	Return of Organization Exempt From Inco	ome Tax	
Form	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (excep	t private foundations)	20
i	No not antige Canial Consults another an this form as it may be seen	ede entite	Open to Public
			Inspection
1 ,			
<u> </u>			
t.			į
			İ
			4
•			:
4			
			7
5			
Part I			4
			,
AAA			
<u> </u>			
1			
16			
100			
			1
الأسنة ا			
.			
· · · · · · · · · · · · · · · · · · ·			
			i
			4
			1
			4
AA			i
~			
Francisco Codo Colonia	- 1		
To the second se			
			ŧ
Part II			
-1 <u>-</u>			
,			
t.lan		71	
1. 1	her D. Brown VP Finan & Ts ass		
1	THE UNISTABLE VY TIMEN & 11 REU		
Ä,			
4			
4,			
			g.
	of organization	D Employer identification	number
B Check if applicable	CUBILLS CENTLS INC		

Form **8879-EO**

20

OMB No. 1545-1878



Cumulative e-File History 2019

Federal

Tax Return Return Type

3342HM 990

TaxpayerTHE CARTER CENTER, INC.

Account
1985

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

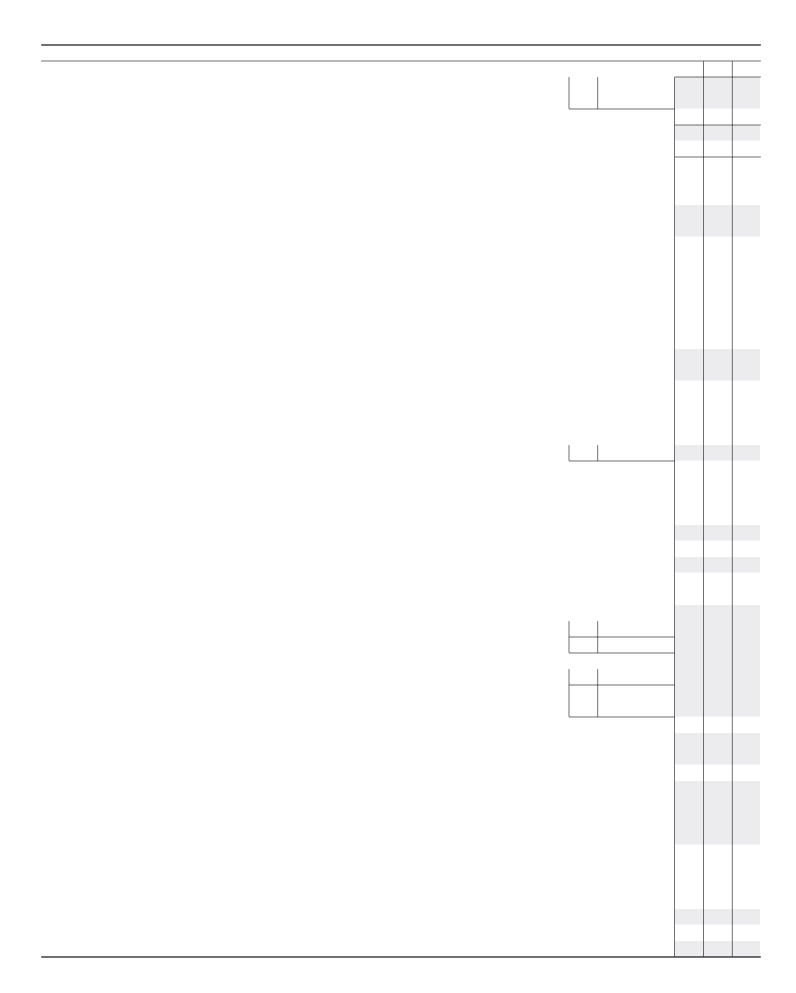
Acknowledgement Date 2021-07-14 17:29:23

