

**Sign Here**

Signature of officer

Date

Type or print name and title

Print/Type preparer's name

Preparer's signature

Date

Check if PTIN  
self-employed

**Paid Preparer Use Only**

Firm's name

Firm's EIN

Firm's address

Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)



Form **8868**

(Rev. January 2019)

Department of the Treasury  
Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

OMB No. 1545-1709

Electronic filing (e-file).

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\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_


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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office?		
<b>4</b>		
<b>5</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		
<b>9</b>		
<b>10</b>		
<b>11</b>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		
<b>11d</b>		
<b>11e</b>		
<b>11f</b>		
<b>12</b>		
<b>12a</b>		
<b>12b</b>		
<b>13</b>		
<b>14</b>		
<b>14a</b>		
<b>14b</b>		
<b>15</b>		
<b>16</b>		
<b>17</b>		
<b>18</b>		
<b>19</b>		
<b>20</b>		
<b>20a</b>		
<b>20b</b>		
<b>21</b>		

**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i>	<b>22</b>	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	<b>23</b>	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	<b>24a</b>	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24c</b>	
<b>d</b>	<b>24d</b>	
<b>25</b>	<b>25a</b>	
	<b>25b</b>	
<b>26</b>	<b>26</b>	
<b>27</b>	<b>27</b>	
<b>28</b>	<b>28a</b>	
	<b>28b</b>	
	<b>28c</b>	
<b>29</b>	<b>29</b>	
<b>30</b>	<b>30</b>	
<b>31</b>	<b>31</b>	
<b>32</b>	<b>32</b>	
<b>33</b>	<b>33</b>	
<b>34</b>	<b>34</b>	
<b>35</b>	<b>35a</b>	
	<b>35b</b>	
<b>36</b>	<b>36</b>	
<b>37</b>	<b>37</b>	
<b>38</b>	<b>38</b>	














**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ _____					
	<b>h Total.</b> Add lines 1a-1f					
<b>2a</b> _____	<b>Business Code</b>					
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> _____						
<b>e</b> _____						
<b>f</b> All other program service revenue						
<b>6a</b>						
<b>b</b>						
<b>c</b>						
<b>b</b>						
<b>c</b>						

"XHWA%IAT"nvRWydM611A



**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
<b>1</b> Cash - non-interest-bearing	<b>1</b>	
<b>2</b> Savings and temporary cash investments	<b>2</b>	
<b>3</b> Pledges and grants receivable, net	<b>3</b>	
<b>4</b> Accounts receivable, net	<b>4</b>	
<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	<b>5</b>	
<b>6</b> 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 employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	<b>6</b>	
Notes and loans receivable, net	<b>7</b>	
Inventories for sale or use	<b>8</b>	
Prepaid expenses and deferred charges	<b>9</b>	
	<b>10c</b>	
	<b>11</b>	
	<b>12</b>	
	<b>13</b>	
	<b>14</b>	
	<b>15</b>	
	<b>16</b>	
	<b>17</b>	
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	<b>21</b>	
	<b>22</b>	
	<b>23</b>	
	<b>24</b>	
	<b>25</b>	
	<b>26</b>	
<input type="checkbox"/>		
<input type="checkbox"/>		













**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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>b</b>	A family member of a person described in (a) above?		
<b>c</b>	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
<b>1</b>	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>		
<b>2</b>	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
<b>1</b>	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 supported organizations?		

<b>1</b>			
<b>2</b>			
<b>3</b>			







**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.)

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# Schedule of Contributors

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

Name of the organization

Employer identification number

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( ) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**



Name of organization

____	_____ _____ _____	_____	<table border="1"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table>			
____		_____	<table border="1"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table>			
____	_____ _____ _____	_____	<table border="1"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table>			
____	_____ _____ _____	_____	<table border="1"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table>			
____	_____ _____ _____	_____	<table border="1"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table>			
____	_____ _____ _____	_____	<table border="1"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table>			

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

Employer identification number

**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
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

**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
_____	_____ _____ _____	\$ _____	_____
(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
_____	_____ _____ _____	\$ _____	_____

Name of organization

Employer identification number

**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
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
_____ _____ _____			
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
_____ _____ _____			
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
_____ _____ _____			
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
_____ _____ _____			
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
_____ _____ _____			
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
_____ _____ _____			
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
_____ _____ _____			
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Employer identification number

**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.

	(a) Donor advised funds	(b) Funds and other accounts
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		
5 Did the organization inform all donors and donor advisors in writing that the as(i)55.2 m4 e2irsivvv		<input type="checkbox"/> <input type="checkbox"/>
6		<input type="checkbox"/> <input type="checkbox"/>

Y

	4

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**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	780,191,924.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	780,191,924.	

