Sign Here	Signature of officer			Date		
	Type or print name and title					
Paid	Print/Type preparer's name	Preparer's signature	Date	Check if <sup>PTIN</sup> self-employed		
Preparer Use Only	Firm's name			Firm's EIN		
,	Firm's address			Phone no.		
May the I	IRS discuss this return with the	preparer shown above? (see instructions)			Yes	No
For Paper	work Reduction Act Notice, see th	ne separate instructions.			Form <b>990</b>	(2018)

Form **8868** 

(Rev. January 2019)

Department of the Treasury Internal Revenue Service File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file).

		Page <b>2</b>
Ρ	art III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	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 If "Yes," describe these changes on Schedule O.	No
4		

			F	Page 3
Par	t IV Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office?	3		
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		11a		
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		11d		
		11e		
12		11f		
12		12a		
13		12b 13		
13		13 14a		
15		14b		
16		15		
17		16		
18		17		
19		18		
20		19 20a		
21		20b		
		21		

Form 990 (2018)		F	age <b>4</b>
Part IV Checklist of Required Schedules (continued)		N I	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	No
<ul> <li>23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated</li> </ul>			
employees? If "Yes," complete Schedule J	23		
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
<ul><li>through 24d and complete Schedule K. If "No," go to line 25a</li><li>b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</li></ul>	24a 24b		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
to defease any tax-exempt bonds?	24c		
d 25	24d		
	25a		
26	25b		
	26		
27			
28	27		
	28a		
	28b		
	28c		
29	29		
30	30		
31	31		
32	32		
33	52		
34	33		
	34		
35	35a		
36	35b		
37	36		
38	37		
	38		
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Statements Regarding Other IRS	Filings and Tax Compliance (continued)	)		
			Yes	5 N
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# THE CARTER CENTER, INC.

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	oyee	es, a	and I	lig	hest Compensat	ed Employees	(continued)	_
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	ss per	tion more rson	e than c is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
15) LEAH WARD SEARS	2.00										-
TRUSTEE	1.00	X						0.	0	. 0.	<u>1</u> 68
											_
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	+										
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)											- - -
2 Total number of individuals (including but not reportable compensation from the organizatio		hose	liste	d ab	ove	e) who	o re	eceived more than	\$100,000 of		
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched					e, k	key e	emp	bloyee, or highes	t compensated	Yes No 3	[
4 For any individual listed on line 1a, is the organization and related organizations gr <i>individual</i>										4	
5 Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Y</i>									on or individual	5	-
<ul> <li>Section B. Independent Contractors</li> <li>1 Complete this table for your five highest com compensation from the organization. Report of year.</li> </ul>											-
(A) Name and business add	dress							<b>(B)</b> Description of se	ervices	<b>(C)</b> Compensation	_
											-
											-
2 Total number of independent contractors (i more than \$100,000 in compensation from the			t lin	nited	l to	thos	se l	isted above) who	received		[

Form 990 (2018)

(

Section A. Officers, Directors, Tru	istees, Ke	y Em	plo	yee	es, a	and I	Higl	hest Compensat	ed Employees	

1	
	·

	990 (2	,							Page <b>9</b>	
Par	t VII									
		Check if Schedule O co	ntains a re	spo	nse or note to ar	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections	
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d f f h 2a b	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, and similar amounts not included Noncash contributions included in <b>Total.</b> Add lines 1a-1f	tions) 1 grants, above 1 n lines 1a-1f: \$		Business Code		revenue		512-514	
	c d e f	All other program service reve				'XH <b>≱∕</b> A	%IAT'#	vRWy	d <b>MBE</b> 1	1£
	6a b c									
	b c									
						-				
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ction 501(c)(3) and 501(c)(4) organizations mus			ons must complete colu	umn (A).
Check if Schedule O contains a respo				
not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21				
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Page **10** 

Form 990 (2018)