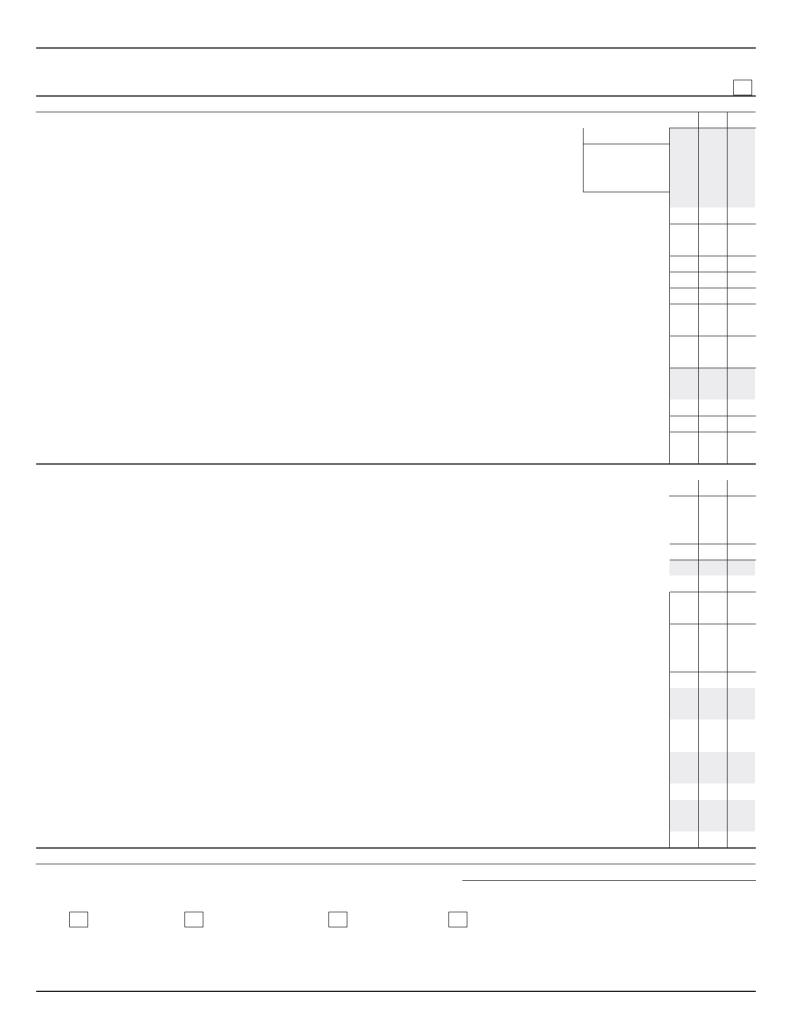
Status Accepted

Submission ID 56038220211955000007

_	_		-			
	_			_		

Part	IV Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to on for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	A		Δ
23	organization's current and former officers, directors, trustees, key employees, and highest compensated	\	Λ	۸
24 a	employees? If "Yes," complete Schedule J A A A A A A A A A A A A A A A A A A	23	A	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	Δ		Δ
b	through 24d and complete Schedule K. If "No," go to line 25a A A A A A A A A B Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	44a 24b	A	` /
С	Did the organization maintain an escrew account other than arefunding escrew at any time during the year to defease any tax-exempt bonds?	A	A	1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	Ά	-7
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	А	Α
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
		25b		
26				
27		26		
27				
		27		
28				
а				
b		28a 28b		
С				
29		28c 29		
30		30		
31		31		
32		32		
33		33		
34				
35		34 35a		
		35b		
36				
37		36		
38		37		
		38		





	- 7
990 (2019)	Page /

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

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

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

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

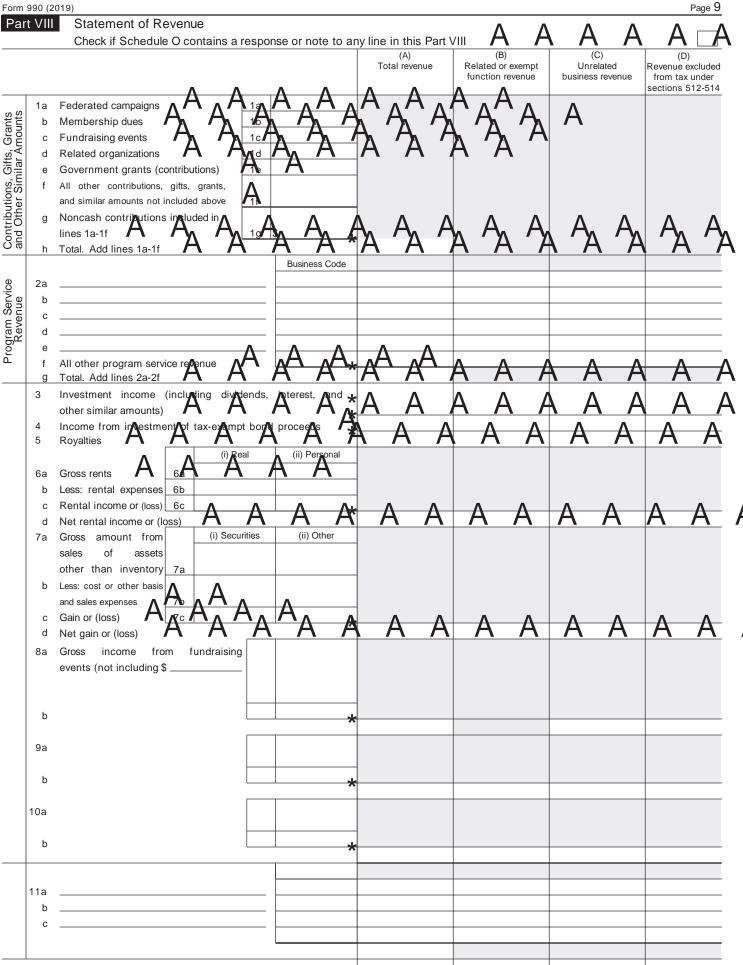
List all of the organization's current key employees, if any. See instructions for definition of "key employee."

