Form	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)	20 Open to Public
		Inspection
1		
•		
Part I		
and the second s		
<u>H.</u>		
· · · · · · · · · · · · · · · · · · ·	· · · - · · · · · · · · · · · · · · · ·	
		ļ
	1	
		1
4		·
		1
Part II		2
	<u> </u>	
	her D. Brown VP-Finan & TS asu	
▲		
		1
		4

B Check of applicable C Name of organization

D Employer identification number

	Form 8879-EO	, j	RS <i>e-file</i> Signat for an Exemp	ure Authorization	on	OMB No. 154	5-1878
	Department of the Treasury	For calendar year 2019, o	Do not send to the	01, 2019, and ending 0 IRS. Keep for your records.	8/31 20	20	
			unasuasa. 8.				
	Part I			1			
			"	8	8*8 0 8		
Willow nit Sea	"Part II		.			Amarika	NAME OF
-							
					9		
				,	enter Second	rufriçay	Authentigatio
		F		-'Y			
'XIII.	r-				18	.1.////Talaa	
		×::-		*			

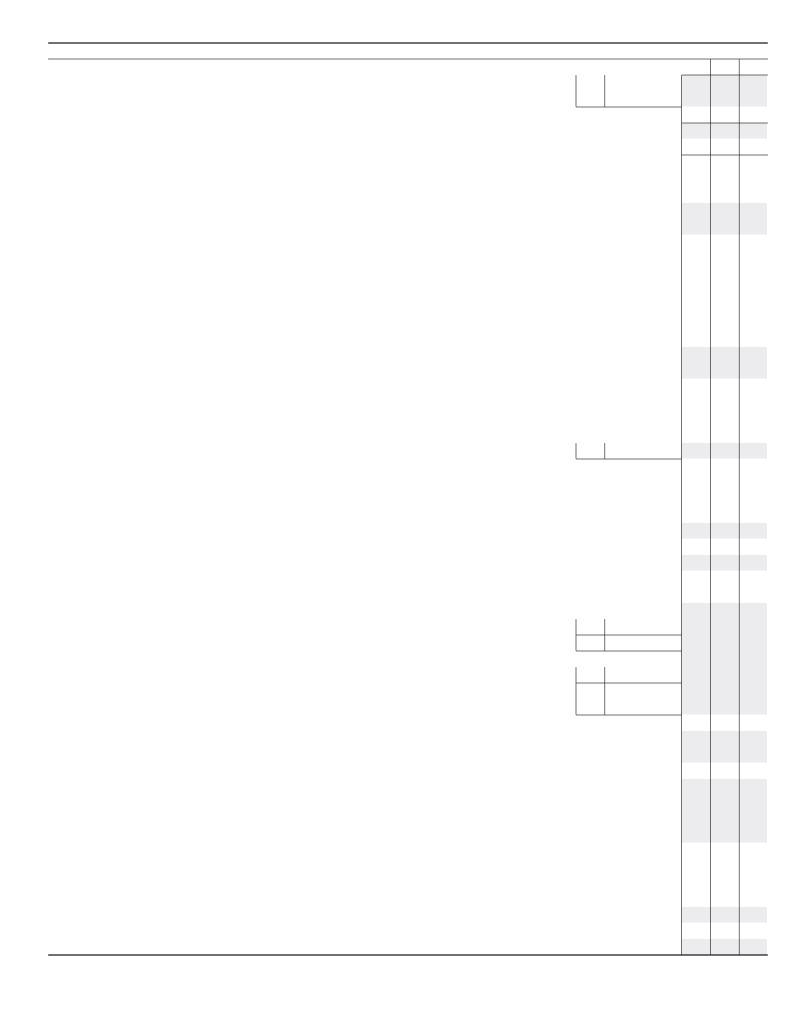
Cumulative e-File History 2019

Federal

Tax Return 3342HM		Return Type 990	
Taxpayer THE CARTER CENTER, IN	NC.	Account 1985	
Submitted Date	2021-07-14 17	7:15:52	
Acknowledgement Date	2021-07-14 17	7:29:23	
Status	Accepted		
Submission ID	560382202119	955000007	

_				

Form 990 (2019)			Pag	e 4
Part IV Checklist of Required Schedules (continue	d)		Yes N	lo
22 Did the organization report more than \$5,000 of gra Part IX, column (A), line 2? If "Yes," complete Schedule	ants or other assistance to or for domestic individuals	on A	A	Å
organization's current and former officers, director	ection A, line 3, 4, or 5 about compensation of t A, trustees, key employees, and highes compensat		A	Δ /
employees? If "Yes," complete Schedule J A 24a Did the organization have a tax-exempt bond issu \$100,000 as of the last day of the year, that was iss	e with an outstanding principal amount of more th ued after December 31, 2002? If "Yes," answer lines 2	an		<u> </u>
through 24d and complete Schedule K. If "No," go to lir b Did the organization invest any proceeds of tax-exemple Did the organization maintain on accommunated	pt bonds beyond a temporary period exception? ${\sf A}$		A	_A ,
 c Did the organization maintain an escrew account oth to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for the organization act as an	AAAAAA		A	
 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organization transaction with a disqualified person during the year? b Is the organization aware that it engaged in an excess 	If "Yes," complete Schedule L, Part I A A	A 25a	4	<u>A</u> A
		25b		
26		26		
27		20		
		27		_
28 a				
		28a		
b c		28b		
		28c		
29 30		29		
		30		
31 32		31		
33		32		
34		33		
35		34 35a		
		554		
36		35b 36		
37				
38		37		
		38		
				_



