| Form | 990 |
|------|--|
| | ent of the Treasury Revenue Service |

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



| A | For t | he 201 | 9 cale | endar ye | ar, or tax | year begi | nning | 09 | 0/01 ,201 | 9, an | d end | ing | | | 80 | 3/31 , 20 20 | |
|---------------------------|-------------|------------|----------|----------------|---------------|------------------|---------------|-----------------------------------|------------------|---------|---------|------------|-------------|------------------------------|-----------|------------------------|--------------|
| | | | C Nar | ne of orgar | ization | | | | | | | | DE | mployer id | lentifi | cation number | |
| в | Check If a | applicable | TH | IE CAR | FER CEN | TER, IN | с. | | | | | | | | | | |
| | Add char | | Doir | ng Busines: | s As | | | | | | | | 1 5 | 58-145 | 471 | 6 | |
| | Narr | e change | Nur | nber and s | treet (or P.C | , box if mail is | not delivere | d to street addre | ess) | Roo | m/suite |) | ET | elephone r | numbe | er | |
| | loitia | al return | 45 | 3 ЈОНІ | 1 LEWIS | FREEDO | M PARK | WAY | | | | | (4) | 04) 42 | 20-5 | 5100 | |
| | Terr | ninated | City | or town, s | tate or provi | nce, country, | and ZIP or fo | preign postal co | de | _ | | | | | | | |
| | Ame | nded 'n | ΓA | LANTA | GA 30 | 307-149 | 6 | | | | | | G | Gross receij | ots \$ | 130,600 |),414. |
| | | ication | F Nar | ne and add | ress of princ | ipal officer: | PAIG | E ALEXAN | IDER | | | | H(a) | Is this a gro subordinate | | urn for Yes | X No |
| | | | 45 | JOHN | J LEWIS | FREEDO | M PARK | WAY, ATL | ANTA, G | A 30 | 307- | -14 | Н(Б) | Are all subor | | included? Yes | X No |
| I. | ⊺ax-e | xempt st | atus: | X 501 | (c)(3) | 501(c) (|) 🖌 (| insert no.) | 4947(a)(1 |) or | 5 | 27 | 1 | If "No," atla | ich a lis | sl. (see instructions) | |
| J | Webs | ite: 🕨 | WWW. | CARTE | RCENTER | .ORG | | -3 | | | | | H(c) | Group exen | nption r | number 🕨 | |
| ĸ | Form | of organ | ization: | X Cor | poration | Trust | Association | Other | | | L Year | of forma | ition: | 1981 M | State | of legal domicile | : GA |
| Ρ | art I | Su | mmar | y | | | | | | | | | | | | | |
| | 1 | Briefly | y desc | ribe the o | ganization | 's mission c | r most sigr | ificant activiti | es: THE C | CARTI | ER C | ENTER | X IS | COMMI | TTF | ED TO | |
| 8 | | | | | | | | VIATING U | | | | | | | | | |
| Jan | | | | | | | | | | | | | | | | | |
| & Governance | 2 | Check | k this b | ox 🕨 🗌 | if the or | ganization o | iscontinue | d its operatio | ons or dispos | sed of | more t | han 25% | 6 of its | net asse | ts. | | |
| ŝ | 3 | Numb | er of v | oting mer | nbers of th | e governing | body (Part | VI, line 1a) | | | | | | | 3 | | 22. |
| ත් ග | 4 | Numb | er of i | ndepende | nt voting m | embers of | he govern | ing body (Par | VI, line 1b) | | | | | | 4 | | 20. |
| Activities | 5 | Total | numbe | r of indivi | duals emp | loyed in cale | endar year | 2019 (Part V, | line 2a) | | | | | | 5 | | 256. |
| Xiv | 6 | | | | | nate if neces | | | | | | | | | 6 | 432 | ,000. |
| Ă | 7a | Total u | unrelai | ted busine | ess revenue | from Part V | ill, column | (C), line 12 | | | | | | | 7a | 12 | 1,715. |
| - | | | | | | | | T, line 34 | | | | | | | 7b | 3 | 3,500. |
| | | | | | | | | | | | | | | or Year | | Current | /ear |
| a | 8 | Contri | ibution | s and grar | nts (Part VII | I, line 1h) | | | | _ | _ | 1 | 94, | 351,3 | 90. | 95,50 | 0,467. |
| Revenue | 9 | Progra | am ser | vice reven | ue (Part VI | II, line 2g) | | | | PY FO | | | | | 0. | | 0. |
| leve | 10 | | | | | | | d 7d) | PUBLIC | INSPE | CTION | 4 | 33, | 284,1 | 11. | 34,38 | 3,356. |
| œ | 11 | | | | | | | 10c, and 11e | e) | | | | | 354,6 | 75. | 23 | 6,315. |
| | 12 | | | | | | | VIII, column | | | | | 127, | 990,1 | 76. | 130,12 | 0,138. |
| - | 13 | | | | | | | ies 1-3) | | | | | 12, | 806,1 | 35. | 9,24 | 4,764. |
| | 14 | | | | | | | e 4) | | | | | | | 0. | | 0. |
| S | 15 | | | | | | | X, column (A) | | | | | 41,440,661. | | | 45,71 | 8,957. |
| Expenses | 16a | Drofog | nional | fundraiai | a faaa /Da | rt IV. oolumo | (A) line 1 | 10) | | | | | | 160,2 | 00. | 16 | 3,200. |
| adx. | b | Total f | fundrai | ising expe | nses (Part | IX, column (| D), line 25) | ▶ <u>9</u> | ,955,05 | 7. | | | | | | | |
| ш | 17 | Other | expen | ses (Part | IX, column | (A), lines 11 | a-11d, 11f- | 24e) | | | | | 63, | 418,30 | 01. | 54,69 | 4,383. |
| | 18 | | | | | | | lumn (A), line | | | | | 117, | 825,29 | 97. | 109,82 | 1,304. |
| | 19 | | | | | | | | | | | | 10, | 164,8 | 79. | 20,29 | 8,834. |
| or ces | | | | <i></i> | | | | | | | | | ining o | of Current | Year | End of Ye | ar |
| Net Assets Fund Balanc | 20 | Total a | assets | (Part X, lir | ne 16) | | | | | | | 8 | 350, | 445,02 | 27. | 945,60 | 8,133. |
| Asd | 21 | | | es (Part X, | | | | · · · · · · · · · · · · | | | | | 15, | 011,59 | 99. | 20,46 | 8,641. |
| a P | 22 | Net as | sets o | r fund bal | ances. Sul | otract line 21 | from line 2 | 20 | | | | . 8 | 335, | 433,42 | 28. | 925,13 | 9,492. |
| Ра | rt II | Sig | gnatur | e Block | | | | | | | | 765 | | | | | |
| Und | der per | alties of | f perjur | y, I declare | that I have | examined th | s return, ind | cluding accom ased on all info | panying scheo | dules a | nd stat | ements, a | and to | the best o | fmy | knowledge and b | elief, it is |
| | , cone | | comple | le becigia | ion of prepa | lei (omer mai | Unicer/ is b | ased on all line | initiation of w | nun pre | eparer | ids any Ki | nowied | ige. | 1.1 | - | |
| o:~ | | N . | | en | nude | ~ | | | | | | | | 2 | 15/0 | 71 | |
| Sig Hei | n | | Signatu | re of office | 1 0 | 0 | | C. | 0 6 | | | | | Date | | | |
| nei | e | | Un | 11510 | pherl |). IS rou | N, VP | -Finan | CE X 1 | 18 | asu | ver | | | | | |
| | | 721 | | print name | and title | | | | | | | | | | N 10 | | |
| Deid | | Print/T | Type pr | eparer's na | me | | Preparer's | signature | | D | Date | | | Check | if f | PTIN | |
| Paid Pror | barer | WHIT | CNEY | B HEB | RON | | | | | | | | : | self-employ | /ed | P01226647 | 1 |
| | Only | Firm's | name | ► KPN | 1G LLP | | | | | | | | Firm' | s EIN 🕨 | | 5565207 | |
| | Unity | Firm's | address | s ► 300 | NORTH GRE | ENE STREET | , SUITE 40 | 0 GREENSBO | RO, NC 2740 |)1 | | | Phon | e no. | 336 | 5-275-3394 | |
| May | the I | RS disc | cuss th | nis return | with the pre | eparer show | n above? (s | ee instruction | is) | | | | | | 12 U | X Yes | No |
| For | Pape | work F | Reduct | tion Act N | lotice. see | the separat | e instructio | ons. | | | | | | | | | 0 (2019) |

For Paperwork Reduction Act Notice, see the separate instructions.

Form 8879-EC

Department of the Treasury

Internal Revenue Service Name of exempt organization

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

| For calendar year 2019, or fiscal year beginning | 09/01 | , 2019, and ending | 08/31 |
|--|----------------|---------------------|-------|
| Do not send | to the IRS. Ke | eep for your record | ls. |

Go to www.irs.gov/Form8879EO for the latest information.

20 20

Employer identification number

58-1454716

| THE | CARTER | CENTER, | INC. |
|-----|--------|---------|------|
|-----|--------|---------|------|

Name and title of officer

CHRISTOPHER D. BROWN, VP FINANCE/TREASURER

Part I 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 F I b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | | |
|----|---|----|--|
| 2a | Form 990-EZ check here Total revenue, if any (Form 990-EZ, line 9) | 2b | |
| | Form 1120-POL check here b Total tax (Form 1120-POL, line 22) | | |
| 4a | Form 990-PF check here b L b Tax based on investment income (Form 990-PF, Part VI, line 5). | 4b | |
| | Form 8868 check here 🕨 🛄 b Balance Due (Form 8868, line 3c) | | |
| | | | |

Part II **Declaration and Signature Authorization of Officer**

00

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 I authorize KPMG LLP | to enter my PIN | 5 1 9 9 5 as my signature |
| ERO firm name | | Enter five numbers, but do not enter all zeros |
| on the organization's tax year 2019 electronically filed return. If I hav | ve indicated within thi | is return that a copy of the return is |
| Early Black Market Arts Arts Find a first second second | | |

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 | Date | | 11 | 3/0 | 21 | | | | |
|---|--------|----|-----|-------|-------|--------|------|----|------|
| Part III Certification and Authentication | | | | 8 | _ | | | | |
| ERO's EFIN/PIN. Enter your six-digit electronic filing identification | | | _ | | | | | | |
| number (EFIN) followed by your five-digit self-selected PIN. | 5 | 6 | 0 | 38 | 2 | 4 | 1 | 78 | 36 |
| | | | C | o not | enter | all ze | eros | | |
| I certify that the above numeric entry is my PIN, which is my signature on the 2019 electro indicated above. I confirm that I am submitting this return in accordance with the requirement Information for Authorized IRS <i>e-file</i> Providers for Business Returns. | | | | | | | | | MeF) |
| ERO's signature > Willitary B. Hebron |)ate 🕨 | 0' | 7/1 | 3/2 | 021 | 1 | | | |
| ERO Must Retain This Form - See Instructio | | | So | | | | | | |

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2019)

Cumulative e-File History 2019

Federal

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

| | Q | Q | 6 | Q |
|------|---|---|---|---|
| Form | υ | Ο | υ | U |

| (Rev. January 2020) |
|--|
| Department of the Treasury Internal Revenue Service |

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

OMB No. 1545-0047

File a separate application for each return.
 Go to www.irs.gov/Form8868 for the latest information.

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 submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| Type or | Name of exempt organization or other filer, see in | structions. | | Taxpayer identification nu | umbe | er (TIN) | | |
|---|--|--|---|----------------------------|------|------------------|--------|--|
| print | | | | | | | | |
| - File by the | THE CARTER CENTER, INC. Number, street, and room or suite no. If a P.O. bo | x, see instru | ctions. | 58-14547 | 16 | | | |
| due date for filing your | 453 JOHN LEWIS FREEDOM PARKW | AY | | | | | | |
| return. See instructions. | City, town or post office, state, and ZIP code. For | | dress, see instructions. | | | | | |
| Instructions. | ATLANTA,GA 30307 | | | | | | | |
| Enter the Re | eturn Code for the return that this application | is for (file | a separate application fo | or each return) | ••• | | 0 1 | |
| Application | | Return | Application | | | | Return | |
| Is For | | Code | ls For | | | | Code | |
| Form 990 o | Form 990-EZ | 01 | Form 990-T (corporati | on) | | | 07 | |
| Form 990-B | | 02 | Form 1041-A | | | | 08 | |
| Form 4720 | (individual) | 03 | Form 4720 (other that | n individual) | | | 09 | |
| Form 990-Pl | | 04 | Form 5227 | | | | 10 | |
| - | (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | | 11 | |
| Form 990-T | (trust other than above) | 06 | Form 8870 | | | | 12 | |
| If the orga If this is for the whole a list with the | e No. ► <u>404-420-5100</u> anization does not have an office or place of or a Group Return, enter the organization's fo e group, check this box ► | business ir ur digit Gro f it is for pa ion is for. | oup Exemption Number (art of the group, check t | GEN) | | If th and att | ach | |
| ► X 2 If the tag | organization named above. The extension is calendar year 20 or tax year beginning <u>09/01</u> ax year entered in line 1 is for less than 12 m change in accounting period | , 20 <u>1</u> | 9_, and ending <u>08/31</u> | | _ | 20 | | |
| | application is for Forms 990-BL, 990-PF, 9 | 90-T 4720 |) or 6069 enter the | tentative tax less anv | | | | |
| | undable credits. See instructions. | 001, 4720 | | | 3a | \$ | 0 | |
| | application is for Forms 990-PF, 990-T, | 4720. 0 | r 6069, enter any re | fundable credits and | | Ψ | 0 | |
| | ted tax payments made. Include any prior yea | | | | 3b | \$ | 0 | |
| | e due. Subtract line 3b from line 3a. Include | | | | _ | • | | |
| | onic Federal Tax Payment System). See instru | | , | , , , , , , | 3c | \$ | 0 | |
| | u are going to make an electronic funds withdrawa | | it) with this Form 8868, se | e Form 8453-EO and Forn | | | | |
| instructions. | | , | , , | | | | | |
| | | | | | | | | |