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

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued							continued)						
	(A) Name and title	(B) Average hours per week (list any	(do r box,	not ch unles	(C Posi neck ss per	tion more	e than o is both or/trust	one an	(D) Reportable compensa84(n)-3	(E)		(F) 0(m)90)-1704	117312st1(e)]T
		hours for related organizations below dotted line)	<u> </u>				01711401						



Form 990 (2019)



Form 990 (2019) Page 10

Part IX Statement of Functional Expenses				Page I
Section 501(c)(3) and 501(c)(4) organizations mu			ons must complete co	Plumn (A).
Check if Schedule O contains a response not include amounts reported on lines 6b, 7b,	onse or note to any III		(C)	(D)
8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(0)	
				-
				+
				1

Form 990 (2019) Page 12

1 01111 3	70 (2013)		rage 12	
Part	XI Reconciliation of Net Assets			^
	Check if Schedule O contains a response or note to any line in this Part X A A A A	\mathcal{A}	_ <i>L</i> A	\ <i>F</i>
1	Total revenue (must equal Part VIII, column (A), line 12)	<i>₹</i>	\ <i>/</i> 7	<i>\ f</i> ,
2	Total expenses (must equal Part IX, column (A), line 25)	Λ_{Λ} H	Λ_{Λ} F	$^{\lambda}_{\Lambda}$
3	Revenue less expenses. Subtract line 2 from line 1	A	H^{Λ}	\vdash
4	Net assets or fund balances at beginning of year (must equal Part X line 32 column (A))	<u> </u>	- ₹	, V
5	Net unrealized gains (losses) on investments 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	_ 7\	-7	7
6	Donated services and user of facilities	` 	─ ∕₹	: 7
7	Investment expenses $A_{\Delta}A_{\Delta}A_{\Delta}A_{\Delta}A_{\Delta}A_{\Delta}A_{\Delta}A_{\Delta}$	$\sqrt{\nabla}$	Δ	'Δ ′
8	Prior period adjustments A A A A A A A A A A A A A A A A A A A	Δ	Δ	Δ
9 10	Other changes in net assets or fund balances (explain on Schedule O)			_/ \
10	Net assets or fund balances at end of year. Combine tines 3 through (must aqual Part X, line) 10	<u> </u>	<u> </u>	Α
Part		Λ	\mathbf{A}	Λ
	Check if Schedule O contains a response or note to any line in this Part XII		\neg	
		Ye	s No	
1	Accounting method used to prepare the Form 990: Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.	_{2a} A		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	Za /		` /
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate hasis			_
h	Were the organization's financial statements audited by an independent accountant?	A	Α	Α
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		1	, ,
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			۸
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2	A	A
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or a federal award, was the organization required to undergo an audit or audit or audit or a federal award, was the organization required to undergo an audit or audit or a federal award, was the organization required to undergo an audit or a federal award, was the organization required to undergo an audit or a federal award, was the organization required to undergo an audit or a federal award, was the organization required to undergo an audit or a federal award, was the organization required to undergo an audit or a federal award.	Λ.	^	Λ
	Single Audit Act and OMB Circular A-133? A A A A A A A A A	A		H
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
		3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

nonexempt charitable trust.

OMB No. 1545-0047

Copen to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-E2.

