

PUBLIC INSPECTION COPY

Return of Organization Exempt From Income Tax

OMB No

20

Form

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

Do not enter social security numbers on this form as it may be made public

Department of the Treasury  
Internal Revenue Service

A For the 2016 calendar year

<b>B</b> Check if applicable:	<b>C</b> Name of organization	<b>D</b> Employer number
Address change	THE CARTER CENTER, INC	58-1454716
Name change	business as	
Initial return	Number and street (or P O. box if mail is not delivered to street address)	<b>E</b> Telephone number
	453 FREEDOM PARKWAY	(404) 420-5100
	Room/suite	

FILED ELECTRONICALLY

1

2016 990

Fol

nt 1985

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ax  
pe

Taxpayer Name  
THE CARTER  
CENTER, INC.

Client  
Code  
757359

Alerts  
Juris Abbr.  
N FED

Juris  
Description  
Federal

E-File  
Status  
Accepted

Information.  
Federal Serv  
Center

Date Ack  
7/13/2018  
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# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury

File a separate application for each return.

Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868)

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the extension of Form 8868.

Internal Revenue Service

THE CARTER CENTER INC

EO 14176

453 FREEDOM PARKWAY

City, town or post office, state, code. For a foreign address, see instructions.

Statement of Program Service Accomplishments

ATTACHMENT 1

Check if Schedule O contains a or note to line in this Part III

1 Briefly describe the organization's mission

X

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

X

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

Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts,

(Expenses \$ 61,387,777, including of \$ ) (Revenue \$ )

THE CARTER CENTER HEALTH PROGRAMS FIGHT SIX PREVENTABLE DISEASES - GUINEA WORM, TRACHOMA, SCHISTOSOMIASIS, LYMPHATIC FILARIASIS, MALARIA AND RIVER BLINDNESS BY USING HEALTH EDUCATION AND SIMPLE, LOW-COST METHODS. THE CENTER ALSO STRIVES TO IMPROVE ACCESS TO MENTAL HEALTH CARE. THESE EFFORTS HAVE BROUGHT TO BETTER DISEASE SURVEILLANCE AND HEALTH CARE DELIVERY SYSTEMS, MANY ESTABLISHED AS PART OF THE CENTER'S HISTORIC CAMPAIGN TO

RESOURCE LIMITED COUNTRIES

ERADICATE GUINEA ARE BURDENED BY

1,568,132

COMMUNITIES OFTEN SEVERAL DISEASES, THE CENTER ALSO IS PIONEERING NEW PUBLIC HEALTH APPROACHES TO EFFICIENTLY AND EFFECTIVELY TREAT MULTIPLE DISEASES AT ONCE.

4 Describe the

THE CARTER CENTER RECEIVES FROM

Part IV Checklist of 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.

X

X

X

X

X

X

X

X

X

X

X

X

X

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

X

C Checklist of

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>	20a	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements for the year ending 12/31/85?		X
[REDACTED]		
[REDACTED]		
[REDACTED]		
[REDACTED]		X
[REDACTED]		
[REDACTED]		X
[REDACTED]		
[REDACTED]		X
[REDACTED]		
[REDACTED]		X
[REDACTED]		
[REDACTED]		X
[REDACTED]		
[REDACTED]		X
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[REDACTED]		X
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[REDACTED]		X
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[REDACTED]		X
[REDACTED]		
[REDACTED]		X
[REDACTED]		
[REDACTED]		X
[REDACTED]		
[REDACTED]		X
[REDACTED]		
[REDACTED]		X
[REDACTED]		
[REDACTED]		X

Statements Regarding Other IRS Filings and Tax Compliance

Check if  Yes  No

Yes No

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . . . . 330

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . . 1b 0

c Did the organization comply with backup withholding rules for reportable payments to contractors and other independent contractors who do not provide a correct tax identification number? . . . . .

Yes  No

263

2b Did the organization report gambling winnings to prize winners? . . . . .

4-

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax

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

Section A. nd

Yes No

1a Enter the number of voting members of the governing body at the end of the tax year 1a 2
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.

Table with multiple rows of redacted data and 'X' marks in the 'Yes' column.

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

Table with multiple rows of redacted data and 'X' marks in the 'Yes' column.