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

KPMG LLP EIN: 13-5565207 300 N. GREENE ST., STE 400 GREENSBORO, NC 27401

| - | THE CARTER CENTER, INC. 58-1454/16 | Dama |
|----------|---|------|
| <u></u> | m 990 (2019) art III Statement of Program Service Accomplishments | Page |
| Г | Check if Schedule O contains a response or note to any line in this Part III | X |
| 1 | | •• [|
| • | SEE SCHEDULE O | |
| | | |
| | | |
| | | |
| 2 | | |
| | prior Form 990 or 990-EZ? | X No |
| | If "Yes," describe these new services on Schedule O. | |
| 3 | | |
| | services?. | XNC |
| | 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 mean expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations in the section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations in the section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations in the section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations in the section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations in the section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations in the section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations in the section $501(c)(4)$ organization $501(c)(4)$ organizations are required to report the amount of grants and allocations in the section $501(c)(4)$ organization $501(c)(4)$ orga | |
| | the total expenses, and revenue, if any, for each program service reported. | |
| | | |
| 12 | (Code:) (Expenses \$ 67,443,740. including grants of \$ 6,936,760.) (Revenue \$ |) |
| 4a | THE CARTER CENTER HEALTH PROGRAMS FIGHT SIX PREVENTABLE DISEASES - | _) |
| | GUINEA WORK, TRACHOMA, SCHISTOSOMIASIS, LYMPHATIC FILARIASIS, | |
| | MALARIA, AND RIVER BLINDNESS - BY USING HEALTH EDUCATION AND | |
| | SIMPLE, LOW COST METHODS. THE CENTER ALSO STRIVES TO IMPROVE | |
| | ACCESS TO MENTAL HEALTH CARE. THESE EFFORTS HAVE BROUGHT TO | |
| | RESOURCE-LIMITED COUNTRIES BETTER DISEASE SURVEILLANCE AND HEALTH | |
| | CARE DELIVERY SYSTEMS, MANY ESTABLISHED AS PART OF THE CENTER'S | |
| | HISTORIC CAMPAIGN TO ERADICATE GUINEA WORM DISEASE. BECAUSE | |
| | COMMUNITIES OFTEN ARE BURDENED BY SEVERAL DISEASES, THE CENTER | |
| | ALSO IS PIONEERING NEW PUBLIC HEALTH APPROACHES TO EFFICIENTLY AND | |
| | EFFECTIVELY TREAT MULTIPLE DISEASES AT ONCE. | |
| | | |
| 4b | (Code:) (Expenses \$including grants of \$, 098.) (Revenue \$) | _) |
| | ATTACHMENT 1 | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4c | (Code:) (Expenses \$ 372,475. including grants of \$ 34,906.) (Revenue \$ |) |
| | THE CARTER CENTER RECEIVES BROAD-BASED SUPPORT WHICH IS BENEFICIAL | - |
| | TO ALL PROGRAMS AND IS CATEGORIZED AS CROSS PROGRAM. EXPENSES AID | |
| | THE ACHIEVEMENT OF THE OTHER PROGRAM SERVICE GOALS AND ARE | |
| | CONSIDERED ADDITIONS TO PROGRAM SERVICE EXPENSE. | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| _ | | |
| 4d | Other program services (Describe on Schedule O.) | |
| <u></u> | (Expenses \$ including grants of \$) (Revenue \$) | |
| 40 | Total program service expenses ► 89, 413, 119. | |

| Part | IV Checklist of Required Schedules | | | . <u> </u> |
|------|---|-----|-----|------------|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | 3.7 | |
| - | complete Schedule A. | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | v |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | | v |
| _ | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, | | | v |
| | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | v |
| - | "Yes," complete Schedule D, Part I. | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _ | | x |
| • | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | Х | |
| • | <i>complete Schedule D, Part III</i> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | 8 | Δ | |
| 9 | 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 | | | X |
| 40 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | 9 | | |
| 10 | 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, | 10 | 21 | |
| | VII, VIII, IX, or X as applicable. | | | |
| 2 | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| a | complete Schedule D, Part VI | 11a | Х | |
| h | Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more | 11a | | |
| D D | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | Х | |
| c | Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more | | | |
| Ŭ | of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | 11c | | X |
| d | 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 | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 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 | | | 1 |
| | 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 | | | 1 |
| | 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 | | | |
| | 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 | | | |
| | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | Х | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | 1 |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Х | L |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | |
| | If "Yes," complete Schedule G, Part III | 19 | | X |
| | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | 37 | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Х | 1 |

Form 990 (2019)

757359

| | 990 (2019) | | I | Page 4 |
|---------------|---|------------|-----|---------------|
| Par | IV 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 | | Х | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | A | |
| 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 employees? <i>If "Yes," complete Schedule J</i> . | 23 | x | |
| 24 2 | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | 23 | 21 | <u> </u> |
| 24 a | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | |
| | through 24d and complete Schedule K. If "No," go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | 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 | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | 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 | | | |
| | 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 | | Х |
| 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? If "Yes," complete Schedule L, Part II. | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key | | | |
| | 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 | | | 37 |
| ••• | 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, | | | |
| | 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> | | | |
| d | "Yes," complete Schedule L, Part IV | 28a | | X |
| h | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 20a 28b | X | |
| | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If | 200 | | |
| U | "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? If "Yes," complete Schedule M | 30 | Х | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Х |
| 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 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | | | |
| | or IV, and Part V, line 1 | 34 | X | <u> </u> |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Х | <u> </u> |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | 0 | Х | |
| | controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | A | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2. | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 30 | | |
| 57 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | 57 | | |
| 00 | 19? Note: All Form 990 filers are required to complete Schedule O. | 38 | X | |
| Part | | | | · |
| | Check if Schedule O contains a response or note to any line in this Part V | | | X |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0. | | | |
| с | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | Х | |
| JSA 9E1030 | 2.000 | Form | | (2019) |
| | 3342HM 1985 V 19-8.5F 757359 | | PZ | AGE |

| Part V 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 2a 256 25 26 | Form | 990 (2019) | | F | 9age 5 |
|--|------|--|------|-----|---------------|
| 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. 2a 25.6 b If at least on is reported on line 2a, different ending the year cluster of the calenal ending the year cluster of the calenal ending the year cluster of the calenal ending the year cluster of the year has in filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0 3a X b If Yeas, 'has in filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0 3b X 4 At any time at the name of the foreign country (such as a bank account, securities account, or other financial account)? 4a X 5 Was the organization have under year, clitt for days beter transaction at any time during the calenal provide to a prohibited tas where transaction any time during the taxes (FBAR). 5a X 5 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible as charitable contributions? 5a X 5a 7 Organization scient any contributions that were not tax deductible as charitable contributions? 7a X 9 If Yes, 'did the organization netwise dispose of langible prescale provided To the payor? 7a X 9 If Yes, 'did the organization netwise dispose of services provided? 7a X Y | Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
| Statements, field for the calendar year ending with or within the year covered by this return. [25] 25 × Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e- <i>dife</i> (see instructions). 3a 3a × 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a × 3b × 4a At any time during the calendar year, all the organization have an inflated account, a conther autohing to year, a funnadia account in or foreign country (such as a bank account, securities account, or other autohing) year, a funnadia account of the foreign country > 4a × 5e instructions for filling requirements for fillo contry > See instructions for filling requirements for fillo control (such as a bank account, securities account, or other autohing) year, a funnadia account ("Foreign Bank and Financial Accounts (FEAR). 5a × 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an expans statement that such contributions of glfs were not tax deductible? 5a × 7 Organizations that may receive datus were not tax deductible contributions under section 170(.) 7a × 8 Uf Yeas, 'idd the organization notify the organization active sective sproxided? 7b × 7 Organization sective a payment in excess of \$75 made partly as a contribution of gross and services proxided to the payor? 7a × </th <th></th> <th></th> <th></th> <th>Yes</th> <th>No</th> | | | | Yes | No |
| b if at least not be demonstrating with or which the year covered by the factor in program. Tax returns? Note: If the sum of lines ta and 2a is greater than 250, you may be required to e-Me fearal emptyment tax returns? Note: If the sum of lines ta and 2a is greater than 250, you may be required to e-Me fearal emptyment tax returns? Note: If the sum of lines ta and 2a is greater than 250, you may be required to e-Me fearal emptyment tax returns? Note: If the sum of lines ta and 2a is greater than 250, you may be required to e-Me fearal emptyment tax returns? If 'Yes,' thas if field a Form 990-T for this yea?' /f 'No* to line 32, provide an explanation on Schedule O If 'Yes,' there the name of the foreign county ▶ See instructions for filing requirements for FACEN Form 114. Report of Foreign Bank and Financial Accounts (FRAP). Sa Was the organization have annual gross receipts that are normally greater than \$100.000, and did the organization file form 8886-T? If 'Yes'' to line 5a or 5b, did the organization file Form 8886-T? If 'Yes'' to line 5a or 5b, did the organization an express statement that such contributions or gifts were not tax deductible? If 'Yes,'' did the organization near very solicitation an express statement that such contributions or gifts were not tax deductible? If 'Yes,'' did the organization near other waters of the goods or services provided for the payor? If 'Yes,'' did the organization near otherwise dispose of tangible personal benefit contract? If 'Yes,'' did the organization near the value of the goods or services provided for the payor? If 'Yes,'' did the organization mee's explanation and express statement that such contributions of and services provided for the payor? If 'Yes,'' did the organization near otherwise dispose of tangible personal benefit contract? If 'Dd the organization near of therwise dispose of tangible personal benefit contract? If 'Dd the organization neares and thaning dome advised (nume table degres?) If 'Yes,'' did the organization dindice the payor? If 'Te ' | 2a | | | | |
| Note: If the sum of lines 1 and 2a is greater than 250, your may be required to e-file (see instructions). 3a X 3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?. 3a X bit "Yes," this if line a form 90-To this year of the organization have an interest in, or a signature or other authority over, a financial account is control to other authority over, a financial account is provide a sub and account, securities account, or other authority over, a financial account of the foreign country year of the as a bank account, securities account, or other authority over, a financial account is the argentization for financial accounts (FEAR). 5w Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?. 5a X 5D Des the organization have annual gross receipts that are normally greater than \$100.000, and the organization nocidit any contributions that were not tax deductible contributions? 6a x 7 Organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 7a x 7 If "Yes," did the organization necelve a payment in access of \$75 made party as a contribution and partly for goods and services provided to the payor? 7a x 7 If "Yes," did the organization include with every solicitation an opersonal benefit contract? 7a x 7 Organization setup acchange, or otherwise dispose of tangible personal property for which it was required to file organization cever a contributio | | Statements, filed for the calendar year ending with or within the year covered by this return 2a 256 | | | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the yea?,,,,,,,, . | b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | |
| b If "Yes," has it field a Form 990-T for this lease of the 3b, provide an explanation on Schedule 0 | | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | | | |
| b res. has hield to the province arrespondence of the province arrespondence of the number or other authority over, a financial accountly is the required to the foreign country (such as a bank account, securities account, or other financial account)? 44 b If "Yes," refer the name of the foreign country b 56 See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). 58 b If wes, the organization aparty to a prohibited tax shelf transaction at any time during the tax year?. 58 c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 58 c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 58 c If "Yes," to line 5a or 5b, did the organization tax were not tax deductible as charitable contributions? 56 f Organization tax protributions that were not tax deductible as charitable contributions and partly for goods and services provided to the payor? 78 c Organization notify the door of the value of the goods or services provided? 74 76 d If "Yes," indicate the number of Forms 8282 field during the year 7d 7d 7d d If we organization notify the door of the value of the goods or services provided? 74 7d 7d 7d 7d 7d 7d | 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | |
| a financial account in a foreign country > 4a X b If "Yes," enter the name of the foreign country > See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Xa 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?. 5a Xa 5a Uwas the organization into it was or is a party to a prohibited tax shelter transaction? 5c See instructions of time organization file Form 8886-17 5c 5a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions of firs organization include with every solicitation an express statement that such contributions of the organization notify the donor of the value of the goods or services provided? 6b 7 Organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7d 7d 7d 7 If the organization receive any premiums, directly or indirectly, to pay premiums, directly or indirectly, on a personal benefit contract? 7d 7d 7d 8 If "Yes," enter the anguntation receive any transmitted intellectual property, did the organization meaved a contribution of qualified intellectual property, did the organization file Form 8289 as required? 7d 7d 7d 7d 7d 7d 7d 7d <td< td=""><td>b</td><td>If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O</td><td>3b</td><td>X</td><td></td></td<> | b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | X | |
| b If Yes," enter the name of the foreign country bears a counter declame, to other instruct account (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). D bid any taxable party no trify the organization that it was or is a party to a prohibited tax shelter transaction and the tax year?. D bid any taxable party notify the organization file form 8806-17. So Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? To Organizations that any receive deductible contributions are express statement that such contributions or gifts were not tax deductible? To Organization static areceive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? D to the organization neal, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8262? d If Yes," indicate the number of Forms 8282 field during the year To D the organization receive any during, directly or indirectly, on a personal benefit contract? To A g If the organization receive any during, directly or indirectly, on a personal benefit contract? To Section 501(c)(7) organization have excess business holdings at any time during the year? Sonsoring organization have excess business holdings at any time during the year? Sonsoring organization have excess business holdings at any time during the year? Socion 501(c)(12) organizations maintaining door advised funds. D drug sponsoring organization have axised distributions under section 49667. Socion 501(c)(12) organizations maintaining door advised funds. D drug sponsoring organization have exceens business holdings at any time during the year? Socion 501(c)(12) organizations. Ente | 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | | | |
| See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), 5a Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Sa Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c To Organizations click and the verse of \$75 made party to a prohibited tax shelter transaction? 5c To Organization scale and the verse of \$75 made party as a contribution and partly for goods and services provided to the payor? 7b X To if the organization neclive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 7b X To if the organization neclive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 7b X To if the organization notify the donor of the value of the goods or services provided? 7b X To if the organization notify the apy premiums, during the year 7d X To if if the organization notify the donor of the value of the goods or services provided? 7f X To if the organization notify apy premiums, during the year 7d X To if the organization notify apy premiums, during the yea | | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | X | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a × b Did any taxable party notify the organization file Form 8886-1? 5c 5c 6a Deas the organization have annual gross receipts that are normally greater than \$100,000, and idd the organization neucled with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b × 7 Organizations that may receive deductible activation on express statement that such contributions of the payor? 7a × b If "Yes," did the organization neucle on the value of the goods or services provided to the payor? 7b × c Did the organization selic any did the organization notify the donor of the value of the goods or services provided to the payor? 7a × c Did the organization selic any directly, on largible personal property for which it was required to file form 3282? 7c × c Did the organization ceview any transition of cars, boats, aiptanes, or ther whicke, did the organization freelive and truth of cars, boats, aiptanes, or ther whicke, did the organization file Form 8899 as required? 7f × f Did the organization maintaining donor advised funds. Did the organization free/evel any taxable distributions under section 4966? 9a 9a 9a 9a 9a | b | If "Yes," enter the name of the foreign country ► | | | |
| b Did any taxable party notify the organization that It was or is a party to a prohibited tax shelter transaction? 5 b Did any taxable party notify the organization that It was or is a party to a prohibited tax shelter transaction? 5 c If "Yes" to line 5a or 5b, did the organization that were not tax deductible as charitable contributions? 5 b Organization solicit any contributions that were not tax deductible as charitable contributions? 6 b If "yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 7 Organizations that may receive deductible contributions under section 170(c). 7 7 a Did the organization neceive a payment in excess of 375 made party as a contribution and partly for goods and services provided to the payor? 7 7 b If "yes," idit be organization notify the donor of the value of the goods or services provided? 7 7 c Did the organization notify the donor of the value of the goods or services provided? 7 7 c Did the organization notify the apy premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 7 7 Did the organization neceive a payment premiums, divectly or indirectly, on a personal benefit contract? 7 7 8 Job consoring organization neceive any taxable distributions under section 4966? 9 9 | | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| b bit any takabe party mony the organization file Form 886-17 b bit messation solicit any contributions that were not tax deductible a charitable contributions? c bit messation solicit any contributions that were not tax deductible a charitable contributions? c bit messation solicit any contributions that were not tax deductible a charitable contributions? c bit messation solicit any contributions that were not tax deductible a charitable contributions? c bit messation receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? c Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form \$282? d If "Yes," indicate the number of Forms \$282 filed during the year d If "Yes," indicate the number of autified intellecular property, did the angaization file form \$289 as required? f d c A d f the organization receive a quintable distribution and partly by angaization file a form 1080-C?, file a contribution of casi bass, angines, or ther whicle, did the organization file a form 1080-C?, file a contribution of casi bass, angines, or ther whicle, did the organization file a form 1080-C?, file a contribution of casi bass, angines, or ther whicle, did the organization file a form 1080-C?, file a contribution of casi bass, angines, or ther whicle, did the organization file a form 1080-C?, file a controbution sincluded on Part VIII, line 12, cor public use of club facilities | 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solutions that were not tax deductible a charitable contributions? 6a X b If "Yee," idd the organization nucleive with every solicitation an express statement that such contributions or grifts were not tax deductible? 6b 6 7 Organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7b X 7 Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X f U'se," indicate the number of Form 8282 filed during the year 7d 7d X f Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X f Did the organization received a contribution of cars, basis, ariptanes, or other vehicles, did the organization file Form 8289 as required? 7t X g If the organization neceived a contribution of cars, basis, ariptanes, or other vehicles, did the organization file Form 8289 as required? 7t X g If the organization match any taxiels distributions under section 4966? 9a 9b 9b g If the organization make any taxiels distributions under section 4966? 9b 9b 9b g Sponsoring organization make any taxiels distri | b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Х |
| organization solicit any contributions that were not tax deductible as charitable contributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 6b 7 Organizations that may receive adputcible contributions under section 170(c). a Did the organization receive adputcible contributions and partly for goods and services provided to the payor? 7b X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c X b If "Yes," indicate the number of Forms 8282 field during the year 7d 7c X f If "Yes," indicate the number of Forms 8282 field during the year 7d X 7f X g If the organization receive a contribution of qualified intellecula property, did the organization file Form 8282 se required? 7d X 7d X g If the organization received a contribution of ass. basts, ariptanes, or other vehicles, did the organization file a Form 10847. 7d X 7d X g Did the sponsoring organization make any taxable distributions under section 49667. 9a 9b 11a 11a 11b 12a 11a 11 | С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| bif "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| gifts were not tax deductible? 6b 7 Organization stat may receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a × 7 Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a × 7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7d 7d × 7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e × 7 Did the organization received a contribution of qualified intellectual property, did the organization file 50m 8998 es required? 7h × 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make a distribution to a donor advised fund maintained by the sponsoring organization make a distribution to a donor advisor, or related person? 9a 9 Did the sponsoring organization make a distribution to a donor advisor, or related person? 9b 10 Section 501(c)(1) organizations. Enter: 10a 10b 11 Baction 501(c)(12) organizations. Enter: 11a 11a 11a 12 Section 501(c)(12) organization make any taxin | | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | Х |
| 7 Organizations that may receive deductible contributions under section 170(c). a) a) a) a) Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a x b) f) "Yes," did the organization notify the donor of the value of the goods or services provided? 7b x c) Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c x d) H"Yes," indicate the number of Forms 8282 filed during the year 7d 7e x f) Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7t x f) Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ft ft x f) It de organization make and vaxable distributions under section 4966? 7a x ft g) Sponsoring organizations maintaining door advised funds. Did the sponsoring organization make and taxable distributions under section 4966? 9a 9b 9b 9b 9b 9b 10b 10b 10b 10b 10b 10b 10b | b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
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| 8 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? | g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
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| excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 16 | | | 140 | | |
| If "Yes," see instructions and file Form 4720, Schedule N. | 15 | | 4- | | v |
| | | | 15 | | Λ |
| 16 Is the organization an educational institution subject to the section AD68 evolves tax on not investment income? 116 I I A | | | 4.0 | | v |
| Is the organization an educational institution subject to the section 4968 excise tax on het investment income? | 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 10 | | 21 |