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

Open to Publi Inspection

Employer identification number

Part I	Reason for Public Chari	ty Status (All	organizations must c	omplete th	is part.) Se	ee instructions.	
	ı						
	1						
	1						
	1						

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		I	1	1

00110441071(. ago o
Part V	Type III Non-Functionally Integrated 509(a)(3) Supporting Organization	ns	
·			

Page 7

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

Schedule A (Form 990 or 990-EZ) 2019 Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, SECTION B, LINE 10

Schedule A (Form 990 or 990-EZ) 2019

Schedule B

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

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

ecZb

Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line

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

Employer identification number 58-1454716

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

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

Employer identification number 58-1454716

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

Schedule D (Form 990) 2019 Page 2

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar As 3	sets (continued)
3	
4	
5	

Schedule D (Form 990) 2019 Page 3

Part VII Investments - Other Securities. Complete if the organization answered	l "Yes"	on Fo	rm 990	Part I\	/ line 1	1h See	Form 99	0 Par	t X line	 12
		Book va		, i diti		(c) Metl	nod of valu	uation:		
(a) Description of security or category (including name of security) (1) Financial derivatives		Λ	Λ		C	ost or end	of-year m	arket val	ue A	
(1) Financial derivatives A A A A (2) Closely huttyoseldalue		4	Α	A	Α_	_A	A	A _	_A	<u>A</u> _
								-		

Schedule D (Form 990) 2019

Scheaule	D (Form 990) 2019				Page 4
Part X		Reven V, line	nue per Return. e 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	
				•	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1	I		
	Net unrealized gains (losses) on investments				
	Donated services and use of facilities				
				ا ۱	
				2e	
3				3	
4					
•					
				1.	
				4c	
				5	
			1		
				-	
				_	

		—

Part XIII Supplemental Information (continued)

STATEMENTS AS A RESULT OF ASC 740.

THE CARTER CENTER, INC.

Schedule F (Form 990) 2019

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

	(i) Method of valuation (book, FMV, appraisal, other)																
	(h) Description of noncash assistance																
needed.	(g) Amount of noncash assistance																
onal space is	(f) Manner of cash disbursement	WIRE	WIRE	WIRE	СНЕСК	СНЕСК	WIRE	WIRE	WIRE	СНЕСК	WIRE	WRE	СНЕСК	WIRE	WRE	WIRE	WIRE
Juplicated if additiv	(e) Amount of cash grant	5,920,000.	609,236.	543,895.	394,572.	216,013.	129,158.	82,111.	55,388.	49,946. CI	49,500. W	48,090. W	42,900.	40,000.	39,000. W	37,320.	33,543.
art II can be o	(d) Purpose of grant	1	2	3	4	5	9	7	8	6	10	11	12	13	14	15	16
/ed more than \$5,000. P	(c) Region	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA	SOUTH AMERICA	SOUTH AMERICA	SOUTH AMERICA	MIDDLE EAST/NORTH AFRICA	MIDDLE EAST/NORTH AFRICA	EAST ASIA/PACIFIC	EAST ASIA/PACIFIC	EAST ASIA/PACIFIC	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA	EAST ASIA/PACIFIC	SUB-SAHARAN AFRICA	SOUTH AMERICA
scipient who receiv	(b) IRS code section and EIN (if applicable)																
Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	(a) Name of organization																
	F	(1)	(2)	(3)	(4)	(5)	(9)	(7)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)

7

V 19-8.5F

Schedule F (Form 990) 2019

Page 2

Page 2

Page 2

Page 2

Page 1

Page 2

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

THE CARTER CENTER, INC.

Schedule F (Form 990) 2019

Part II

Page 2 s or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV. line 15. for anv recipient who received more than \$5.000. Part II can be duplicated if additional space is needed. Grants and Other Assistance to Organization

