

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2019

Open to Public
Inspection

A For the 2019 calendar year, or tax year beginning

09/01, 2019, and ending

08/31, 2020

B Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization
THE CARTER CENTER, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
453 JOHN LEWIS FREEDOM PARKWAY

City or town, state or province, country, and ZIP or foreign postal code
ATLANTA, GA 30307-1496

D Employer identification number
58-1454716

E Telephone number
(404) 420-5100

G Gross receipts \$ 130,600,414.

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No

If "No," attach a list. (see instructions)

F Name and address of principal officer: PAIGE ALEXANDER
453 JOHN LEWIS FREEDOM PARKWAY, ATLANTA, GA 30307-14

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: WWW.CARTERCENTER.ORG

H(c) Group exemption number

K Form of organization: Corporation Trust Association Other

L Year of formation: 1981 **M** State of legal domicile: GA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE CARTER CENTER IS COMMITTED TO ADVANCING HUMAN RIGHTS AND ALLEVIATING UNNECESSARY HUMAN SUFFERING.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	22.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20.
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	256.
	6 Total number of volunteers (estimate if necessary)	6	432,000.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	121,715.
b Net unrelated business taxable income from Form 990-T, line 34	7b	33,500.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	94,351,390.	95,500,467.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	33,284,111.	34,383,356.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	354,675.	236,315.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,806,135.	9,244,764.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	41,440,661.	45,718,957.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	160,200.	163,200.
	b Total fundraising expenses (Part IX, column (D), line 25)	9,955,057.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	63,418,301.	54,694,383.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	117,825,297.	109,821,304.
19 Revenue less expenses. Subtract line 18 from line 12	10,164,879.	20,298,834.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	850,445,027.	945,608,133.
	22 Net assets or fund balances. Subtract line 21 from line 20.	15,011,599.	20,468,641.
		835,433,428.	925,139,492.

COPY FOR PUBLIC INSPECTION

Part II Signature Block

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

Signature of officer: *Christopher D. Brown* Date: 7/15/21

Type or print name and title: Christopher D. Brown, VP-Finance & Treasurer

Paid Preparer Use Only

Print/Type preparer's name: WHITNEY B HEBRON Preparer's signature: Date: Check if self-employed PTIN: P01226647

Firm's name: KPMG LLP Firm's EIN: 13-5565207

Firm's address: 300 NORTH GREENE STREET, SUITE 400 GREENSBORO, NC 27401 Phone no.: 336-275-3394

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2019)

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2019, or fiscal year beginning 09/01, 2019, and ending 08/31, 20 20

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

▶ **Go to www.irs.gov/Form8879EO for the latest information.**

2019

Department of the Treasury
Internal Revenue Service

Name of exempt organization

THE CARTER CENTER, INC.

Employer identification number

58-1454716

Name and title of officer

CHRISTOPHER D. BROWN, VP FINANCE/TREASURER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	<u>130120138.</u>
2a	Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5).	4b	
5a	Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize KPMG LLP to enter my PIN 5 1 9 9 5 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ *Christopher D. Brown*

Date ▶ 7/13/21

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

5 6 0 3 8 2 4 1 7 8 6

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ *Whitney B. Hebron*

Date ▶ 07/13/2021

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Cumulative e-File History 2019

Federal

Tax Return 3342HM	Return Type 990
Taxpayer THE CARTER CENTER, INC.	Account 1985

Submitted Date	2021-07-14 17:15:52
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Acknowledgement Date	2021-07-14 17:29:23
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Status	Accepted
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Submission ID	56038220211955000007
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Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

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

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. THE CARTER CENTER, INC.	Taxpayer identification number (TIN) 58-1454716
	Number, street, and room or suite no. If a P.O. box, see instructions. 453 JOHN LEWIS FREEDOM PARKWAY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ATLANTA, GA 30307	
	Enter the Return Code for the return that this application is for (file a separate application for each return) 01	

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

CHRISTOPHER D. BROWN

- The books are in the care of ▶ 453 JOHN LEWIS FREEDOM PARKWAY, ATLANTA, GA 30307

Telephone No. ▶ 404-420-5100 Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ . If it is for part of the group, check this box ▶ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 07/15, 20 21, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20 ____ or
- ▶ tax year beginning 09/01, 20 19, and ending 08/31, 20 20.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

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

KPMG LLP EIN: 13-5565207
 300 N. GREENE ST., STE 400
 GREENSBORO, NC 27401

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 67,443,740. including grants of \$ 6,936,760.) (Revenue \$)

THE CARTER CENTER HEALTH PROGRAMS FIGHT SIX PREVENTABLE DISEASES - GUINEA WORM, TRACHOMA, SCHISTOSOMIASIS, LYMPHATIC FILARIASIS, MALARIA, AND RIVER BLINDNESS - BY USING HEALTH EDUCATION AND SIMPLE, LOW COST METHODS. THE CENTER ALSO STRIVES TO IMPROVE ACCESS TO MENTAL HEALTH CARE. THESE EFFORTS HAVE BROUGHT TO RESOURCE-LIMITED COUNTRIES BETTER DISEASE SURVEILLANCE AND HEALTH CARE DELIVERY SYSTEMS, MANY ESTABLISHED AS PART OF THE CENTER'S HISTORIC CAMPAIGN TO ERADICATE GUINEA WORM DISEASE. BECAUSE COMMUNITIES OFTEN ARE BURDENED BY SEVERAL DISEASES, THE CENTER ALSO IS PIONEERING NEW PUBLIC HEALTH APPROACHES TO EFFICIENTLY AND EFFECTIVELY TREAT MULTIPLE DISEASES AT ONCE.