2 Did the organization delegate control ATTACHMENT 3

Table with multiple rows of redacted data and 'X' marks in the 'Yes' column.





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

(A)

(B)

Average

week (list any hours for related organizations below dotted line)

or Officer

Former

TRUSTEE

TRUSTEE

D

TRUSTEE

TRUSTEE

TRUSTEE

X

1b Sub-total

c Total from continuation sheets to Part VII, Section A

d Total lines 1b and

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

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated officer on line 1a? If "Yes," complete Schedule J

Yes No

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual



Part VIII Statement of Revenue

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

(A)	(B)	(C)	(D)
Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514

Contributions, Gifts, Grants and Other Amounts

1	80,676		
1b			
1c	2,204,346		
1e	22,682,973		

62,638,284			
2,163,461			

87,606,279			
------------	--	--	--

Business Code			
---------------	--	--	--

2a			
b			
c			
d			
e			
f			

T			
e	Government grants (contributions)	0	

f			
		29,726,897	29,726,897

	tax-exempt bond proceeds	0	
		0	


6a			
b			
c		0	

d			
---	--	--	--

7a and similar amounts not included above

Noncash contributions included in lines 1a-1f: \$

b			
---	--	--	--

Other Revenue

		1,953,038	
--	--	-----------	--

	All other program service revenue	1,953,038	
--	-----------------------------------	-----------	--

3	Investment income (including dividends, interest, and other similar amounts).		0
---	---	--	---

4	Income from investment of		
5	Royalties . . . . .		

(i) Real (ii) Personal

a			
b			

c	Less: rental expenses . . . . .		
	Rental income or (loss) . . . . .	Business Code	

11a	Net rental income . . . . .		
b			
c			
d			


Gross amount from sales of assets other than inventory

(i) Securities (ii) Other

Part IX

	(A) Total expenses	(C) Management and general expenses	(D) Fundraising
Grants and other assistance to domestic organizations, foreign governments, and domestic governments. See Part VII, line 11.	240,000		210,000
Grants and other assistance to domestic individuals. See Part VII, line 22.	80,000		80,000
<b>Section 170(e) limitation:</b> <i>must complete all required attachments</i>			
Grants and other assistance to foreign organizations, foreign governments, and individuals.	0		
Benefits paid to or for members	0		
Compensation of current officers, directors, trustees, and key employees	67,800,000	620,250	600,500
Part VII, line 14			147,736

Part X Balance Sheet

Check if the organization is a: ( ) Other ( )

	(A) Beginning of year	(B) End of year
1 Cash - non-interest-bearing	40,682,552	33,001,000
2 Savings and temporary cash investments		
3 Pledges and grants receivable, net		
4 Accounts receivable, net		
5 Loans and other receivables from current and former officers, directors, trustees, key employees, and independent contractors		
	0	0
	33,242,270	25,392,070
	4,945,046	4,679,134
	0	0
	0	0
	0	0
	0	0
	142,409	277,504
	21,855,767	
	17,114,521	5,091,731
	10,413,966	10,609,210
	628,832,615	708,399,782
	0	0
	0	0
	2,312,165	2,405,765
Add liabilities	733,654,755	790,420,267
	6,477,004	7,554,024
	0	0
	0	0
	0	0
	0	0
	0	0
	5,962,437	5,722,127
	30,410,888	32,572,507
	252,747,507	277,993,199
	300,949,242	329,958,115
	158,517,685	159,965,226
	713,214,434	767,858,800
	733,654,755	790,420,267

**Part XI Reconciliation of Net Assets**

Check if	the O contains a	or note to	in this Part XI	
1	Total revenue (must equal Part VIII, column (A), line 12)			1 117,795,094
2	Total expenses (must equal Part IX, column (A), line 25)			2 102,877,024
3	Revenue less expenses. Subtract line 2 from line 1			3 14,918,070
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			4 713,214,434
5	Net unrealized gains (losses) on investments			5 39,726,296
6	Donated services and use of facilities			6
7	Investment expenses			7 0
8	Prior period adjustments			8 0
9	Other changes in net assets or fund balances (explain in Schedule O)			9 0

**Part XII**

				767,858,800
		X		
				X
				X
	X			
				X
				X
				X

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

**Public Charity Status and Public Support**

No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

es  
S ry

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

THE CARTER CENTER, INC

Employer identification number

58-1454716

for ic

must com

See

s.