000. Part II can be duplicated if additional displant of grant (d) Purpose of cash grant (e) Amount of cash grant 33 20,696. 35 20,000. 36 20,000. 37 20,000. 38 19,532. 39 14,324. 40 14,324. 41 13,891. 42 12,000. 43 12,000. 44 11,386. 45 9,969.		:			1				I	I	I	I	I	I	I	I	I	
ount of (h) Description of noncash ance assistance		(i) Method of valuation (book, FMV, appraisal, other																
The TO, Interest of the Control of																		
The color of the	needed.	(g) Amount of noncash assistance																
Totally Teciplent Wino received more train \$5,000. Part If can be duplicated if additional continuor of ciganicated in the 15, 101 any Teciplent Wino received more train \$5,000. Figure of ciganicated (if applicable) SuB-SAHARAN AFRICA 35 20,000. Figure of ciganicated CeNT. AMERICACARIBBEAN 34 20,484.	onal space is	(f) Manner of cash disbursement	СНЕСК	WIRE	СНЕСК	СНЕСК	СНЕСК	СНЕСК	СНЕСК	СНЕСК	WIRE	WIRE	WIRE	WIRE	WIRE	WIRE	СНЕСК	WIRE
Part IV, line 15, for any feciplerin who fecien daman and congenization Clark Name of section and Eliv	tuplicated if additic	(e) Amount of cash grant	20,696.		20,000.	20,000.	20,000.	19,532.	14,345.	14,324.	13,891.	12,000.	12,000.	11,386.	9,969.	9,150.	9,000.	6,850.
(a) Name of code (b) RS code (c) Region organization (if applicable) (if appli	ar II can be c	(d) Purpose of grant	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48
(if applicable) (a) Name of organization (b) IRS code organization (c) The code organization organization and EIN (if applicable) (c) The code organization organization and EIN (if applicable) (c) The code organization organization and EIN (if applicable) (c) The code organization and EIN (if applicable) (c) The code organization and EIN (if applicable) (d) The code organization and EIN (if applicable)	ed more than \$5,000. P	(c) Region	SUB-SAHARAN AFRICA	CENT. AMERICA/CARIBBEAN	SUB-SAHARAN AFRICA	SOUTH AMERICA	SUB-SAHARAN AFRICA	SOUTH AMERICA	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA								
(a) Name of organization	scipient wno receiv	(b) IRS code section and EIN (if applicable)	07		0,7	0,	0,	- 07	- 63	- 63	- 63	6,5	0,7	- 63	- 63	63	63	03
- (1) (2) (3) (2) (4) (3) (3) (4) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Part IV, line 15, tor any re	(a) Name of organization	(()	3)	(1	()		()	(8)				(i	(1)	(1)		(16)

7

9E1275 1.000 3342HM 1985

757359

Schedule F (Form 990) 2019

Page 2

Page 2

Page 2

Page 2

Page 1

Page 2

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

THE CARTER CENTER, INC.

Schedule F (Form 990) 2019

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

Part III can be duplicated if additional space is needed.

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

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

Schedule F (Form 990) 2019

757359

Schedule F (Form 990) 2019 Page 4

Part IV Foreign Forms

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

Schedule F (Form 990) 2019 Page 5

Part V Supplemental Information

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

INFORMATION IN BANGLADESH

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

INFORMATION IN BANGLADESH

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

INFORMATION IN BANGLADESH

(15) SUPPORT SOCIAL MEDIA MONITORING ACTIVITIES AROUND ETHIOPIAN

ELECTIONS

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

DRC

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

POLITICAL PARTICIPATION IN ZAMBIA

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

Schedule F (Form 990) 2019 .ISA

Schedule F (Form 990) 2019	Page 5

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Attach to Form 990 or Form 990-EZ.

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

Part	Fundraising Activities. Comp Form 990-EZ filers are not re	•			Yes" on Form 99	00, Part IV, line 1	7.
1	Indicate whether the organization rais	<u> </u>			activities Check a	all that apply	
a	Mail solicitations	e		_	non-government g		
b	Internet and email solicitations	f			government grants		
С	Phone solicitations	g			ising events	,	
d	In-person solicitations	9		nai ranare	noning overno		
	Did the organization have a written o	r oral agreement w	ith any inc	dividual (ir	ocluding officers d	iractore truetoce	
Za	or key employees listed in Form 990						Yes No
b	If "Yes," list the 10 highest paid indi compensated at least \$5,000 by the	viduals or entities (
			(iii) Did fun	draiser have		(v) Amount paid to	
			custody o	r control of		(or retained by) fundraiser listed in	
			dM.3(s	st)-7.9(o)20.4	(d)-1undr3t7.4(o)047	col. (i)	

Part II

(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
			001. (0))

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

Page 2

Schedule I (Form 990) (2019)

Part III

Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.

		-				•	
	(a) Type of grant or assistance		(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 JOUR	1 JOURNALISM FELLOWSHIPS		8	80,000.	-	N/A	N/A
8							
က							
4							
5							
9							
7							
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.	Provide the ir	nformation re	quired in Part I,	line 2, Part III, c	olumn (b); and any or	ther additional

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

PART I, LINE 2

THE CENTER REQUIRES GRANT RECIPIENTS TO SUBMIT INTERIM AND FINAL

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

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

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

AND LENGTH OF TIME FOR THE SERVICES TO BE PROVIDED.

