Return of Organization Exempt From Income Tax

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

OMB No. 1545-0047

Ar	or th	e 201	9 calendar year, or tax year begil	nning 097	O1, 2019,	and ending	9		087	31, 20 20	
Вс	heck if ap	plicable:	C Name of organization	I A DOD A MITTER TAIC				D Employer ide	entifica	tion number	
	Addre	ss	THE CARTER CENTER COL	LABORATIVE, INC	<u> </u>			20-5704	0.01		
	chang		Doing Business As Number and street (or P.O. box if mail is	not delivered to etreet address	e)	Room/suite	-				
	1	сналде	453 JOHN LEWIS FREEDO		9)	Roomisuite	E Telephone number (404) 420-5100				
-	1	return	City or town, state or province, country, a				-	(404) 42	0-31	.00	
	Termi		ATLANTA, GA 30307	and Zir or foreign postal code			- 1	C	- F	250 267 121	
	return Applic		F Name and address of principal officer:	PAIGE ALEXAND	עבט		_	G Gross receipt		259,367,121. for Yes X No	
	pendi					20207	- 1	subordinates'	?	H. H.	
-	T	a market and	453 JOHN LEWIS FREEDOM					H(b) Are all subordi			
_		empt st	atus: X 501(c)(3) 501(c) () (insert no.)	4947(a)(1)	or 527				(see instructions)	
_				Association Other		1		H(c) Group exempon: 2006 M			
	art I	Sui	mmary								
	1	Briefly	y describe the organization's mission o	r most significant activities	THE CA	ARTER CEN	ITER	COLLABOR	ATIV	E, INC.	
ခ္			ESTABLISHED TO SUPPORT								
nar.			MITTED TO HUMAN RIGHTS A								
Ver			k this box 🕨 🔛 if the organization d	· ·					3.	_	
ŏ	3	Numb	er of voting members of the governing	body (Part VI, line 1a)	<i>.</i>		. 832		3	8.	
တ္ဆ			er of independent voting members of t						4	8.	
Activities & Governance			number of individuals employed in cale		ne 2a)				5	0.	
Ġ			number of volunteers (estimate if neces						6	8.	
⋖			unrelated business revenue from Part V						7a	0	
_	b	Net ur	related business taxable income from	Form 990-T, line 34					7b	0,	
								Prior Year	_	Current Year	
9			butions and grants (Part VIII, line 1h) _	/ FOR	1]	15,830,91	707	259,367,121.			
Revenue			am service revenue (Part VIII, line 2g)		PUBLIC IN				0.	0	
Ş.			ment income (Part VIII, column (A), line	es 3, 4, and 7d)					0.	0	
			revenue (Part VIII, column (A), lines 5,						0.	0	
			revenue - add lines 8 through 11 (must				13	L5,830,91	-	259,367,121.	
- 1			s and similar amounts paid (Part IX, colu						0.	0	
- 1			its paid to or for members (Part IX, colu			0.	0				
es Se			es, other compensation, employee bene						0.	0	
Expenses			ssional fundraising fees (Part IX, column						0.	0	
꼾			fundraising expenses (Part IX, column (I					T 410 04	_	0.54 .55 .55	
			expenses (Part IX, column (A), lines 11				i	7,419,04		264,676,278.	
- 1			expenses. Add lines 13-17 (must equal					7,419,04	_	264,676,278.	
	19	Reven	ue less expenses. Subtract line 18 from	n line 12				-1,588,12		-5,309,157.	
sets or			. =			-	Beginn	ing of Current Y		End of Year	
SSe			assets (Part X, line 16)		69 × + 100×10			7,558,52		2,249,366	
2 0			iabilities (Part X, line 26)					7 550 50	0.	0	
		10000	sets or fund balances. Subtract line 21	from line 20				7,558,52	3.	2,249,366	
Par			nature Block	in return in abording account					!		
true,	correc	t, and	f perjury, I declare that I have examined thi complete. Declaration of preparer (other than	officer) is based on all inform	nation of which	ch preparer has	any kno	wiedge	шу кп	owledge and belief, it is	
			/ West Down					7/1	5/21		
Sigr			Signature of officer					Date			
Her	e		CHRISTOPHER D. BROWN		TREASU	RER					
			Type or print name and title								
	\neg	Print/T	Type preparer's name	Preparer's signature		Date		Check	if PT	IN	
Paid		TIHW	TNEY B HEBRON					self-employe		01226647	
Prep	- 1	Firm's	name ► KPMG LLP				F	irm's EIN		565207	
Use			address > 300 NORTH GREENE STREET,	, SUITE 400 GREENSBORO	, NC 27401			mine Em P		275-3394	
May			cuss this return with the preparer shown							X Yes No	
For F	aper	work F	Reduction Act Notice, see the separate	e instructions.						Form 990 (2019)	

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

- 3,				
_		00/21		20
2019 ar	nd ending	08/31	- 20	20

OMB No. 1545-1878

Do not send to the IRS. Keep for your records.

For calendar year 2019, or fiscal year beginning 09/01

Department of the Treasury Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Name of exempt organization Employer identification number THE CARTER CENTER COLLABORATIVE, INC. 20-5704991 Name and title of officer CHRISTOPHER D. BROWN, TREASURER Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here

X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)... 1b Form 990-EZ check here Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part VI, line 5). 4b Form 990-PF check here ▶ **Declaration and Signature Authorization of Officer** Part II Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal, Officer's PIN: check one box only X lauthorize KPMG LLP to enter my PIN as my signature FRO firm name Enter five numbers, but do not enter all zeros on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature > Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 5 3 8 2 4 number (EFIN) followed by your five-digit self-selected PIN. 6 0 1 8 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 07/13/2021 **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So For Paperwork Reduction Act Notice, see back of form. Form 8879-EO (2019)