Form	990	(2018)
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(A)         (e)         (b)           1         Cash - non-interest-bearing         1         1           2         Savings and temporary cash investments         3         1         1           3         Pledges and grants receivable, net         3         1         1         1           4         Accounts receivable, net         3         1 <t< th=""><th></th><th>Check if Schedule O contains a response of</th><th></th><th>e to any line in this F</th><th></th><th></th><th></th></t<>		Check if Schedule O contains a response of		e to any line in this F			
2       Savings and temporary cash investments       2         3       Piedges and grants receivable, net       3         4       Accounts receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L       5         Complete Part II of Schedule L       5         6       Loans and other receivables from other disqualified persons (as defined under section 4560(13)(B), and contributing employees and sponsoring organizations of sections 501(c)(9) voluntary employees beneficiary organizations of sections 10 of columnations (1) of columnating (1) of columnations (1) of columnations (1) of colum					(A) Beginning of year		<b>(B)</b> End of yea
3       Pledges and grants receivable, net       3         4       Accounts receivable, net       4         5       Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L       5         6       Loans and other receivables from other disqualified persons (as defined under section 4958(c)(3)(B), and contributing employees beneficiary organizations (see instructors). Complete Part II of Schedule L       5         Notes and loans receivable, net       7         Inventories for sale or use       9         Prepaid expenses and deferred charges       9         11       11         12       13         13       14         14       15         16       17         18       19         20       21         21       22         22       23	1 (	Cash - non-interest-bearing				1	
4       Accounts receivable, net       4         5       Lans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L       5         6       Lans and other receivables from other disqualified persons (as defined under section 4958(G)(10)), persons described in section 4958(G)(10)), persons described in section 4958(G)(10)), and contributing employees' beneficiary organizations (see instructions). Complete Part II of Schedule L       6         Notes and loans receivable, net       7         Inventories for sale or use       9         Prepaid expenses and deferred charges       9         11       12         12       13         13       14         14       15         15       16         100c       11         12       20         21       23         22       23	2 3	Savings and temporary cash investments				2	
5       Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L       5         6       Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employees and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations of section 501(c)(0) voluntary employees beneficiary organizations of section 501(c)(0) voluntary employees beneficiary organizations of section 501(c)(0) voluntary employees beneficiary organizations of section 501(c) voluntary employees beneficiary of the volume of the volu	<b>3</b> F	Pledges and grants receivable, net				3	
trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employees and sponsoring organizations (see instructions). Complete Part II of Schedule L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges	4 /	Accounts receivable, net				4	
Complete Part II of Schedule L       5         6       Leans and other receivables from other disqualified persons (as defined under section 4958(r)(1)), persona described in section 4958(r)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L       6         Notes and loans receivable, net       8       7         Inventories for sale or use       9       9         Prepaid expenses and deferred charges       9       10c         11       11       12         13       14       13         14       115       16         19       20       21         21       23       24	5 L	_oans and other receivables from current and	forme	r officers, directors,			
6       Learns and other receivables from other disqualified persons (as defined under section 4958(r)(1)), persons described in section 4958(c)(3)(B), and contributing employees and sponsoring organizations (see instructions). Complete Part II of Schedule L       6         Notes and loans receivable, net       7         Inventories for sale or use       9         Prepaid expenses and deferred charges       9         11       11         12       13         14       15         16       17         19       20         21       21         22       23         24       23	t	rustees, key employees, and highest co	omper	sated employees.			
4958(f)(1)), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L       6         Notes and loans receivable, net       7         Inventories for sale or use       9         Prepaid expenses and deferred charges       9         Inventories for sale or use       10c         Inventories for sale or use       11         Inventories for sale or use       11         Inventories for sale or use       9         Inventories for sale or use       10c         Inventories for sale or use       11         Inventories for sale or use       12         Inventories for sale or use <t< td=""><td>(</td><td>Complete Part II of Schedule L</td><td></td><td></td><td></td><td>5</td><td></td></t<>	(	Complete Part II of Schedule L				5	
and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L       6         Notes and loans receivable, net       7         Inventories for sale or use       9         Prepaid expenses and deferred charges       9         11       10c         11       11         12       13         14       15         16       17         18       19         20       21         21       23         22       23         23       24	6 L	Loans and other receivables from other disqualified pers (1958(f)(1)) persons described in section 4958(c)(3)(B)	ons (as	defined under section			
Notes and loans receivable, net         7           Inventories for sale or use         9           Prepaid expenses and deferred charges         9           100         100           11         11           12         13           13         14           15         16           17         18           19         20           21         20           21         21           23         24           24         23           25         25	a	and sponsoring organizations of section 501(c)(9) volu	untary e	employees' beneficiary			
Inventories for sale or use         8           Prepaid expenses and deferred charges         9           100         100           111         100           111         111           112         111           113         111           114         115           115         116           116         119           118         119           120         121           121         12           132         13           144         155           166         12           17         12           18         19           20         20           21         20           22         23           23         24           24         24			edule L				
Prepaid expenses and deferred charges       9         Image: I							
10c         11         12         13         14         15         16         17         18         20         21         20         21         22         23         24         25							
11         12         13         14         15         16         17         18         19         20         21         22         23         24         25	F	Prepaid expenses and deferred charges				9	
11         12         13         14         15         16         17         18         19         20         21         22         23         24         25							
11         12         13         14         15         16         17         18         19         20         21         22         23         24         25					-		
12         13         14         15         16         17         18         19         20         21         22         23         24         25							
13         14         15         16         17         18         20         21         22         23         24         25							
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15         16         17         18         19         20         21         21         23         24         25							
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Form 9	990 (2018)		Page <b>12</b>
Par	t XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this F	Part XI	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	
2	Total expenses (must equal Part IX, column (A), line 25)	2	
3	Revenue less expenses. Subtract line 2 from line 1	3	
4		4	
5		5	
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7		7	
8		8	
9		9	
		10	