Form **990** (2019)

| Form 9 | 190 (2019) THE CARTER CENTER, INC. 58-1454 | 716 | F | Page 6 |
|----------|--|------------|--------|---------------|
| Part | VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, | and | for a | "No" |
| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. | | | tions. |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | Χ |
| Sect | ion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 22 | | | |
| | 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. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b 20 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | 3.7 | |
| | any other officer, director, trustee, or key employee? | 2 | Х | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | Х |
| | supervision of officers, directors, trustees, or key employees to a management company or other person? | 3 4 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 5 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 6 | | X |
| 6 7- | Did the organization have members or stockholders? | • | | |
| 7a | one or more members of the governing body? | 7a | Х | |
| h | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | |
| b | stockholders, or persons other than the governing body? | 7b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| • | the year by the following: | | | |
| а | The governing body? | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | |
| | the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. | 9 | | Х |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Revenue | Code | | N |
| | | 10 | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | 10a | Х | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | 10b | Х | |
| 44.5 | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 100 11a | X | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 114 | | |
| b 120 | Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> | 12a | Х | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give | | | |
| D | rise to conflicts? | 12b | Х | |
| с | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| Ũ | describe in Schedule O how this was done | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 15 | 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? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | X | |
| b | Other officers or key employees of the organization | 15b | X | |
| | 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 | 16a | | Х |
| | with a taxable entity during the year? | 10a | | 21 |
| 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 | | | |
| | organization's exempt status with respect to such arrangements? | 16b | | |
| Sect | on C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed <pre>ATTACHMENT 2</pre> | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T | (Sec | tion 5 | 01(c) |
| | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | - | | . / |
| | X Own website Another's website Upon request Other (explain on Schedule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o | f inter | est p | olicy, |
| | and financial statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and record CHRISTOPHER D. BROWN 453 JOHN LEWIS FREEDOM PARKWAY ATLANTA, GA 30307-1496 404-420-5100 | s 🕨 | | |
| JSA | | | 990 | (2019) |
| | | | | (===:=) |

Page 7

| Part VII | Compensation of | Officers, | Directors, | Trustees, | Key | Employees, | Highest | Compensated | Employees, | and |
|----------|-----------------------|---------------|--------------|-----------------|-----------|------------|---------|-------------|------------|-----|
| | Independent Contra | | | | | | | | | |
| | Check if Schedule O d | contains a re | esponse or n | ote to any line | e in this | s Part VII | | | | X |

Check if Schedule O contains a response or note to any line in this Part VII

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.

(**a**)

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and title | (B) Average hours per week (list any | box, office | unles er and | Pos neck s pe d a d | rson lirect | e than c is both or/trust | an tee) | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation from the |
|--|--|-----------------------------------|-----------------------|------------------------------|----------------|---------------------------------|------------|---|--|--|
| | hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | (W-2/1099-MISC) | organization and related organizations |
| (1) MARY ANN PETERS | 40.00 | | | | | | | | | |
| PRESIDENT & CEO (UNTIL 6/1/20) | 2.00 | | | Х | | | | 380,041. | 0. | 26,064. |
| (2) FRANK O. RICHARDS JR. | 40.00 | | | | | | | | | |
| DIRECTOR HEALTH PROGRAMS | 0. | | | | | Х | | 250,871. | 0. | 43,395. |
| (3) DEAN SIENKO | 40.00 | | | | | | | | | |
| VP - HEALTH PROGRAMS | 0. | | | | X | | | 259,675. | 0. | 24,299. |
| (4) CRAIG WITHERS JR. | 40.00 | | | | | | | | 0 | |
| VP - OVERSEAS OPERATIONS | 0. | | | | Х | | | 229,735. | 0. | 43,747. |
| (5) PHILLIP J. WISE JR. | 40.00 | | | 37 | | | | 040 CE1 | 0 | 22.202 |
| SECRETARY, VP-OPERATIONS | 2.00 | | | Х | | | | 248,651. | 0. | 22,392. |
| (6) CHRISTOPHER BROWN TREASURER, VP-FINANCE | 2.00 | | | Х | | | | 217,388. | 0. | 44,430. |
| (7) NICOLE KRUSE | 40.00 | | | Δ | | | | 217,300. | 0. | 44,430. |
| CHIEF DEVELOPMENT OFFICER | 40.00 | | | | | x | | 195,043. | 0. | 34,941. |
| (8) SEEMA N. SHAMS | 40.00 | | | | | | | 199,049. | 0. | 54,541. |
| CHIEF DEVELOPMENT OFFICER | 0. | | | | | x | | 198,003. | 0. | 17,820. |
| (9) DEANNA CONGILEO | 40.00 | | | | | | | 19070001 | | 1,7020. |
| COMMUNICATIONS DIRECTOR | 0. | | | | | X | | 187,382. | 0. | 24,990. |
| (10) PATTI BUNKER | 40.00 | | | | | | | | | |
| CHIEF IT OFFICER | 0. | | | | | X | | 187,738. | 0. | 16,896. |
| (11) LAUREN GAY | 40.00 | | | | | | | | | |
| ASST. CORPORATE SECRETARY | 2.00 | | | Х | | | | 91,858. | 0. | 29,523. |
| (12) CAROLYN CADIOU | 40.00 | | | | | | | | | |
| FINANCIAL ADMIN(UNTIL 1/23/20) | 2.00 | | | Х | | | | 103,774. | 0. | 6,227. |
| (13) TERRENCE B. ADAMSON | 2.00 | | | | | | | | | |
| TRUSTEE | 1.00 | Х | | | | | | Ο. | 0. | 0. |
| (14) ARTHUR M. BLANK | 1.00 | | | | | | | | | |
| TRUSTEE | 0. | Х | | | | | | 0. | 0. | 0. |

Form 990 (2019)

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| Form | aan | (2019) |
|--------|-----|--------|
| FOIIII | 990 | (2019) |

| (A) Name and title | (B) Average hours per week (list any hours for | Average Positio hours per eek (list any hours for officer and a dire | | | | | an ee) | (D) Reportable compensation from the | (E) Reportable compensation from related organizations | other compensation |
|--|--|---|-----------------------|---------|--------------|---------------------------------|--------------|---|---|---|
| | 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-MISC | rom the organization and related organizations |
|) RICHARD C. BLUM | 1.00 | | | | | | | _ | | |
| TRUSTEE | 0. | X | | | | | | 0. | 0 | • |
|) KATHRYN E. CADE | 2.00 | 37 | | 37 | | | | 0 | 0 | |
| TRUSTEE - BOARD CHAIR) SUSAN A. CAHOON | 1.00 | X | | Х | | | | 0. | 0 | • |
| TRUSTEE | | Х | | | | | | 0. | 0 | |
|) JASON CARTER | 4.00 | 21 | | | | | | 0. | 0 | • |
| TRUSTEE - BOARD CHAIR | 1.00 | X | | Х | | | | 0. | 0 | |
|) JAMES CARTER | 10.00 | | | | - | | | | | |
| TRUSTEE | 0. | Х | | | | | | 0. | 0 | |
|) ROSALYNN CARTER | 10.00 | | | | | | | | | |
| TRUSTEE | 0. | Х | | | | | | 0. | 0 | • |
|) GORDON D. GIFFIN | 1.00 | | | | | | | | | |
| TRUSTEE | 0. | Х | | | | | | 0. | 0 | • |
| BEN F. JOHNSON III | 1.00 | | | | | | | | | |
| TRUSTEE | 0. | Х | | | | | | 0. | 0 | • |
|) SHERRY LANSING TRUSTEE | 1.00 | X | | | | | | 0. | 0 | |
|) DOUGLAS W. NELSON | 2.00 | | | | | | | 0. | 0 | • |
| TRUSTEE | 1.00 | X | | | | | | 0. | 0 | _ |
|) WENDELL S. REILLY | 2.00 | | | | | | | | | - |
| TRUSTEE | 1.00 | Х | | | | | | 0. | 0 | |
| b Sub-total | 1 | | | | | | | 2,550,159. | (| 334,72 |
| c Total from continuation sheets to Part \ | /II, Section A | | | | | | | 0. | |). |
| d Total (add lines 1b and 1c) | | | | | | | | 2,550,159. | (| 334,72 |
| Did the organization list any former employee on line 1a? <i>If "Yes," complete Se</i> | officer, directo | | tru | | | | | | | Yes N 3 2 |
| For any individual listed on line 1a, is organization and related organizations individual | s greater than | \$15 | 50,0 | 00? | | "Yes | s," (• • | complete Schedu | le J for such | 4 X |
| Did any person listed on line 1a receiv for services rendered to the organization? ection B. Independent Contractors | If "Yes," complet | te Scł | hedu | le J | l for | such | per | son | | 5 2 |
| Complete this table for your five highest compensation from the organization. Rep year. | | | | | | | | | | |
| (A) Name and busines | ss address | | | | | | | (B) Description of se | rvices | (C) Compensation |
| | | | | | | | | | | |
| TTACHMENT 3 | | | | | | | | | | |

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|------|-----|--------|--|
| Form | 990 | (2019) | |

| | (A) Name and title | (B) Average hours per week (list any hours for | box, office | unles er and | Pos neck ss pe d a d | erson lirect | e than on is both a or/truste | in e) | (D) Reportable compensation from the | (E) Reportal compensatio related organizat | on from | (F) Estimated amount of other compensation |
|--------------|---|--|-----------------------------------|-----------------------|-------------------------------|-----------------|-------------------------------------|----------|---|---|---------|---|
| | | 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- | MISC) | from the organization and related organizations |
| | MARJORIE M. SCARDINO | 1.00 | X | | | | | | 0. | | 0. | |
| | LEAH WARD SEARS TRUSTEE | 2.00 | x | | | | | | 0. | | 0. | |
| · _ ´ | OOUGLAS SHIPMAN TRUSTEE | 1.00 | X | | | | | | 0. | | 0. | |
| | HUGO X. SHONG TRUSTEE | 1.00 | x | | | | | | 0. | | 0. | |
| | CLAIRE E. STERK TRUSTEE | 2.00 | x | | | | | | 0. | | 0. | |
| | CHILTON D. VARNER TRUSTEE | 2.00 | x | | | | | | 0. | | 0. | |
| | CLLEN H. YANKELLOW | 1.00 | x | | | | | | 0. | | 0. | |
| | GREGORY J. VAUGHN TRUSTEE | 1.00 | X | | | | | | 0. | | 0. | |
| | REUBEN E. BRIGETY II | 1.00 | X | | | | | | 0. | | 0. | |
| | GREGORY_FENVES | 2.00 | Х | | | | | | 0. | | 0. | |
| | | | - | | | | | | | | | |
| c To d To | ub-total otal from continuation sheets to Part VII, s otal (add lines 1b and 1c) | Section A | | ••• | | ••• | | | | | 0. | |
| | otal number of individuals (including but no portable compensation from the organization | | hose 54 | | d al | bove | e) who | re | ceived more than | \$100,000 c | of | |
| | id the organization list any former offi mployee on line 1a? <i>If "Yes," complete Sche</i> | | | | | | | | | | | Yes N 3 |
| or | or any individual listed on line 1a, is the ganization and related organizations g dividual | reater than | \$15 | 50,0 | 00? | ' If | "Yes, | " (| complete Schedu | le J for s | such | 4 X |
| | id any person listed on line 1a receive o r services rendered to the organization? If " | | | | | | | | | | | 5 2 |
| | on B. Independent Contractors | | | | | | | | | | | |
| cc | omplete this table for your five highest cor ompensation from the organization. Report ear. | | | | | | | | | | | |
| | (A) Name and business ac | ldress | | | | | | | (B) Description of se | rvices | Co | (C) ompensation |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