		1		
			I	1
·			I	

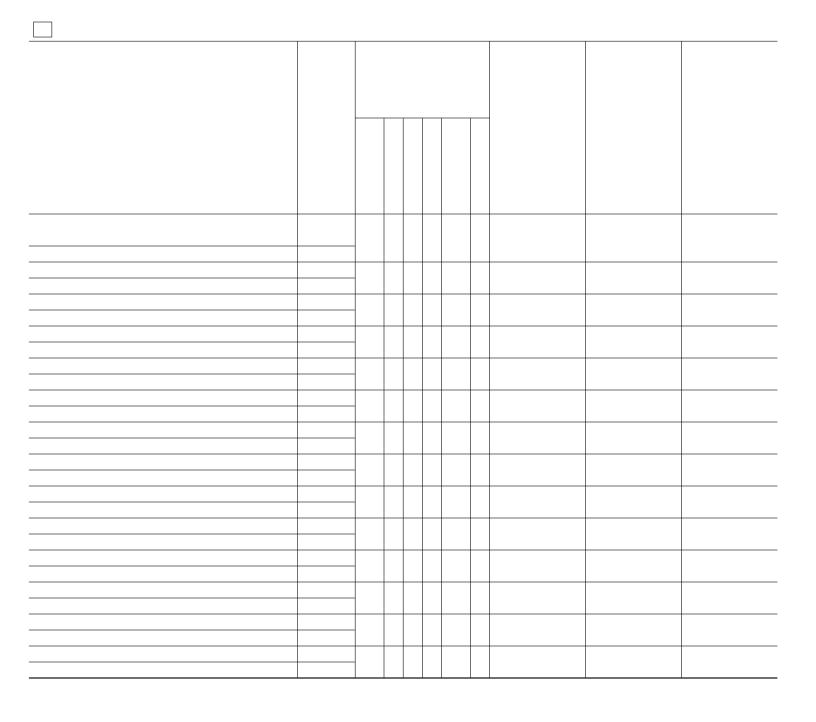
Form 990 (20	19)												Page 7
Part VII	Compensation of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Com	pensated	Emplo	oyees,	and	
	Independent Cont	actors					Λ	Λ	Λ	Λ	Λ	Λ	
Check if Schedule O contains a response or note to any line in this Part VII A A A A A A A													
Section A. 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.

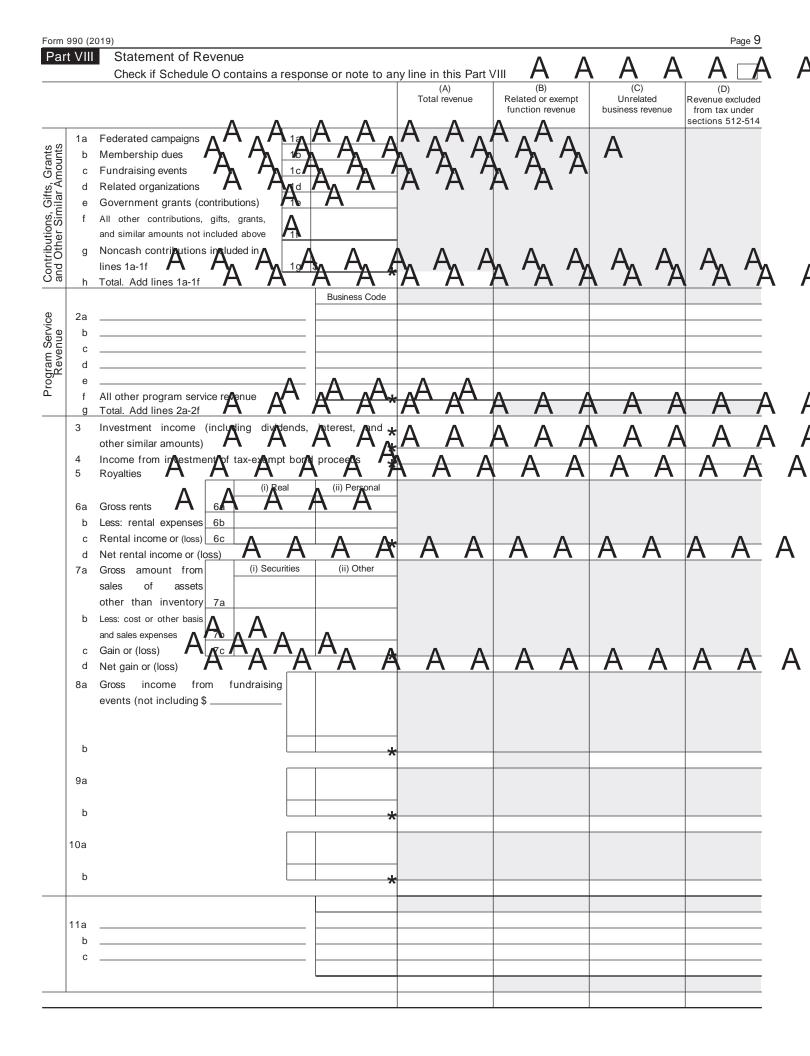
List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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 | t8.3