SCHE	EDU	LE	A
(Form	990	or	990-EZ)

# Public Charity Status and Public Support

OMB No. 1545-0047

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.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization

Employer identification number

Part I	Reason for Public Cha	rity Status (All c	organizations must c	omplete this p	art.) See instructions	
					-	

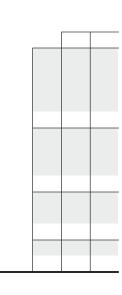
Page

# **Supporting Organizations**

Schedule A (Form 990 or 990-EZ) 2018 Part IV Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? 11 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? 11a **b** A family member of a person described in (a) above? 11b c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to 1 regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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. 1 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? 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. 2 Section C. Type II Supporting Organizations Yes No

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of thtees dur tacteetio7.4(c)-27.9(h)1i27.4(r)-n's7.8(s)278.2(ri)rted org.8(or )2ization's5

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edule A (Form 990 or 990-EZ) 2018			Page <b>6</b>
Int V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga Check here if the organization satisfied the Integral Part Test as a qualifying			n in Dort \/l\ See
Check here if the organization satisfied the Integral Part Test as a qualifyir instructions. All other Type III non-functionally integrated supporting organ	ig trust ization	on Nov. 20, 1970 (explais must complete Section	n in Part VI). See
ction A - Adjusted Net Incomn16.8(ey15(ed N)5(ed 80 88.4 38.8801 69-0 0 9.			(B) Current Year
ction A - Adjusted Net Incomn16.8(ey15(ed N)5(ed 80 88.4 38.8801 69-0 0 9.	m.015	3 A)-(I)27A1(U)27 Pri9(	t)ect5(r7.9(8.4(Y)27.1
	_		

	V Type III Non-Functionally Integrated 509(a)(3)		tions (continued)	Page <b>7</b>
Part		Supporting Organization	tions (continued)	Current Year
<u>Sect</u>	ion D - Distributions Amounts paid to supported organizations to accomplish early a supported organizations to accomplish early a support of the support of	vemet purpeese		Current fear
2	Amounts paid to perform activity that directly furthers exer		od	
2	organizations, in excess of income from activity		eu	
3		uses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets	ses of supported organi	2010/13	
6				
7				
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
Ŭ	(provide details in <b>Part VI</b> ). See instructions.			
9				
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	
		Excess Distributions	Underdistributions Pre-201810	

**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.)

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

Name of the organization

# **Schedule of Contributors**

OMB No. 1545-0047

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

Employer identification number

### Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	501(c)( ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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**

· · · · · · · · · · · · · · · · · · ·	

JSA

Part I Contr	ibutors (see instructions). Use duplicate copi	es of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part II Nonca	ash Property (see instructions). Use duplicate copies	of Part II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		—	
		\$	