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

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| | | Check if Schedule O contains a respor | ise or note to an | y line in this Part V | /111 | | |
|---|--------|--|--------------------|-----------------------|---|---|---|
| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| ts ts | 1a | Federated campaigns 1a | 45,834. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues | | | | | |
| ŌŬ | c | Fundraising events 1c | 1,493,352. | | | | |
| ifts r A | d | Related organizations | | | | | |
| ija | е | Government grants (contributions) 1e | 28,909,286. | | | | |
| Sin | f | All other contributions, gifts, grants, | | | | | |
| er | | and similar amounts not included above 1 f | 65,051,995. | | | | |
| ţ | q | Noncash contributions included in | | | | | |
| dit | 5 | lines 1a-1f | 6 ,952,612. | | | | |
| an Co | h | Total. Add lines 1a-1f | | 95,500,467. | | | |
| | | | Business Code | | | | |
| 8 | 20 | | | | | | |
| ž. | 2a | | | | | | |
| Se | b | | | | | | |
| am Ve | C | | | | | | |
| Bas | a | | | | | | |
| Program Service Revenue | e | | | | | | |
| _ | f g | All other program service revenue | ► | 0. | | | |
| | 3 | Investment income (including dividends, | | | | | |
| | 3 | | | 34,383,356. | | | 34,383,356. |
| | | other similar amounts) Income from investment of tax-exempt bond | | 0. | | | 01,000,0001 |
| | 4 5 | Royalties | | 0. | | | |
| | Ŭ | (i) Real | (ii) Personal | | | | |
| | 6.0 | | (| | | | |
| | 6a | Gross rents 6a | | | | | |
| | b | Less: rental expenses 6b | | | | | |
| | C | Rental income or (loss) 6c | | 0. | | | |
| | d | Net rental income or (loss) Gross amount from (i) Securities | (ii) Other | 0. | | | |
| | 7a | | | | | | |
| | | sales of assets | | | | | |
| | | other than inventory 7a | | | | | |
| Revenue | b | Less: cost or other basis | | | | | |
| ver | | and sales expenses 7b | | | | | |
| Re | C | Gain or (loss) 7c | | 0 | | | |
| ler | d | Net gain or (loss) | •••• | 0. | | | |
| Other | 8a | Gross income from fundraising | | | | | |
| Ŭ | | events (not including \$1,493,352. | | | | | |
| | | of contributions reported on line | | | | | |
| | | 1c). See Part IV, line 18 | 480,276. | | | | |
| | b | Less: direct expenses | 480,276. | | | | |
| | с | Net income or (loss) from fundraising events. | ••••• | 0. | | | |
| | 9a | Gross income from gaming | | | | | |
| | | activities. See Part IV, line 19 9a | 0. | | | | |
| | b | Less: direct expenses | 0. | | | | |
| | С | Net income or (loss) from gaming activities. | <u></u> ▶ | 0. | | | |
| | 10a | Gross sales of inventory, less | | | | | |
| | | returns and allowances10a | 0. | | | | |
| | b | Less: cost of goods sold | 0. | | | | |
| | c | Net income or (loss) from sales of inventory | | 0. | | | |
| ns | | | Business Code | | | | |
| Miscellaneous Revenue | 11a | FACILITIES USE FEES | 532000 | 236,315. | | 121,715. | 114,600. |
| en | b | | | | | | ļ |
| sev Sev | с | | | | | | ļ |
| Alis F | d | All other revenue | | | | | L |
| 2 | е | Total. Add lines 11a-11d | | 236,315. | | | |
| | 12 | Total revenue. See instructions | | 130,120,138. | | 121,715. | 34,497,956. |

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 response or note to any line in this Part IX Х (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to domestic organizations 116,839. 116,839. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 80,000 80,000 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 9,047,925 9,047,925. Ω 4 Benefits paid to or for members 5 Compensation of current officers, directors, 2,209,922. 689,923. 1,337,508. 182,491. trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and 160,742 160,742. persons described in section 4958(c)(3)(B) 34,163,717. 26,795,888. 3,813,364 3,554,465. 7 Other salaries and wages 8 Pension plan accruals and contributions (include 0 section 401(k) and 403(b) employer contributions) 9,184,576. 7,194,223. 1,031,790 958,563. Other employee benefits 9 0 Payroll taxes 10 11 Fees for services (nonemployees): 0 a Management 117,466. 73,465. 44,001 b Legal 122,832. 240,250. 363,082. c Accounting 0 d Lobbying 163,200. 163,200. e Professional fundraising services. See Part IV, line 17. 0. f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 10,584,876. 13,656,678. 1,344,663. 1,727,139. (A) amount, list line 11g expenses on Schedule O.) \ensuremath{ATCH} $\ensuremath{4}$ 283,036. 65,846 348,882. 12 Advertising and promotion 6,938,760. 3,863,491. 552,647. 2,522,622. 13 Office expenses 793,337. 190,288. 467,058. 135,991. 14 Information technology 0 15 Royalties 1,812,906. 1,670,742. 96,365 45,799. Occupancy 16 17,584,266. 17,235,725. 239,457. 109,084. 17 Travel Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 1,241,944. 1,135,146. 23,710 83,088. Conferences, conventions, and meetings 19 0 20 0. 21 Payments to affiliates 676,025. 295,683. 237,053 143,289. Depreciation, depletion, and amortization 22 679,509. 327,098. 342,200. 10,211. Insurance 23 24 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.) a VEHICLES 2,135. 4,782,305. 4,778,879. 1,291. **b**INTERVENTIONS 4,471,761 4,471,761. cOTHER MISCELLANEOUS 1,227,462. 455,299. 745,454. 26,709. d e All other expenses 109,821,304 89,413,119. 10,453,128 9,955,057. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and

fundraising solicitation. Check here

following SOP 98-2 (ASC 958-720)

Form 990 (2019)

0.

if

| Part X | Balance Sheet | | | |
|--|--|---------------------------------|----------|---------------------------|
| | Check if Schedule O contains a response or note to any line in this Pa | art X | | |
| | | (A) Beginning of year | | (B) End of year |
| 1 | Cash - non-interest-bearing | 45,791,190. | 1 | 51,231,197 |
| 2 | Savings and temporary cash investments | 0. | 2 | (|
| 3 | Pledges and grants receivable, net | 3,163,448. | 3 | 8,649,579 |
| 4 | Accounts receivable, net. | 4,177,792. | 4 | 1,650,019 |
| 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 | Ο. | 5 | (|
| 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) | Ο. | 6 | (|
| 2 7 | Notes and loans receivable, net | 0. | 7 | (|
| 8 | Inventories for sale or use | 0. | 8 | (|
| 9 | Prepaid expenses and deferred charges | 37,501. | 9 | 320,045 |
| 10 a | Land, buildings, and equipment: cost or other | | - | |
| | basis. Complete Part VI of Schedule D 10a 22,220,737. | | | |
| b | Less: accumulated depreciation 10b 18,002,228. | 4,591,071. | 10c | 4,218,509 |
| 11 | Investments - publicly traded securities. | 10,066,686. | 11 | 10,970,114 |
| 12 | Investments - other securities. See Part IV, line 11 | 780,191,924. | 12 | 866,140,055 |
| 13 | Investments - program-related. See Part IV, line 11 | 0. | 13 | |
| 14 | Intangible assets | 0. | 14 | |
| 15 | Other assets. See Part IV, line 11 | 2,425,415. | 15 | 2,428,615 |
| 16 | Total assets . Add lines 1 through 15 (must equal line 33) | 850,445,027. | 16 | 945,608,133 |
| 17 | Accounts payable and accrued expenses | 7,643,038. | 17 | 7,774,144 |
| 18 | Grants payable | 0. | 18 | , , |
| 19 | Deferred revenue. | 2,046,809. | 19 | 7,424,532 |
| 20 | Tax-exempt bond liabilities. | 0. | 20 | , , , |
| 21 | Escrow or custodial account liability. Complete Part IV of Schedule D. | 0. | 21 | |
| | Loans and other payables to any current or former officer, director, | | 21 | |
| 22 | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons | 0. | 22 | (|
| 23 | Secured mortgages and notes payable to unrelated third parties | 0. | 23 | |
| 24 | Unsecured notes and loans payable to unrelated third parties | 0. | 24 | |
| 25 | Other liabilities (including federal income tax, payables to related third | | 24 | |
| 20 | parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| | of Schedule D | 5,321,752. | 25 | 5,269,965 |
| 26 | Total liabilities. Add lines 17 through 25. | 15,011,599. | 26 | 20,468,641 |
| | Organizations that follow FASB ASC 958, check here ► X | 10/011/0001 | 20 | 20,100,013 |
| 8 | and complete lines 27, 28, 32, and 33. | | | |
| 27 | Net assets without donor restrictions | 300,681,066. | 27 | 335,162,115 |
| 28 | Net assets with donor restrictions. | 534,752,362. | 28 | 589,977,377 |
| 27 28 29 30 31 32 23 | Organizations that do not follow FASB ASC 958, check here ► | | 20 | |
| - | and complete lines 29 through 33. | | | |
| 29 | Capital stock or trust principal, or current funds | | 29 | |
| 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 29 30 | |
| 30 | Retained earnings, endowment, accumulated income, or other funds | | | |
| 201 | | 835,433,428. | 31 | 925,139,492 |
| 32 | Total net assets or fund balances | | 32 | |
| 33 | Total liabilities and net assets/fund balances | 850,445,027. | 33 | 945,608,133 |

| Form 9 | 90 (2019) | | | Pa | ge 12 | | | |
|--------|--|------------|-------------|------|--------------|--|--|--|
| Part | XI Reconciliation of Net Assets | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | <u></u> | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 130,1 | | | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) 2 | | | | | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 20,2 | | | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 835,4 | | | | | |
| 5 | Net unrealized gains (losses) on investments | 5 | 69,4 | 07,2 | 230. | | | |
| 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 | | | | | | | |
| | <u>32,</u> column (B)) | 10 | 925,1 | 39,4 | 92. | | | |
| Part | | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | <u></u> | | | | | |
| | | | | 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," e | explain in | 1 | | | | | |
| | Schedule O. | | | | | | | |
| 2 a | Were the organization's financial statements compiled or reviewed by an independent accountant?. | | | | X | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were cor | npiled 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 | Х | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were aud | ited on a | 1 | | | | | |
| | 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 | • | | | | | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accounta | | | Х | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, e | xplain on | 1 | | | | | |
| | Schedule O. | | | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set fo | rth in the | | | | | | |
| | Single Audit Act and OMB Circular A-133? | | . <u>3a</u> | Х | | | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not und | • | | v | | | | |
| | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a | udits | . 3b | Х | | | | |

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.

OMB No. 1545-0047

| | artment of the Treasury | | | Attach to Form 990 or F v/Form990 for instructio | | | nformation | Open to Public | | | | |
|------|--|--|----------------------|---|------------------|------------------|--|-------------------------|--|--|--|--|
| | nal Revenue Service | | Co to www.iis.go | | | ne latest i | | Inspection | | | | |
| | e of the organization E CARTER CENT | FD TNC | | | | | 58-14547 | fication number | | | | |
| Pa | | | arity Status (All o | organizations must o | omplet | e this na | | - | | | | |
| | | | | t is: (For lines 1 through | <u> </u> | | , | | | | | |
| 1 | | - | | tion of churches desc | - | - | | | | | | |
| 2 | | | | | | | | | | | | |
| 3 | | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | | | | | | | | |
| 4 | | - | - | conjunction with a ho | | | |)(iii) Enter the | | | | |
| 7 | hospital's nan | - | | conjunction with a not | opital do | | | | | | | |
| 5 | | - | | a college or universit | tv owned | d or ope | rated by a governm | ental unit described in | | | | |
| Ŭ | | • | Complete Part II.) | a concept of aniform | ly enne | | alou by a govornin | | | | | |
| 6 | | | | rnmental unit describe | d in sect | ion 170(| b)(1)(A)(v). | | | | | |
| 7 | | | • | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | om the general public | | | | |
| | U | |)(1)(A)(vi). (Compl | | | 5 | | 5 1 | | | | |
| 8 | | | | o)(1)(A)(vi) . (Complete | e Part II.) | | | | | | | |
| 9 | | | | ed in section 170(b)(1 | - | | l in conjunction with a | land-grant college | | | | |
| | | | - | griculture (see instruct | | - | | | | | | |
| | university: | | | | | | - | - | | | | |
| 10 | An organizatio | on that norma | ally receives: (1) m | ore than 331/3 % of its | support | from co | ntributions, members | hip fees, and gross | | | | |
| | receipts from | activities rela | ated to its exempt f | functions - subject to nrelated business tax | certain e | xception | s, and (2) no more that s section 511 tax) from | an 331/3% of its | | | | |
| | | | | 975. See section 509 | | | | i businesses | | | | |
| 11 | An organizatio | on organized | and operated excl | usively to test for publ | ic safety. | See sec | tion 509(a)(4). | | | | | |
| 12 | An organizati | on organized | and operated exclu | usively for the benefit | of, to pe | erform th | e functions of, or to | carry out the purposes | | | | |
| | of one or mo | re publicly su | ipported organizati | ions described in sec | tion 509 | (a)(1) or | section 509(a)(2). | See section 509(a)(3). | | | | |
| | Check the boy | k in lines 12a | through 12d that d | escribes the type of s | upporting | g organiz | ation and complete l | nes 12e, 12f, and 12g. | | | | |
| а | Type I. A su | upporting org | anization operated | , supervised, or contr | olled by | its supp | orted organization(s) | typically by giving | | | | |
| | the support | ed organizatio | on(s) the power to | regularly appoint or e | lect a m | ajority of | the directors or trust | ees of the | | | | |
| | supporting of | organization. | You must complet | te Part IV, Sections A | and B. | | | | | | | |
| b | Type II. A s | upporting org | anization supervis | ed or controlled in co | nnectior | n with its | supported organizat | ion(s), by having | | | | |
| | control or m | nanagement o | of the supporting o | organization vested in | the sam | e persor | is that control or mai | nage the supported | | | | |
| | | () | • | , Sections A and C. | | | | | | | | |
| С | | - | • | ng organization opera | | | | Illy integrated with, | | | | |
| - | | - | | ns). You must comple | | | | | | | | |
| d | | - | | porting organization o | - | | | | | | | |
| | | - | | nization generally mus | - | | - | d an attentiveness | | | | |
| | | | | omplete Part IV, Sect | | | | | | | | |
| е | | • | | a written determination tionally integrated sup | | | | п, туре п | | | | |
| f | | | | ionally integrated sup | | nyanizai | юп. | | | | | |
| a | | | | orted organization(s). | | | | | | | | |
| | (i) Name of supported | | (ii) EIN | (iii) Type of organization | (iv) Is the | organization | (v) Amount of monetary | (vi) Amount of | | | | |
| | | 0 | | (described on lines 1-10 | | ur governing | support (see | other support (see | | | | |
| | | | | above (see instructions)) | Yes | ment? No | instructions) | instructions) | | | | |
| (| | | | | | | | | | | | |
| (A) | | | | | | | | | | | | |
| (B) | | | | | | | | | | | | |
| (_) | | | | | | | | | | | | |
| (C) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| (D) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| (E) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Tota | al | | | | | | | | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | tion A. Public Support | | | | | | |
|--------|--|-----------------------------|-----------------|----------------------------|----------------------------|----------------------------|--------------|
| Cale | 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.") | 102,019,239. | 87,606,279. | 98,666,603. | 94,351,390. | 95,496,141. | 478,139,652. |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. |
| 4 | Total. Add lines 1 through 3 | 102,019,239. | 87,606,279. | 98,666,603. | 94,351,390. | 95,496,141. | 478,139,652. |
| 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) | | | | | | 64,208,803. |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 413,930,849. |
| | tion B. Total Support | () 0045 | (1) 00 (0 | () 0047 | ()) 0040 | () 0040 | (0 T) |
| | 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 | 102,019,239. 26,890,176. | 87,606,279. | 98,666,603. 31,236,881. | 94,351,390. 33,284,111. | 95,496,141. 34,383,356. | 478,139,652. |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0. |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 439,128. | 461,918. | 381,359. | 354,675. | 240,641. | 1,877,721. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 635,538,794. |
| 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 | <u> </u> | | d, third, fourth, | or fifth tax yea | ar as a section | 501(c)(3) |
| Sec | tion C. Computation of Public Sup | port Percenta | ge | | | | |
| 14 | Public support percentage for 2019 (li | | • | | | 14 | 65.13% |
| 15 | Public support percentage from 2018 | | | | | 15 | 67.33% |
| 16a | 331/3% support test - 2019. If the org | | | | | | |
| | box and stop here. The organization q | | | | | | |
| b | 331/3% 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 | | | • | | | |
| | organization. | | | | | | |
| b | 10%-facts-and-circumstances test - 2 | | | | | | |
| | 15 is 10% or more, and if the orga | | | | | | |
| | Explain in Part VI how the organizati | | | | | | |
| 40 | supported organization | | | | | | |
| 18 | Private foundation. If the organization | | | | | | |
| | instructions | | | | | | <u> 🟲 📖</u> |

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

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

(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.)

| Sec | tion A. Public Support | | | | | | |
|--------------|---|------------------|---------------------|-------------------|------------------|--------------------|---------------------|
| 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 | | | | | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | 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 | | | | | | |
| с | 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 f | for the organiza | ition's first, secc | nd, third, fourth | , or fifth tax y | ear as a sectior | n 501(c)(3) |
| | organization, check this box and stop here | | | | | | <u></u> ▶ |
| | tion C. Computation of Public Sup | | | | | | |
| 15 | Public support percentage for 2019 (line 8 | | | | | 15 | % |
| 16 | Public support percentage from 2018 Sche | | | | | 16 | % |
| | tion D. Computation of Investmen | | | | | | |
| 17 | Investment income percentage for 2019 (li | | | | | 17 | % |
| 18 | Investment income percentage from 2018 | | | | | 18 | % |
| 19 a | 331/3% support tests - 2019. If the or | | | | | | |
| | 17 is not more than 331/3%, check th | | • | | | | |
| b | 331/3% support tests - 2018. If the org | | | | | | |
| | line 18 is not more than 331/3%, check | | • | • • | . , | | |
| 20 JSA | Private foundation. If the organization | aid not check a | a box on line 1 | 4, 19a, or 19b, | | | |
| J5A 9F122 | 1 1 000 | | | | 2 | Schedule A (FORM S | 990 or 990-EZ) 2019 |

58-1454716

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

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

- 1 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.
- 5a 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.)