Cumulative e-File History 2019

Federal

Tax Return Return Type 990

43528X

Taxpayer Account THE CARTER CENTER

1985 COLLABORATIVE, INC.

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

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

Accepted **Status**

Submission ID 56038220211955000008

Form 8868

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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 exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only subm	nit original	(no copies needed).					
All corporations required to file an income tax return oth	er than Forr	n 990-T (including 1120)-C filers), partnerships,	REN	ЛICs, an	d trusts	-
must use Form 7004 to request an extension of time to	file income	tax returns.					
		T					-
Name of exempt organization or other filer, see i	nstructions.		Taxpayer identification nu	mber	(TIN)		
orint			20 57040	O 1			
THE CARTER CENTER COLLABORATION THE Number, street, and room or suite no. If a P.O. by			20-57049	91			-
due date for liling your 453 JOHN LEWIS FREEDOM PARKY							
eturn. See City, town or post office, state, and ZIP code. For		dress, see instructions.					-
ATLANTA, GA 30307							
Enter the Return Code for the return that this application	n is for (file	a separate application fo	r each return)			0 1	_
	·	•	,				_
Application	Return	Application				Return	
s For	Code	Is For				Code	_
Form 990 or Form 990-EZ	01	Form 990-T (corporati	on)			07	_
Form 990-BL	02	Form 1041-A	a individual\			08 09	-
Form 4720 (individual) Form 990-PF	03	Form 4720 (other that Form 5227	i individual)			10	-
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	-	
Form 990-T (trust other than above)			12	-			
CHRISTOPHER D.	BROWN	•					-
The books are in the care of ► 453 JOHN LEWIS		M PARKWAY, ATLA	NTA, GA 30307				
Telephone No. ► <u>404-420-5100</u>		ax No. 🕨					
If the organization does not have an office or place of							
If this is for a Group Return, enter the organization's for							
or the whole group, check this box I list with the pames and TINs of all members the extension		irt of the group, check ti	nis box▶	6	and attac	cn	
a list with the names and TINs of all members the extens 1 I request an automatic 6-month extension of time u		20.7	21 , to file the exempt	ora		n return	-
for the organization named above. The extension is			to the the exempt	org	ariizatioi	Tretuin	
Tot the organization named above. The extension is		jamzadorro rotarri for.					
▶ calendar year 20 or							
➤ X tax year beginning 09/01	, 20 <u>1</u>	9_, and ending <u>08/31</u>		20_	20 .		
2 If the tax year entered in line 1 is for less than 12 r	months, ched	ck reason: Initial re	eturn Final return	า			
Change in accounting period							_
3a If this application is for Forms 990-BL, 990-PF, 9	990-1, 4720), or 6069, enter the t	tentative tax, less any	1 1			
nonrefundable credits. See instructions.	1720 0	c 6060 ontor any re	fundable aredite and	3a	\$	C	_
b If this application is for Forms 990-PF, 990-T estimated tax payments made. Include any prior ye		=		2 h	e	c	١
c Balance due. Subtract line 3b from line 3a. Include				3b	Ψ	C	_
(Electronic Federal Tax Payment System). See instru			, ,	3с	\$	C)
Caution: If you are going to make an electronic funds withdrawa		it) with this Form 8868, se	e Form 8453-EO and Form				-
nstructions.	, 	, , , , , , , , , , , , , , , , , , ,					
For Privacy Act and Paperwork Reduction Act Notice, see inst	tructions.			Form	8868 (F	Rev. 1-2020)

KPMG LLP EIN: 13-5565207 300 N. GREENE ST., STE 400 GREENSBORO, NC 27401 Form 990 (2019) Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: SEE SCHEDULE O Did the organization undertake any significant program services during the year which were not listed on the If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?.... If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 264,676,278. including grants of \$) (Revenue \$ THE CARTER CENTER COLLABORATIVE, INC. (CCCI) SUPPORTS THE PROGRAMS OF THE CARTER CENTER, INC. THE EXPENSES INCURRED BY CCCI RELATE TO PROGRAMS TO PREVENT AND CONTROL CERTAIN DISEASES - TRACHOMA AND RIVER BLINDNESS. CCCI HAS RECORDED IN-KIND AND RELATED INVENTORIES OF MEDICATIONS USED TO CONTROL THESE TWO DISEASES. **4b** (Code: including grants of \$ **4c** (Code:) (Expenses \$ including grants of \$ 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ 264,676,278.

JSA 9E1020 2.000

4e Total program service expenses ▶

Form **990** (2019)

Page 3 Form 990 (2019)

Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		37	
•	complete Schedule A	1	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		Х
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		- 1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		- 21
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		
Ü	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			V
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	44.		Х
ام	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		- /\
u	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
^	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII.	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			3.7
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4-		v
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	10		Х
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
19		19		Х
20 a	If "Yes," complete Schedule G, Part III. Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX. column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

Form **990** (2019)

Form 990 (2019) Page 4

Part	Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
04-	employees? If "Yes," complete Schedule J.	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b</i>			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	20		Χ
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	26		
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
2	Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			3.7
24	sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		X
34	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		Х
37	related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a		. 03	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
JSA	reportable gaming (gambling) winnings to prize winners?	1c	X	(25:
9E1030	2.000 43528X 1985 V 19-8.5F 2339510	Form	990	(2019)
	1002011 1000 V 10 0.01 2000010			

Form 990 (2019) Page 5

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
- u	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	7a		Х
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7c		Х
Ч	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

THE CARTER CENTER COLLABORATIVE, INC. 20-5704991 Page 6 Form 990 (2019) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management 8 Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O. Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X 3 supervision of officers, directors, trustees, or key employees to a management company or other person?.... 4 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X The governing body?...... 8b Χ Each committee with authority to act on behalf of the governing body?............ Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Χ Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Χ 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 Χ 14 14 Did the organization have a written document retention and destruction policy?............ Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a Χ X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Χ 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed $\triangleright \underline{GA_r}$ 17

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

 X
 Own website
 Another's website
 X
 Upon request
 Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records ► CHRISTOPHER D. BROWN 453 JOHN LEWIS FREEDOM PARKWAY ATLANTA, GA 30307 404-420-5100

Form **990** (2019)

9E1042 2.000

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

Section A. Officers, Directors, Trustees, Key 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 an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

	Check this box if neither	the organization nor	any related	lorganization	compensated	any current office	cer. director, or trustee.
_							