4b (Code:) (Expenses \$ 21,596,904. including grants of \$ 2,193,098.) (Revenue \$)

ATTACHMENT 1

4c (Code:) (Expenses \$ 372,475. including grants of \$ 34,906.) (Revenue \$)

THE CARTER CENTER RECEIVES BROAD-BASED SUPPORT WHICH IS BENEFICIAL TO ALL PROGRAMS AND IS CATEGORIZED AS CROSS PROGRAM. EXPENSES AID THE ACHIEVEMENT OF THE OTHER PROGRAM SERVICE GOALS AND ARE CONSIDERED ADDITIONS TO PROGRAM SERVICE EXPENSE.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 89,413,119.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 with various questions about organizational activities and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Description, and Yes/No response. Rows 22-38 cover various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [X]

Table with 3 columns: Question number, Description, and Yes/No response. Rows 1a-1c cover Form 1096 reporting and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable trusts.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (22), 1b (20), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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 an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARY ANN PETERS PRESIDENT & CEO (UNTIL 6/1/20)	40.00 2.00			X				380,041.	0.	26,064.
(2) FRANK O. RICHARDS JR. DIRECTOR HEALTH PROGRAMS	40.00 0.					X		250,871.	0.	43,395.
(3) DEAN SIENKO VP - HEALTH PROGRAMS	40.00 0.				X			259,675.	0.	24,299.
(4) CRAIG WITHERS JR. VP - OVERSEAS OPERATIONS	40.00 0.				X			229,735.	0.	43,747.
(5) PHILLIP J. WISE JR. SECRETARY, VP-OPERATIONS	40.00 2.00			X				248,651.	0.	22,392.
(6) CHRISTOPHER BROWN TREASURER, VP-FINANCE	40.00 2.00			X				217,388.	0.	44,430.
(7) NICOLE KRUSE CHIEF DEVELOPMENT OFFICER	40.00 0.					X		195,043.	0.	34,941.
(8) SEEMA N. SHAMS CHIEF DEVELOPMENT OFFICER	40.00 0.					X		198,003.	0.	17,820.
(9) DEANNA CONGILEO COMMUNICATIONS DIRECTOR	40.00 0.					X		187,382.	0.	24,990.
(10) PATTI BUNKER CHIEF IT OFFICER	40.00 0.					X		187,738.	0.	16,896.
(11) LAUREN GAY ASST. CORPORATE SECRETARY	40.00 2.00			X				91,858.	0.	29,523.
(12) CAROLYN CADIOU FINANCIAL ADMIN(UNTIL 1/23/20)	40.00 2.00			X				103,774.	0.	6,227.
(13) TERRENCE B. ADAMSON TRUSTEE	2.00 1.00	X						0.	0.	0.
(14) ARTHUR M. BLANK TRUSTEE	1.00 0.	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) RICHARD C. BLUM ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(16) KATHRYN E. CADE ----- TRUSTEE - BOARD CHAIR	2.00 ----- 1.00	X		X				0.	0.	0.
(17) SUSAN A. CAHOON ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(18) JASON CARTER ----- TRUSTEE - BOARD CHAIR	4.00 ----- 1.00	X		X				0.	0.	0.
(19) JAMES CARTER ----- TRUSTEE	10.00 ----- 0.	X						0.	0.	0.
(20) ROSALYNN CARTER ----- TRUSTEE	10.00 ----- 0.	X						0.	0.	0.
(21) GORDON D. GIFFIN ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(22) BEN F. JOHNSON III ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(23) SHERRY LANSING ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(24) DOUGLAS W. NELSON ----- TRUSTEE	2.00 ----- 1.00	X						0.	0.	0.
(25) WENDELL S. REILLY ----- TRUSTEE	2.00 ----- 1.00	X						0.	0.	0.
1b Sub-total								2,550,159.	0.	334,724.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,550,159.	0.	334,724.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 54

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 34

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) MARJORIE M. SCARDINO TRUSTEE	1.00 0.	X					0.	0.	0.	
(27) LEAH WARD SEARS TRUSTEE	2.00 1.00	X					0.	0.	0.	
(28) DOUGLAS SHIPMAN TRUSTEE	1.00 0.	X					0.	0.	0.	
(29) HUGO X. SHONG TRUSTEE	1.00 0.	X					0.	0.	0.	
(30) CLAIRE E. STERK TRUSTEE	2.00 0.	X					0.	0.	0.	
(31) CHILTON D. VARNER TRUSTEE	2.00 1.00	X					0.	0.	0.	
(32) ELLEN H. YANKELLOW TRUSTEE	1.00 0.	X					0.	0.	0.	
(33) GREGORY J. VAUGHN TRUSTEE	1.00 0.	X					0.	0.	0.	
(34) REUBEN E. BRIGETY II TRUSTEE	1.00 0.	X					0.	0.	0.	
(35) GREGORY FENVES TRUSTEE	2.00 0.	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 54