JSA

Employer identification number

Part III	Exclusively religious, charitable, etc.	., contributions to or	ganizations desc	ribed in section 501(c)(7), (8), or				
	(10) that total more than \$1,000 for	the year from any o	one contributor.	Complete columns (a) through (e) and				
	the following line entry. For organizati	ions completing Part	III, enter the total	of exclusively religious, charitable, etc.,				
	contributions of \$1,000 or less for th	e vear (Enter this inf	formation once. So	ee instructions) \$				
	Use duplicate copies of Part III if addit	ional space is neede	d.					
(a) No.								
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held				
Faili								
				1				
	1							

# SCHEDULE D (Form 990)

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

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Pa	rt I Organizations Maintaining Donor Advis Complete if the organization answered "			r Accounts.		
		(a) Donor advised funds		(b) Eurodo	and other acco	
		(a) Donor advised funds	>	(b) Fullas		ounts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year	advisors is writing that the	a (i) E E O m	4		
5 6	Did the organization inform all donors and donor a	advisors in writing that the a	45(1)55.2 111	4 6211510 0 0		
			Ý	!	4	

**Open to Public** 

Schedule D (	Form 990) 2018									Р	age 🕻
Part III	Organizations Maintain									d)	
	g the organization's acquisiti		other recor	ds, chec	k any o	of the follow	wing that a	are a signi	ficant u	se o	f its
	ction items (check all that app Public exhibition	oly):	a [		or oveh						
a b	Scholarly research		d e	Other		ange progra					
c	Preservation for future gene	erations									
	de a description of the orga		s and expla	ain how t	they fur	ther the o	rganization	's exempt	purpos	e in	Part
XIII.							•	·			
	ng the year, did the organizati							lar	_		1
asset	s to be sold to raise funds rat		ained as pa	irt of the	organiza	ation's colle	ction?		Yes		No
	Escrow and Custodial	Arrangements.									
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Schedule D (Form 990) 2018 Page 3 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 (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) POOLED INVESTMENT FUND 780,191,924. FMV (B) (C) (D) (E) (F) (G) (H) 780,191,924 Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Part VIII 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 5,321,752. (3) (4)(5) (6)(7)(8)(9) 5,321,752.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

	ule D (Form 990) 2018			Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Par	With Revenue per rt IV, line 12a.	Return.	
1 2	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1	
	Net unrealized gains (losses) on investments Donated services and use of facilities			
	Recoveries of prior year grants Other (Describe in Part XIII.)		2e	
3 4	Add lines <b>2a</b> through <b>2d</b>		3	
т				
			4c 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