(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				is both	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation from the	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations	
(1) MARY ANN PETERS	2.00										
CEO (UNTIL 5/31/2020)	40.00			Х				0.	380,041.	26,064	
(2) PHILLIP J. WISE JR.	2.00										
SECRETARY, VP-OPERATIONS	40.00			Х				0.	248,651.	22,392	
(3) CHRISTOPHER BROWN	2.00								,	,	
TREASURER, VP-FINANCE	40.00			Х				0.	217,388.	44,430	
(4) TERRENCE B. ADAMSON	1.00								,	,	
TRUSTEE	2.00	Х						0.	0.	0	
(5) KATHRYN E. CADE	1.00										
TRUSTEE	2.00	Х						0.	0.	0	
(6) JASON CARTER	1.00										
TRUSTEE	4.00	Х						0.	0.	0	
(7) DOUGLAS W. NELSON	1.00										
TRUSTEE	2.00	Х						0.	0.	0	
(8) LEAH WARD SEARS	1.00										
TRUSTEE	2.00	Х						0.	0.	0	
(9) CLAIRE STERK	1.00										
TRUSTEE	2.00	Х						0.	0.	0	
(10) WENDELL REILLY	1.00										
TRUSTEE	2.00	Х						0.	0.	0	
(11) CHILTON D. VARNER	1.00										
TRUSTEE	2.00	Х						0.	0.	0	
(12) GREGORY FENVES	1.00										
TRUSTEE	2.00	Х						0.	0.	0	
(13) PAIGE ALEXANDER	2.00										
CEO (BEGINNING 6/1/2020)	40.00			Х				0.	0.	0	
(14)											

Form **990** (2019)

9E1041 2.000

JSA

	rt VII Section A. Officers, Directors, Tru	uetone Ko	v En	nlo		26	and L	lial	host Component	od Employ	005 (00	ntinuo		age 8
Га			y ⊑ii	ipic		85, ₍ C)	anu r	iigi	(D)		ees (co		(F)	
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe	ition more	e than o is both or/trust	an ee)	Reportable compensation from the	(E) Reportab compensation related organizatio	n from	Estimated		
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-N	MISC)	orga and	m the nization related	I
		 												
	Sub-total								0.	846,	080.		92,8	386. 0.
	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)			• •					0.	846,			92,8	
	Total number of individuals (including but not reportable compensation from the organizatio	limited to t		liste				re					22,0	-
	Teportable compensation from the organization		<u> </u>	•									Yes	No
3	Did the organization list any former office	er directo	or or	trı	ıste	e l	kev e	mn	lovee or highest	compensa	ted			110
·	employee on line 1a? If "Yes," complete Sched											3		Χ
4								the uch	4	X				
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue co	mpen	sati	on 1	from	n any	uni	related organization			5		X
Se	ction B. Independent Contractors													
1	Complete this table for your five highest comcompensation from the organization. Report of year.													
	(A)	draga							(B)	m do o o	0-	(C)	-4:	

(A) Name and business address	(B) Description of services	(C) Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0.

Form **990** (2019)

2339510

Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to ar	ny line in this Part V	/		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b				
A G	С	Fundraising events 1c				
ifts ar /	d	Related organizations 1d				
s, mil	е	Government grants (contributions) 1e				
Sign	f	All other contributions, gifts, grants,				
buti		and similar amounts not included above • 1f 259,367,121.				
Ē	g	Noncash contributions included in				
Sor		lines 1a-1f	050 055 404			
	n	Total. Add lines 1a-1f	259,367,121.			
ø		Dusiness Code				
ه کِ	2a b					
Se	C					
Program Service Revenue	d					
og R	e					
P	f	All other program service revenue				
	g	Total. Add lines 2a-2f	0.			
	3	Investment income (including dividends, interest, and				
		other similar amounts)	0.			
	4	Income from investment of tax-exempt bond proceeds .	0.			
	5	Royalties	0.			
		· · · · · · · · · · · · · · · · · · ·				
	6a b	Gross rents 6a Less: rental expenses 6b				
		Rental income or (loss) 6c				
	d	Net rental income or (loss)	0.			
	7a	Gross amount from (i) Securities (ii) Other				
		sales of assets				
		other than inventory 7a				
ne	b	Less: cost or other basis				
Revenue		and sales expenses 7b				
	C	Gain or (loss) 7c	0.			
Other	d	Net gain or (loss)	0.			
ᅙ	8a	Gross income from fundraising				
		events (not including \$ of contributions reported on line				
		1c). See Part IV, line 18 8a 0.				
	b	Less: direct expenses 8b				
	c	Net income or (loss) from fundraising events	0.			
	9a	Gross income from gaming activities. See Part IV, line 19 9a				
	b c	Less: direct expenses	0.			
	10a	Gross sales of inventory, less				
		returns and allowances 10a				
	b	Less: cost of goods sold				
	С	Net income or (loss) from sales of inventory.	0.			
Sn		Business Code				
Miscellaneous Revenue	11a					-
ella Ven	b					
Sce	C	All other revenue				+
Ξ	a .	Total. Add lines 11a-11d	0.			
	12	Total revenue. See instructions	259,367,121.			
JSA	1 2.000				•	Form 990 (2019)
	43		-8.5F	2339510		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a resp	onse or note to any line	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	0.			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,	0.			
	trustees, and key employees	0.			
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	0.			
-	persons described in section 4958(c)(3)(B)	0.			
	Other salaries and wages	0.			
8	Pension plan accruals and contributions (include	0.			
	section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits	0.			
10	Payroll taxes	0.			
	Fees for services (nonemployees):	0.			
	Management	0.			
	Legal	0.			
	Accounting	0.			
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17.	0.			
	Investment management fees				
y	Other. (If line 11g amount exceeds 10% of line 25, column	0.			
12	(A) amount, list line 11g expenses on Schedule O.). Advertising and promotion	0.			
13	Office expenses	0.			
14	Information technology.	0.			
15	Royalties	0.			
	Occupancy	0.			
	Travel	0.			
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
	Interest	0.			
	Payments to affiliates	0.			
	Depreciation, depletion, and amortization	0.			
	Insurance	0.			
	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	INTERVENTIONS	264,676,278.	264,676,278.		
b					
С					
d					
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	264,676,278.	264,676,278.		
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here X if				
	following SOP 98-2 (ASC 958-720)	0.			