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





**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.



**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)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(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

3 Enter total number of other organizations or entities









**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

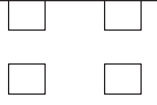






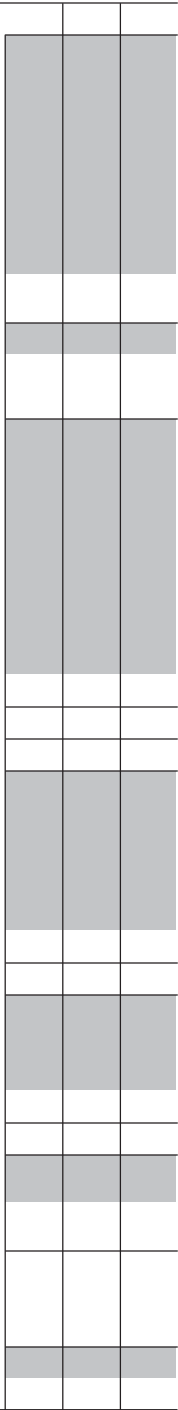
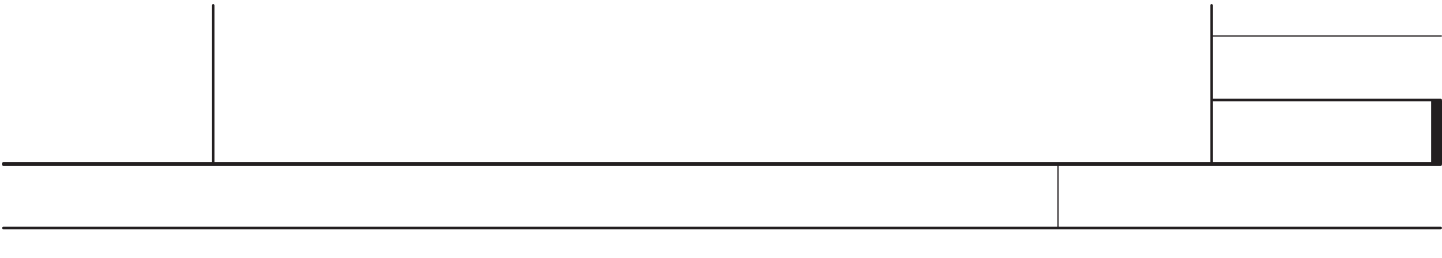
















**Part III Supplemental Information**

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.



**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	114,095.	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).



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**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,

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**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.

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

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

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

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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

**Open to Public  
Inspection**

Employer identification number



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



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

Employer identification number

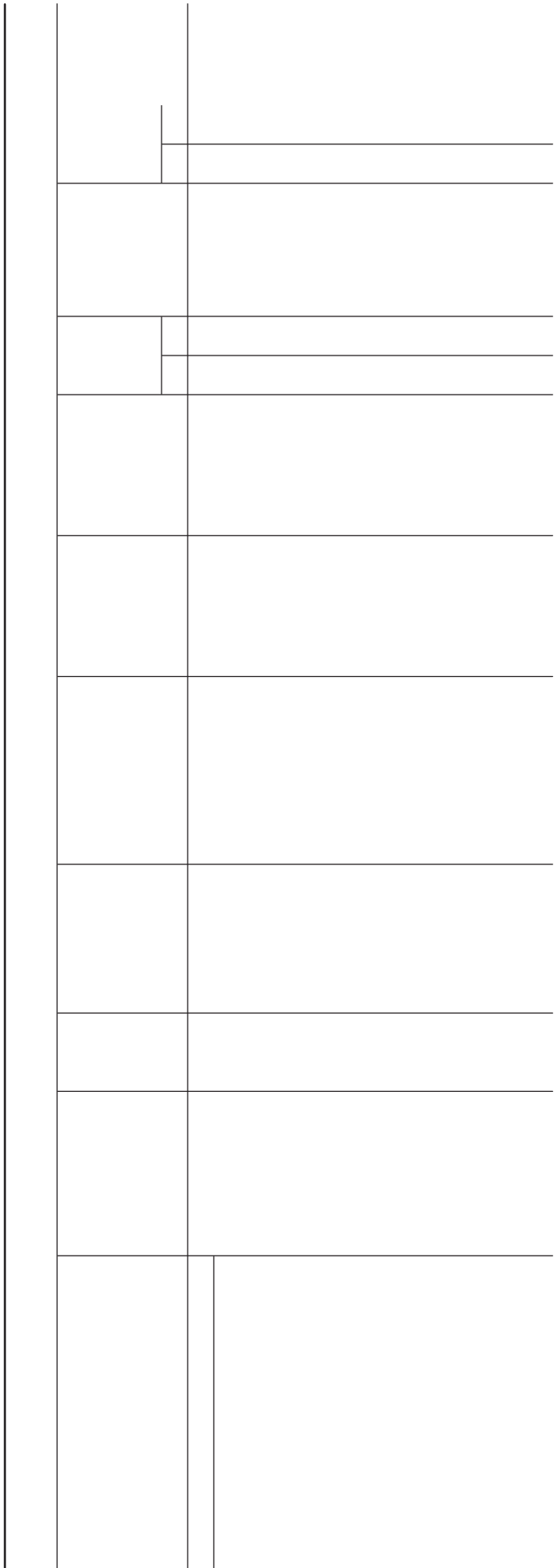
Name of the organization THE CARTER CENTER, INC.	Employer identification number 58-1454716
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ATTACHMENT 4

990, 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	2,480,944.
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.











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**Part VII** **Supplemental Information**

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

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