Form 990 (2019)										Page 8
Part VII Section A. Officers, Directors,		Em	ploy		anc	I HIC	gne	est Compensated		continued)
(A)	(B)			(C)				(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	(do n box, u officer	ot che unless	perso	ore tha	oth a	in	Reportable compensa84(n)-3	gR\$46.8799r4.9(9(o	0(m)90)-170417312st1
	related organizations below dotted line)									
					_					
		-								
		·								
							-			



Part IX Statement of Functional Expenses	int complete all cali	All other error :	ono muot complete	lump (A)
Section 501(c)(3) and 501(c)(4) organizations mu	ist complete all columi	ns. All other organization of the second state	ons must complete co	$\Delta^{\text{IUM}(A)}$
Check if Schedule O contains a resp	ponse or note to any li			
Do not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C)	(D)
8b, 9b, and 10b of Part VIII.				

Α

Form 990 (2019)

Form 99	90 (2019)		Page 1	2
Part	XI Reconciliation of Net Assets			Λ
	Check if Schedule O contains a response or note to any line in this Part X A A A A A	<u>, </u>	$\lambda \vdash$	እላ
1	Total revenue (must equal Part VIII, column (A), line 12)	4	A	
2	Total expenses (must equal Part IX, column (A), line 25) $A_{\Lambda} A_{\Lambda} A$	<u>¹∧</u> _	A_{Λ}	H_{Λ} P
3	Revenue less expenses. Subtract line 2 from line 1 A A A A A A A A A	<u> </u>	AA	⁴ A
4	Net assets or fund balances at beginning of year (must equal Part) line 32 (column (A))	<u>\ </u>	<u>} </u>	^ ∧
5	Net unrealized gains (losses) on investments 7 7 7 7 7 7 7 7	7	\7	Υ
6	Donated services and use of facilities 7 7 7 7 7 7 7 7 7 7 7 7		⊼ 7	₹ 7
7	Investment expenses $A_{\Lambda} A_{\Lambda} A_$	<u>`</u> ^'	<u>י א</u> ר	<u>ר א</u> ב
8	Prior period adjustments A A A A A A A A A A A A	$-\Delta$	<u>-7</u>	-7
9	Other changes in net assets or fund balances (explain on Schedule O) A A A A 9 A			_ ^
10	Net assets or fund balances at end of year. Combine times 3 through A (must Aqual Part X, ling)	Α	Α	Α
Part	32, column (B)) A A A A A A A A A A A A A A A A A A	/ \	/ \	_^ ` ` ^
ιαπ	Check if Schedule O contains a response or note to any line in this Part XII A A A	- A	A A	A A
			Yes No	<u>r</u>
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.		~	۸ ۸
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	A /	A A
	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 asis		•	Λ
b	Were the organization's financial statements audited by an independent accountant? A A A	A	_A_	_ A
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	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		Λ	Λ
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2 A		
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	A	Δ	Δ
	Single Audit Act and OMB Circular A-133? A A A A A A A A	्रव		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	26		
		3b	1	

SCHEDULE A	
------------	--

Public Charity Status and Public Support

OMB No. 1545-0047 ecz

Open to Public

Inspection

Employer identification number

b

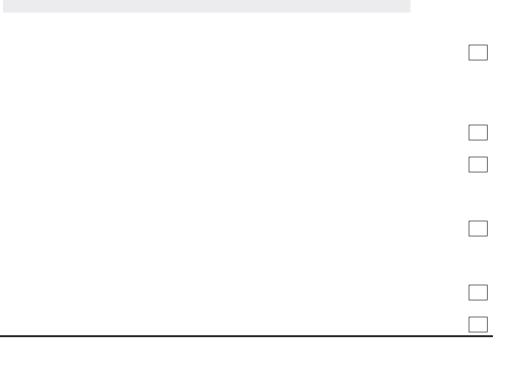
(Form 990 or 990-EZ)

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1)nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Attach to Form 990 or Form 990-L2. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization

Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I



art	IV Supporting Organizations (continued)		
		Ye	s No
	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)		

Schedule A (Form 990 or 990-EZ) 2019		Page 6
Part V	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizatio	ns	
1			
		<u> </u>	

	Ile A (Form 990 or 990-EZ) 2019			Page 7
Part		pporting Organizations	(continued)	
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	zations		
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			
	(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	1		
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
	From 2014			
	From 2015			
	From 2016			
	From 2017			
4				

Schedule A (Form 990 or 990-EZ) 2019

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

PART II, SECTION B, LINE 10

Schedule B (Form 990, 990-EZ,

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

ecZb

Employer identification number

Organization type (check or	ne):
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, 99	0-EZ, or 990-PF) (2019)	
Name of organization	THE CARTER CENTER, II	NC.

(a)

No.

(a)

No.

(a) No.

3

(a) No.

4

(a) No.

5

(a) No.