Form 990 (2019)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	(A)	· · ·	(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	0.	1	0.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
ts	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	7,558,523.	8	2,249,366.
Ä	9	Prepaid expenses and deferred charges	0.	9	0.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b	0.	10c	0.
	11	Investments - publicly traded securities	0.		0.
	12	Investments - other securities. See Part IV, line 11	0.		0.
	13	Investments - program-related. See Part IV, line 11.	0.		0.
	14	Intangible assets	0.		0.
	15	Other assets. See Part IV, line 11	0.	_	0.
	16	Total assets . Add lines 1 through 15 (must equal line 33)	7,558,523.	16	2,249,366.
	17	Accounts payable and accrued expenses.	0.		0.
	18	Grants payable	0.	_	0.
	19	Deferred revenue.	0.		0.
	20	Tax-exempt bond liabilities.	0.		0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.		0.
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ig		controlled entity or family member of any of these persons	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	0.		0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	_	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	0.	_	0.
s		Organizations that follow FASB ASC 958, check here ► X			
nce		and complete lines 27, 28, 32, and 33.			
alai	27	Net assets without donor restrictions	0.	27	0.
B	28	Net assets with donor restrictions	7,558,523.	28	2,249,366.
Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
Assets	31	Retained earnings, endowment, accumulated income, or other funds.		31	
	32	Total net assets or fund balances	7,558,523.	32	2,249,366.
Net	33	Total liabilities and net assets/fund balances	7,558,523.	33	2,249,366.
			, ,	_ 55	Form 990 (2019

Form **990** (2019)

Page **12** Form 990 (2019)

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		59,3		
2	Total expenses (must equal Part IX, column (A), line 25)	2		64,6		
3	Revenue less expenses. Subtract line 2 from line 1	3		-5 , 3		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		7,5	58,5	523.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		2,2	49,3	366.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	крlair	າ in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X 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 over	rsigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?.		2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the			
	Single Audit Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_			3.7	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	dits .		3b	Χ	

Form **990** (2019)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization THE CARTER CENTER COLLABORATIVE, INC. Employer identification number 20-5704991

Par	tΙ	Reason for Public Cha	rity Status (All o	rganizations must c	omplet	e this pa	art.) See instructions		
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)		
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).		
2		A school described in secti	on 170(b)(1)(A)(ii)	170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)					
3		A hospital or a cooperative	hospital service o	ospital service organization described in section 170(b)(1)(A)(iii).					
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	section 170(b)(1)(A)	(iii). Enter the	
		hospital's name, city, and st	tate:						
5		An organization operated t	for the benefit of	a college or universit	y owne	d or ope	rated by a governme	ntal unit described in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).		
7		An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public	
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)					
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)				
9		An agricultural research org	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	I in conjunction with a	land-grant college	
		or university or a non-land-	grant college of ag	riculture (see instruct	ions). E	nter the i	name, city, and state o	f the college or	
		university:							
10		An organization that norma receipts from activities rela support from gross investmacquired by the organizatio	ted to its exempt f nent income and u n after June 30, 1	unctions - subject to nrelated business tax 975. See section 509	certain e able inco (a)(2) . (0	exception ome (less Complete	s, and (2) no more tha s section 511 tax) from Part III.)	n 331/3% of its	
11		An organization organized	•	•			, , , ,		
12	Х	An organization organized		•			·		
		of one or more publicly su							
		Check the box in lines 12a t	=	= = =		_	· · · · · · · · · · · · · · · · · · ·	-	
а	L	X Type I. A supporting orga	•	•	-				
		the supported organization				ajority of	the directors or truste	es of the	
	Г	supporting organization.	-					()	
b	L	Type II. A supporting org							
		control or management of		-	the sam	e persor	is that control or man	age the supported	
	Г	organization(s). You must				4: _		U	
С	L	Type III functionally integ						ny integrated with,	
٨	Г	its supported organization Type III non-functionally		•				tod organization(s)	
d	_	that is not functionally into			-			- , ,	
		requirement (see instruct	-		-		•	an allenliveness	
е	Г	X Check this box if the orga	•	-				I Type III	
		functionally integrated, or						i, type iii	
f	Er	iter the number of supported		, , ,		U			
g		ovide the following information	_						
		lame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of	
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)	
A	TT	ACHMENT 1		above (see ilistructions))	Yes	No	instructions)	ilistructions)	
/A\									
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	I							264,676,278.	

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

Par	Complete only if you checke Part III. If the organization fai	d the box on	line 5, 7, or 8	of Part I or if t	he organizatio	on failed to qua	
Sec	tion A. Public Support				•	,	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support	(-) 0045	(h) 0040	(-) 0047	(-1) 0040	(-) 0040	(6) T-4-1
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is forganization, check this box and stop here						
	tion C. Computation of Public Sup						
14	Public support percentage for 2019 (li						%
15	Public support percentage from 2018						%
16a	331/3% support test - 2019. If the org						
	box and stop here. The organization qu						
b	33 1/3 % support test - 2018. If the org						
	this box and stop here . The organization			•			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization						•
	Part VI how the organization meets t			•	•		supported
-	organization						▶ □
b	10%-facts-and-circumstances test - 2		•				
	15 is 10% or more, and if the orga						-
	Explain in Part VI how the organization				=	-	
18	supported organization Private foundation. If the organization						

Schedule A (Form 990 or 990-EZ) 2019

9E1220 1.000 43528X 1985 V 19-8.5F 2339510 Schedule A (Form 990 or 990-EZ) 2019 Page 3

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

				, I		,	
Sec	tion A. Public Support		1	1	ı		
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts 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 to the						
6	organization without charge						
6	ĭ l						
ιa	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts 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.						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support		·		-		
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	•					` ^ ` _
	organization, check this box and stop here						▶ 🔃
	tion C. Computation of Public Supp		•			T T	
15	Public support percentage for 2019 (line 8,					15	%
16	Public support percentage from 2018 Sche					16	%
	tion D. Computation of Investment			40 1 (5)		T .= 1	
17	Investment income percentage for 2019 (lin						%
18	Investment income percentage from 2018 S						%
19 a	331/3% support tests - 2019. If the or	-					
	17 is not more than 331/3%, check thi		_				
b	331/3% support tests - 2018. If the orga						· . —
••	line 18 is not more than 331/3%, check		•	•			
20	Private foundation. If the organization of	nu not check a	a box on line 1	4, 19a, of 19b,	CHECK THIS DOX	c and see instruc	ctions

2339510

Schedule A (Form 990 or 990-EZ) 2019 Page **4**

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 Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
g y			
	1	X	
is ed			
	2		X
er	3a		X
id ne			
	3b		
3)	3с		
lf	4a		Χ
n n	44		21
	4b		
n ed 3)			
	4c		
;," N n; n			
	5a		Х
ly			
.,	5b		
	5c		
o d or			
	6		X
or :y			
	7		X
?	8		Х
e d			
	9a		X
h	9b		X
fit			
	9с		X
n d	4.5		V
	10a		X
o	10b		

Schedu	le A (Form 990 or 990-EZ) 2019		F	Page 5
Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		X
	A family member of a person described in (a) above?	11b		X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		X
Secti	on B. Type I Supporting Organizations		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	X	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part W how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		X
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
2 4	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations		2.0	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously		Yes	No
_	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instance of the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see			
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Page 6 Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	_		•
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y integra	ated Type III supporting	g organization (see
instructions).			`

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Page **7**

Part	Type III Non-Functionally Integrated 509(a)(3) \$	Supporting Organizat	ions (continuea)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exen	ed		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	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	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(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			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2019

Excess from 2019

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

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.)