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

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

Page 3

Schedule J (Form 990) 2019

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2019

9E1505 1.000 3342HM 1985

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

28a,

Par	Excess Benefit T Complete if the o	ran sactions organization a	(section 501 answered "Ye	(c)(3) es" or), sect n Form	ion 501(c)(4) n 990, Part I\	, and 5 /, line 2	501(c)(29) 25a or 25b	organiz , or Forr	ations n 990-	only). EZ, P	art V,	line 4	Ob.		
1	(a) Name of disqualified	person	(b) Relatio	nship l	between organiz	disqualified personation	on and		(c) Desc	cription	of trans	action		-	es I	
(1)																
(2)																
(3)															_	
(4)															_	
(5)														_		
(6)	E							<u> </u>								
2	Enter the amount of to under section 4958 Enter the amount of ta	ax incurred	y the organiz	zation	mana	gers or Alsqu	ualitica	persons	during t	ne ye	ar		Æ	1		1
3	Enter the amount of ta	x, if any, on li	ne 2, above,	reiml	oursec	by the orgar	nization	A	A	A		A_	<i>\</i>	\	<i>P</i>	
Par	Loans to and/or F Complete if the o organization repo	organization a	answered "Ye					ne 38a or	Form 99	0, Part	: IV, lir	ne 26;	or if tl	ne		
(a)) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fror	an to or n the ization?	(e) Origina principal am		(f) Balar	ice due	(g) In (default?	by bo	proved ard or nittee?	(i) W agree		
				То	From					Yes	No	Yes	No	Yes	No	5
(1)																
(2)																
(3)																
(4)																
(5)																
(6)																
(7)																
(8)																
(9)																
(10)																



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

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

Part V Supplemental Information

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

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

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

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization Employer identification number Types of Property Part I (c)

58-1454716

Schedule M (Form 990) (2019)

Part II

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

USE OF THIRD PARTIES OR RELATED ORGANIZATIONS

SCHEDULE M, PART I, LINE 32A

THE CARTER CENTER UTILIZES EXTERNAL BROKERS TO SELL DONATED SECURITIES.

Schedule M (Form 990) (2019)

Page 2

9E1508 1.000

JSA

3342HM 1985 PAGE 56 V 19-8.5F 757359

Schedule M (Form 990) (2019) Page 2

Part II

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

eczb

Open to Public

Employer identification number

58-1454716

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

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

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

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

CALENDAR YEAR 2019.

FORM 990, PART V, LINE 4B

FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES

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

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

NIGERIA, PALESTINE, SOUTH SUDAN, TUNISIA, UGANDA

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

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

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

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

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

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

TRUSTEES FOR EMORY UNIVERSITY. WENDELL REILLY AND CHILTON VARNER,

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

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

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

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

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

58-1454716

ATTACHMENT 1 (CONT'D)

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

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

AL, AR, CA,

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

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

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

ATTACHMENT 3

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

NAME AND ADDRESS **DESCRIPTION OF SERVICES**

COMPENSATION

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

2.537.662.

AMERICAN MARKETING AND COMMUNICATIONS 2463 MERCHANT STREET

FREDERICK, MD 21701

MARKETING/DEVELOPMT

543,870.

Schedule O (Form 990 or 990-EZ) 2019

JSA

9E1228 1.000 3342HM 1985 PAGE 62 V 19-8.5F 757359

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Identification of Disregarded Entities.

Part I

OMB No. 1545-0047 ecZ Open to Public

Employer identification number

(a) Name, address, 02.7202 3d95G550 7.68 -7.4E(D.7(eN)-4()0(r)-8.3(i)-1f.9("8)-83.063.702.721.3(i)-18.3(i)-16.5(z)-2017 (i)-16.066.97 (e4)-12.5(f.9("8)-8d7(an)-35.7(i)-18.5(z)-20)0(r)-6.068.8(g)-35.4(o)0(r)-d7(an)-3602 3d95

Schedule R (Form 990) 2019

Transactions With Related Organizations.

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

Page 3

Yes No

8																			
Yes No																			
							L	\int	\int			I		\int					
le.																			
ched																			
his s																			
V of t																			
l, or l																			
= =																			
Parts																			
d in																			
liste																			
tity is																			
ıy en																			
if an																			
ine 1																			
lete I																			
dmo																			
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.																			
No	_																		

Page 4 Schedule R (Form 990) 2019

Part VI

Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Unrelated Organizations Taxable as a Partnership. Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets

Schedule R (Form 990) 2019 Page 5

Part VII Suppl

Supplemental Information

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