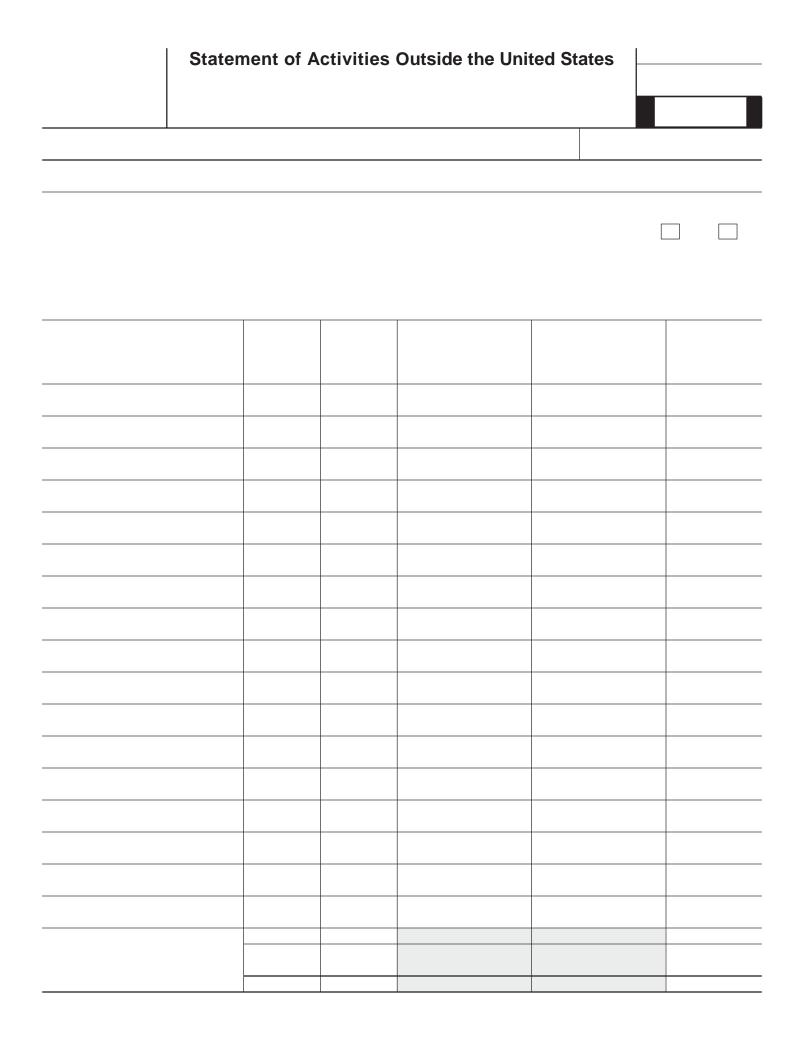
#### PART V, LINE 4

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

CCI HAS RECEIVED A DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE DATED DECEMBER 16, 1991 INDICATING RECOGNITION AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE CODE WHEREBY ONLY UNRELATED BUSINESS INCOME, AS DEFINED BY SECTION 512(A) OF THE CODE IS SUBJECT TO FEDERAL INCOME TAX. CCI APPLIES FASB ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740, INCOME TAXES, WHICH ADDRESSES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAX POSITIONS. IT 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 STATEMENTS AS A RESULT OF ASC 740.



Schedule F (Form 990) 2018 Part I Gramts a	m 990) 2018 Grants and Other Assistance to Organizations	ance to Organizat	Page 2 ions or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,	ide the United	States. Comple	te if the orga	nization answer	ed "Yes" on	Page <b>2</b> Form 990,
Pan	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed	scipient who receiv	ed more than \$5,000.	Part II can be d	uplicated if additi	onal space is I	needed.	-	
<b>-</b>	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> 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)
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(12)									
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(15)									
(16)									
<ul> <li>2 Enter total</li> <li>by the IRS,</li> <li>5 Enter total</li> </ul>	Enter total number of recipient organizations listed above that are recognized as charities by the f by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	anizations listed abov or counsel has provi	e that are recognized as charities by the foreign country, recognized as tax-exempt ded a section $501(c)(3)$ equivalency letter	charities by the f equivalency letter	oreign country, re	cognized as tax	-exempt		
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chedule F	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.										

Page 5

Schedule F (Form 990) 2018

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.

PURPOSE OF GRANTS TO ORGANIZATIONS OUTSIDE THE U.S.

PART II, COLUMN D

(1) GUINEA WORM ERADICATION

(2) ANALYZED BARRIERS TO WOMEN'S PARTICIPATION IN POLITICAL AFFAIRS IN

DRC

(3) RIVER BLINDNESS CONTROL IN VENEZUELA

(4) IMPLEMENT GUINEA WORM ERADICATION AWARENESS ACTIVITIES AND

#### SURVEILLANCE

(5) RIVER BLINDNESS CONTROL

(6) ENSURING PEACEFUL AND NONVIOLENT ELECTIONS IN LIBERIA

(7) PROVIDE INFORMATION AND EDUCATION ON RIGHTS AND THE LAW/COMMUNITY

JUSTICE ADVISORY SERVICES - LIBERIA

(8) IMPLEMENT GUINEA WORM ERADICATION AWARENESS ACTIVITIES AND

SURVEILLANCE

- (9) GUINEA WORM ERADICATION EFFORTS
- (10) GENDER AND WOMEN ACCESS TO INFORMATION
- (11) FACIAL CLEANLINESS & ENVIRONMENTAL IMPROVEMENT TRACHOMA

SCHEDULE G	Supplemental I	Information Reg	garding	Fundra	ising or Gamin	g Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if th	ne organization answer organization entered m	ed "Yes" on	Form 990, F	Part IV, line 17, 18, or 1 rm 990-EZ line 6a	9, or if the	
	·			or Form 99			Open to Public
Department of the Treasury Internal Revenue Service	Go	o to www.irs.gov/Form9	90 for instr	uctions and	the latest instructions.		Inspection
Name of the organization						Employer identificat	ion number
			1		I	I	1
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#### Fundraising Events.