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VIII Statement of Revenue

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

				(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	1a 45,834.					
	b	Membership dues	1b					
	c	Fundraising events	1c 1,493,352.					
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e 28,909,286.					
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f 65,051,995.					
	g	Noncash contributions included in lines 1a-1f.	1g \$ 6,952,612.					
	h	Total. Add lines 1a-1f ▶						95,500,467.
	Program Service Revenue							Business Code
2a								
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f ▶			0.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ▶		34,383,356.			34,383,356.	
	4	Income from investment of tax-exempt bond proceeds . ▶		0.				
	5	Royalties ▶		0.				
	6a	6a						
			(i) Real					
			(ii) Personal					
	b	Less: rental expenses 6b						
	c	Rental income or (loss) 6c						
	d	Net rental income or (loss) ▶		0.				
	7a	7a						
			(i) Securities					
			(ii) Other					
	b	Less: cost or other basis and sales expenses . . 7b						
	c	Gain or (loss) 7c						
	d	Net gain or (loss) ▶		0.				
8a	8a	Gross income from fundraising events (not including \$ 1,493,352. of contributions reported on line 1c). See Part IV, line 18		480,276.				
		Less: direct expenses 8b		480,276.				
		Net income or (loss) from fundraising events. ▶		0.				
9a	9a	Gross income from gaming activities. See Part IV, line 19		0.				
		Less: direct expenses 9b		0.				
		Net income or (loss) from gaming activities. ▶		0.				
10a	10a	Gross sales of inventory, less returns and allowances		0.				
		Less: cost of goods sold 10b		0.				
		Net income or (loss) from sales of inventory. ▶		0.				
Miscellaneous Revenue				Business Code				
	11a	FACILITIES USE FEES		532000	236,315.	121,715.	114,600.	
	b							
	c							
	d	All other revenue						
e	Total. Add lines 11a-11d ▶			236,315.				
12	Total revenue. See instructions ▶			130,120,138.		121,715.	34,497,956.	

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	116,839.	116,839.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	80,000.	80,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	9,047,925.	9,047,925.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	2,209,922.	689,923.	1,337,508.	182,491.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	160,742.			160,742.
7 Other salaries and wages	34,163,717.	26,795,888.	3,813,364.	3,554,465.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	9,184,576.	7,194,223.	1,031,790.	958,563.
10 Payroll taxes	0.			
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	117,466.	73,465.	44,001.	
c Accounting	363,082.	122,832.	240,250.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	163,200.			163,200.
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) ATCH 4	13,656,678.	10,584,876.	1,344,663.	1,727,139.
12 Advertising and promotion	348,882.	283,036.	65,846.	
13 Office expenses	6,938,760.	3,863,491.	552,647.	2,522,622.
14 Information technology	793,337.	190,288.	467,058.	135,991.
15 Royalties	0.			
16 Occupancy	1,812,906.	1,670,742.	96,365.	45,799.
17 Travel	17,584,266.	17,235,725.	109,084.	239,457.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	1,241,944.	1,135,146.	23,710.	83,088.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	676,025.	295,683.	237,053.	143,289.
23 Insurance	679,509.	327,098.	342,200.	10,211.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a VEHICLES	4,782,305.	4,778,879.	2,135.	1,291.
b INTERVENTIONS	4,471,761.	4,471,761.		
c OTHER MISCELLANEOUS	1,227,462.	455,299.	745,454.	26,709.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	109,821,304.	89,413,119.	10,453,128.	9,955,057.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	45,791,190.	1	51,231,197.
	2 Savings and temporary cash investments	0.	2	0.
	3 Pledges and grants receivable, net	3,163,448.	3	8,649,579.
	4 Accounts receivable, net.	4,177,792.	4	1,650,019.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	37,501.	9	320,045.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 22,220,737.		
	b Less: accumulated depreciation	10b 18,002,228.	4,591,071.	10c 4,218,509.
	11 Investments - publicly traded securities	10,066,686.	11	10,970,114.
	12 Investments - other securities. See Part IV, line 11	780,191,924.	12	866,140,055.
	13 Investments - program-related. See Part IV, line 11.	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	2,425,415.	15	2,428,615.
16 Total assets. Add lines 1 through 15 (must equal line 33)	850,445,027.	16	945,608,133.	
Liabilities	17 Accounts payable and accrued expenses	7,643,038.	17	7,774,144.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	2,046,809.	19	7,424,532.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	5,321,752.	25	5,269,965.
	26 Total liabilities. Add lines 17 through 25.	15,011,599.	26	20,468,641.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	300,681,066.	27	335,162,115.
	28 Net assets with donor restrictions	534,752,362.	28	589,977,377.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	835,433,428.	32	925,139,492.
33 Total liabilities and net assets/fund balances	850,445,027.	33	945,608,133.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	130,120,138.
2	Total expenses (must equal Part IX, column (A), line 25)	2	109,821,304.
3	Revenue less expenses. Subtract line 2 from line 1	3	20,298,834.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	835,433,428.
5	Net unrealized gains (losses) on investments	5	69,407,230.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	925,139,492.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form **990** (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

THE CARTER CENTER, INC.