6

2

1

Name, address, and ZIP + 4		Total contributions	Type of contribution
	\$.	11,245,576.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
	\$.	6,457,132.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
	\$.	1,911,297.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
	\$.	4,578,633.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
	\$.	3,630,716.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
			(Form 990, 990-EZ, or 990-PF) (2019)
V 19-8.5F		757359	PAGE 25

(c)

(c)

15,000,000.

Total contributions

\$

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

(b)

Name, address, and ZIP + 4

(b)

Employer identification number 58-1454716

(d)

(d)

Х

Type of contribution

Person Payroll

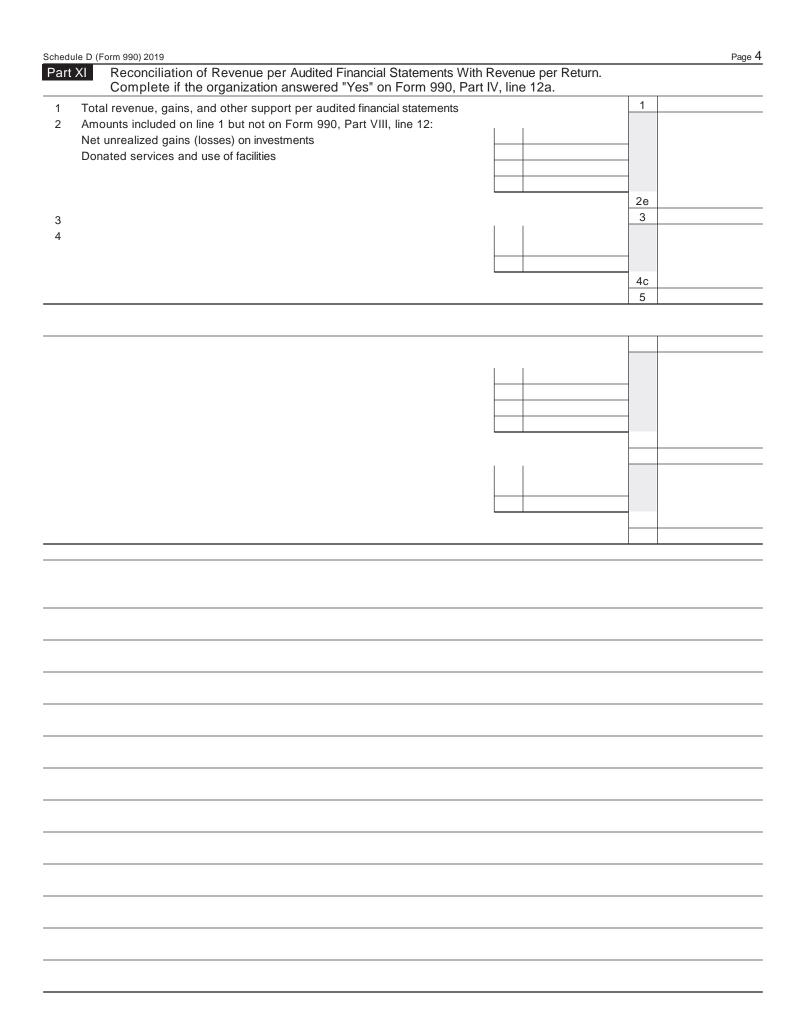
Noncash (Complete Part II for noncash contributions.)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$2,150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$4,993,506.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9		\$2,425,325.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 58-1454716

	Maintaining Collect	ions of Art, Hist	orical Treasur	es, or C	Other Simila	r Assets	(CC	ontinued	Page)
5] [
								L	
		I							
_									
			Ι						

Schedule D (Form 990) 2019										Page 3	5
Part VII Investments - Other Securities. Complete if the organization an	swered "	Yes" on F	Form 99	0, Part I	V, line 1	1b. See	e Form	990, Pa	rt X, line	912.	
(a) Description of security or category (including name of security)		(b) Book	< value		((c) Me Cost or er	ethod of v	aluation: market va	alue		-
(1) Financial derivatives A A A (2) Closely huttyoseldalue	A	A	A	A	A	A	A	A	A	A	
											-
											-
											-
											-
											-
											-
											-
											-
											-
											-
											-
											-
											-
											-
											-
											-
											-
											-
											-
											•
											-
											-
											-
											-



STATEMENTS AS A RESULT OF ASC 740.

Schedule D (Form 990) 2019

NC.
NTER,
R CE
CARTE
THE

58-1454716

Schedule F	Schedule F (Form 990) 2019								Page 2
Part II	Grants and Other Assistance to Organization	nce to Organization	s or	Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,	s. Complet	if the organ	ization answei	ed "Yes" on	Form 990,
	Part IV, line 15, for any recipient who received mor	scipient who receive		e than \$5,000. Part II can be duplicated if additional space is needed.	ated if additio	nal space is n	eeded.		
~	(a) Name of	(b) IRS code	(c) Region	(e) Purpose of (e)	(e) Amount of	(f) Manner of (i	g) Amount of	(h) Description (i) Method of	(i) Method of

nod of ntion FMV, , other)																
 (i) Method of valuation (book, FMV, appraisal, other) 																
 (h) Description of noncash assistance 																
(g) Amount of noncash assistance																
(f) Manner of cash disbursement	WIRE	WIRE	WIRE	CHECK	CHECK	WIRE	WIRE	WIRE	снеск	WIRE	WIRE	СНЕСК	WIRE	WIRE	WIRE	WIRE
(e) Amount of cash grant	5,920,000.	609,236.	543,895.	394,572.	216,013.	129,158.	82,111.	55,388.	49,946. Ch	49,500. W	48,090. W	42,900.	40,000.	39,000. W	37,320.	33,543.
(d) Purpose of grant	1	5	3	4	S	9	7	ω	0	10	11	12	13	14	15	16
(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
 (b) IRS code section and EIN (if applicable) 																
(a) Name of organization																
-	(1)	(2)	(3)	(4)	(5)	(9)	(7)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)