OMB No. 1545-0047										
MO	t									
SCHEDULEI										

Schedule J (Form 990) 2018 Part II Officers. Directors. Trustees. Key Employees. and Highest Compensated Employees. Use duplicate copies if additional space is needed.	es. Kev Emplovee	s. and Highest Co	mpensated Emplo	vees. Use duplica	te copies if additio	nal space is needed	Page 2
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and	n must be reported o	on Schedule J, report	rt compensation fro	n the organization	on row (i) and		

THE CARTER CENTER, INC.
$\sim$
Part III Supplemental information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 1A - CHARTER TRAVEL AND TRAVEL FOR COMPANIONS
AS PART OF CARTER WEEKEND, PRESIDENT CARTER, OTHER KEY PERSONNEL AND
THEIR COMPANIONS ARE FLOWN TO THE DESTINATION ON A DONATED CHARTER
FLIGHT.

JSA

SCHEDULE L (Form 990 or 990-EZ)

## **Transactions With Interested Persons**

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

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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Schedule L (Form 990 or 990-EZ) 2018

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	-	aring of zation's nues?
				Yes	No
(1) REBECCA CARTER	SPOUSE OF CHILD OF BD MBR	114,095.	COMPENSATION AS EMPLOYEE		x
(2)					
(3)					
(4)					
(5)					
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Provide additional information for responses to questions on Schedule L (see instructions).


**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,

Part II

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

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

Department of the Treasury Internal Revenue Service

Name of the organization

## 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.

**Open to Public** Inspection

Employer identification number

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

OMB No. 1545-0047

UNIVERSITY OF CALIFORNIA BOARD OF REGENTS. THE CARTER CENTER ENGAGED THE WASHINGTON, DC OFFICE OF THE LAW FIRM KING & SPALDING IN A LEGAL MATTER DURING FY2019 PAYING THE FIRM \$156,835. ONE OF THE CENTER'S TRUSTEES, CHILTON VARNER, IS AN ATLANTA-BASED PARTNER WITH KING & SPALDING. MS. VARNER WAS NOT INVOLVED IN MANAGEMENT'S DECISION TO RETAIN KING & SPALDING IN THIS MATTER.

#### FORM 990 PART VI, LINE 7A

ELECTION OF MEMBERS OF THE GOVERNING BODY

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 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.

Employer identification number 58-1454716

FORM 990, PART VI, LINE 19 MAKING GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC DOCUMENTS ARE AVAILABLE UPON REQUEST.

ATTACHMENT 1

#### FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

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. Name of the organization

Schedule O (Form 990 or 990-EZ) 2018	Page 2
Name of the organization	Employer identification number
THE CARTER CENTER, INC.	58-1454716
	58-1454716

### ATTACHMENT 4

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
ANSAR, INC. 5561 BETHESDA-ARNO RD THOMPSON STATION, TN 37179	MAILSHOP SERVICES	2,480,944.
PROOF OF THE PUDDING 2033 MONROE DRIVE ATLANTA, GA 30324	EVENTS/CATERING	522,050.
KYNE COMMUNICATION 6, THE COURTYARD BUILDING, CARMANHALL RD SANDYFORD DUBLIN 18 IRELAND	PUBLIC RELATIONS	1,808,100.
KPMG LLP DEPT 0608, PO BOX 120608 DALLAS, TX 75312-0608	ACCOUNTING SERVICES	566,247.

SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships	zations and	Unrelated	Partnershi	sd	OMB No. 1545-0047	15-0047
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Yes No

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"Yes" on Form 990, Part IV,
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Part V

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

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	1a
<b>b</b> Gift, grant, or capital contribution to related organization(s)	1b
c Gift, grant, or capital contribution from related organization(s)	1c
d Loans or loan guarantees to or for related organization(s)	1d
e Loans or loan guarantees by related organization(s)	1e
f Dividends from related organization(s)	1f
g Sale of assets to related organization(s)	1g
h Purchase of assets from related organization(s)	1h
i Exchange of assets with related organization(s)	1i
i Lease of facilities, equipment, or other assets to related organization(s)	1j
k Lease of facilities, equipment, or other assets from related organization(s)	1k

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Sharing of paid employees with related organization(s) 0

I Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

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- Reimbursement paid to related organization(s) for expenses
   Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)

Schedule R (Form 990) 2018

 Supplemental Information

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