The is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii).

X

(i) Name of supported organization

(iii) Type of organization  
(described on lines 1-10)

(iv) Is the organization  
listed in your governing  
document?

(v) Amount of monetary  
support (see

(vi) Amount of  
other support (see



Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 9 of Part I of Form 990)

2016

12 Tax revenues levied for the

to or expended on its behalf

3 The value of services or facilities
furnished by a governmental unit to the

5 The portion of total

governmental unit or publicly
supported organization) included on
shown on line 11, column (f).

Subtract line 3 from line 4

Total

Gross receipts from related activities, etc. (see instructions)

organization's first second third fourth or fifth tax year as a section 501(c)(29)

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on Form 990 for the year ending 12/31/2016)

Calendar year (or fiscal year beginning in) 2016

received (Do not include any "unusual grants.")

from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .

3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .

4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .

5 The value of services or facilities furnished by a governmental unit . . . . .

organization without charge . . . . .

6 Total. Add lines 1 through 5 . . . . .

7a Amounts included on lines 1, 2, and 3 from disqualified persons . . . . .

b included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .

c Add lines 7a and 7b. . . . .

Public support. (Subtract line 7c from line 6)

Part IV Supporting Organizations

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

[Redacted area containing multiple horizontal lines for data entry]

1 Are all of the organization's supported organization documents? If "desc in VI how the s class or purpose, describe the designation. If historic a organization's governing by 1 Yes No

2 any that not an I mination (2)? VI ho orga mination

3a organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (c) be 2 3a b organization have a supported organization described in section 501(c)(4), (5), or (6) and how the organization made the determination. 3b c Did the organization cause the determination?

[Redacted area containing multiple horizontal lines for data entry]

Part IV Organizations

Yes N

11 Has the organization accepted a gift or contribution from any of the following persons?

(a) A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)

Schedule A

2016

If "Yes"

Part V

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other

h 3.

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year  
na

1 Net short-term	n	1	
2 Recoveries of	r distributions	-	
3 Other	income	3	
4 Add lines 1		4	
5	n and	5	
6	Portion of operating expenses paid		

Part V

Section D - Distributions

Current Year

1 Amounts to reported to accomplish

2 Amounts paid to perform activity that directly furthers exempt purposes of supported in excess of income from activity

3

990 or

4 Amounts paid to assets

5 Qualified set-aside amounts for IRS

6 Other distributions

7 Total annual distributions. Add lines 1 through 6.

8 Distributions to attending







Name of organization

Employer number  
58-1454716

Contributors (See instructions). Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name and ZIP + 4	(c) Total contributions	(d) of contribution
1	[REDACTED]	[REDACTED]	X
		4,524,608	Person Payroll Noncash (Complete Part II for noncash contributions.)

(a) No.	(b) Name, and ZIP + 4	(c) Total contributions	(d) of contribution
2	[REDACTED]	[REDACTED]	X
		10,919,024	Person Payroll Noncash (Complete Part II for noncash contributions.)
4	[REDACTED]	[REDACTED]	X
		3,914,561	(Complete Part II for noncash contributions.)

5	[REDACTED]	[REDACTED]	X
		5,034,542	Person Payroll



Part III

[REDACTED]

(10) that total more than \$1,000 for the year from any one contributor. Complete columns (1) through (4)

[REDACTED]

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

20

▶ 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.

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service  
of

Employer identification number

THE CARTER CENTER, INC

58-1454716

Part II Organizations Maintaining Donor-Advised Funds or Similar Funds or Accounts

[REDACTED]

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

- 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 assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . Yes No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose issible te benefit? Yes No

Conservation Easements.

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

- 1 P ) of conservation easements held by the organization (check all that apply).
 

Preservation of land for public use (e.g., recreation or education)	Preservation of a historically important land area
Protection of natural habitat	Preservation of a certified historic structure
Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in

[REDACTED]

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

[REDACTED]

**Part III** **Exhibitions, Rentals, Lectures, or Other**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other

**Part IV**

**Part V**

**Part VI**

**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 securities (b) Method of valuation

**Part VIII**

- (1) Financial derivatives
- (2) Closely-held equity interests
- (3) Other

**Part IX**

Total (Column (b) must equal Form 990, Part IX, line 12)

**Investments - Program Related**

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

**Part X**

(a) Description of investment (b) Book value (c) Method of valuation



ental on

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

[REDACTED]

DONATED TO THE CENTER BY THE CARTERS WHILE OTHERS HAVE BEEN DONATED TO

[REDACTED]

THE CENTER IN RECOGNITION OF THE WORK OF THE CENTER AND OF THE CARTERS.