Enter total number of recipient organizations listed above that are recognized as charities by the foreigncountry recognized as tax-exempted a 2

ო

^{9E1275} 1.000 **3342HM 1985** JSA

757359

V 19-8.5F

Page Z	-orm 990,										
	r Yes" on F										
	n answered										
	ganizatior										
10 11	e it the of										
	Completi										
	states.										
also I I stand	s or Entities Uutside the United States.										
	es Uutside										
	Grants and Other Assistance to Organization										
	tance to (
	ther Assis										
90) 2019	ants and C										
Ĕ.											
Sched	Part II										

<u>v</u>
≤_
Ř
Ë
Ш
0
LER L
RT
S
ш
Ĕ

58-1454716

Page 2 Complete if the organization answered "Yes" on Form 990, Grants and Other Assistance to Organization s or Entities Outside the United States. Schedule F (Form 990) 2019 Part II

 (h) Description (i) Method of valuation assistance (book, FMV, appraisal, other) 																
(g) Amount of noncash assistance																
(f) Manner of cash disbursement	снеск	WIRE	CHECK	CHECK	снеск	CHECK	снеск	CHECK	WIRE	WIRE	WIRE	WIRE	WIRE	WIRE	снеск	
(e) Amount of cash grant	20,696.	20,484.	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.	
(d) Purpose of grant	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	ç
(c) Region	SUB-SAHARAN AFRICA	CENT. AMERICA/CARIBBEAN	SUB-SAHARAN AFRICA	SOUTH AMERICA	SUB-SAHARAN AFRICA	SOUTH AMERICA	SUB-SAHARAN AFRICA									
(b) IRS code section and EIN (if applicable)																
(a) Name of organization																
-	(1)	(2)	(3)	(4)	(5)	(9)	(2)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	

2

Schedule F (Form 990) 2019 с

^{9E1275} 1.000 3342HM 1985 JSA

757359

V 19-8.5F

Page Z	-orm 990,										
	r Yes" on F										
	n answered										
	ganizatior										
10 11	e it the of										
	Completi										
	states.										
also I I stand	s or Entities Uutside the United States.										
	es Uutside										
	Grants and Other Assistance to Organization										
	tance to (
	ther Assis										
90) 2019	ants and C										
Ĕ.											
Sched	Part II										

INC.	
CENTER,	
ARTER (
THE C	

ဖ
~
<u>►</u>
4
Ņ
∇
5
∞
S

Part III	Part III Grants and Other Assistance to Individuals Outside the Part III Bart III can be duplicated if additional space is needed.		the United States. Jed.		if the organiz	Complete if the organization answered "Yes" on Form 990, Part IV, line 16.	s" 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

V 19-8.5F

Schedule F	(Form 990) 2019
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 a Foreign A A A A A A A A A A A A A A A A A A A
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to A A A A Certain Foreign Corporations (see Instructions for Form 5471)
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain A A A A Foreign Partnerships (see Instructions for Form 8865)
6	

Schedule F (Form 990) 2019

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

Schedule F (Form 990) 2019

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Name of the organization	Complete if the	e organization answered organization entered mo Attach tr o to www.irs.gov/Form99	"Yes" on For re than \$15,0 o Form 990 o	m 990, Part 000 on Form or Form 990-	IV, line 17, 18, or 19, or 990-EZ, line 6a. EZ.	E E E E E E E E E E E E E E E E E E E	OMB No. 1545-0047 eczb Open to Public Inspection number
Part I Fundraising	Activities. Comp EZ filers are not re	lete if the organiz			Yes" on Form 99	90, Part IV, line 1	7.
1 Indicate whether a Mail solicita b Internet and c Phone solici d In-person so 2a Did the organiza or key employee b If "Yes," list the	the organization rais tions email solicitations tations blicitations	ed funds through a e f g oral agreement w Part VII) or entity <i>i</i> duals or entities (any of the Solic Solic Spec ith any inc in connec	following itation of itation of cial fundra lividual (ir tion with p	non-government g government grants ising events ncluding officers, d professional fundra	irectors, trustees,	Yes No fundraiser is to be
			custody o	draiser have r control of t)-7.9(o)20.4	(d)-1undr3t7.4(o)047	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	

Schedule G (Form 990 or 990-EZ) 2019

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

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

THE CART Schedule L	THE CARTER CENTER, INC. Schedule I (Form 990) (2019)			
Part III	Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	ndividuals. ce is needed.	Complete if the organization	ne organizati
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistanc

Part III	Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed	e to Domestic Indivio additional space is	duals. needed.	Complete if th	e organization	answered "Yes" on F	Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	(a) Type of grant or assistance	(b) N	(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 JOURN	1 JOURNALISM FELLOWSHIPS		ω̈́	80,000.		N/A	N/A
2							
S							
4							
5							
9							
7							
Part IV	Supplemental Information.	Provide the inform	nation rec	quired in Part I, I	ine 2, Part III, c	Provide the information required in Part I, line 2, Part III, column (b); and any other additional	her additional

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

PART I, LINE 2

THE CENTER REQUIRES GRANT RECIPIENTS TO SUBMIT INTERIM AND FINAL

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

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

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

AND LENGTH OF TIME FOR THE SERVICES TO BE PROVIDED.