JSA

| | THE CARTER CENTER, INC. 58-1454 | ŧΊΤΟ | | |
|--------|--|----------|---------|---------------|
| Schedu | le A (Form 990 or 990-EZ) 2019 | | ŀ | Page 5 |
| Part | V 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 | | |
| b | A family member of a person described in (a) above? | 11b | | |
| С | 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 | | |
| 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 | | |
| 2 | | <u> </u> | | |
| 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? <i>If "Yes," explain in Part</i> | | | |
| | <i>VI</i> how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sacti | on C. Type II Supporting Organizations | 2 | | |
| Secti | | | Vaa | No |
| | | | res | INO |
| 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 | | | |
| | the supported organization(s). | 1 | | |
| Secti | on D. All Type III Supporting Organizations | | | |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | Yes | No |
| | 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 | | | |
| | 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 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins | structi | ons). | |
| а | The organization satisfied the Activities Test. <i>Complete line 2 below.</i> | | | |
| b | The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> | | | |
| C | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see | instru | ctions) | |
| | | | Yes | |
| 2 | Activities Test. Answer (a) and (b) below. | | | |
| а | 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 | 2.0 | | |
| | 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 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| а | 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? Provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |
| | Sobodulo A (Form | | | |

Schedule A (Form 990 or 990-EZ) 2019

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 1 Net short-term capital gain 2 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 Add lines 1 through 3. 4 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 1b b Average monthly cash balances 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 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 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 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 4 Enter greater of line 2 or line 3. 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).

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

6

| Sect | V Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions | | () | Current Year |
|------|---|-------------------------------|--|---|
| 1 | Amounts paid to supported organizations to accomplish ex | xempt purposes | | ourrent rour |
| 2 | Amounts paid to perform activity that directly furthers exer | | ed | |
| - | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpo | zations | | |
| 4 | Amounts paid to acquire exempt-use assets | <u>eee ei eupperieu eigum</u> | | |
| 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. | 5 | | |
| 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 | | | |
| C | 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 | | | |
| е | Excess from 2019 | | | |

Page 8

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

PART II, SECTION B, LINE 10

OTHER INCOME IS FROM FACILITIES USE FEES AND FUNDRAISING INCOME.

Schedule B (Form 990, 990-EZ,

or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

THE CARTER CENTER, INC.

Schedule of Contributors

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

Employer identification number

58-1454716

Organization type (check one):

| Filers of: | Section: | | | | | | | |
|--------------------|--|--|--|--|--|--|--|--|
| Form 990 or 990-EZ | X 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

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

[X] 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 totaling \$5,000 or more during the year \blacktriangleright \$ _

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 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).

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)

JSA 9E1251 1 000

| Part I | Contributors (see instructions). Use duplicate cop | ies 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 | | \$15,000,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$11,245,576. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$6,457,132. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | | \$1,911,297. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$4,578,633. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | | \$3,630,716. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

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

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | | | | | |
|------------|--|----------------------------|--|--|--|--|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | |
| 7 | | \$2,150,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | |
| 8 | | \$4,993,506. | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | |
| 9 | | \$2,425,325. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | | | |

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

| Name of or | ganization | THE | CARTER | CENTER, | INC. |
|------------|------------|-----|--------|---------|------|
| | | | | | |

Employer identification number 58-1454716

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---------------------------|--|---|----------------------|
| 8 | SECURITIES | | |
| | | \$4,993,506. | 12/20/2019 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |

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

| Schedule B (Form 990, 990-EZ, or 990-PF) (2019) | | | | | | | | Pa | age 4 | |
|---|-----|--------|---------|------|--|--|--|----|--------------------------------|--|
| Name of organization | THE | CARTER | CENTER, | INC. | | | | | Employer identification number | |
| | | | | | | | | | 58-1454716 | |
| | | | | | | | | | | |

| Part III | Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if additi | the year from any ons completing Par e year. (Enter this in | one contributor. (Ill, enter the total formation once. So | Complete columns (a) through (e) and of <i>exclusively</i> religious, charitable, etc., | | | | |
|---------------------------|---|---|--|---|--|--|--|--|
| (a) No. from | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held | | | | |
| Part I | | | | | | | | |
| | | | | | | | | |
| | | (e) Transf | er of gift | | | | | |
| | Transferee's name, address, ar | nd ZIP + 4 | Relation | nship of transferor to transferee | | | | |
| | | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held | | | | |
| | | | | | | | | |
| | | (e) Transf | er of gift | | | | | |
| | Transferee's name, address, ar | | | nship of transferor to transferee | | | | |
| | | | | | | | | |
| | | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | (e) Transf | er of gift | | | | | |
| | Transferee's name, address, ar | nd ZIP + 4 | Relation | nship of transferor to transferee | | | | |
| | | | | | | | | |
| | | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | (e) Transfer of gift | | | | | | |
| | Transferee's name, address, ar | nd ZIP + 4 | Relation | nship of transferor to transferee | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | Schedule B (Form 990, 990-EZ, or 990-PF) (2019) | | | | |

| SCHEE | DULE | D |
|-------|------|---|
| (Form | 990) | |

Supplemental Financial Statements

OMB No. 1545-0047

| | | the organization answe | 201 0 | | | | | |
|-------------------|--|---|--|---|----------------------------------|--------------------------------------|------------------------------|-----------------|
| | | Part IV, line 6, 7, | 8, 9, 10, 11a, 11b, 11c, 1 | | or 12b. | | | |
| | rtment of the Treasury | Go to your irs gov | Attach to Form 9 Form990 for instruction | | rmation | | Open to P Inspection | |
| | al Revenue Service of the organization | | | | | ployer identifica | | |
| | CARTER CENTE | R INC | | | | 58-145472 | | |
| | | tions Maintaining Donor Adv | ised Funds or Other | Similar Funds (| or Acco | | 10 | |
| га | | e if the organization answered | | | | Junto. | | |
| | Complete | | (a) Donor adv | | | (b) Funds and | other accounts | |
| | Tatal number at a | nd of yoor | | | | | | |
| 1 | | nd of year | | | | | | |
| 2 3 | | of contributions to (during year) of grants from (during year) | | | | | | |
| 3 4 | | at end of year | | | | | | |
| 4 5 | | ion inform all donors and donor | advisors in writing th | nat the assets held | d in do | nor advised | | |
| 5 | - | inization's property, subject to the | | | | | Yes | No |
| 6 | - | on inform all grantees, donors, a | - | - | | | | |
| • | - | e purposes and not for the bene | | | | | | |
| | , | issible private benefit? | | | | | Yes | No |
| Ра | | tion Easements. | | | | | | |
| | | e if the organization answered | "Yes" on Form 990, | Part IV, line 7. | | | | |
| 1 | Purpose(s) of con | servation easements held by the | e organization (check all | that apply). | | | | |
| | Preservatio | n of land for public use (for example | e, recreation or education) | Preservation | n of a h | istorically im | portant land a | rea |
| | Protection of | of natural habitat | | Preservation | n of a c | ertified histor | ric structure | |
| | Preservatio | n of open space | | | | | | |
| 2 | - | through 2d if the organization h | eld a qualified conserv | ation contribution | in the fo | | | |
| | | ast day of the tax year. | | | | Held at the | End of the Tax | (Year |
| а | | onservation easements | | | 2a | | | |
| b | - | tricted by conservation easement | | | 2b | | | |
| С | | vation easements on a certified | | | 2c | | | |
| d | | rvation easements included in (o | | | | | | |
| _ | | isted in the National Register | | | 2d | | | |
| 3 | | rvation easements modified, tra | insferred, released, ex | tinguished, or terr | minated | by the orga | anization dur | ing the |
| | tax year ▶ | | | | | | | |
| 4 | | where property subject to conse | | | - 4 ' - 1 - | | | |
| 5 | • | ation have a written policy reg orcement of the conservation ea | | | | • | | |
| 6 | | hours devoted to monitoring, insp | | | | | | |
| 0 | | nours devoted to monitoring, insp | ecting, nanuling of viola | | y conse | I valion easem | ents during ti | ie yeai |
| 7 | Amount of expense | es incurred in monitoring, inspec | ting, handling of violatio | ons, and enforcing | conserv | vationeasem | ents during th | ne vear |
| • | ►\$ | | | , and officionly | 201001 | | u a anny ti | |
| 8 | , | vation easement reported on line : | 2(d) above satisfy the re | equirements of sec | tion 17 |)(h)(4)(B)(i) | | |
| | |)(4)(B)(ii)? | • | • | | | Yes | No |
| 9 | In Part XIII, descri | be how the organization reports | conservation easeme | nts in its revenue a | nd expe | nse statemer | | |
| | balance sheet, an | d include, if applicable, the text o | of the footnote to the c | rganization's finan | icial sta | tements that | describes the | |
| _ | | ounting for conservation easeme | | | | | | |
| Pa | | tions Maintaining Collections | | | er Sim | ilar Assets. | | |
| | Complete | e if the organization answered | "Yes" on Form 990, | Part IV, line 8. | | | | |
| 1a | If the organizatior of art, historical t service, provide in | n elected, as permitted under FA treasures, or other similar asse Part XIII the text of the footnote | ASB ASC 958, not to ts held for public ex to its financial stateme | report in its reven hibition, educatior ents that describes | iue stat n, or re these if | ement and b search in fu tems. | alance sheet rtherance of | works public |
| b | art, historical trea | n elected, as permitted under Fa sures, or other similar assets he ing amounts relating to these iter | ld for public exhibition | ort in its revenue ı, education, or re | statem search | ent and bala in furtherand | ce of public s | service, |
| | • | ded on Form 990, Part VIII, line 1 | | | | ▶\$ | | 4,200 |
| | | d in Form 990, Part X | | | | | 2,428 | 3 , 615. |

| For | Paperwork Reduction Act Notice, see the Instructions for Form 990. | Schedule D (Form 990) 2019 |
|-----|--|----------------------------|
| b | Assets included in Form 990, Part X | ▶ \$ |
| а | Revenue included on Form 990, Part VIII, line 1. | ▶ \$ |

| For | Paperwork | Reduction | Act Notice, | see the | Instructions | for Form 990. |
|------|-----------|-----------|-------------|---------|--------------|---------------|
| JSA | | | | | | |
| 9E12 | 268 1.000 | | | | | |

| | | CARIER CENTE | I(, INC. | | | | 50 |) IIJ | 1/10 | | • |
|--------|--|-----------------------|-----------------|-------------|-----------------|---------------------------------------|-------------------|---------|------------|-------|--------------|
| - | dule D (Form 990) 2019 | | | | | | 0: 11 0 | 1 (- | | | age 2 |
| | rt III Organizations Maintaini | - | | | | · · · · · · · · · · · · · · · · · · · | | | | · | |
| 3 | Using the organization's acquisition | | other recor | ds, checl | k any of | f the follow | wing that make | e sign | ificant us | se of | f its |
| | collection items (check all that app | ly): | | - | | | | | | | |
| а | X Public exhibition | | d | | or excha | inge progra | am | | | | |
| b | Scholarly research | | е | Other | | | | | | | |
| С | X Preservation for future gene | rations | | | | | | | | | |
| 4 | Provide a description of the organ | nization's collection | s and expla | ain how 1 | they fur | ther the o | rganization's e | xempt | purpose | in l | Part |
| | XIII. | | | | | | | | | | |
| 5 | During the year, did the organization | on solicit or receive | donations o | f art, hist | orical tre | easures, or | other similar | | | | |
| | assets to be sold to raise funds rath | ner than to be maint | ained as pa | rt of the o | organiza | tion's colle | ection? | | X Yes | | No |
| Ра | rt IV Escrow and Custodial A | rrangements. | | | | | | | | | |
| | Complete if the organiza | ation answered "Ye | es" on Fori | m 990, F | Part IV. | line 9, or | reported an a | moun | it on For | m | |
| | 990, Part X, line 21. | | | , | , | - , | 1 | | | | |
| 1a | Is the organization an agent, truste | e. custodian or oth | er intermed | liarv for c | ontribut | ions or othe | er assets not | | | | |
| ia | included on Form 990, Part X? | | | | | | | | Yes | | No |
| h | If "Yes," explain the arrangement i | n Part XIII and com | nlete the fol | lowing tak | | | | •• ∟ | 103 | | NO |
| D D | | IT F art All and com | | iowing tai | JIE. [| | <u>^</u> | nount | | | |
| - | Deginning helence | | | | - | 4 | All | Tount | | | |
| C | Beginning balance | | | | | 1c | | | | | |
| | Additions during the year | | | | H | 1d | | | | | |
| e | Distributions during the year | | | | H | 1e | | | | | |
| f | Ending balance | | | | | 1f | | | | | |
| 2a | 0 | | | | | | | | Yes | | No |
| | | n Part XIII. Check h | ere if the ex | xplanation | has bee | en provideo | on Part XIII | <u></u> | | | |
| Pa | rt V Endowment Funds. | | | | | | | | | | |
| | Complete if the organiza | | 1 | | · · · · | | | | | | |
| | | (a) Current year | (b) Prio | | | years back | (d) Three years | | (e) Four y | | |
| 1a | Beginning of year balance | 802,389,359. | 771,888 | 8,921. | | 523 , 084. | |)59. | 621,5 | | |
| | Contributions | 463,555. | 25 | 1,444. | 5,1 | 149 , 178. | 2,031,1 | 13. | 17,0 | 76, | 680. |
| | Net investment earnings, gains, | | | | | | | | | | |
| Ŭ | and losses | 103,622,651. | 53,02 | 8,477. | 58,5 | 541,625. | 69,363,7 | 168. | 11,8 | 31, | 181. |
| Ь | Grants or scholarships | | | | | | | | | | |
| | Other expenditures for facilities | | | | | | | | | | |
| е | and programs | 33,398,444. | 22,77 | 9,483. | 11,4 | 124,966. | 1,478,8 | 356. | 7 | 52, | 673. |
| £ | | | , | | | | | | | | |
| | Administrative expenses | 873,077,121. | 802,38 | 9,359. | 771,8 | 388,921. | 719,623,0 |)84. | 649,7 |)7. | 059. |
| g | End of year balance | | | | | | | | , | . , | |
| 2 | Provide the estimated percentage Board designated or quasi-endown | of the current year | end balance | e (line 1g, | column | (a)) neid a | S: | | | | |
| a b | Permanent endowment \blacktriangleright 18.8 | | /0 | | | | | | | | |
| | Term endowment \blacktriangleright 45.3600 | | | | | | | | | | |
| С | | - | 1000/ | | | | | | | | |
| 0 | The percentages on lines 2a, 2b, a | | | 4: 4k - 4 | | أعسامه امصرما | | | | | |
| 3a | Are there endowment funds not in | the possession of t | ne organiza | ition that | are neic | and adm | inistered for the | | V | es | No |
| | organization by: | | | | | | | | | | |
| | (i) Unrelated organizations | | | | | | | | | X | 3.7 |
| | (ii) Related organizations | | | | | | | | 3a(ii) | | X |
| b | If "Yes" on line 3a(ii), are the relate | • | | | | ? | | | 3b | | |
| 4 | Describe in Part XIII the intended u | | ation's endo | wment fu | nds. | | | | | | |
| Ра | rt VI Land, Buildings, and Equ Complete if the organization | uipment. | 'oo" on Eor | | Dort IV | line 11e | See Form 00 | | rt V lino | 10 | |
| | Description of property | | r other basis | (b) Cost | | 1 | cumulated | | Book valu | | |
| | | | stment) | | ther) | | reciation | (u) | | | |
| 1a | Land | | | | 536 , 73 | | | | 63 | 6,7 | 32. |
| b | Buildings | | | 17,5 | 580,41 | 3. 15, | 767,013. | | 1,81 | 3,4 | 00. |
| с | Leasehold improvements | | | 2,3 | 363,97 | 3. 1,2 | 296,626. | | 1,06 | 7,3 | 47. |
| d | Equipment | | | | 539,61 | | 938,589. | | | 1,0 | |
| e | Other | | | | | | | | | | |
| | I. Add lines 1a through 1e. (Column | | m 990 Part | X. colum | n (B) lin | e 10c) | | | 4,21 | 8,5 | 09. |
| | | 1 | | , | · (_/, | | | | , = = | , - | |