**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
  - ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

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

Employer identification number  
**58-1454716**

**Part I General Information on Activities Outside the United States**

followi

	(a) Number of employees, agents, and	(b) Activities conducted in the region (by type) (such as, fundraising, program services)	(c) Activity listed in (b) as a program service, describe the nature of	(d) Total expenditures for and investments	
SUB-SAHARAN AFRICA	81	1,158	PROGRAM SERVICES	PEACE AND HEALTH PRGMS	45,013,147
MIDDLE EAST AND NORTH AFRICA	2		PROGRAM SERVICES	PEACE PROGRAMS	2,712,012
SOUTH AMERICA			PROGRAM SERVICES	PEACE AND HEALTH PRGMS	1,629,370
CENTRAL AMERICA/CARIBBEAN	3	20	PROGRAM SERVICES	PEACE AND HEALTH PRGMS	1,566,235
EAST ASIA AND THE PACIFIC	1		PROGRAM SERVICES	PEACE PROGRAMS	1,511,564
SOUTH ASIA	1		PROGRAM SERVICES	PEACE PROGRAMS	277,953
SUB-SAHARAN AFRICA			GRANTMAKING	PEACE AND HEALTH PRGMS	7,489,395
SOUTH AMERICA			GRANTMAKING	HEALTH PROGRAMS	714,685
EAST ASIA AND THE PACIFIC			GRANTMAKING	PEACE PROGRAMS	100,000
CENTRAL AMERICA/CARIBBEAN			GRANTMAKING	PEACE PROGRAMS	80,000
SOUTH ASIA			GRANTMAKING	PEACE PROGRAMS	7,950

Grants

Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on line 990, Part IV line 15 for who received more than \$5,000. Part II can be completed if additional information is needed

1	(a) Name of organization	(b) Region	(c) Purpose of grant	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
---	--------------------------	------------	----------------------	--------------------------	---------------------------------	-----------------------------------	--	---

(1)	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
(2)	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
(3)	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
(4)	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
(5)	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
(6)	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
(7)	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
(8)	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
(9)	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
0	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
(11)	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
(12)	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
(13)	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
(14)	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
(16)	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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 507(c)(3) equivalency letter

3 Enter total number of other organizations or entities

2016

Part II Organizations and Entities Outside the United States

Part II Organizations and Entities Outside the United States

(b) IRS code section and EIN (if applicable)

(c) Recipient

(d) Purpose of grant

(f) Method of valuation (book, FMV, other)

(g) Amount of non-cash assistance

(h) Manner of cash disbursement

(i) Description of non-cash assistance

(j) Additional information

Line	(b) IRS code section and EIN (if applicable)	(c) Recipient	(d) Purpose of grant	(e) Recipient	(f) Method of valuation (book, FMV, other)	(g) Amount of non-cash assistance	(h) Manner of cash disbursement	(i) Description of non-cash assistance	(j) Additional information
17						19,618			
18						9,278	WIRE		
19						8,983	WIRE		
20						8,655	WIRE		
21						2,550	WIRE		
22						2,000			
23						1,224			
24						9,450	CHECK		
25						9,000	CHECK		
26						8,500	CHECK		
27						7,950			

Y, recognized as tax-exempt

24  
3

Part III

Grants and Other  
Part III can be duplicated if additional space is needed.

the United

plete if the organ

Form

IV, line 1

(h) Method of valuation (book, FMV, appraisal, other)

Description of non-cash assistance

(f) Amount of non-cash assistance

(e) Manner of cash disbursement

(d) Amount of cash grant

(c) Number of recipients

(b) Region

(a) Type of grant or assistance

1. ISM FELLOWSHIPS

SOUTH AMERICA

2

14,000

WIRE

2. ISM FELLOWSHIPS

MIDDLE EAST/NORTH AFRICA

4

40,000

11

4

1

17

Was the organization a U.S. transferee of property to a foreign corporation during the tax year?

