

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

20

Form

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

Do not enter Social Security numbers on this form as they may be made public

Open to Public  
Inspection

## Part I

## Part II

*See* 71 1  
her D. Brown VP-Finad & Tr asu

B Check if applicable

C Name of organization

THE CARTER CENTER, INC.

D Employer identification number

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning 09/01, 2019, and ending 08/31, 2020

Department of the Treasury

▶ Do not send to the IRS. Keep for your records.

20

## Part I

## Part II

Name of exempt organization

THE CARTER CENTER, INC.

Employer identification number

58-1454716

Name and title of officer

CHRISTOPHER D

CEO TREASURER

of Return and Return Information

or

Check the box in the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return, if any:

## Part III

Signature

Signature

Printed name

Authentication

Cumulative e-File History 2019

---

Federal

---

<b>Tax Return</b> 3342HM	<b>Return Type</b> 990
<b>Taxpayer</b> THE CARTER CENTER, INC.	<b>Account</b> 1985

---

<b>Submitted Date</b>	2021-07-14 17:15:52
-----------------------	---------------------

---

<b>Acknowledgement Date</b>	2021-07-14 17:29:23
-----------------------------	---------------------

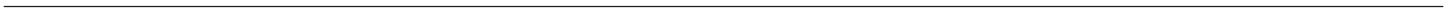
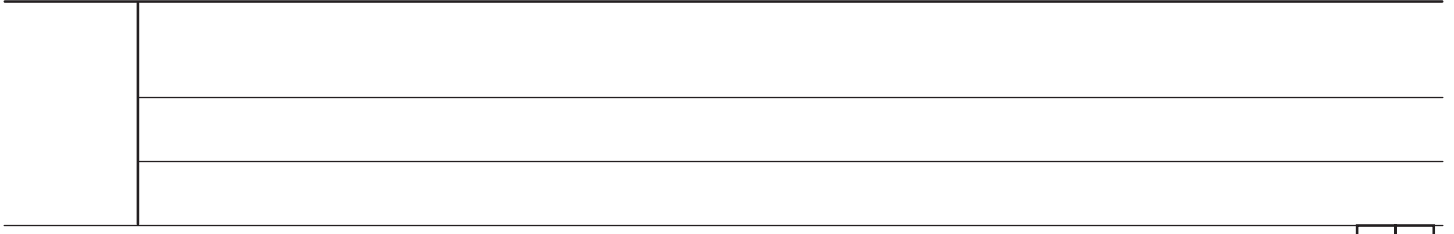
---

<b>Status</b>	Accepted
---------------	----------

---

<b>Submission ID</b>	56038220211955000007
----------------------	----------------------

---







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	A
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	A	A
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	A	A
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	A	A
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?	A	A
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	A	A
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	A	A
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior		
26		
27		
28		
a		
b		
c		
29		
30		
31		
32		
33		
34		
35		
36		
37		
38		

--	--	--











---

---

---

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

---

\_\_\_\_\_

---

Part VIII Statement of Revenue

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

A A A A A A

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	A	A	A	A
	b Membership dues	A	A	A	A
	c Fundraising events	A	A	A	A
	d Related organizations	A	A	A	A
	e Government grants (contributions)	A	A	A	A
	f All other contributions, gifts, grants, and similar amounts not included above	A	A	A	A
	g Noncash contributions included in lines 1a-1f	A	A	A	A
	h Total. Add lines 1a-1f	A	A	A	A
Program Service Revenue	2a _____				
	b _____				
	c _____				
	d _____				
	e _____				
	f All other program service revenue	A	A	A	A
	g Total. Add lines 2a-2f	A	A	A	A
3 Investment income (including dividends, interest, and other similar amounts)	A	A	A	A	
4 Income from investment of tax-exempt bond proceeds	A	A	A	A	
5 Royalties	A	A	A	A	
6a Gross rents	(i) Real		(ii) Personal		
	6a	A	A	A	A
	b Less: rental expenses	6b			
	c Rental income or (loss)	6c	A	A	A
d Net rental income or (loss)		A	A	A	
7a Gross amount from sales of assets other than inventory	(i) Securities		(ii) Other		
	7a				
	b Less: cost or other basis and sales expenses	7b	A	A	A
	c Gain or (loss)	7c	A	A	A
d Net gain or (loss)		A	A	A	
8a Gross income from fundraising events (not including \$ _____)					
b		*			
9a					
b		*			
10a					
b		*			
11a _____					
b _____					
c _____					

















**Part IV** Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?  
A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)

	Yes	No










**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 B**

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

**Schedule of Contributors**

OMB No. 1545-0047

\* Attach to Form 990, Form 990-EZ, or Form 990-PF.  
\* Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

ecZb

Name of the organization

Employer identification number

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

Name of organization **THE CARTER CENTER, INC.**

Employer identification number  
**58-1454716**

**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		\$ 15,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 11,245,576.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 6,457,132.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 1,911,297.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 4,578,633.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 3,630,716.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **THE CARTER CENTER, INC.**

Employer identification number  
**58-1454716**

**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
7	_____	\$ 2,150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____	\$ 4,993,506.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____	\$ 2,425,325.	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.)