Employer identification number

58-1454716

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

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 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.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2019 (65.13%); 15 Public support percentage from 2018 Schedule A, Part II, line 14 (67.33%); 16a 33 1/3% support test - 2019 (checked); 16b 33 1/3% support test - 2018; 17a 10%-facts-and-circumstances test - 2019; 17b 10%-facts-and-circumstances test - 2018; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 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**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)),	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . ►

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
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-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the 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)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
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			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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

OTHER INCOME IS FROM FACILITIES USE FEES AND FUNDRAISING INCOME.

Schedule of Contributors

2019

▶ 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 THE CARTER CENTER, INC.	Employer identification number 58-1454716
---	--

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 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 **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.)

Name of organization THE CARTER CENTER, INC.

Employer identification number

58-1454716

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	SECURITIES	\$ 4,993,506.	12/20/2019

Name of organization THE CARTER CENTER, INC.

Employer identification number
58-1454716

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

THE CARTER CENTER, INC.

Employer identification number

58-1454716

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes rows for purpose(s) of easements, total number, acreage, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, Amount. Includes rows for art collections and financial gain reporting.

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

Schedule D (Form 990) 2019

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	802,389,359.	771,888,921.	719,623,084.	649,707,059.	621,551,871.
b Contributions	463,555.	251,444.	5,149,178.	2,031,113.	17,076,680.
c Net investment earnings, gains, and losses	103,622,651.	53,028,477.	58,541,625.	69,363,768.	11,831,181.
d Grants or scholarships					
e Other expenditures for facilities and programs	33,398,444.	22,779,483.	11,424,966.	1,478,856.	752,673.
f Administrative expenses					
g End of year balance	873,077,121.	802,389,359.	771,888,921.	719,623,084.	649,707,059.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 35.7500 %
- b** Permanent endowment ▶ 18.8900 %
- c** Term endowment ▶ 45.3600 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		636,732.		636,732.
b Buildings		17,580,413.	15,767,013.	1,813,400.
c Leasehold improvements		2,363,973.	1,296,626.	1,067,347.
d Equipment		1,639,619.	938,589.	701,030.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,218,509.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) POOLED INVESTMENT FUND	866,140,055.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	866,140,055.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITY OBLIGATIONS	5,269,965.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	5,269,965.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5).

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5).

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

ARTWORK

PART III, LINE 4

THE CENTER MAINTAINS A BROAD COLLECTION OF ART TO INCLUDE PAINTINGS, SCULPTURES, STATUES, AND AWARDS THAT REPRESENT THE LIFE AND WORK OF ITS FOUNDERS, JIMMY AND ROSALYNN CARTER. SOME OF THE PIECES HAVE BEEN DONATED TO THE CENTER BY THE CARTERS WHILE OTHERS HAVE BEEN DONATED TO THE CENTER IN RECOGNITION OF THE WORK OF THE CENTER AND OF THE CARTERS.

ENDOWMENT

PART V, LINE 4

THE CENTER HAS ESTABLISHED AN ENDOWMENT FUND IN ORDER TO SUSTAIN THE SUCCESS OF ITS MISSION AND PROGRAMS INTO THE FUTURE.

FIN 48

PART X, LINE 2

THE CENTER HAS RECEIVED A DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE (IRS) DATED DECEMBER 16, 1991, INDICATING RECOGNITION AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) WHEREBY ONLY UNRELATED BUSINESS INCOME, AS DEFINED BY SECTION 512(A) OF THE CODE, IS SUBJECT TO FEDERAL INCOME TAX.

THE CENTER APPLIES FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION TOPIC 740, INCOME TAXES (ASC 740), WHICH ADDRESSES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAX POSITIONS. ASC 740 ALSO PROVIDES GUIDANCE ON WHEN TAX POSITIONS ARE RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND HOW THE VALUES OF THESE POSITIONS ARE DETERMINED. THERE IS CURRENTLY NO IMPACT ON THE CONSOLIDATED FINANCIAL

Part XIII Supplemental Information *(continued)*

STATEMENTS AS A RESULT OF ASC 740.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

Name of the organization

THE CARTER CENTER, INC.