Schedule D (Form 990) 2019

(2) (3) (4) (5) (6) (7) (8) (9)

Page 3

| Part VII | Investments - Other Securities. | | | |
|-------------------------|---|---------------------|---|------------------|
| | Complete if the organization answered | "Yes" on Form 990 | , Part IV, line 11b. See Form 990, I | Part X, line 12. |
| | (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuatio Cost or end-of-year market | |
| (1) Financia | al derivatives | | | |
| | held equity interests | | | |
| (3) Other | | | | |
| | LED INVESTMENT FUND | 866,140,055. | FMV | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| Total. (Colum | n (b) must equal Form 990, Part X, col. (B) line 12.) 🔒 🕨 | 866,140,055. | | |
| Part VIII | Investments - Program Related. Complete if the organization answered | l "Yes" on Form 990 | Part IV line 11c See Form 990 I | Part X line 13 |
| | (a) Description of investment | (b) Book value | (c) Method of valuatio | |
| | (a) Description of investment | (b) Book value | Cost or end-of-year market | |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| - | n (b) must equal Form 990, Part X, col. (B) line 13.) 🔒 🕨 | | | |
| Part IX | Other Assets. | | | |
| | Complete if the organization answered | | I, Part IV, line 11d. See Form 990, I | |
| | (a) De | escription | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | umn (b) must equal Form 990, Part X, col. (B) | ine 15.) | <u></u> | |
| Part X | Other Liabilities. Complete if the organization answered line 25. | d "Yes" on Form 990 | , Part IV, line 11e or 11f. See Form | n 990, Part X, |
| 4 | | tion of lichility | | (b) Deele velue |
| $\frac{1}{(1)}$ Eq. (1) | | otion of liability | | (b) Book value |
| | ral income taxes | | | 5,269,965. |
| | TIT ODITIGUITOND | | | 5,209,903. |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 5,269,965. 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

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| Schedu | le D (Form 990) 2019 | | Page 4 |
|--------|---|---------|----------------------|
| Part | XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | า. | |
| 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: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | |
| b | Other (Describe in Part XIII.) | | |
| с | Add lines 4a and 4b | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | |
| Part | XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | ırn. | |
| 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: | | |
| a | Donated services and use of facilities | | |
| b | Prior year adjustments | | |
| c | Other losses. | | |
| d | Other (Describe in Part XIII.) | | |
| e | 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 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIII.) | | |
| | Add lines 4a and 4b | 4c | |
| 5 | Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>). | 5 | |
| Part | XIII Supplemental Information. | I | |
| | 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 | Part V, | line 4; Part X, line |

2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

see page 5

ARTWORK

Part XIII

PART III, LINE 4

THE CENTER MAINTAINS A BROAD COLLECTION OF ART TO INCLUDE PAINTINGS, SCULPTURES, STATUES, AND AWARDS THAT REPRESENT THE LIFE AND WORK OF ITS FOUNDERS, JIMMY AND ROSALYNN CARTER. SOME OF THE PIECES HAVE BEEN DONATED TO THE CENTER BY THE CARTERS WHILE OTHERS HAVE BEEN DONATED TO THE CENTER IN RECOGNITION OF THE WORK OF THE CENTER AND OF THE CARTERS.

ENDOWMENT

PART V, LINE 4

THE CENTER HAS ESTABLISHED AN ENDOWMENT FUND IN ORDER TO SUSTAIN THE SUCCESS OF ITS MISSION AND PROGRAMS INTO THE FUTURE.

FIN 48

PART X, LINE 2

THE CENTER HAS RECEIVED A DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE (IRS) DATED DECEMBER 16, 1991, 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

Part XIII Supplemental Information (continued)

STATEMENTS AS A RESULT OF ASC 740.

| SCHEDULE F | Statement of Activities Outside the United St | ates 🛓 | OMB No. 1545-0047 | |
|--|---|--------------|------------------------------|--|
| (Form 990) | Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. | | 2019 | |
| Department of the Treasury Internal Revenue Service | ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. | | Open to Public Inspection | |
| Name of the organization | | Employer ide | ntification number | |
| THE CARTER CENTE | CR, INC. | 58-145 | 54716 | |
| | formation on Activities Outside the United States. Complete if the Part IV, line 14b. | organizatio | on answered "Yes" on | |
| • | Does the organization maintain records to substantiate the amount of its the grantees' eligibility for the grants or assistance, and the selection crite or assistance? | eria used to | | |

- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) 2

| (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 service(s) in the region | (f) Total expenditures for and investments in the region |
|--|---|---|--|---|---|
| (1) SUB-SAHARAN AFRICA | 113. | 2,492. | PROGRAM SERVICES | PEACE AND HEALTH PRGMS | 53,516,411. |
| (2) MIDDLE EAST AND NORTH AFRICA | 2. | 9. | PROGRAM SERVICES | PEACE PROGRAMS | 3,452,399. |
| | | | | | |
| (3) CENTRAL AMERICA/CARIBBEAN | 3. | 21. | PROGRAM SERVICES | PEACE AND HEALTH PRGMS | 2,805,575. |
| (4) EAST ASIA AND THE PACIFIC | 1. | 7. | PROGRAM SERVICES | PEACE PROGRAMS | 1,025,557. |
| (5) SOUTH AMERICA | 0. | 0. | PROGRAM SERVICES | PEACE AND HEALTH PRGMS | 936,476. |
| (6) SOUTH ASIA | 1. | 9. | PROGRAM SERVICES | PEACE PROGRAMS | 57,691. |
| (7) SUB-SAHARAN AFRICA | 0. | 0. | GRANTMAKING | PEACE AND HEALTH PRGMS | 7,774,544. |
| (8) MIDDLE EAST AND NORTH AFRICA | 0. | 0. | GRANTMAKING | PEACE PROGRAMS | 177,946. |
| (9) CENTRAL AMERICA/CARIBBEAN | 0. | 0. | GRANTMAKING | PEACE AND HEALTH PRGMS | 52,627. |
| 10) EAST ASIA AND THE PACIFIC | 0. | 0. | GRANTMAKING | PEACE PROGRAMS | 186,536. |
| 11) SOUTH AMERICA | 0. | 0. | GRANTMAKING | PEACE AND HEALTH PRGMS | 856,272. |
| 12) | | | | | |
| 13) | | | | | |
| 14) | | | | | |
| 15) | | | | | |
| 16) | | | | | |
| 17) | | | | | |
| Subtotal Total from continuation sheets to Part I | 120. | 2,538. | | | 70,842,034. |
| c Totals (add lines 3a and 3b) | 120. | 2,538. | | | 70,842,034. |

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 9E1274 1.000 3342HM 1985

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Schedule F (Form 990) 2019

orm 990) 2019 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part II

| organization | (b) INS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------|--|--------------------------|-------------------------|-----------------------------|---------------------------------------|--|---|---|
| (1) | | SUB-SAHARAN AFRICA | 1 | 5,920,000. | WIRE | | | |
| (2) | | SUB-SAHARAN AFRICA | 2 | 609,236. | WIRE | | | |
| (3) | | SUB-SAHARAN AFRICA | е | 543,895. | WIRE | | | |
| (4) | | south America | 4 | 394,572. | CHECK | | | |
| (5) | | SOUTH AMERICA | 5 | 216,013. | CHECK | | | |
| (6) | | SOUTH AMERICA | 9 | 129,158. | WIRE | | | |
| (7) | | MIDDLE EAST/NORTH AFRICA | Ľ | 82,111. | WIRE | | | |
| (8) | | MIDDLE EAST/NORTH AFRICA | ω | 55,388. | WIRE | | | |
| (9) | | EAST ASIA/PACIFIC | σ | 49,946. | CHECK | | | |
| (10) | | EAST ASIA/PACIFIC | 10 | 49,500. | WIRE | | | |
| (11) | | EAST ASIA/PACIFIC | 11 | 48,090. | WIRE | | | |
| (12) | | SUB-SAHARAN AFRICA | 12 | 42,900. | CHECK | | | |
| (13) | | SUB-SAHARAN AFRICA | 13 | 40,000. | WIRE | | | |
| (14) | | EAST ASIA/PACIFIC | 14 | 39,000. | WIRE | | | |
| (15) | | SUB-SAHARAN AFRICA | 15 | 37,320. | WIRE | | | |
| (16) | | SOUTH AMERICA | 16 | 33,543. | WIRE | | | |

by the IRS, or for which the granizations or equive that are recognized as charities by the rotegit country, recognized as tax-exe by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **section 501** and the rotegit of other organizations or entities. з

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Schedule F (Form 990) 2019

Page 2 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part II

| - | | | | | | | | |
|-------------------------------|--|-------------------------|-------------------------|-----------------------------|---------------------------------------|--|---|---|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| (1) | | SOUTH AMERICA | 17 | 32,589. | WIRE | | | |
| (2) | | CENT. AMERICA/CARIBBEAN | 18 | 29,143. | WIRE | | | |
| (3) | | SUB-SAHARAN AFRICA | 19 | 27,622. | CHECK | | | |
| (4) | | SUB-SAHARAN AFRICA | 20 | 27,570. | CHECK | | | |
| (5) | | SOUTH AMERICA | 21 | 24,727. | WIRE | | | |
| (6) | | SUB-SAHARAN AFRICA | 22 | 24,594. | WIRE | | | |
| (1) | | SUB-SAHARAN AFRICA | 23 | 24,000. | WIRE | | | |
| (8) | | SUB-SAHARAN AFRICA | 24 | 24,000. | WIRE | | | |
| (6) | | SUB-SAHARAN AFRICA | 25 | 24,000. | WIRE | | | |
| (10) | | SUB-SAHARAN AFRICA | 26 | 24,000. | WIRE | | | |
| (11) | | SUB-SAHARAN AFRICA | 27 | 24,000. | WIRE | | | |
| (12) | | SUB-SAHARAN AFRICA | 28 | 24,000. | WIRE | | | |
| (13) | | SUB-SAHARAN AFRICA | 29 | 24,000. | WIRE | | | |
| (14) | | SUB-SAHARAN AFRICA | 30 | 24,000. | WIRE | | | |
| (15) | | SUB-SAHARAN AFRICA | 31 | 22,650. | CHECK | | | |
| (16) | | SUB-SAHARAN AFRICA | 32 | 22,310. | CHECK | | | |
| | | | : | | | · · · · · | | |

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 3

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| INC. |
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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 dublicated if additional contraction contracted "Yes" on Form 990, Part II

| Part IV, line 15, for any recipient who received mor | ly recipient who recei | ved more than \$5,000. F | art II can be c | e than \$5,000. Part II can be duplicated if additional space is needed | onal space is | needed. | | |
|---|--|--------------------------|-----------------------------|---|---------------------------------------|--|---|--|
| (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| (1) | | SUB-SAHARAN AFRICA | e e | 20,696. | CHECK | | | |
| (2) | | CENT. AMERICA/CARIBBEAN | 94 14 | 20,484. | WIRE | | | |
| (3) | | SUB-SAHARAN AFRICA | 35 | 20,000. | CHECK | | | |
| (4) | | SUB-SAHARAN AFRICA | 36 | 20,000. | CHECK | | | |
| (5) | | SUB-SAHARAN AFRICA | 37 | 20,000. | CHECK | | | |
| (6) | | SUB-SAHARAN AFRICA | 8 E | 19,532. | CHECK | | | |
| (7) | | SUB-SAHARAN AFRICA | 6 E | 14,345. | CHECK | | | |
| (8) | | SUB-SAHARAN AFRICA | 40 | 14,324. | CHECK | | | |
| (6) | | SUB-SAHARAN AFRICA | 41 | 13,891. | WIRE | | | |
| (10) | | SUB-SAHARAN AFRICA | 42 | 12,000. | WIRE | | | |
| (11) | | SUB-SAHARAN AFRICA | 43 | 12,000. | WIRE | | | |
| (12) | | SOUTH AMERICA | 44 | 11,386. | WIRE | | | |
| (13) | | SUB-SAHARAN AFRICA | 45 | 9,969. | WIRE | | | |
| (14) | | SOUTH AMERICA | 46 | 9,150. | WIRE | | | |
| (15) | | SUB-SAHARAN AFRICA | 47 | .000. | CHECK | | | |
| (16) | | SUB-SAHARAN AFRICA | 48 | 6,850. | WIRE | | | |
| C That to the formation of the formation of | | - | | - | - | - | | |

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 3

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| INC. |
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| Schedule F (Form 95 | 990) 2019 |
|---------------------|--|
| Part II Gre | 3rants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, |
| Par | Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. |

| | organization eccion and EIN (if applicable) | | grant | cash grant | cash disbursement | assistance | of noncash assistance | valuation (book, FMV, appraisal, other) |
|------|---|--------------------------|----------|------------|----------------------|------------|--------------------------|---|
| (1) | | SUB-SAHARAN AFRICA | 49 | 6, 850. | WIRE | | | |
| (2) | | SUB-SAHARAN AFRICA | 50 | 6,110. | WIRE | | | |
| (3) | | SUB-SAHARAN AFRICA | 51 | 6,000. | CHECK | | | |
| (4) | | SUB-SAHARAN AFRICA | 52 | 5,485. | WIRE | | | |
| (5) | | MIDDLE EAST/NORTH AFRICA | 5.3 | 5,362. | CHECK | | | |
| (6) | | MIDDLE EAST/NORTH AFRICA | 5 4 | 5,362. | CHECK | | | |
| (2) | | MIDDLE EAST/NORTH AFRICA | ى م | 5, 362. | CHECK | | | |
| (8) | | MIDDLE EAST/NORTH AFRICA | e N | 5, 362. | CHECK | | | |
| (6) | | MIDDLE EAST/NORTH AFRICA | 57 | 5, 347. | CHECK | | | |
| (10) | | MIDDLE EAST/NORTH AFRICA | 20 20 | 5, 322. | CHECK | | | |
| (11) | | SOUTH AMERICA | 5 0 | 5,134. | WIRE | | | |
| (12) | | MIDDLE EAST/NORTH AFRICA | 60 | 5,126. | CHECK | | | |
| (13) | | | | | | | | |
| (14) | | | | | | | | |
| (15) | | | | | | | | |
| (16) | | | | | | | | |

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Schedule F (Form 990) 2019 by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Etter conte

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schedule F (Form 980) 2019 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

| | ion (h) Method of h valuation b (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 | | | | | | | | | | | | | | | | | | |
| ditional space is needed. | (b) Region | | | | | | | | | | | | | | | | | | |
| Part III can be duplicated if additional space is needed | (a) Type of grant or assistance | | | | | | | | | | | | | | | | | | |
| | | (1) | (2) | (3) | (4) | (5) | (9) | (2) | (8) | (6) | (10) | (11) | (12) | (13) | (14) | (15) | (16) | (17) | (18) |

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THE CARTER CENTER, INC.

| Schedu | ıle F (Form 990) 2019 | Page 4 |
|--------|---|---------------|
| Part | IV Foreign Forms | |
| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | Yes X 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 🛛 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 🛛 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 🔀 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 No |

Schedule F (Form 990) 2019

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

PROCEDURES FOR MONITORING GRANT FUNDS

PART I, LINE 2

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

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

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

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

AND LENGTH OF TIME FOR THE SERVICES TO BE PROVIDED.