FORM 990, SCHEDULE A, PART I, LINE 12G

AMOUNT OF SUPPORT

THE CARTER CENTER COLLABORATIVE, INC. EXPENDED \$264,676,278 RELATED TO

THE DISTRIBUTION OF IN-KIND DRUGS FOR THE BENEFIT OF THE HEALTH PROGRAMS

OF THE CARTER CENTER, INC.

				ATTACHMENT 1	
SCHEDULE A, PART I - INFORMATION ABOUT SU	UPPORTED O	RGANIZATION	1S		
		(III) TYPE OF	(IV)	(V) AMOUNT OF	(VI) OTHER
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION	YES NO	SUPPORT	SUPPORT AMOUNT
THE CARTER CENTER, INC.	58-1454716	7	X	0.	264,676,278.
TOTAL AMOUNT OF SUPPORT				0.	264,676,278.

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Employer identification number

THE CARTER CENTER COLLABORATIVE, INC. 20-5704991 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ **501(c)(**3) (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** [X] 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 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization THE CARTER CENTER COLLABORATIVE, INC.

Employer identification number 20-5704991

Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization THE CARTER CENTER COLLABORATIVE, INC.

Employer identification number 20-5704991

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	MECTIZAN TABLETS		
	-	\$\$254,767,200.	VAR
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	ZITHROMAX TABLETS AND PEDIATRIC ORAL SUSPENSION		
	ONAL SUSTENSION		
		\$3,598,369.	VAR
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	PRAZIQUANTEL		
		\$1,001,552.	VAR
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	[\$	

Name of organization THE CARTER CENTER COLLABORATIVE, INC. Employer identification number 20-5704991 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number THE CARTER CENTER COLLABORATIVE, INC. 20-5704991 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

easement on the last day of the tax year. a Total number of conservation easements		ruipose(s) of conservation easements field by the organization (check all that apply).		
Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ Amount of expenses incurred in monitoring, inspecting, handling of vio		Preservation of land for public use (for example, recreation or education)	ervation of a	historically important land area
Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements . 2a Total acreage restricted by conservation easements . 2b C Number of conservation easements on a certified historic structure included in (a) . 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?		Protection of natural habitat Prese	ervation of a	certified historic structure
easement on the last day of the tax year. Total number of conservation easements		Preservation of open space		
a Total number of conservation easements	2	Complete lines 2a through 2d if the organization held a qualified conservation contrib	oution in the	
b Total acreage restricted by conservation easements		easement on the last day of the tax year.		Held at the End of the Tax Year
c Number of conservation easements on a certified historic structure included in (a)	а	Total number of conservation easements	28	1
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	b	Total acreage restricted by conservation easements	21)
historic structure listed in the National Register	С	Number of conservation easements on a certified historic structure included in (a)	20	:
Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	d	Number of conservation easements included in (c) acquired after 7/25/06, and not	on a	
tax year ▶		historic structure listed in the National Register	20	1
Number of states where property subject to conservation easement is located ▶	3	Number of conservation easements modified, transferred, released, extinguished,	or terminat	ed by the organization during the
Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Substitute of the section of		tax year >		
violations, and enforcement of the conservation easements it holds?	4	Number of states where property subject to conservation easement is located ▶		
Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ———————————————————————————————————	5	Does the organization have a written policy regarding the periodic monitoring,	inspection,	handling of
Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$\begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		violations, and enforcement of the conservation easements it holds?		Yes No
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and en	nforcing con	servation easements during the year
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.		>		
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enfo	orcing cons	ervation easements during the year
and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.		▶ \$		
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	8	Does each conservation easement reported on line 2(d) above satisfy the requirements	of section 1	70(h)(4)(B)(i)
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.		and section 170(h)(4)(B)(ii)?		Yes No
organization's accounting for conservation easements.	9			
		balance sheet, and include, if applicable, the text of the footnote to the organization's	s financial s	tatements that describes the
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.				
	Pa	art III Organizations Maintaining Collections of Art, Historical Treasures, o	or Other Si	milar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works 1a of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
- If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
- ▶ \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2019