Employer identification number

58-1454716

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) SUB-SAHARAN AFRICA	113.	2,492.	PROGRAM SERVICES	PEACE AND HEALTH PRGMS	53,516,411.
(2) MIDDLE EAST AND NORTH AFRICA	2.	9.	PROGRAM SERVICES	PEACE PROGRAMS	3,452,399.
(3) CENTRAL AMERICA/CARIBBEAN	3.	21.	PROGRAM SERVICES	PEACE AND HEALTH PRGMS	2,805,575.
(4) EAST ASIA AND THE PACIFIC	1.	7.	PROGRAM SERVICES	PEACE PROGRAMS	1,025,557.
(5) SOUTH AMERICA	0.	0.	PROGRAM SERVICES	PEACE AND HEALTH PRGMS	936,476.
(6) SOUTH ASIA	1.	9.	PROGRAM SERVICES	PEACE PROGRAMS	57,691.
(7) SUB-SAHARAN AFRICA	0.	0.	GRANTMAKING	PEACE AND HEALTH PRGMS	7,774,544.
(8) MIDDLE EAST AND NORTH AFRICA	0.	0.	GRANTMAKING	PEACE PROGRAMS	177,946.
(9) CENTRAL AMERICA/CARIBBEAN	0.	0.	GRANTMAKING	PEACE AND HEALTH PRGMS	52,627.
(10) EAST ASIA AND THE PACIFIC	0.	0.	GRANTMAKING	PEACE PROGRAMS	186,536.
(11) SOUTH AMERICA	0.	0.	GRANTMAKING	PEACE AND HEALTH PRGMS	856,272.
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	120.	2,538.			70,842,034.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	120.	2,538.			70,842,034.

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

Schedule F (Form 990) 2019

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) equivalency 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)			SOUTH AMERICA	17	32,589.	WIRE			
(2)			CENT. AMERICA/CARIBBEAN	18	29,143.	WIRE			
(3)			SUB-SAHARAN AFRICA	19	27,622.	CHECK			
(4)			SUB-SAHARAN AFRICA	20	27,570.	CHECK			
(5)			SOUTH AMERICA	21	24,727.	WIRE			
(6)			SUB-SAHARAN AFRICA	22	24,594.	WIRE			
(7)			SUB-SAHARAN AFRICA	23	24,000.	WIRE			
(8)			SUB-SAHARAN AFRICA	24	24,000.	WIRE			
(9)			SUB-SAHARAN AFRICA	25	24,000.	WIRE			
(10)			SUB-SAHARAN AFRICA	26	24,000.	WIRE			
(11)			SUB-SAHARAN AFRICA	27	24,000.	WIRE			
(12)			SUB-SAHARAN AFRICA	28	24,000.	WIRE			
(13)			SUB-SAHARAN AFRICA	29	24,000.	WIRE			
(14)			SUB-SAHARAN AFRICA	30	24,000.	WIRE			
(15)			SUB-SAHARAN AFRICA	31	22,650.	CHECK			
(16)			SUB-SAHARAN AFRICA	32	22,310.	CHECK			

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) equivalency 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 noncash assistance	(h) Description of noncash 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) equivalency 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	49	6,850.	WIRE			
(2)			SUB-SAHARAN AFRICA	50	6,110.	WIRE			
(3)			SUB-SAHARAN AFRICA	51	6,000.	CHECK			
(4)			SUB-SAHARAN AFRICA	52	5,485.	WIRE			
(5)			MIDDLE EAST/NORTH AFRICA	53	5,362.	CHECK			
(6)			MIDDLE EAST/NORTH AFRICA	54	5,362.	CHECK			
(7)			MIDDLE EAST/NORTH AFRICA	55	5,362.	CHECK			
(8)			MIDDLE EAST/NORTH AFRICA	56	5,362.	CHECK			
(9)			MIDDLE EAST/NORTH AFRICA	57	5,347.	CHECK			
(10)			MIDDLE EAST/NORTH AFRICA	58	5,322.	CHECK			
(11)			SOUTH AMERICA	59	5,134.	WIRE			
(12)			MIDDLE EAST/NORTH AFRICA	60	5,126.	CHECK			
(13)									
(14)									
(15)									
(16)									

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) equivalency letter 60.

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)* Yes No

- 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)* Yes No

- 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)* Yes No

- 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)* Yes No

- 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)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

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).

PROCEDURES FOR MONITORING GRANT FUNDS

PART I, LINE 2

THE CENTER REQUIRES GRANT RECIPIENTS TO SUBMIT INTERIM AND/OR FINAL NARRATIVE AND 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.

ACCOUNTING METHOD

PART I, LINE 3, COLUMN F

THE METHOD USED TO ACCOUNT FOR EXPENDITURES ON CCI'S FINANCIAL STATEMENTS IS THE ACCRUAL METHOD.

PURPOSE OF GRANTS TO ORGANIZATIONS OUTSIDE THE U.S.

PART II, COLUMN D

- (1) GUINEA WORM ERADICATION
- (2) ENSURING PEACEFUL AND NONVIOLENT ELECTIONS IN LIBERIA
- (3) PROVIDE EDUCATION ON RIGHTS AND THE LAW IN LIBERIA
- (4) RIVER BLINDNESS CONTROL IN VENEZUELA
- (5) RIVER BLINDNESS CONTROL
- (6) RIVER BLINDNESS CONTROL
- (7) ENGAGE TUNISIA CSO'S ACTIVE IN DEMOCRACY, ELECTIONS AND HUMAN RIGHTS
- (8) DIGITAL THREATS TO ELECTIONS IN TUNISIA
- (9) DIGITAL THREATS TO ELECTIONS IN MYANMAR
- (10) SUPPORT AWARENESS, CAPACITY BUILDING AND WOMEN'S ACCESS TO

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 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).