ACCOUNTING METHOD

PART I, LINE 3, COLUMN F

THE METHOD USED TO ACCOUNT FOR EXPENDITURES ON CCI'S FINANCIAL STATEMENTS

IS THE ACCRUAL METHOD.

PURPOSE OF GRANTS TO ORGANIZATIONS OUTSIDE THE U.S.

PART II, COLUMN D

- (1) GUINEA WORM ERADICATION
- (2) ENSURING PEACEFUL AND NONVIOLENT ELECTIONS IN LIBERIA
- (3) PROVIDE EDUCATION ON RIGHTS AND THE LAW IN LIBERIA
- (4) RIVER BLINDNESS CONTROL IN VENEZUELA
- (5) RIVER BLINDNESS CONTROL
- (6) RIVER BLINDNESS CONTROL
- (7) ENGAGE TUNISIA CSO'S ACTIVE IN DEMOCRACY, ELECTIONS AND HUMAN RIGHTS
- (8) DIGITAL THREATS TO ELECTIONS IN TUNISIA
- (9) DIGITAL THREATS TO ELECTIONS IN MYANMAR
- (10) SUPPORT AWARENESS, CAPACITY BUILDING AND WOMEN'S ACCESS TO

757359

Schedule F (Form 990) 2019

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

INFORMATION IN BANGLADESH

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

INFORMATION IN BANGLADESH

- (12) WOMEN AND ACCESS TO INFORMATION IN LIBERIA
- (13) PROMOTION OF WOMEN'S RIGHTS IN DRC
- (14) SUPPORT AWARENESS, CAPACITY BUILDING AND WOMEN'S ACCESS TO
- INFORMATION IN BANGLADESH
- (15) SUPPORT SOCIAL MEDIA MONITORING ACTIVITIES AROUND ETHIOPIAN

ELECTIONS

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

DRC

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

POLITICAL PARTICIPATION IN ZAMBIA

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

757359

| Schedu | e F (Form 990) 2019 Page 5 |
|--------|---|
| Part | 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). |
| THE | DRC |
| (38) | YOUTH HOUSE OPERATIONS IN GOMA, DRC |
| (39) | YOUTH HOUSE OPERATIONS IN KINSHASA, DRC |
| (40) | YOUTH HOUSE OPERATIONS IN DRC |
| (41) | GATHER DATA ON HUMAN RIGHTS VIOLATIONS AND BARRIERS TO POLITICAL |
| PART | ICIPATION IN ZAMBIA |
| (42) | PROMOTION OF WOMEN'S RIGHTS IN THE DRC |
| (43) | PROMOTION OF WOMEN'S RIGHTS IN THE DRC |
| (44) | RIVER BLINDNESS CONTROL |
| (45) | HUMAN RIGHTS PROTECTION ADVOCACY FOR MINING COMMUNITITES IN EASTERN |
| DRC | |
| (46) | MONITOR ELECTION-RELATED DISINFORMATION IN BOLIVIA |
| (47) | ADVOCACY AND AWARENESS RELATED TO HUMAN RIGHTS DEFENDERS IN DRC |
| (48) | ACCESS TO INFORMATION IN LIBERIA |
| (49) | ACCESS TO INFORMATION IN LIBERIA |
| (50) | ACCESS TO INFORMATION IN LIBERIA |
| (51) | RAPID RESPONSE SUPPORT FOR THREATS TO HUMAN RIGHTS DEFENDERS IN DRC |
| (52) | ACCESS TO INFORMATION IN LIBERIA |
| (53) | - (58) CSO WORK IN TUNISIA |
| (59) | RIVER BLINDNESS CONTROL |

(60) CSO WORK IN TUNISIA

| SCHEDULE G (Form 990 or 990-EZ) | Complete if | Information Re the organization answer organization entered n Attach Go to www.irs.gov/Form | red "Yes" or nore than \$1 to Form 990 | 1 Form 990, F 15,000 on Foi) or Form 990 | Part IV, line 17, 18, or 1 m 990-EZ, line 6a. D-EZ. | 9, or if the | OMB No. 1545-0047 |
|--|--|---|--|--|---|--|--|
| Internal Revenue Service Name of the organization | | ie te tit in eigen eine | | | | Employer identification | |
| THE CARTER CENT | ER, INC. | | | | | 58-1454716 | |
| | g Activities. Com EZ filers are not re | | | | Yes" on Form 99 | 0, Part IV, line 1 | 7. |
| a X Mail solicita | l email solicitations itations plicitations | e f g | X Solid X Solid X Spe | citation of citation citationc | non-government g government grants ising events | rants s irectors, trustees, _ | |
| b If "Yes," list the | es listed in Form 990 10 highest paid ind least \$5,000 by the | ividuals or entities | | | | | X Yes No fundraiser is to be |
| (i) Name and add or entity (fu | | (ii) Activity | custody of | ndraiser have or control of outions? | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | | Yes | No | | | |
| 1 AMERICAN MARK | KETING & COMM | DIRECT MAIL | | Х | 8,996,625. | 120,000. | 8,876,625. |
| 2 | | INTERNET | | 37 | 1 0 2 2 5 4 5 | 42.000 | 1 000 245 |
| BLACKBAUD, IN | IC. | MARKETING | | X | 1,933,545. | 43,200. | 1,890,345. |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| Total | | | | | 10,930,170. | 163,200. | 10,766,970. |
| 3 List all states in registration or lic | which the organiza ensing. | tion is registered c | | d to solicit | | | |
| AL, AK, AR, CA, CO, C KS, KY, ME, MD, MA, N | | · · · · · · · · · · · · · · · · · · · | ND - OH - | | | | |
| OK, OR, PA, RI, SC, | | | ND, 011, | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 9E1281 1.000 3342HM 1985

Schedule G (Form 990 or 990-EZ) 2019

| Sche | edul | e G (Form 990 or 990-EZ) 2019 | | | | Page 2 |
|-----------------|----------|---|-------------------------|---|---------------------|---|
| Pa | rt l | Fundraising Events. Complete more than \$15,000 of fundrate events with gross receipts gree | aising event contributi | | | |
| | | | (a) Event #1 AUCTION | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through |
| a) | | | (event type) | (event type) | (total number) | col. (c)) |
| Revenue | 1 | Gross receipts | 1,973,628. | | 0. | 1,973,628. |
| Ř | 2 | Less: Contributions Gross income (line 1 minus | 1,493,352. | | | 1,493,352. |
| | 5 | line 2) | 480,276. | | 0. | 480,276. |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| Direct Expenses | 6 | Rent/facility costs | 26,106. | | | 26,106. |
| st Exp | 7 | Food and beverages | | | | |
| Direo | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | 454,170. | | | 454,170. |
| | 10 11 | Direct expense summary. Add lin Net income summary. Subtract li | es 4 through 9 in colu | mn (d) | | 480,276. |
| Ра | | | anization answered " | | | reported more than |
| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| Re | 1 | Gross revenue | | | | |
| enses | 2 | Cash prizes | | | | |
| Exper | 3 | Noncash prizes | | | | |
| Direct Exp | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | Yes % | Yes% | Yes% No | |
| | 7 | Direct expense summary. Add lin | es 2 through 5 in colu | mn (d) | | |
| | 8 | Net gaming income summary. Su | btract line 7 from line | 1, column (d) | > | |
| 9 a k | | Enter the state(s) in which the organization licensed to con If "No," explain: | | in each of these state | es? | YesNo |
| | | | | | | |
| 10a k | | Were any of the organization's gamino If "Yes," explain: | | | uring the tax year? | Yes No |
| | | | | | | |

Schedule G (Form 990 or 990-EZ) 2019

THE CARTER CENTER, INC

| | |) IIJ- | 1/10 | |
|-------|---|---------|--------|---------------|
| Sched | dule G (Form 990 or 990-EZ) 2019 | | | Page 3 |
| 11 | Does the organization conduct gaming activities with nonmembers? | | Yes | No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity | _ | | |
| | formed to administer charitable gaming? | [| Yes | No |
| 13 | Indicate the percentage of gaming activity conducted in: | | | |
| a | | 9 | | % |
| | | | | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books a | | | 70 |
| 14 | records: | na | | |
| | | | | |
| | | | | |
| | Name ▶ | | | |
| | | | | |
| | Address ► | | | |
| | | | | |
| 15 a | Does the organization have a contract with a third party from whom the organization receives gan | | | |
| | revenue? | L | Yes | No |
| b | | the | | |
| | amount of gaming revenue retained by the third party \blacktriangleright \$ | | | |
| С | If "Yes," enter name and address of the third party: | | | |
| | | | | |
| | Name ► | | | |
| | | | | |
| | Address ► | | | |
| | | | | |
| 16 | Gaming manager information: | | | |
| | | | | |
| | Name ▶ | | | |
| | | | | |
| | Gaming manager compensation ▶ \$ | | | |
| | | | | |
| | Description of services provided ► | | | |
| | | | | |
| | Director/officer Employee Independent contractor | | | |
| | | | | |
| 17 | Mandatory distributions: | | | |
| а | Is the organization required under state law to make charitable distributions from the gaming procee | eds to | | |
| | retain the state gaming license? | _ | Yes | No |
| h | • Enter the amount of distributions required under state law to be distributed to other exempt organiz | | | |
| ~ | or spent in the organization's own exempt activities during the tax year > \$ | | | |
| Par | rt IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) |) and (| v) and | |
| Tan | Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional | | | |
| | (see instructions). | | | |
| | | | | |

Schedule G (Form 990 or 990-EZ) 2019

| SCHEDULEI | _ | Grants ar | A Other A | Grants and Other Assistance to Organizations, | o Organiza | ations, | | OMB No. 1545-0047 |
|--|---|-------------------------|------------------------------------|---|---------------------------------------|---|---------------------------------------|---------------------------------------|
| (Form 990) | Ö | overnmer | nts, and Ir | Governments, and Individuals in the United States | n the Unite | d States | | 2019 |
| | Com | plete if the or | ganization ans | Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. | orm 990, Part IV. | ', line 21 or 22. | | Open to Public |
| Department of the freasury Internal Revenue Service | | Go to | | www.irs.gov/Form990 for the latest information. | atest information | Ľ. | | Inspection |
| Name of the organization | | | | | | | Employer identification number | ion number |
| THE CARTER CENTER, | TER, INC. | | | | | | 58-1454716 | .6 |
| Part I General Ir | General Information on Grants and Assistance | d Assistance | 0 | | | | | |
| 1 Does the organiz | Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and | ubstantiate the | e amount of the | grants or assista | nce, the grantees | s' eligibility for the gran | ts or assistance, and | |
| the selection crit | the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. | ts or assistanc | e? litoring the use o | e use of arant funds in the United | e United States. | | | X Yes No |
| art II | Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, | omestic Org | janizations an | Id Domestic Gov | rernments. Con | nplete if the organi: | zation answered "Y | es" on Form 990, |
| Part IV, li | Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. | hat received | more than \$5, | 000. Part II can t | be duplicated if | additional space is | needed. | |
| 1 (a) Name an | 1 (a) Name and address of organization or government | (p) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) EMORY UNIVERSITY | | | | | | | | INSTITUTE OF |
| 1599 CLIFTON RD, | ATLANTA, GA 30307 | 44-0553234 | 501(C)(3) | 34,906. | | N/A | N/A | DEVELOPING NATION |
| (2) GEORGIA APPLE SEED INC | ED INC. | | | | | | | |
| 1600 PARKWOOD CIR | 1600 PARKWOOD CIR ATLANTA, GA 30307 | 20-4036923 | 501(C)(3) | 43,642. | | N/A | N/A | BEHAVIOR HEALTH |
| (3) GEORGIA STATE UNIVERSITY | | | | | | | | CENTER OF EXCELLENCE |
| 58 EDGEWOOD AVE ATLANTA, | ATLANTA, GA 30303 | 58-1845423 | 501(C)(3) | 6,291. | | N/A | N/A | BEHAVIOR |
| (4) VOICES FOR GEORGIA'S CHILDREN | LA'S CHILDREN | | | | | | | |
| 75 MARIETTA ST NW ATLANTA, | W ATLANTA, GA 30303 | 02-0678823 | 501(C)(3) | 32,000. | | N/A | N/A | BEHAVIOR HEALTH |
| (5) | | | | | | | | |
| | | | | | | | | |
| (9) | | | | | | | | |
| (2) | | | | | | | | |
| | | | | | | | | |
| (8) | | | | | | | | |
| (6) | | | | | | | | |
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| (10) | | | | | | | | |
| (44) | | | | | | | | |
| (11) | | | | | | | | |
| (12) | | | | | | | | |
| | Enter total number of section 501(c)(3) and government org | government c | rganizations lis | anizations listed in the line 1 table | ole | | | 4. |
| 3 Enter total numb For Paperwork Reduction | 3 Enter total number of other organizations listed in the line 1 For Panerwork Reduction Act Notice, see the Instructions for Form 990. | ited in the line | 1 table | | | | Sch | Schedule I (Form 990) (2019) |
| | | | | | | | 5 | |
| JSA 9E1288 1.000 3342HM 1985 | Ŀ | Δ | / 19-8.5F | 757359 | 359 | | | PAGE 48 |
| () + + + + + + + + + + + + + + + + + + + |) | • | | · · ·) | 1 | | | |

| Part III can be duplicated if additional space is needed | Part III can be duplicated if additional space is needed. | | I | | |
|---|---|------------------------------------|-----------------------------------|--|--|
| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
| JOURNALISM FELLOWSHIPS | ∞ | 80,000. | | N/A | N/A |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| Q | | | | | |
| σ | | | | | |
| 7 7 Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information. | information re | quired in Part I, | line 2, Part III, c | olumn (b); and any ot | her additional |
| O MONITOR THE USE OF | GRANT FUNDS | IN THE UNITED | TED STATES | | |
| PART I, LINE 2 | | | | | |
| THE CENTER REQUIRES GRANT RECIPIENTS TO | | SUBMIT INTERIM AND FINAL | INAL | | |
| NARRATIVE AND/OR FINANCIAL REPORTS THAT | T SET FORTH | THE RESULTS | S OF THE WORK | Ж | |
| PERFORMED AS FUNDED BY THE CENTER. WRIT | WRITTEN AGREEM | REEMENTS AND THE | E SPECIFIC | | |
| REQUIREMENTS OF THE GRANTEE VARY BASED | ON THE | NATURE OF THE V | THE WORK PRODUCT | | |
| AND LENGTH OF TIME FOR THE SERVICES TO | BE PROVIDED | D. | | | |
| | | | | | |
| | | | | | |