V 19-8.5F

Schedule I (Form 990) (2019)

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

Schedule J (Form 990) 2019 Officiaria Discataria Tructiona Vavi Emaila	 and Hindhoot Con	unne and Einhart Componental Employee	lico dualicato an	lleo dualionto conioc if additional cuaco ic sociad	Page 2
		iperisareu Liripioyees.		ies il auditorial spa	

INC.
NTER,
R CE
CARTE
THE (

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

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.

Department of the Treasury Internal Revenue Service Name of the organization

ec **Open To Public** Inspection

OMB No. 1545-0047

h

Employer identification number

28a,

												line 4	Ob.	
(a) Name of disqualified	person	(b) Relatio				n and		(c) Desc	ription	of trans	action		H) Corrected?
nder section 4958	AA		Α	ŀ	A A	Α	A		he yea	ir A				A
Complete if the	organization a	inswered "Ye					e 38a or F	orm 99), Part	IV, lir	ne 26;	or if tl	ne	
me of interested person	(b) Relationship with organization	(c) Purpose of Ioan	fron	n the			(f) Baland	ce due	(g) In c	lefault?	by bo	ard or		ritten ment?
			То	From					Yes	No	Yes	No	Yes	No
	Complete if the (a) Name of disqualified (a) Name of disqualified (a) Name of disqualified (b) Name of disqualified (c) N	Complete if the organization a (a) Name of disqualified person	Complete if the organization answered "Ye (a) Name of disqualified person (b) Relation (a) Name of disqualified person (b) Relation (b) Relation (c) Relation (c) Name of disqualified person (c) Purpose of (c) Purpose of (c) Purpose of	Complete if the organization answered "Yes" or (a) Name of disqualified person (b) Relationship to (a) Name of disqualified person (b) Relationship to (b) Relationship to (c) Purpose of (c) Purpose of (c) Purpose of	Complete if the organization answered "Yes" on Form (a) Name of disqualified person (b) Relationship between organiz (b) Relationship between organiz (c) Relationship between organiz Image: Section 4958 Image: Section 4958 Image: Se	Complete if the organization answered "Yes" on Form 990, Part IV (a) Name of disqualified person (b) Relationship between disqualified person organization (b) Relationship between disqualified person organization (a) Name of disqualified person (b) Relationship between disqualified person (b) Relationship between disqualified person organization organization nter the amount of tax incurred by the organization managers or disqualities the amount of tax, if any, on line 2, above, reimbursed by the organ Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Par organization reported an amount on Form 990, Part X, line 5, 6, or 1 me of interested person (b) Relationship with organization (c) Purpose of loan (d) Loan to or from the organization? (e) Origina principal amo (e) Origina principal amo	Complete if the organization answered "Yes" on Form 990, Part IV, line 2 (a) Name of disqualified person (b) Relationship between disqualified person and organization (a) Name of disqualified person (b) Relationship between disqualified person and organization (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Purpose of interested person (c) Purpose of interested person (c) Purpose of ioan (c) Original <td< td=""><td>Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, (a) Name of disqualified person (b) Relationship between disqualified person and organization (a) Name of disqualified person (b) Relationship between disqualified person and organization (a) Name of disqualified person (b) Relationship between disqualified person and organization (a) Name of disqualified person (b) Relationship between disqualified persons and organization (b) Relationship detrement of tax incurred by the organization managers or disqualified persons of the amount of tax, if any, on line 2, above, reimbursed by the organization (c) Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Forganization reported an amount on Form 990, Part X, line 5, 6, or 22. (b) Relationship with organization (c) Purpose of loan (d) Loan to or from the organization? (f) Baland</td><td>Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Desc (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Desc (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Desc (a) Name of disqualified person (c) Desc (b) Relationship between disqualified person and organization (c) Desc (c) Desc (c) Purpose of Ioan (c) Desc (c) Purpose of Ioan</td><td>Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990- (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of (c) Descripti</td><td>Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, P (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of trans (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of trans (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of trans (a) Name of disqualified person (c) Description of trans (a) Name of disqualified person (c) Description of trans (a) Name of disqualified person (c) Description of trans (b) Relationship between disqualified persons during the year (c) Description of trans (c) Description of trans (c) Purposed for the amount of tax, if any, on line 2, above, reimbursed by the organization A (c) Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line organization reported an amount on Form 990, Part X, line 5, 6, or 22. (c) Relationship with organization (c) Purpose of loan (c) Original principal amount (f) Balance due (g) In default?</td><td>(a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (a) Name of disqualified person (c) Description of transaction (a) Name of disqualified person (c) Description of transaction (a) Name of disqualified person (c) Description of transaction (c) Description of transaction (c) Description (c) Description (c) Description <td< td=""><td>Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 44 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (a) Name of disqualified person (c) Description of transaction (c) Description of transaction (a) Name of disqualified person (c) Description of transaction (c) Description of transaction (c) Description of transaction (c) Description of transaction (c) Description of transaction (c) Description of transaction (c) Description of transaction (a) Name of disqualified persons (c) Description of transaction (c) Description of tax, if any, on line 2, above, reimbursed by the organization (c) Description of tax (c) Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part X, line 5, 6, or 22. (a) In default? (b) Relationship (c) Purpose of loan (c) Purpose of rom the organization? (c) Original principal amount (f) Balance due (g) In default?