\$

	rt Organizations Maintaini	na Calla	otions of	Aut Lliat	orical Tra		or Othor	Cimilar A	anata //	ontinuo	Page Z
	<u> </u>										
3	Using the organization's acquisition		sion, and c	other reco	iras, checi	k any or	the follow	nng mat m	ake sigi	illicant u	se or its
	collection items (check all that app	iy):			7						
a	Public exhibition			d	_		nge progra	m			
b	Scholarly research			е	Other						
С	Preservation for future gene										
4	Provide a description of the organ	nization's	collections	and exp	lain how i	they furt	her the or	ganization's	s exemp	t purpose	e in Part
_	XIII.										
5	During the year, did the organization								_	 ,	
	assets to be sold to raise funds rath			ained as p	art of the	organiza	tion's colle	ction?		Yes	No No
Pa	rt IV Escrow and Custodial A				000 5						
	Complete if the organiza	ition ans	wered "Ye	s" on Fo	rm 990, F	art IV, I	ine 9, or r	eported ar	า amour	nt on For	m
	990, Part X, line 21.										
1a	Is the organization an agent, truste				-				_	_	
	included on Form 990, Part X?								L	Yes	No
b	If "Yes," explain the arrangement i	n Part XII	I and comp	olete the f	ollowing tal	ole:					
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year					_	1e				
f	Ending balance						1f				
	Did the organization include an am									Yes	No
b	If "Yes," explain the arrangement is	n Part XII	I. Check he	ere if the	explanation	has bee	n provided	on Part XIII	<u> </u>		
Pa	rt V Endowment Funds.										
	Complete if the organiza	tion ans	wered "Ye	s" on Fo	rm 990, F	Part IV, I	ine 10.				
		(a) Cur	rent year	(b) Pr	or year	(c) Two	years back	(d) Three ye	ars back	(e) Four y	ears back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains,										
	and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
q	End of year balance										
2	Provide the estimated percentage		rrent vear e	end halan	ce (line 1a	column	(a)) held as				
a	Board designated or quasi-endown		mont your t	%	oo (og,	Coldinin	(u)) Hold de	•			
b	Permanent endowment	%		_							
С	Term endowment ▶	%									
	The percentages on lines 2a, 2b, a	nd 2c sh	ould equal 1	100%.							
3a	Are there endowment funds not in				ation that	are held	and admir	nistered for	the		
	organization by:	·		Ü						Y	es No
	(i) Unrelated organizations									3a(i)	
	(ii) Related organizations									3a(ii)	
b	If "Yes" on line 3a(ii), are the relate									3b	
4	Describe in Part XIII the intended u	_									
_	rt VI Land, Buildings, and Equ	ipment.									
	Complete if the organiza	ation ans	swered "Ye								
	Description of property		(a) Cost or (invest			or other bas other)		cumulated reciation	(d	l) Book valu	ie
1a	Land	_	(1117001	,	1		чорі	23,64,611			
b	Buildings	1									
	Leasehold improvements										
d	Equipment	T I									
u n	Other	1									
Tota	I Add lines 1a through 1e (Column		equal Forn	n 000 Pai	t X colum	n (R) line	100)				

Page 3 Schedule D (Form 990) 2019

Part VII	Investments - Other Securities.	l"Voo" on Form 000	0 Part IV line 11h See Form 000 F	Port V line 12
	Complete if the organization answered			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	
	al derivatives			
	held equity interests			
(3) Other_				
(A) (B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered	l "Yes" on Form 99	0, Part IV, line 11c. See Form 990, P	art X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation	ı:
			Cost or end-of-year market	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(h) must assed Form 000 Part V and (D) line 42.)			
Part IX	o (b) must equal Form 990, Part X, col. (B) line 13.) • • • • • • • • • • • • • • • • • • •			
raitix	Complete if the organization answered	l "Yes" on Form 99	0 Part IV line 11d See Form 990 F	art X line 15
		scription	0,1 41117, 1110 114. 0001 0111 000,1	(b) Book value
(1)	(4) 20			(3) 20011 14140
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) l	ine 15.)		
Part X	Other Liabilities. Complete if the organization answered line 25.	l "Yes" on Form 99	0, Part IV, line 11e or 11f. See Form	990, Part X,
1.	(a) Descrip	tion of liability		(b) Book value
(1) Feder	al income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)		<u> </u>	
 Lianuity to 	or uncertain tax positions. In Part XIII, provide the	LEVI OF THE TOOTHOTE TO	THE ORGANIZATION'S TINANCIAL STATEMENTS THAT	LADOUG IDA

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

V 19-8.5F 2339510

Page 4 Schedule D (Form 990) 2019

Part 1	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b	Other (Describe in Part XIII.)	4c	
С 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part		irn.	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments	-	
С	Other losses	-	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	investment expenses not included on Form 550, Fart VIII, line 75 1 1 1 1 1 1 1	-	
b	Other (Describe in Part XIII.)	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	
	XIII Supplemental Information.		
Provide 2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	Part V, nation	line 4; Part X, line
SEE	PAGE 5		

Part XIII Supplemental Information (continued)

FIN 48

PART X, LINE 2

CCCI HAS RECEIVED A DETERMINATION LETTER FROM THE IRS DATED MARCH 22, 2007 INDICATING RECOGNITION AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) WHEREBY ONLY UNRELATED BUSINESS INCOME, AS DEFINED BY SECTION 512(A) OF THE CODE, IS SUBJECT TO FEDERAL INCOME TAX.

THE CENTER APPLIES FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION TOPIC 740, INCOME TAXES (ASC 740), WHICH ADDRESSES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAX POSITIONS. ASC 740 ALSO PROVIDES GUIDANCE ON WHEN TAX POSITIONS ARE RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND HOW THE VALUES OF THESE POSITIONS ARE DETERMINED. THERE IS CURRENTLY NO IMPACT ON THE CONSOLIDATED FINANCIAL STATEMENTS AS A RESULT OF ASC 740.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE CARTER CENTER COLLABORATIVE, INC.

Employer identification number 20-5704991

Part	General Information of Form 990, Part IV, line 14		Outside the	United States. Compl	ete if the organization a	nswered "Yes" on
	For grantmakers. Does the orgother assistance, the grantees' award the grants or assistance?	ganization mail eligibility for t	he grants or		_	Yes No
2	For grantmakers. Describe in outside the United States.			ocedures for monitoring t	the use of its grants and	d other assistance
3	Activities per Region. (The follow	ving Part I. line	3 table can be	e duplicated if additional sp	ace is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of	(f) Total expenditures for and investments in the region
(1)	SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	HEALTH PROGRAMS	264,676,278.
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal					264,676,278.
b	Total from continuation sheets to Part I					
С						264,676,278.

Schedule F (Form 990) 2019

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

(i) Method of valuation (book, FMV, appraisal, other)																
(h) Description of noncash assistance																
(g) Amount of noncash assistance																
(f) Manner of cash disbursement																
(e) Amount of cash grant																
(d) Purpose of grant																
(c) Region																
(b) IRS code section and EIN (if applicable)																
(a) Name of (b) IRS code (c) Region (d) Purpose of cash grant cash grant disbursement assist	(1)	(2)	(3)	(4)	(5)	(9)	(2)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt 2

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance Part III Ξ (5) (3) 4 (2) 9 6 (10) (11) (12) (13) (14) (17) 8 (15) (16) (18) 5

Schedule F (Form 990) 2019

2339510

Page 4 Schedule F (Form 990) 2019

Part	V Foreign Forms		
4	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"		
1	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
		Yes	X No
	Corporation (see Instructions for Form 926)	res	NO NO
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)	Yes	X No
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		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
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)	Yes	X No
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		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2019

9E1277 1.000 43528X 1985 V 19-8.5F 2339510 Schedule F (Form 990) 2019 Page **5**

Part V Suppleme

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).