Yes

2

No

3

No

4

No

5

X No

6

X

Schedule F (Form 990) 2016

**Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; units of investment expenses (or other): Part II, line 1 (accounting method); Part III (see instructions).

PROCEDURES FOR MONITORING GRANT FUNDS

PART I, LINE 2

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

REPORTS AND FINANCIAL STATEMENTS

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 (f)

**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).

13) WOMEN AND ATI IN LIBERIA

14) FACIAL CLEANLINESS & ENVIRONMENTAL IMPROVEMENT - TRACHOMA

15) HUMAN RIGHTS DEFENDERS PROTECTION

16) PROVIDE SUPPORT TO THE HRIA RESEARCH TEAM

17) PROVIDE SUPPORT TO THE HRIA RESEARCH TEAM

18) HUMAN RIGHTS MONITORING AND TECHNICAL ASSISTANCE IN BURUNDI

19) FACIAL CLEANLINESS & ENVIRONMENTAL IMPROVEMENT - TRACHOMA

20) FACIAL CLEANLINESS & ENVIRONMENTAL IMPROVEMENT - TRACHOMA

21) GRANT FOR JOURNALISM FELLOWSHIPS IN COLOMBIA

22) HUMAN RIGHTS DEFENDERS PROTECTION

23) USING BITI DATA FOR ADVOCACY

24) PARTS PROGRAMS FOR ACCESS TO JUSTICE

25) INCREASE CITIZEN INDEPENDENCE OF THE ...

SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

20

Open to Public  
Inspection

Name of the organization  
THE CARTER CENTER, INC

Part I

X

X

(v) Amount paid to

MARKETING



[REDACTED]

(a) Event #1  
AUCTION

(d) Total events  
(add col. (a) through  
col. (c))

4,157,384  
(event type)

(event type)

(total number)

4,157,384

2,204,346

2,204,346

1,953,038

1,953,038

82,981

82,981

770,822

770,822

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] than \$15,000 of fundraising event contributions and other income from 501(c)(3) organizations 1,953,038

[REDACTED]

[REDACTED]

(a) Dice

(b) Pull tabs/instant

(c) Other gaming

(d) Total gaming /add

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



20

Open to Public Inspection

Organization identification number

3-1454716

Organization name, and

X Yes

No

Organization answered "Yes" on Form 990

Description of assistance

(h) Purpose of grant or assistance

INSTITUTE OF

NATIONS

PART IV

Other Assistance to Organizations, and Individuals in the United States

Organization answered "Yes" on Form 990, Part IV, line 21 of 22.

Attach to Form 990.

Organization (Form 990) and its instructions is at

Amount of the grants or assistance, the grantees' eligibility for the grant, and the use of grant funds in the United States.

Organizations and Domestic Governments. Complete if the organization received more than \$5,000. Part II can be duplicated if additional space is needed.

(f) Amount of non-cash assistance

(g) Amount of cash grant

(c) (if applicable)

RC section applicable

(i) Match (if applicable)

210,000

44-0553234 501(C)(3)

A 30322

#6-303 ATLANTA, GA

STUDIES IN RELATION TO

AMBRIDGE, MA 02142

N/A

238,000

13-3190926 501(C)(3)

B-1911

Organizations listed in the line 1 table

2

Indicate if the organization answered "Yes" on Form 990, Part IV, line 22.

Indicate if assistance to domestic individuals is indicated if additional space is needed.

Amount of grant or cash assistance

(e) Method of valuation (book, FMV, appraisal, other)

(f) Description

Non-cash assistance

80,000

N/A

N/A

Part I, line 2, Part III, column (b); and any other additional

ATES

THE WORK

IFIC

PRODUCT

Information. Provide the information req

of

1 JOURNALISM FELLOWSHIPS

NDS IN

INTERI

RTH THE

EEMENIS

NATURE

IDEED,

**Contributions and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part III, column (b); and any other information required in Part I, line 2, of Form 990.

(a) Amount of non-cash assistance

(b) Description of non-cash assistance

(c) Method of valuation (book, FMV, appraisal, other)

(d) Description of non-cash assistance

**Supplemental Information.** Provide the information required in Part I, line 2, of Form 990.

II, LINE 1(2) - PURPOSE OF GRANT

RELATED TO WOMEN AND RELIGION





complete this part

provide the information, explanation, or descriptions required for Part I, line 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also provide any additional information.

