided a serious of the interiors or entities. 0

757359

Schedule F (Form 990) 2019

Page 2

Page 2

Page 2

Page 2

Page 1

Page 2

Part II Grants and Other Assistance to Organization s or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,

# THE CARTER CENTER, INC.

Schedule F (Form 990) 2019

Part III Grants and Other Assistance to Individuals Outside the United States.

Part III can be duplicated if additional space is needed.

Page 3 Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
						Sche	Schedule F (Form 990) 2019

Schedule F (Form 990) 2019

757359

Schedule F (Form 990) 2019 Page 4

### Part IV Foreign Forms

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 936, Return by a U.S. Transferor of Property to Foreign Corporation (see Instructions for Form 926) Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," 3 the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471) Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) A Yes A A No A 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Person With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) 6

Schedule F (Form 990) 2019 Page 5

Part V Supplemental Information

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

### INFORMATION IN BANGLADESH

(11) SUPPORT AWARENESS, CAPACITY BUILDING AND WOMEN'S ACCESS TO

INFORMATION IN BANGLADESH

- (12) WOMEN AND ACCESS TO INFORMATION IN LIBERIA
- (13) PROMOTION OF WOMEN'S RIGHTS IN DRC
- (14) SUPPORT AWARENESS, CAPACITY BUILDING AND WOMEN'S ACCESS TO

INFORMATION IN BANGLADESH

(15) SUPPORT SOCIAL MEDIA MONITORING ACTIVITIES AROUND ETHIOPIAN

**ELECTIONS** 

- (16) JOURNALISM FELLOWSHIPS IN COLOMBIA
- (17) RIVER BLINDNESS CONTROL
- (18) WOMEN AND ATI STUDY IN GUATEMALA
- (19) EITI PARTICIPATION, REVENUE ANALYSIS AND GOVERNANCE IMPROVEMENT IN

**DRC** 

- (20) TRAININGS TO EXPAND HUMAN RIGHTS DEFENDER PROTECTION IN DRC
- (21) RIVER BLINDNESS CONTROL
- (22) TO COLLECT DATA ON HUMAN RIGHTS VIOLATIONS AND BARRIERS TO WOMEN'S

POLITICAL PARTICIPATION IN ZAMBIA

- (23) (30) PROMOTION OF WOMEN'S RIGHTS IN DRC
- (31) STRENGTHEN MENTAL HEALTH AND INCREASE CARE IN LIBERIA
- (32) SUPPORT MENTAL HEALTH SERVICES AND DATA CAPACITY IN LIBERIA
- (33) ADVOCACY CAMPAIGN IN THE DRC WITH EITI MULTI-STAKEHOLDER GROUP
- (34) WOMEN AND ATI STUDY IN GUATEMALA
- (35) (37) ADVOCACY AND AWARENESS RELATED TO HUMAN RIGHTS DEFENDERS IN

Schedule F (Form 990) 2019 .ISA

Schedule F (Form 990) 2019	Page 5

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

### Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

Employer identification number

Part	Fundraising Activities. Com	nlete if the organi	zation an	swered "	Yes" on Form 90	│ 00 Part IV line 1	7
raii	Form 990-EZ filers are not re				res on ronn se	o, r arriv, ilile r	7.
1	Indicate whether the organization rai	<u> </u>			activities. Check a	ıll that apply.	
а	Mail solicitations	е	Solic	itation of	non-government g	rants	
b	Internet and email solicitations	f	Solic	itation of	government grants	3	
С	Phone solicitations	g	Spec	cial fundra	ising events		
d	In-person solicitations						
2a	Did the organization have a written of						
b	or key employees listed in Form 990 If "Yes," list the 10 highest paid ind compensated at least \$5,000 by the	ividuals or entities					Yes No fundraiser is to be
			custody o	draiser have r control of		(v) Amount paid to (or retained by) fundraiser listed in	
			dM.3(s	st)-7.9(o)20.4	(d)-1undr3t7.4( o)047	col. (i)	
					_		

Part II

more than \$15,000 of fundrates events with gross receipts greater	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
				coi. (c))
		1		

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported

Page 2

Schedule I (Form 990) (2019)

Part III

Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Grants and Other Assistance to Domestic Individuals. 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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 JOUR	1 JOURNALISM FELLOWSHIPS		8	80,000.		N/A	N/A
8							
က							
4							
5							
9							
7							
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.	Provide the ir	nformation re	quired in Part I,	line 2, Part III, c	olumn (b); and any or	ther additional