PART I, LINE 3, COLUMN F

THE METHOD USED TO ACCOUNT FOR EXPENDITURES ON CCCI'S FINANCIAL

STATEMENTS IS THE ACCRUAL METHOD.

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization THE CARTER CENTER COLLABORATIVE, INC. Employer identification number 20-5704991

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
D	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	1b		
2	explain	10		
2	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
•				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			3.7
•	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?			
	Requiations section 55.4956-6(c)?	9		I

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Schedule J (Form 990) 2019

Page 2

Schedule J (Form 990) 2019

individual.

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII. Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that

		Jone C IVI to minimum by Drack C IVI	21/V 000 1 20/Pag C /VI 3	MISO MISO				
(A) Name and Title		(i) Base	(ii) Bonus & incentive	(iii) Other	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior
		compensation	compensation	reportable compensation				Form 990
MARY ANN PETERS	Ξ	0	0	0	0	0	0	0
(CEO (UNTIL 5/31/2020)	€	380,041.	0	0	25,200.	864.	406,105.	0
PHILLIP J. WISE JR.	Ξ	0	0	.0	.0	0	0	0
2 SECRETARY, VP-OPERATIONS	€	248,651.	0	.0	22,392.	0	271,043.	0
CHRISTOPHER BROWN	Ξ	0	0	.0	.0	0	0	0
3TREASURER, VP-FINANCE	€	214,888.	2,500.	.0	19,779.	24,651.	261,818.	0
	ε							
4	€							
	ε							
5	(ii)							
	Ξ							
9	€							
	Ξ							
7	(ii)							
	Ξ							
8	ii							
	Ξ							
6	(ii)							
	Ξ							
10	€							
	Ξ							
11	(ii)							
	Ξ							
12	(ii)							
	Ξ							
13	(ii)							
	Ξ							
14	€							
	Ξ							
15	€							
	Ξ							
16	(ii)							
							Show	Schodule 1 (Form 990) 2019

Schedule J (Form 990) 2019

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Schedule J (Form 990) 2019

Page 3

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.

METHOD FOR ESTABLISHING CEO COMPENSATION

SCHEDULE J, PART I, LINE

COMPENSATION RANGES FOR ALL PAY GRADES, INCLUDING THE CEO, ARE

ESTABLISHED BY EMORY UNIVERSITY WHO SERVES AS THE COMMON PAYMASTER FOR

THE CENTER USES A NUMBER OF BEST PRACTICE STANDARDS THE CARTER CENTER.

WHICH INCLUDE, BUT ARE NOT LIMITED TO, A NGO STUDY COMPARISON AND

COORDINATION WITH THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES.

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SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

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

THE CARTER CENTER COLLABORATIVE, INC.

Employer identification number 20-5704991

Par	Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det noncash contribu		
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						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC,						
	or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation						
	contribution - Historic						
4.4	structures						
14	Qualified conservation						
15	contribution - Other						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies		3.	259,367,121.	RETAIL VALUE	E	
21	Taxidermy						
22	Historical artifacts.						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ►()						
26	Other ►()						
27	Other ►()						
28	Other ►(
29	Number of Forms 8283 received						
	which the organization completed I	Form 8283,	Part IV, Donee Acknowledg	ement	29	1	
						Yes	No
30a	During the year, did the organizat				_		
	28, that it must hold for at least the	-			•		Х
	to be used for exempt purposes for		olaing perioa?		30:	а	
	If "Yes," describe the arrangement i		tance notice that re-	on the review of arms	nonotondard		
31	Does the organization have a					X	
320	contributions? Does the organization hire or use					- 21	
o∠d	contributions?		•			a	Х
h	If "Yes," describe in Part II.				320		
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column (a)) is checked		
	describe in Part II	a.mount in 0	oralling to a type of pro	porty for willou obtaining (a)	is officially		

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Schedule M (Form 990) 2019

Schedule M (Form 990) (2019) Page **2**

Part II Suppleme

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.

FORM 990, SCHEDULE M, PART I, COLUMN B

NUMBER OF CONTRIBUTORS

THE AMOUNT IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTORS.

Schedule M (Form 990) (2019)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

THE CARTER CENTER COLLABORATIVE, INC.

20-5704991

FORM 990, PART III, LINE 1

THE CARTER CENTER COLLABORATIVE, INC. WAS ESTABLISHED TO SUPPORT THE

MISSION OF THE CARTER CENTER, INC. THE CARTER CENTER IS GUIDED BY THE

PRINCIPALS OF OUR FOUNDERS, JIMMY AND ROSALYNN CARTER. FOUNDED IN

PARTNERSHIP WITH EMORY UNIVERSITY ON A FUNDAMENTAL COMMITMENT TO HUMAN

RIGHTS AND THE ALLEVIATION OF HUMAN SUFFERING. THE CENTER SEEKS TO

PREVENT AND RESOLVE CONFLICTS, ENHANCE FREEDOM AND DEMOCRACY, AND IMPROVE

HEALTH.

- (1) THE CENTER BELIEVES THAT PEOPLE CAN IMPROVE THEIR OWN LIVES WHEN PROVIDED WITH THE NECESSARY SKILLS, KNOWLEDGE, AND ACCESS TO RESOURCES.
- (2) THE CENTER EMPHASIZES ACTION AND MEASURABLE RESULTS IN THE LIVES OF THE PEOPLE IT SEEKS TO HELP.
- (3) THE CENTER VALUES THE COURAGE TO BREAK NEW GROUND, FILL VACUUMS, AND ADDRESS THE MOST DIFFICULT PROBLEMS IN THE MOST DIFFICULT SITUATIONS.
- (4) THE CENTER RECOGNIZES THAT SOLVING DIFFICULT PROBLEMS REQUIRES CAREFUL ANALYSIS, RELENTLESS PERSISTENCE, AND THE RECOGNITION THAT FAILURE IS AN ACCEPTABLE RISK.
- (5) THE CENTER IS NONPARTISAN AND IT SEEKS TO WORK COLLABORATIVELY WITH OTHER ORGANIZATIONS FROM THE HIGHEST LEVELS OF GOVERNMENT TO LOCAL COMMUNITIES.