1A - CHARTER TRAVEL AND TRAVEL FOR COMPANIONS

CHARTER WEEKEND, PRESIDENT CARTER, OTHER KEY PERSONNEL AND

COMPANIONS ARE FLOWN TO THE DESTINATION ON A DONATED CHARTER



SCHEDULE L

Transactions With Interested Persons

OMB No 1545-0047

Form 990 or

20

Department of the Treasury  
Internal Revenue Service

Open To Public

Name of the organization

THE CARTER CENTER, INC

(a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction

(b) Relationship with organization 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

(a) Name of interested person (c) Purpose of loan (d) Loan to or from the organization (e) Original principal amount (f) Balance due (g) 58-1064 71.6 (i) Written agreement?

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

No

2

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. \$

Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (e) Purpose of assistance

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

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

REBECCA CARTER

SPOUSE OF CHILD OF BD MBR

103,982

COMPENSATION AS EMPLOYEE

interested person and the transaction

(a) Name of interested person

organization

(d) Description of transaction

(e) Sharing of

**Part V**

Yes No

revenues?

X

**Supplemental Information**

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

20

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 20 or 21

Department of the Treasury

Name of the organization  
THE CARTER CENTER, INC

(a)  
Check if  
applicable

(c)  
Noncash contribution  
amounts reported on  
Form 990, Part VIII, line 1g

X 39 428,650 APPRAISAL

▶ Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Employer identification number

X 119 1,053,514 MARKET VALUE

of

(b)  
Number of contributions or  
items contributed

(d)  
Method of determining  
noncash contribution amounts

1 Art - Works of art

- 2 Art - Historical treasures . . .
- 3 Art - Fractional interests . . .
- 4 Books and publications . . .
- 5 Clothing and household  
goods . . . . .
- 6 Cars and other vehicles . . .
- 7 Boats and planes . . . . .
- 8 Intellectual property . . . . .

ATCH 1

109,480

141,847

- 10 Securities - Closely held stock
- 11 Securities - Partnership, LLC,  
or trust interests . . . . .
- 12 Securities - Miscellaneous . .
- 13 Qualified conservation  
contribution - Historic  
structures . . . . .
- 14 Qualified conservation  
contribution - Other . . . . .
- 15 Real estate - Residential . . .
- 16 Real estate - Commercial . .
- 17 Real estate - Other . . . . .
- 18 Collectibles . . . . .
- 19 Food inventory . . . . .
- 20 Drugs and medical supplies .
- 21 Taxidermy . . . . .
- 22 Historical artifacts . . . . .

X



Supplemental Information Provide the information required by Part I lines 30b, 32b, and 33, and whether

ATTACHMENT 1

(A) CHECK

DESCRIPTION	CONTRIBUTIONS	REPORTED	DETERMINING
-------------	---------------	----------	-------------

BED NETS

PIPE & CLAMP FITTINGS

22000

54,000

DEBATE BRIDGE

OTHER

700

6,000

TOTALS

109,480

Open to Public

THE CARTER CENTER, INC

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

NUMBER OF EMPLOYEES

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

~~Form 990 or 990-EZ~~

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 990 WAS INCLUDED IN OUR EMORY UNIVERSITY FORM 990 FOR 2011

[REDACTED]

Name of the organization

THE CARTER CENTER, INC

DON HOPKINS, KEY EMPLOYEE, BOTH SERVE ON THE BOARD OF THE MACARTHUR

FOUNDATION. RICHARD [REDACTED]

58-1454716

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

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 9 MEMBERS

APPOINTED BY PRESIDENT CARTER AND THOSE TRUSTEES NOT APPOINTED BY EMORY  
UNIVERSITY'S BOARD OF TRUSTEES.

Name of the organization

THE CARTER CENTER, INC.

PROVIDED. ANNUALLY IN JUNE, THE CENTER REQUESTS THAT EACH TRUSTEE,

OFFICER, AND KEY EMPLOYEE PROVIDE INFORMATION REGARDING ALL BUSINESS AND

FAMILY RELATIONSHIPS AND AN ATTESTATION OF THEIR UNDERSTANDING AND

ADHERENCE TO THE CONFLICT OF INTEREST POLICY, AS PROVIDED.