THE DRC

(38) YOUTH HOUSE OPERATIONS IN GOMA, DRC

(39) YOUTH HOUSE OPERATIONS IN KINSHASA, DRC

(40) YOUTH HOUSE OPERATIONS IN DRC

(41) GATHER DATA ON HUMAN RIGHTS VIOLATIONS AND BARRIERS TO POLITICAL

PARTICIPATION IN ZAMBIA

(42) PROMOTION OF WOMEN'S RIGHTS IN THE DRC

(43) PROMOTION OF WOMEN'S RIGHTS IN THE DRC

(44) RIVER BLINDNESS CONTROL

(45) HUMAN RIGHTS PROTECTION ADVOCACY FOR MINING COMMUNITITES IN EASTERN

DRC

(46) MONITOR ELECTION-RELATED DISINFORMATION IN BOLIVIA

(47) ADVOCACY AND AWARENESS RELATED TO HUMAN RIGHTS DEFENDERS IN DRC

(48) ACCESS TO INFORMATION IN LIBERIA

(49) ACCESS TO INFORMATION IN LIBERIA

(50) ACCESS TO INFORMATION IN LIBERIA

(51) RAPID RESPONSE SUPPORT FOR THREATS TO HUMAN RIGHTS DEFENDERS IN DRC

(52) ACCESS TO INFORMATION IN LIBERIA

(53) - (58) CSO WORK IN TUNISIA

(59) RIVER BLINDNESS CONTROL

(60) CSO WORK IN TUNISIA

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2019

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

THE CARTER CENTER, INC.

Employer identification number

58-1454716

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 AMERICAN MARKETING & COMM	DIRECT MAIL		X	8,996,625.	120,000.	8,876,625.
2 BLACKBAUD, INC.	INTERNET MARKETING		X	1,933,545.	43,200.	1,890,345.
3						
4						
5						
6						
7						
8						
9						
10						
Total				10,930,170.	163,200.	10,766,970.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AR, CA, CO, CT, FL, GA, HI, IL,
KS, KY, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH,
OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		AUCTION	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	1,973,628.		0.	1,973,628.
	2 Less: Contributions	1,493,352.			1,493,352.
	3 Gross income (line 1 minus line 2)	480,276.		0.	480,276.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	26,106.			26,106.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	454,170.			454,170.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				480,276.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		Revenue	1 Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

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

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

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE CARTER CENTER, INC.

Employer identification number

58-1454716

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) EMORY UNIVERSITY 1599 CLIFTON RD, ATLANTA, GA 30307	44-0553234	501 (C) (3)	34,906.		N/A		INSTITUTE OF DEVELOPING NATION
(2) GEORGIA APPLE SEED INC. 1600 PARKWOOD CIR ATLANTA, GA 30307	20-4036923	501 (C) (3)	43,642.		N/A		BEHAVIOR HEALTH
(3) GEORGIA STATE UNIVERSITY 58 EDGEWOOD AVE ATLANTA, GA 30303	58-1845423	501 (C) (3)	6,291.		N/A		CENTER OF EXCELLENCE BEHAVIOR
(4) VOICES FOR GEORGIA'S CHILDREN 75 MARIETTA ST NW ATLANTA, GA 30303	02-0678823	501 (C) (3)	32,000.		N/A		BEHAVIOR HEALTH
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 4
- 3 Enter total number of other organizations listed in the line 1 table 4

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2019)

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	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.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE CARTER CENTER, INC.

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

58-1454716

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MARY ANN PETERS PRESIDENT & CEO (UNTIL 6/1/20)	(i)	380,041.	0.	25,200.	864.	406,105.	0.
	(ii)	0.	0.	0.	0.	0.	0.
2 PHILLIP J. WISE JR. SECRETARY, VP-OPERATIONS	(i)	248,651.	0.	22,392.	0.	271,043.	0.
	(ii)	0.	0.	0.	0.	0.	0.
3 CHRISTOPHER BROWN TREASURER, VP-FINANCE	(i)	214,888.	2,500.	19,779.	24,651.	261,818.	0.
	(ii)	0.	0.	0.	0.	0.	0.
4 DEAN SIENKO VP - HEALTH PROGRAMS	(i)	259,675.	0.	23,435.	864.	283,974.	0.
	(ii)	0.	0.	0.	0.	0.	0.
5 NICOLE KRUSE CHIEF DEVELOPMENT OFFICER	(i)	195,043.	0.	17,983.	16,958.	229,984.	0.
	(ii)	0.	0.	0.	0.	0.	0.
6 SEEMA N. SHAMS CHIEF DEVELOPMENT OFFICER	(i)	163,003.	0.	17,820.	0.	215,823.	0.
	(ii)	0.	0.	0.	0.	0.	0.
7 CRAIG WITHERS JR. VP - OVERSEAS OPERATIONS	(i)	229,735.	0.	19,659.	24,088.	273,482.	0.
	(ii)	0.	0.	0.	0.	0.	0.
8 FRANK O. RICHARDS JR. DIRECTOR HEALTH PROGRAMS	(i)	250,871.	0.	20,581.	22,814.	294,266.	0.
	(ii)	0.	0.	0.	0.	0.	0.
9 DEANNA CONGILIO COMMUNICATIONS DIRECTOR	(i)	187,382.	0.	17,202.	7,788.	212,372.	0.
	(ii)	0.	0.	0.	0.	0.	0.
10 PATTI BUNKER CHIEF IT OFFICER	(i)	187,738.	0.	16,896.	0.	204,634.	0.
	(ii)	0.	0.	0.	0.	0.	0.
11	(i)						
(ii)							
12	(i)						
(ii)							
13	(i)						
(ii)							
14	(i)						
(ii)							
15	(i)						
(ii)							
16	(i)						
(ii)							