FORM 990, PART IV, LINE 12

AUDITED FINANCIAL STATEMENTS

THE CARTER CENTER'S AUDITED FINANCIAL STATEMENTS CONSOLIDATE THE

Name of the organization

THE CARTER CENTER COLLABORATIVE, INC.

Employer identification number
20-5704991

ACTIVITIES OF THE CARTER CENTER, INC. AND THE CARTER CENTER

COLLABORATIVE, INC. AND ARE PREPARED IN ACCORDANCE WITH US GAAP. SEPARATE

AUDITED FINANCIAL STATEMENTS ARE NOT PREPARED FOR EACH ENTITY.

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

ELECTION OF MEMBERS OF THE GOVERNING BODY

THE MEMBERS OF THE BOARD OF DIRECTORS OF THE CARTER CENTER COLLABORATIVE

ARE APPOINTED BY THE CARTER CENTER, INC.

FORM 990, PART VI, SECTION B, LINE 11 PROCESS USED TO REVIEW FORM 990

THE CARTER CENTER COLLABORATIVE PROVIDES A DRAFT OF ITS IRS FORM 990 TO ALL OFFICERS AND TRUSTEES UP TO ONE WEEK IN ADVANCE OF THE FILING DATE. THIS REVIEW PERIOD ALLOWS FOR QUESTIONS AND COMMENTS ON THE INFORMATION SET FORTH IN THE RETURN THAT MAY BE RESOLVED PRIOR TO FILING.

ADDITIONALLY, THE TREASURER REVIEWS THE DRAFT 990 WITH THE CHAIR OF THE FINANCE COMMITTEE IN DETAIL PRIOR TO ITS FILING.

FORM 990, PART VI, SECTION B, LINE 12C

CONFLICT OF INTEREST POLICY

ANNUALLY, THE CARTER CENTER COLLABORATIVE REQUESTS THAT EACH TRUSTEE

PROVIDE AN ATTESTATION OF THEIR UNDERSTANDING AND ADHERENCE TO THE

CONFLICT OF INTEREST POLICY, AS PROVIDED.

FORM 990, PART VI, SECTION B, LINES 15A AND 15B

DETERMINATION OF COMPENSATION

THE OFFICERS OF THE CARTER CENTER COLLABORATIVE, INC. ARE PAID BY THE

2339510

Name of the organization	Employer identification number
THE CARTER CENTER COLLABORATIVE, INC.	20-5704991

RELATED SUPPORTED ORGANIZATION, THE CARTER CENTER, INC.

FORM 990, PART VI, SECTION C, LINE 19

PUBLIC AVAILABILITY OF DOCUMENTS

THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF THE CARTER CENTER, INC.,

WHICH INCLUDED THE CARTER CENTER COLLABORATIVE, INC., AND THE IRS

FORM 990 ARE AVAILABLE ON THE CARTER CENTER'S WEBSITE,

WWW.CARTERCENTER.ORG. DOCUMENTS ARE ALSO AVAILABLE UPON REQUEST.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

THE CARTER CENTER COLLABORATIVE, INC.

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

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

OMB No. 1545-0047

Open to Public Inspection

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

Employer identification number 20-5704991 (f)
Direct controlling
entity (e) End-of-year assets (d) Total income (c)
Legal domicile (state
or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity Part II (9) Ξ 3 4 3 (2)

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) led
						Yes	No
(1) THE CARTER CENTER, INC. 58-1454716							
453 JOHN LEWIS FREEDOM PARKWA ATLANTA, GA 30307	SEE SCH. O	GA	501(C)3	7	N/A		\times
(2)							
(3)							
(4)							
(5)							
(9)							
(7)							
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Part III

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

N N	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, 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
			(6					Yes No		Yes No	
(1)											
(2)											
(3)											
(4)											
(2)											
(9)											
(7)											
Part IV	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	ted Organization:	s Taxable ated orga	as a Corporation anizations treate	on or Trust. Compl d as a corporation c	ete if the organ or trust during tl	lization answere ne tax vear.	ed "Yes"	" on Form 990,	Part I∖	· •

Primary activity		Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of Percentage Section and of-year assets ownership controlled	Percentage ownership	Section 512(b)(13) controlled
	country)						entity?
							3

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	III, or IV of this schedule.			Α.	es No
1 During the tax year, did the organization engage in any of the foll	in any of the following transactions with o	ne or more related organi	owing transactions with one or more related organizations listed in Parts II-IV?		
 a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from b Gift grant or capital contribution to related propriation(s) 	or (iv) rent from a controlled entity			1a 1b	×
	Janization(s)			10	×
d Loans or loan guarantees to or for related organization(s)	ation(s)	-		10	×
e Loans or loan guarantees by related organization(s)	(5)			1e	×
				:	h P
f Dividends from related organization(s)				=	< ;
g Sale of assets to related organization(s).				1g	×
h Purchase of assets from related organization(s)				무	×
i Exchange of assets with related organization(s)				=	×
j Lease of facilities, equipment, or other assets to related organization(s).	elated organization(s).				×
I accorde facilities continued or other seconds from related executation(s)	(ع)منابردامر معر فرادام م			7	×
Lease of lacillities, equipment, of other assets non Dorformond of portions of mombashin of finality	II Telated Organization (s)			=======================================	×
	alsing solicitations for related organization((8		= {	×
m Performance of services or membership or fundraising solicitations by related organization(s)	alsing solicitations by related organization(s	:)			
Sharing of naid employees with related organization(s)	tilei assets with lefated organization(s) on(s)			\perp	×
p Reimbursement paid to related organization(s) for expenses	expenses:			1p	×
	sesuedxe			19	\times
r Other transfer of cash or property to related organization(s) .	nization(s)			7	×
	ganization(s).			18	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	e instructions for information on who mus	t complete this line, inclu	ding covered relationships and tra	ansaction thresholds.	
(a) Name of related organization	d organization	(b) Transaction type (a-s)	(c) dion Amount involved s)	(d) Method of determining amount involved	ning d
(1)					
Ç					
(2)					
(3)					
(4)					
(5)					
(9)					
, , ,		_	-	Schedule R (Form 990) 2019	0) 2019
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Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

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 or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	(k) Percentage ownership
(1)										
(2)										
(3)										
(4)										
(5)										
(9)										
(7)										
(8)										
(6)										
(10)										
(11)										
(12)										
(13)										
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(15)										
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Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 Page 5

Part VII

Supplemental Information

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