PROCEDURES USED TO MONITOR THE USE OF GRANT FUNDS IN THE UNITED STATES

PART I, LINE 2

THE CENTER REQUIRES GRANT RECIPIENTS TO SUBMIT INTERIM AND FINAL

NARRATIVE AND/OR FINANCIAL REPORTS THAT SET FORTH THE RESULTS OF THE WORK

PERFORMED AS FUNDED BY THE CENTER. WRITTEN AGREEMENTS AND THE SPECIFIC

REQUIREMENTS OF THE GRANTEE VARY BASED ON THE NATURE OF THE WORK PRODUCT

AND LENGTH OF TIME FOR THE SERVICES TO BE PROVIDED.

SCHEDULE J (Form 990)	Compensation Information	OMB No. 1545-0047

Schedule J (Form 990) 2019
Officers, Directors, Trustees, Key Emplo yees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Page 3

Schedule J (Form 990) 2019

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 J (Form 990) 2019

9E1505 1.000 3342HM 1985

## SCHEDULE L

(Form 990 or 990-EZ)

# **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

Employer identification number

28a,

1 (a) Name of disqualified person (b) Relationship between disqualified person and organization of transaction (c) Description of transaction (d) (e) Description of transaction (e) Descr	Part	Excess Benefit T Complete if the	ran sactions organization a	(section 501 answered "Ye	(c)(3) es" or	), sect n Form	ion 501(c)(4) n 990, Part IV	, and t	501(c)(29) 25a or 25b	organiz , or Forr	ations n 990-	only). EZ, P	art V,	line 4	0b.		
(2) (3) (4) (5) (6)  2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Part III Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.  (a) Name of interested person (b) Relationship with organization (c) Purpose of loan (d) Loan to organization?  (b) Purpose of loan (d) Loan to organization (e) Organization?  (c) Purpose of loan (d) Loan to organization (e) Organization?  (a) Name of interested person (b) Relationship with organization?  (b) Relationship by board organization?  (c) Purpose of loan (d) Loan to organization (e) Organization?  (a) Name of interested person (b) Relationship by board organization?  (b) Relationship by board organization?  (c) Purpose of loan (d) Loan to organization?  (d) Loan to organization (e) Organization?  (e) Original principal amount (f) Balance due (g) In default? (h) Approved (b) Viritten by board organization?  (g) In default? (h) Approved (g) Written by board organization?  (g) In default? (h) Approved (g) Written by board organization?  (g) In default? (h) Approved (g) Written by board organization?  (g) In default? (h) Approved (g) Written by board organization?  (g) In default? (h) Approved (g) Written by board organization?  (g) In default? (h) Approved (g) Written by board organization?  (g) In default? (h) Approved (g) Written by board organization?  (g) In default? (h) Approved (g) Written by board organization?  (g) In default? (h) Approved (g) Written by board organization?  (g) In default? (h) Approved (g) Written by board organization?  (g) In default? (h) Approved (g) Written by board organization?  (g) In default? (h) Approved (g) Written by board organization?  (g) In default? (h) Approved (g) Written by board organization?  (g) I	1	(a) Name of disqualified	person	(b) Relation				on and		(c) Desc	cription	of trans	action		H	_	
(3) (4) (5) (6)  2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.  (a) Name of interested person (b) Relationship with organization (c) Purpose of loan or from the organization?  To From  (f) Balance due (g) In default? (h) Approved (i) Written agreement? (g) In default? (h) Approved (i) Written (g) Purpose of loan (g) In default? (h) Approved (i) Written (g) Purpose of (g) P	(1)																
(4) (5) (6)  2 Enter the amount of tax i curred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.  (a) Name of interested person (b) Relationship with organization with organization principal amount or form 990, Part X, line 5, 6, or 22.  (b) Relationship with organization (c) Purpose of loan or from the organization?  To From (d) Loan to or from the organization (f) Balance due (g) In default? (h) Approved (h) Written agreement? Organization?  Yes No Yes No Yes No Yes No (4) (3) (4) (4) (5) (6) (6) (7) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9																	
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.    Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.    Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.    Complete if the organization with organization with organization form 1 to 1 t																	
Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958   Senter the amount of tax, if any, on line 2, above, reimbursed by the organization   Sentence																	
2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Part II Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.  (a) Name of interested person (b) Relationship with organization (c) Purpose of loan (d) Loan to or organization?  To From (f) Balance due (g) In default? (h) Approved by board or agreement?  Yes No Yes No Yes No (1) (2) (3) (4) (4) (5) (6) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9																	
Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.  (a) Name of interested person (b) Relationship with organization with organization (c) Purpose of loan (d) Loan to or from the organization?  To From (e) Original principal amount (f) Balance due (g) In default? (h) Approved by board or committee?  Yes No Yes No Yes No (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)	(6)																
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.  (a) Name of interested person (b) Relationship with organization (c) Purpose of loan (d) Loan to or from the organization?  To From (e) Original principal amount (f) Balance due (g) In default? (h) Approved by board or committee?  Yes No Yes No Yes No (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)		Enter the amount of tunder section 4958 Enter the amount of ta	ax incurred ax, if any, on li	y the organizene 2, above,	zation reim!	oursec	gers or disq	ualifico nization	d persons n	during t	he ye	ar A	<b>A</b> _		7	<u> </u>	7
with organization   loan   from the organization?   To   From   From   Principal amount   To   Section	Part	Complete if the	organization a	answered "Ye					ne 38a or I	Form 99	0, Part	: IV, lir	ne 26;	or if tl	ne		
(1)       (2)       (3)       (4)       (5)       (6)       (7)       (8)       (9)	(a)	Name of interested person	1 ' '		fror	n the			(f) Balan	ce due	(g) In	default?	by bo	ard or			
(2)       (3)       (4)       (5)       (6)       (7)       (8)       (9)					То	From					Yes	No	Yes	No	Yes	N	0
(3)       (4)       (5)       (6)       (7)       (8)       (9)	(1)																
(4)       (5)       (6)       (7)       (8)       (9)	(2)																
(5)       (6)       (7)       (8)       (9)	(3)																
(6) (7) (8) (9)	(4)																
(6) (7) (8) (9)	(5)																
(7) (8) (9)																	
(8) (9)																	
(9)	(8)																
	(9)																
	(10)																
			•														