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 L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2019

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 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.**

Name of the organization
THE CARTER CENTER, INC.

Employer identification number
58-1454716

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(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 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.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
				(1)									
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total ▶							\$						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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).

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ 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.

Name of the organization

THE CARTER CENTER, INC.

Employer identification number

58-1454716

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	4 .	4,200 .	APPRAISAL
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	135 .	6,530,652 .	MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ATCH 1)		502,357 .	417,760 .	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2019

JSA

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.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
PIPE & CLOTH FILTERS	X	496000.	173,760.	RETAIL
OTHER	X	6357.	244,000.	RETAIL
TOTALS		<u>502,357.</u>	<u>417,760.</u>	

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE CARTER CENTER, INC.

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

58-1454716

FORM 990, PART III, LINE 1 AND PART V, LINE 2A AND 2B

PART III, LINE 1

MISSION DESCRIPTION

THE CARTER CENTER IS GUIDED BY THE PRINCIPLES OF OUR FOUNDERS, JIMMY AND ROSALYNN CARTER. FOUNDED, IN PARTNERSHIP WITH EMORY UNIVERSITY, ON A FUNDAMENTAL COMMITMENT TO HUMAN RIGHTS AND THE ALLEVIATION OF HUMAN SUFFERING, THE CENTER SEEKS TO PREVENT AND RESOLVE CONFLICTS, ENHANCE FREEDOM AND DEMOCRACY, AND IMPROVE HEALTH.

1) THE CENTER BELIEVES THAT PEOPLE CAN IMPROVE THEIR OWN LIVES WHEN PROVIDED WITH THE NECESSARY SKILLS, KNOWLEDGE, AND ACCESS TO RESOURCES.

2) THE CENTER EMPHASIZES ACTION AND MEASURABLE RESULTS IN THE LIVES OF THE PEOPLE IT SEEKS TO HELP.

3) THE CENTER VALUES THE COURAGE TO BREAK NEW GROUND, FILL VACUUMS, AND ADDRESS THE MOST DIFFICULT PROBLEMS IN THE MOST DIFFICULT SITUATIONS.

4) THE CENTER RECOGNIZES THAT SOLVING DIFFICULT PROBLEMS REQUIRES CAREFUL ANALYSIS, RELENTLESS PERSISTENCE AND THE RECOGNITION THAT FAILURE IS AN ACCEPTABLE RISK.

5) THE CENTER IS NONPARTISAN AND IT SEEKS TO WORK COLLABORATIVELY WITH OTHER ORGANIZATIONS FROM THE HIGHEST LEVELS OF GOVERNMENT TO LOCAL COMMUNITIES.

PART V, LINE 2A AND 2B

NUMBER OF EMPLOYEES

Name of the organization THE CARTER CENTER, INC.	Employer identification number 58-1454716
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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
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THE BOARD OF TRUSTEES OF THE CARTER CENTER, INC. CONSISTS OF PRESIDENT CARTER AND MRS. CARTER, THE PRESIDENT OF EMORY UNIVERSITY, 9 MEMBERS APPOINTED BY EMORY UNIVERSITY'S BOARD OF TRUSTEES, AND 10 MEMBERS APPOINTED BY PRESIDENT CARTER AND THOSE TRUSTEES NOT APPOINTED BY EMORY UNIVERSITY.

FORM 990, PART VI, SECTION B, LINE 11
PROCESS USED TO REVIEW FORM 990

THE CARTER CENTER PROVIDES A DRAFT OF ITS IRS FORM 990 TO ALL TRUSTEES UP TO ONE WEEK IN ADVANCE OF THE FILING DATE. THIS REVIEW PERIOD ALLOWS FOR QUESTIONS AND COMMENTS ON THE INFORMATION SET FORTH IN THE RETURN THAT MAY BE RESOLVED PRIOR TO THE FILING. ADDITIONALLY, THE TREASURER REVIEWS THE DRAFT 990 WITH THE CHAIR OF THE FINANCE COMMITTEE IN DETAIL PRIOR TO DISTRIBUTION TO ALL TRUSTEES AND SUBSEQUENT FILING.