58-1454716

FORM 990, PART VI, SECTION B, LINE 15A, 15B

PROCESS USED IN DETERMINING COMPENSATION

THE CENTER UTILIZES THE PAYROLL SERVICES OF A COMMON PAYMASTER, EMORY

UNIVERSITY. EMORY HAS DEVELOPED AND MAINTAINED SIGNIFICANT RESOURCES WITH

REGARD TO COMPENSATION AND PERFORMANCE REVIEW POLICIES AND PROCEDURES.

THESE POLICIES COVER ALL OF THE CENTER'S EMPLOYEES, INCLUDING THE CEO AND

ALL OFFICERS AND KEY EMPLOYEES. COMPENSATION RANGES FOR ALL JOB GRADES

ARE ESTABLISHED BY EMORY UTILIZING A NUMBER OF BEST PRACTICES STANDARDS

AND ARE ADHERED TO BY THE CENTER. THE PERFORMANCE OF EVERY EMPLOYEE IS



Name of the organization

THE CARTER CENTER, INC.

Employer identification number

ATTACHMENT 1

FORM 990. PART III. LINE 1 ORGANIZATION'S MISSION

THE CARTER CENTER, IN PARTNERSHIP WITH EMORY UNIVERSITY, IS GUIDED BY

A FUNDAMENTAL COMMITMENT TO HUMAN RIGHTS AND THE ALLEVIATION OF HUMAN

AND DEMOCRACY, AND IMPROVE HEALTH.

THE CENTER EMPHATICALLY ACTION AND MEASURABLE RESULTS. PLEASE ON

Employer identification number

58-1454816

THE CARTER CENTER, INC.

ATTACHMENT 2 (CONT'D)

WILL OF THE PEOPLE. BEYOND ELECTIONS, THE CENTER SEEKS TO DEEPEN  
DEMOCRACY BY NURTURING FULL CITIZEN PARTICIPATION IN PUBLIC  
POLICY-MAKING AND BY HELPING TO ESTABLISH GOVERNMENT INSTITUTIONS

THAT BOLSTER THE BOND OF...

THE FIVE

Name of the organization

Employer identification number

THE CARTER CENTER INC

58-1454716

ATTACHMENT 4 CONT'D

990 PART VII- SECTION OF THE FIVE PAID TO

ATTACHMENT 5

PROOF OF THE BIDDING

ships

3, 35b, 36, or 37

Internal Revenue Service

INC

address, and EIN (if applicable)

(4)

disregarded entity

State (try)

Total income (d)

End-of-year assets (e)

(f) controlling

OMB No. 1545-0047

20

Open to Public Inspection number

8-1454716

Part IV, line 33

in Form 990, Part IV, line 34 because it

(b) primary activity

(c) Legal domicile (state or foreign country)

(d) Exempt Code section

(e) Public charity status (if section 501(c)(3))

(g) Controlled entity? (check one)

20-5708951

SU

PORT CCI

GA

12A, I

N

X

SU

PORT CCI

JK

N/A

N

X

SU

PORT CCI

UK

N/A

N

X

Schedule R

Form 990 2015

**Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34  
**Organizations treated as a**

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

**Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV,  
**Organizations treated as a**

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

tion answered "Yes" on Form 990, Part IV, line 34, 35b, o

with one or more related organizations listed in Parts II-IV?

Yes No

1a X  
1b X  
1c X  
1d X  
1e X

1f X  
1g X  
1h X  
1i X  
1j X

1k X  
1l X  
1m X  
1n X  
1o X

1p X  
1q X

1r X  
1s X

ization(s)  
ization(s).  
y(s) . . . .  
. . . . .

to must com this line includ covered relationsh and

(b) Transaction type (a-s)  
(c) Amount involved  
(d) Method of determining amount involved

tion thresholds.

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

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

(a) Primary activity	(b) Legal domicile (state or foreign country)	(c) Share of total income	(d) Share of end-of-year assets	(e) Disproportionate allocations?	(f) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(g) General or managing partner?	(h) Percentage ownership	(i) total assets
		Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

[REDACTED]

**Part VII Supplemental Information**

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

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]