</td><td>Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Y (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Y (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Y (a) Name of disqualified person (c) Description of transaction (d) Y (a) Name of disqualified person (c) Description of transaction (d) Y (c) Description of transaction (c) Description of transaction (d) Y (c) Description of transaction (c) Description of transaction (d) Y (c) Description of transaction (c) Description of transaction (d) Y (c) Description of transaction (c) Description of transaction (e) Description of transaction (c) Description of transaction (c) Description of transaction (e) Description of transaction (f) A (c) Description of tax, if any, on line 2, above, reimbursed by the organization (f) Balance due (g) In default? (h) Approved from the organization (b) Relati</td></td<></td></td<>	Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, (a) Name of disqualified person (b) Relationship between disqualified person and organization (a) Name of disqualified person (b) Relationship between disqualified person and organization (a) Name of disqualified person (b) Relationship between disqualified person and organization (a) Name of disqualified person (b) Relationship between disqualified persons and organization (b) Relationship detrement of tax incurred by the organization managers or disqualified persons of the amount of tax, if any, on line 2, above, reimbursed by the organization (c) Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Forganization reported an amount on Form 990, Part X, line 5, 6, or 22. (b) Relationship with organization (c) Purpose of loan (d) Loan to or from the organization? (f) Baland	Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Desc (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Desc (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Desc (a) Name of disqualified person (c) Desc (b) Relationship between disqualified person and organization (c) Desc (c) Desc (c) Purpose of Ioan (c) Desc (c) Purpose of Ioan	Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990- (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of (c) Descripti	Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, P (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of trans (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of trans (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of trans (a) Name of disqualified person (c) Description of trans (a) Name of disqualified person (c) Description of trans (a) Name of disqualified person (c) Description of trans (b) Relationship between disqualified persons during the year (c) Description of trans (c) Description of trans (c) Purposed for the amount of tax, if any, on line 2, above, reimbursed by the organization A (c) Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line organization reported an amount on Form 990, Part X, line 5, 6, or 22. (c) Relationship with organization (c) Purpose of loan (c) Original principal amount (f) Balance due (g) In default?	(a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (a) Name of disqualified person (c) Description of transaction (a) Name of disqualified person (c) Description of transaction (a) Name of disqualified person (c) Description of transaction (c) Description of transaction (c) Description (c) Description (c) Description <td< td=""><td>Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 44 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (a) Name of disqualified person (c) Description of transaction (c) Description of transaction (a) Name of disqualified person (c) Description of transaction (c) Description of transaction (c) Description of transaction (c) Description of transaction (c) Description of transaction (c) Description of transaction (c) Description of transaction (a) Name of disqualified persons (c) Description of transaction (c) Description of tax, if any, on line 2, above, reimbursed by the organization (c) Description of tax (c) Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part X, line 5, 6, or 22. (a) In default? (b) Relationship (c) Purpose of loan (c) Purpose of rom the organization? (c) Original principal amount (f) Balance due (g) In default?</td><td>Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Y (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Y (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Y (a) Name of disqualified person (c) Description of transaction (d) Y (a) Name of disqualified person (c) Description of transaction (d) Y (c) Description of transaction (c) Description of transaction (d) Y (c) Description of transaction (c) Description of transaction (d) Y (c) Description of transaction (c) Description of transaction (d) Y (c) Description of transaction (c) Description of transaction (e) Description of transaction (c) Description of transaction (c) Description of transaction (e) Description of transaction (f) A (c) Description of tax, if any, on line 2, above, reimbursed by the organization (f) Balance due (g) In default? (h) Approved from the organization (b) Relati</td></td<>	Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 44 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (a) Name of disqualified person (c) Description of transaction (c) Description of transaction (a) Name of disqualified person (c) Description of transaction (c) Description of transaction (c) Description of transaction (c) Description of transaction (c) Description of transaction (c) Description of transaction (c) Description of transaction (a) Name of disqualified persons (c) Description of transaction (c) Description of tax, if any, on line 2, above, reimbursed by the organization (c) Description of tax (c) Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part X, line 5, 6, or 22. (a) In default? (b) Relationship (c) Purpose of loan (c) Purpose of rom the organization? (c) Original principal amount (f) Balance due (g) In default?	Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Y (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Y (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Y (a) Name of disqualified person (c) Description of transaction (d) Y (a) Name of disqualified person (c) Description of transaction (d) Y (c) Description of transaction (c) Description of transaction (d) Y (c) Description of transaction (c) Description of transaction (d) Y (c) Description of transaction (c) Description of transaction (d) Y (c) Description of transaction (c) Description of transaction (e) Description of transaction (c) Description of transaction (c) Description of transaction (e) Description of transaction (f) A (c) Description of tax, if any, on line 2, above, reimbursed by the organization (f) Balance due (g) In default? (h) Approved from the organization (b) Relati