---

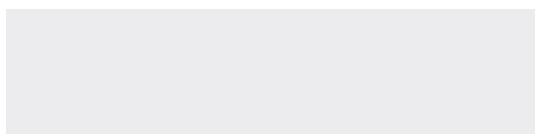
---

---

**Part XIII** Supplemental Information (continued)

---

STATEMENTS AS A RESULT OF ASC 740.



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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	1	5,920,000.	WIRE			
(2)			SUB-SAHARAN AFRICA	2	609,236.	WIRE			
(3)			SUB-SAHARAN AFRICA	3	543,895.	WIRE			
(4)			SOUTH AMERICA	4	394,572.	CHECK			
(5)			SOUTH AMERICA	5	216,013.	CHECK			
(6)			SOUTH AMERICA	6	129,158.	WIRE			
(7)			MIDDLE EAST/NORTH AFRICA	7	82,111.	WIRE			
(8)			MIDDLE EAST/NORTH AFRICA	8	55,388.	WIRE			
(9)			EAST ASIA/PACIFIC	9	49,946.	CHECK			
(10)			EAST ASIA/PACIFIC	10	49,500.	WIRE			
(11)			EAST ASIA/PACIFIC	11	48,090.	WIRE			
(12)			SUB-SAHARAN AFRICA	12	42,900.	CHECK			
(13)			SUB-SAHARAN AFRICA	13	40,000.	WIRE			
(14)			EAST ASIA/PACIFIC	14	39,000.	WIRE			
(15)			SUB-SAHARAN AFRICA	15	37,320.	WIRE			
(16)			SOUTH AMERICA	16	33,543.	WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalent letter  
 3 Enter total number of other organizations or entities



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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	33	20,696.	CHECK			
(2)			CENT. AMERICA/CARIBBEAN	34	20,484.	WIRE			
(3)			SUB-SAHARAN AFRICA	35	20,000.	CHECK			
(4)			SUB-SAHARAN AFRICA	36	20,000.	CHECK			
(5)			SUB-SAHARAN AFRICA	37	20,000.	CHECK			
(6)			SUB-SAHARAN AFRICA	38	19,532.	CHECK			
(7)			SUB-SAHARAN AFRICA	39	14,345.	CHECK			
(8)			SUB-SAHARAN AFRICA	40	14,324.	CHECK			
(9)			SUB-SAHARAN AFRICA	41	13,891.	WIRE			
(10)			SUB-SAHARAN AFRICA	42	12,000.	WIRE			
(11)			SUB-SAHARAN AFRICA	43	12,000.	WIRE			
(12)			SOUTH AMERICA	44	11,386.	WIRE			
(13)			SUB-SAHARAN AFRICA	45	9,969.	WIRE			
(14)			SOUTH AMERICA	46	9,150.	WIRE			
(15)			SUB-SAHARAN AFRICA	47	9,000.	CHECK			
(16)			SUB-SAHARAN AFRICA	48	6,850.	WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country recognized as tax-exempt\* by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalent letter  
 3 Enter total number of other organizations or entities





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

(a) Type of grant or assistance	(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)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*    A A A A A A A  Yes    A  No    A A
- 2 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)*    A  Yes    A  No    A A
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," 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)*    A A A A A  Yes    A  No    A A
- 4 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 A A A A A A  Yes    A  No    A 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. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*    A A A A A A A  Yes    A  No    A A
- 6



**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













**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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	JOURNALISM FELLOWSHIPS	8.	80,000.	N/A	N/A	
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.

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.





**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.



**Part IV** Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) REBECCA CARTER	SPOUSE OF CHILD OF BD MBR	156,631.	COMPENSATION AS EMPLOYEE		X
(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).





**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.

**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

OMB No. 1545-0047

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.

ecZb

Open to Public

Name of the organization

THE CARTER CENTER, INC.

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 2FORM 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 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
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.







Vertical line 1

Vertical line 2

Vertical line 3





**Part VII**

**Supplemental Information**

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