FORM 990, PART VI, SECTION B, LINE 12C
MONITORING CONFLICT OF INTEREST POLICY

THE CARTER CENTER'S CONFLICT OF INTEREST POLICY IS PROVIDED TO ALL EMPLOYEES UPON HIRING AND UPDATES TO SUCH POLICY ARE COMMUNICATED AS APPROVED. ALL EMPLOYEES ARE EXPECTED TO ADHERE TO THIS POLICY AS PROVIDED. ANNUALLY, THE CENTER REQUESTS THAT EACH TRUSTEE, OFFICER, AND KEY EMPLOYEE PROVIDE INFORMATION REGARDING ALL BUSINESS AND FAMILY RELATIONSHIPS AND AN ATTESTATION OF THEIR UNDERSTANDING AND ADHERENCE TO THE CONFLICT OF INTEREST POLICY, AS PROVIDED.

FORM 990, PART VI, SECTION B, LINE 15A, 15B
PROCESS USED IN DETERMINING COMPENSATION

Name of the organization THE CARTER CENTER, INC.	Employer identification number 58-1454716
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THE CENTER UTILIZES THE PAYROLL SERVICES OF A COMMON PAYMASTER, EMORY UNIVERSITY. EMORY HAS DEVELOPED AND MAINTAINED SIGNIFICANT RESOURCES WITH REGARD TO COMPENSATION AND PERFORMANCE REVIEW POLICIES AND PROCEDURES. THESE POLICIES COVER ALL OF THE CENTER'S EMPLOYEES, INCLUDING THE CEO AND ALL OFFICERS AND KEY EMPLOYEES. COMPENSATION RANGES FOR ALL JOB GRADES ARE ESTABLISHED BY EMORY UTILIZING A NUMBER OF BEST PRACTICE STANDARDS AND ARE ADHERED TO BY THE CENTER. THE PERFORMANCE OF EVERY EMORY EMPLOYEE IS REVIEWED BY THEIR SUPERVISOR AND THE CARTER CENTER, INC. MERIT RAISES MAY BE EARNED WITHIN GUIDELINES PUBLISHED BY THE CENTER'S HUMAN RESOURCES DEPARTMENT ANNUALLY. THE CEO'S PERFORMANCE IS REVIEWED AND COMPENSATION IS APPROVED BY THE COMPENSATION COMMITTEE, WHICH CONSISTS OF PRESIDENT CARTER, THE PRESIDENT OF EMORY UNIVERSITY, AND THE CHAIRMAN OF THE CARTER CENTER BOARD, AS WELL AS THE FULL BOARD OF THE CARTER CENTER.

FORM 990, PART VI, LINE 19

MAKING GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC
DOCUMENTS AVAILABLE UPON REQUEST.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

THE CARTER CENTER PEACE PROGRAMS STRENGTHEN FREEDOM AND DEMOCRACY IN NATIONS WORLDWIDE, SECURING FOR THE PEOPLE THE POLITICAL AND CIVIL RIGHTS THAT ARE THE FOUNDATION OF JUST AND PEACEFUL SOCIETIES. THE CENTER HAS BECOME A PIONEER IN ELECTION OBSERVATION, MONITORING MORE THAN 100 NATIONAL ELECTIONS TO HELP ENSURE THAT THE RESULTS REFLECT THE WILL OF THE PEOPLE. BEYOND ELECTIONS, THE CENTER SEEKS TO DEEPEN DEMOCRACY BY NURTURING FULL CITIZEN PARTICIPATION IN PUBLIC POLICY-MAKING AND BY HELPING TO

Name of the organization THE CARTER CENTER, INC.	Employer identification number 58-1454716
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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.

Name of the organization THE CARTER CENTER, INC.	Employer identification number 58-1454716
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ATTACHMENT 3 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
UGA RESEARCH FOUNDATION TERRELL HALL, 110, 210 JACKSON STREET ATHENS, GA 30602	LAB SERVICES	527,601.
DELTA FOXTROT CONSULTING 138 LAUREL RIDGE DRIVE ALPHARETTA, GA 30004	IT SERVICES	420,493.
KPMG, LLP 303 PEACHTREE STREET, NE, SUITE 2000 ATLANTA, GA 30308	AUDIT & TAX SERVICES	303,000.

ATTACHMENT 4

FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	<u>(A) TOTAL FEES</u>	<u>(B) PROGRAM SERVICE EXP.</u>	<u>(C) MANAGEMENT AND GENERAL</u>	<u>(D) FUNDRAISING EXPENSES</u>
CONSULTING	10,961,860.	9,706,035.	957,801.	298,024.
OTHER SERVICES	2,694,818.	878,841.	386,862.	1,429,115.
TOTALS	<u>13,656,678.</u>	<u>10,584,876.</u>	<u>1,344,663.</u>	<u>1,727,139.</u>

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE CARTER CENTER, INC.

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.

Open to Public
Inspection

Employer identification number

58-1454716

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

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	CARTER CENTER COLLABORATIVE, INC. 453 JOHN LEWIS FREEDOM PARKWAY ATLANTA, GA 30307 20-5704991	SUPPORT CCI	GA		12-I	CARTER CTR	X	
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

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

Schedule R (Form 990) 2019

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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