Schedule L (Form 990 or 990-EZ) 2019 Page 2

Part IV Business Transacti	ons Involving Int	terested Persons.				
Complete if the orga	nization answere	ed "Yes" on Form 990, Part	IV, line 28a, 28b	, or 28c.		
(a) Name of interested p	person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	naring of ization's nues?
					Yes	No
(1) REBECCA CARTER		SPOUSE OF CHILD OF BD MBR	156,631.	COMPENSATION AS EMPLOYEE		Х
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V Supplemental Information

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

### SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

# Noncash Contributions

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

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 Employer identification number Types of Property Part I (c)

58-1454716

Schedule M (Form 990) (2019)

Part II

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

USE OF THIRD PARTIES OR RELATED ORGANIZATIONS

SCHEDULE M, PART I, LINE 32A

THE CARTER CENTER UTILIZES EXTERNAL BROKERS TO SELL DONATED SECURITIES.

Schedule M (Form 990) (2019)

Page 2

9E1508 1.000

JSA

3342HM 1985 PAGE 56 V 19-8.5F 757359

Schedule M (Form 990) (2019) Page 2

Part II

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

## 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.

OMB No. 1545-0047

eczb

Open to Public

Employer identification number

58-1454716

EMORY UNIVERSITY SERVES AS COMMON PAYMASTER FOR THE CENTER'S U.S.

EMPLOYEES. AS SUCH, ALL IRS FORMS W-3 AND ALL FEDERAL EMPLOYMENT TAX

RETURNS ARE FILED BY EMORY UNIVERSITY. THE CARTER CENTER'S U.S. EMPLOYEE

COUNT OF 256 WAS INCLUDED IN THE EMORY UNIVERSITY FORM W-3 FOR

CALENDAR YEAR 2019.

FORM 990, PART V, LINE 4B

FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES

BOLIVIA, CHAD, DEMOCRATIC REPUBLIC OF CONGO, ECUADOR, ETHIOPIA,

GUATEMALA, GUYANA, KENYA, LIBERIA, LIBYA, MALI, MYANMAR, NEPAL, NIGER,

NIGERIA, PALESTINE, SOUTH SUDAN, TUNISIA, UGANDA

FORM 990, PART VI, SECTION A, LINE 2
BUSINESS AND FAMILY RELATIONSHIPS

JIMMY AND ROSALYNN CARTER, FOUNDERS AND TRUSTEES, ARE HUSBAND AND WIFE.