Schedule L (Form 990 or 990-EZ) 2019

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	organi	aring of zation's iues?
				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)					

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

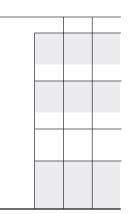
Name of the organization

Part I

asury ice Go to www.irs.gov/Form990 for instructions and the latest information. ecZb Open to Public Inspection

Employer identification number

Types of Property				
			(C)	
	I	1	l	



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.

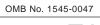
Schedule M (Form 990) (2019)

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.

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.





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

Schedule O (Form 990 or 990-EZ) 2019	Page 2
Name of the organization	Employer identification number
THE CARTER CENTER, INC.	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.

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,

	ATTACTIVIL	
990, PART VII- COMPENSATION OF THE FIVE HIGHEST F	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.

ATTACHMENT 3

ATTACHMENT 2

۲	
щ	6
Ž	66
	2
三	or
S	Ľ

Department of the Treasury Internal Revenue Service Name of the organization

Part I

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

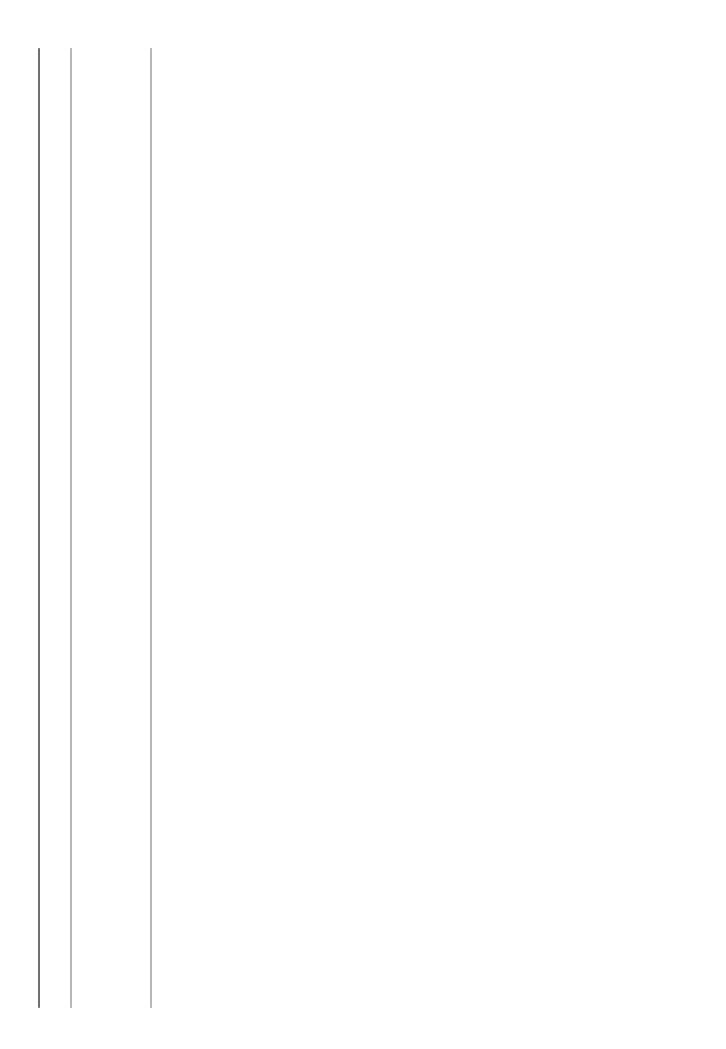
K Go to www.irs.gov/Form990 for instructions and the latest information.



Employer identification number

line 33.
, Part IV,
orm 990
Yes" on F
answered "
organization
ete if the
Comple
Disregarded Entities.
Identification of

-3e02 3d95						
)68.8(g)-35.4(o)0(r)-d7(an)-						
+35.7(i)-1s.5(z)-20)0(r)-e.0						
7(e4)-12.5(f.9("8)-8d7(an)						
20b.702.72l.3(i)-1e.066.9						
-83.063.702.723.702.721.3(i)-18.3(i)-16.5(z)-20b.702.721.3(i)-16.066.97(e4)-12.5(f.9("8)-8d7(an))-35.7(i)-18.5(z)-20)0(r)-e.068.8(g)-35.4(o)0(r)-d7(an)-3e02.3d95						
(a) Name, address, 02.7202 3d95G550 7.68 -7.4E(D.7(eN)-4()0(r)-8.3(i)-1f.9(*9)-83.063.702.7						



Schedule R (Form 990) 2019 Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	Page 3
e: Complete line 1 if any entity is listed in Parts II, III, or IV of this sc	Yes No

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	the organization conducted more than five percent of its activities (measured by total assets

Schedule R (Form 990) 2019

 Schedule R (Form 990) 2019

 Part VII
 Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.