JASON CARTER, TRUSTEE, IS THE GRANDSON OF JIMMY AND ROSALYNN

CARTER. THE PRESIDENT OF EMORY UNIVERSITY, CLAIRE STERK, SERVES ON THE

BOARD OF TRUSTEES FOR THE CENTER. LEAH WARD SEARS AND GREGORY

VAUGHN, TRUSTEES ON THE CENTER'S BOARD, ALSO SERVE ON THE BOARD OF

TRUSTEES FOR EMORY UNIVERSITY. WENDELL REILLY AND CHILTON VARNER,

TRUSTEE'S ON THE CENTER'S BOARD, ALSO SERVE ON THE BOARD OF BROWN &

BROWN, INC. RICHARD BLUM AND SHERRY LANSING, TRUSTEES ON THE CENTER'S

BOARD, ALSO SERVE ON THE UNIVERSITY OF CALIFORNIA BOARD OF REGENTS.

FORM 990 PART VI, LINE 7A
ELECTION OF MEMBERS OF THE GOVERNING BODY

Name of the organization THE CARTER CENTER, INC. Employer identification number

58-1454716

ATTACHMENT 1 (CONT'D)

ESTABLISH GOVERNMENT INSTITUTIONS THAT BOLSTER THE RULE OF LAW, FAIR ADMINISTRATION OF JUSTICE, ACCESS TO INFORMATION, AND GOVERNMENT TRANSPARENCY. A CULTURE OF RESPECT FOR HUMAN RIGHTS IS CRUCIAL TO PERMANENT PEACE. THE CENTER SUPPORTS THE EFFORTS OF HUMAN RIGHTS ACTIVISTS AT THE GRASS ROOTS, WHILE ALSO WORKING TO ADVANCE NATIONAL AND INTERNATIONAL HUMAN RIGHTS LAWS THAT UPHOLD THE DIGNITY AND WORTH OF EACH INDIVIDUAL. WHEN DEMOCRACY BACKSLIDES OR FORMAL DEMOCRACY FAILS, THE CARTER CENTER OFFERS CONFLICT RESOLUTION EXPERTISE AND HAS FURTHERED AVENUES FOR PEACE IN AFRICA, THE MIDDLE EAST, LATIN AMERICA, AND ASIA.

**ATTACHMENT 2** 

FORM 990, PART VI, LINE 17 - STATES

AL, AR, CA,

FL,GA,HI,IL,KS,KY,MD,MA,MI,

MN,MS,NV,NH,NM,NY,NC,OR,PA,

RI,SC,TN,UT,VA,WV,WI,

**ATTACHMENT 3** 

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS **DESCRIPTION OF SERVICES** 

COMPENSATION

ANSAR, INC. 5561 BETHESDA-ARNO RD THOMPSON STATION, TN 37179 MAILSHOP SERVICES

2.537.662.

AMERICAN MARKETING AND COMMUNICATIONS 2463 MERCHANT STREET

FREDERICK, MD 21701

MARKETING/DEVELOPMT

543,870.

Schedule O (Form 990 or 990-EZ) 2019

JSA

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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

\* Related Organizations and Unrelated Partnerships
Complete if the organization answered\*"Yes" on Form 990, Part IV, line 33, 34,35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

ecZ Open to Public

Employer identification number

(a) Name, address, 02.7202 3d95G550 7.68 -7.4E(D.7(eN)-4()0(r)-8.3(i)-1f.9("8)-83.063.702.721.3(i)-18.3(i)-16.5(z)-2017 (i)-16.066.97 (e4)-12.5(f.9("8)-8d7(an)-35.7(i)-18.5(z)-20)0(r)-6.068.8(g)-35.4(o)0(r)-d7(an)-3602 3d95 Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Identification of Disregarded Entities. Part I

Schedule R (Form 990) 2019

Transactions With Related Organizations.

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

Page 3

Yes No

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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.																			
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Page 4 Schedule R (Form 990) 2019

Part VI

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

Schedule R (Form 990) 2019 Page 5

Part VII Suppl

Supplemental Information

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