| (Fori | EDULE J m 990) nent of the Treasury Revenue Service | For certain Officers, Dire Cor ► Complete if the organizatio | Actors, Trustees, Key Employees, and Highest mpensated Employees on answered "Yes" on Form 990, Part IV, line : Attach to Form 990. 990 for instructions and the latest information | ^{23.} C | MB No. 20 Open to | 19 | olic |
|-------|--|---|---|--|-------------------------|-----|------|
| | of the organization | p ee te mengem enne | | Employer identification | | | |
| | CARTER CE | NTER, INC. | | 58-1454716 | | | |
| Part | | is Regarding Compensation | | | | | |
| T ure | | | | | | Yes | No |
| | 990, Part VII, First-cla Travel fo Tax inde Discretio | Section A, line 1a. Complete Part III to ss or charter travel or companions emnification and gross-up payments onary spending account boxes on line 1a are checked, did th ment or provision of all of the ex | ovided any of the following to or for a person provide any relevant information regarding Housing allowance or residence for Payments for business use of person Health or social club dues or initiation Personal services (such as maid, ch me organization follow a written policy repenses described above? | g these items. personal use nal residence on fees auffeur, chef) egarding payment pplete Part III to | | | |
| • | | | | | 1b | | |
| 2 | - | | to reimbursing or allowing expenses D/Executive Director, regarding the items | | | | |
| | | | | | 2 | | |
| 3 | Indicate which organization's related organ X Comper Indepen | n, if any, of the following the organization CEO/Executive Director. Check all that | on used to establish the compensation of at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in P Written employment contract X Compensation survey or study X Approval by the board or compensation | ods used by a art III. | | | |
| 4 | | ar, did any person listed on Form 990, or a related organization: | Part VII, Section A, line 1a, with respect to | o the filing | | | |
| а | Receive a sev | verance payment or change-of-control pa | ayment? | | 4a | | Х |
| b | - | | ntal nonqualified retirement plan? | | 4b | | Х |
| С | If "Yes" to an | y of lines 4a-c, list the persons and pr | ased compensation arrangement? rovide the applicable amounts for each it | | 4c | | X |
| 5 | For persons compensation | listed on Form 990, Part VII, Section contingent on the revenues of: | rganizations must complete lines 5-9. Ion A, line 1a, did the organization pa | | | | |
| | | | | | 5a | | X |
| b | - | - | | • • • • • • • • • • • | 5b | | X |
| 6 | For persons compensation | n contingent on the net earnings of: | on A, line 1a, did the organization pa | | | | |
| a | | | | | 6a | | X |
| b | - | rganization? e 6a or 6b, describe in Part III. | ••••• | | 6b | | X |
| 7 | For persons | listed on Form 990, Part VII, Sectio | n A, line 1a, did the organization prov | | - | | X |
| 8 | Were any am | ounts reported on Form 990, Part VII, | escribe in Part III. paid or accrued pursuant to a contract th | at was subject | 7 | | |
| | | - | Regulations section 53.4958-4(a)(3)? I | | | | |
| ~ | | | | | 8 | | X |
| 9 | | | low the rebuttable presumption proced | | 9 | | |

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

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Schedule J (Form 990) 2019

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 individual.

| | | (B) Breakdown of | (B) Breakdown of W-2 and/or 1099-MISC compensation | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|--|----------|--------------------------|--|---|--------------------------------|----------------|----------------------|--|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(i)-(D) | in column (B) reported as deferred on prior Form 990 |
| MARY ANN PETERS | Ξ | 380,041. | 0 | 0 | 25,200. | 864. | 406,105. | 0. |
| PRESIDENT & CEO (UNTIL 6/1/20) | | .0 | .0 | 0. | .0 | .0 | 0. | 0. |
| PHILLIP J. WISE JR. | Ξ | 248,651. | .0 | 0. | 22, 392. | .0 | 271,043. | 0. |
| 2 Secretary, vp-operations | (| .0 | .0 | 0. | .0 | .0 | 0. | 0. |
| CHRISTOPHER BROWN | Ξ | 214,888. | 2,500. | .0 | 19,779. | 24,651. | 261,818. | 0 |
| 3 TREASURER, VP-FINANCE | (ii) | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| DEAN SIENKO | Ξ | 259,675. | .0 | .0 | 23,435. | 864. | 283,974. | 0. |
| 4^{VP} - health programs | (ii) | .0 | .0 | .0 | .0 | .0 | .0 | 0 |
| NICOLE KRUSE | Ξ | 195,043. | .0 | .0 | 17,983. | 16,958. | 229,984. | 0. |
| 5 CHIEF DEVELOPMENT OFFICER | (ii) | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| SEEMA N. SHAMS | Ξ | 163,003. | .0 | 35,000. | 17,820. | .0 | 215,823. | 0. |
| GCHIEF DEVELOPMENT OFFICER | (ii) | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| CRAIG WITHERS JR. | Ξ | 229,735. | .0 | .0 | 19,659. | 24,088. | 273,482. | 0. |
| $\boldsymbol{7}^{\mathrm{VP}}$ - overseas operations | (ii) | .0 | .0 | .0 | .0 | .0 | .0 | 0. |
| FRANK O. RICHARDS JR. | Ξ | 250,871. | .0 | .0 | 20,581. | 22,814. | 294,266. | 0. |
| 8 DIRECTOR HEALTH PROGRAMS | (ii) | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| DEANNA CONGILEO | Ξ | 187,382. | .0 | .0 | 17,202. | 7,788. | 212,372. | 0. |
| 9 COMMUNICATIONS DIRECTOR | (ii) | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| PATTI BUNKER | Ξ | 187,738. | .0 | .0 | 16, 896. | .0 | 204,634. | 0. |
| 10 ^{CHIEF} IT OFFICER | (ii) | .0 | .0 | .0 | .0 | .0 | .0 | 0 |
| | Ξ | | | | | | | |
| 11 | (ii) | | | | | | | |
| | Ξ | | | | | | | |
| 12 | (ii) | | | | | | | |
| | Ξ | | | | | | | |
| 13 | (ii) | | | | | | | |
| | Ξ | | | | | | | |
| 14 | 1 | | | | | | | |
| | Ξ | | | | | | | |
| 15 | (ii) | | | | | | | |
| | Ξ | | | | | | | |
| 16 | (ii) | | | | | | | |
| | | | | | | | Sch | Schedule J (Form 990) 2019 |

PAGE 51

JSA

| INC. |
|---------|
| CENTER, |
| CARTER |
| THE |

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.

V 19-8.5F

| THE CARTER CENTER, INC. 59-1454716 PartI Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(2) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. 1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Commetting the 40b. 1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (e) Description of transaction 2(2) (a) (b) Relationship between disqualified persons and organization (c) Description of transaction (c) Description of transaction 2(3) (c) (c) (c) (c) (c) (c) 2(a) (c) (c) (c) (c) (c) (c) 2(b) (c) (c) (c) (c) (c) (c) (c) 2(c) (c) (c) (c) (c) (c) (c) (c) (c) (c) 2(a) (c) | SCHEDULE L (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service | ► Complete | e if the o | rganization ar 28b, or 28c, ►Att | or F ach t | red "Ye orm 990 o Form | s" on Form 9 0-EZ, Part V, 990 or Form | 90, Par line 38a 990-EZ | a or 40b. | | 28a, | ((Oj | 3 No. 19 20 ' pen To spectio | 19 Public | (1) |
|--|--|-----------------|------------|--|---------------|------------------------------|--|-------------------------------|-----------------------|---------------|-----------|--------------|---------------------------------------|---------------------|---------|
| Part II Excess Benefit Transaction (section 501(c)(3), section 501(c)(4), and 501(c)(28) or gambzines only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990, PZ, Part V, line 4bb. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990, PZ, Part V, line 4bb. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990, PZ, Part V, line 4bb. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990, PZ, Part V, line 26b, or if the organization answered "Yes" on Form 990, Part V, line 35a or Form 990, Part IV, line 26b, or if the organization answered "Yes" on Form 990, Part V, line 35a or Form 990, Part IV, line 26b, or if the organization answered "Yes" on Form 990, Part V, line 35a or Form 990, Part IV, line 26b, or if the organization answered "Yes" on Form 990, Part V, line 35a or Form 990, Part IV, line 26b, or if the organization promoted "Yes" on Form 990, Part V, line 35a or Form 990, Part IV, line 26b, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. Image: Complete if the organization for Form Form 990, Part V, line 35a or Form 990, Part IV, line 26b, or if the organization reported "Yes" on Form 990, Part V, line 35a or Form 990, Part IV, line 26b, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. Image: Complete if the organization for Form Form Part Part Part Part Part Part Part Part | Name of the organization | | | | | | | | | Employer | identif | | • | | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990, EZ, Part V, line 40b. 1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction Mark Name 12 (b) Relationship between disqualified person and organization (c) Description of transaction Mark Name (c) | THE CARTER CENT | ER, INC. | | | | | | | | 58- | 1454 | 716 | | | |
| 1 (a) Name of disqualified parson (b) Restanding, arganization (c) Description of transaction The No (1) | | | | | | | | | | | | | line 40 |)b. | |
| (2) (3) (4) (5) (5) (7) | | ualified person | | (b) Relatio | nship | | | on and | (c) D | escription | of trans | action | | Ĥ | |
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| (4) (1) (2) (3) (4) (4) (4) (5) (4) (5) (4) (5) (5) (7) (9) (1) (1) (2) (2) (3) (4) (5) (5) (7) (| | | | | | | | | | | | | | | _ |
| (6) | | | | | | | | | | | | | | | _ |
| (6) | | | | | | | | | | | | | | _ | |
| 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 > \$ | | | | | | | | | | | | | | | _ |
| Complete if the organization answered "Yes" on Form 990, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship with organization (c) Purpose of line stationship organization (c) Lina to organization (c) Diginal mount on Form 990, Part IV, line 38a or Form 990, Part IV, line 26; or if the by board or organization (c) With organi | 2 Enter the amoun under section 49 | 958 | | | | | | | | | | | | | |
| with organization itoan itoan itoan itoan principal amount itean itean principal amount itean itean </td <td>Complete i</td> <td>f the organ</td> <td>ization a</td> <td>nswered "Ye</td> <td>es" o</td> <td></td> <td></td> <td></td> <td>ne 38a or Form</td> <td>990, Par</td> <td>t IV, lir</td> <td>ne 26;</td> <td>or if th</td> <td>ne</td> <td></td> | Complete i | f the organ | ization a | nswered "Ye | es" o | | | | ne 38a or Form | 990, Par | t IV, lir | ne 26; | or if th | ne | |
| (1) | (a) Name of interested per | | | | fro | m the | | | (f) Balance due | (g) In | default? | by bo | ard or | | |
| (2) | | | | | То | From | | | | Yes | No | Yes | No | Yes | No |
| (3) | (1) | | | | | | | | | | | | | | |
| (4) | (2) | | | | | | | | | | | | | | |
| (5) Image: state of the state of the organization answered "Yes" on Form 990, Part IV, line 27. Image: state of the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested (c) Amount of assistance person and the organization (c) Amount of assistance (| | | | | | | | | | | | | | | |
| (6) Image: Sector of | | | | | | | | | | | | | | | |
| (7) Image: Sector of the organization answered "Yes" on Form 990, Part IV, line 27. Image: Sector of the organization answered "Yes" on Form 990, Part IV, line 27. Image: Sector of the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Type of assistance (e) Purpose of assistance (1) Image: Sector of the organization answered "Yes" on Form 990, Part IV, line 27. (d) Type of assistance (e) Purpose of assistance (1) Image: Sector of the organization answered "Yes" on Form 990, Part IV, line 27. (e) Purpose of assistance (e) Purpose of assistance (1) Image: Sector of the organization and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (1) Image: Sector of the organization (1) Image: Sector of the organization (3) Image: Sector of the organization (6) Image: Sector of the organization Image: Sector of the organization <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<> | | | | | | | | | | | | | | | |
| (8) Image: Sector of Sector o | | | | | | | | | | | | | | | |
| (9) Image: Constraint of the second sec | | | | | | | | | | | | | | | |
| 10) Image: Construction of the organization answered "Yes" on Form 990, Part IV, line 27. Image: Construction of the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (1) (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (f) (2) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) <td></td> | | | | | | | | | | | | | | | |
| Total \$ 1 1 Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (d) Type of assistance (e) Purpose of assistance (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (1) | | | | | | | | | | | | | | | |
| Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (1) (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (1) (a) (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (1) (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (1) (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (1) (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (1) (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (3) (c) (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (f) Type of assistance (f) T | | | | | | | | | ¢ | | | | | | |
| Image: Person and the organization Image: Person and the organization Image: Person and the organization (1) Image: Person and the organization Image: Person and the organization Image: Person and the organization (2) Image: Person and the organization Image: Person and the organization Image: Person and the organization (2) Image: Person and the organization Image: Person and the organization Image: Person and the organization (3) Image: Person and the organization Image: Person and the organization Image: Person and the organization (3) Image: Person and the organization Image: Person and the organization Image: Person and the organization (4) Image: Person and the organization Image: Person and the organization Image: Person and the organization (4) Image: Person and the organization Image: Person and the organization Image: Person and the organization (5) Image: Person and the organization Image: Person and the organization Image: Person and the organization (6) Image: Person and the organization Image: Person and the organization Image: Person and the organization (7) Image: Person and the organization Image: Pers | Part III Grants or A | | | | | | | , line 2 | | | | | | | |
| (2) Image: Constraint of the second seco | | | | | | (c) Amou | nt of assistance | | (d) Type of assistanc | e | (e) | Purpos | se of as | sistanc | e |
| (3) (4) (5) (6) (7) (| | | | | | | | | | | | | | | |
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| (5) (6) (7) (8) (7) (9) (10) | | | | | | | | | | | | | | | |
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| (7) (7) (7) (8) (7) (7) (9) (7) (7) (10) (7) (7) | | | | | | | | | | | | | | | |
| (8) (9) (9) (10) (1 | | | | | | | | | | | | | | | |
| (9) (10) | | | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | n Act Notice | son the | Instructions | for F | orm 000 | or 990-57 | | | Sah | dula | (Form | 990 | 000 F | 7) 2040 |

Schedule L (Form 990 or 990-EZ) 2019

Part IV

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | organi | naring of ization's nues? |
|-------------------------------|---|----------------------------------|--------------------------------|--------|---------------------------------|
| | | | | Yes | No |
| (1) REBECCA CARTER | SPOUSE OF CHILD OF BD MBR | 156,631. | COMPENSATION AS EMPLOYEE | | Х |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| 10) | | | | | |

Part V Supplemental Information

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

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

20**19**Open to Public
Inspection

Name of the organization

Employer identification number 58-1454716

| THE | CARTER | CENTER, | INC |
|-----|--------|---------|-----|
| | | | TNO |

| applicable items contributed remsol, Part Vill, linet gl noncash contribution amount 1 Art - Works of art | Par | t I Types of Property | (a) | (b) | (c) Noncash contribution | | d) | |
|---|----------|------------------------------------|---------------------|---|-----------------------------|-------------------|-----------|----------|
| 1 Art - Works of art | | | Check if applicable | Number of contributions or items contributed | amounts reported on | | | |
| 2 Art - Historical ressures | 1 | Art - Works of art | Х | 4. | - | APPRAISAL | | |
| 3 Att - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 9 Securities - Publicly traded 1 X 10 Securities - Publicly traded 11 Securities - Pathreship, LCC, or trust interests 12 Securities - Pathreship, LCC, or trust interests 13 Coulified conservation contribution - Other 14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Commercial 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Other ▶(24 Archeological artifacts 25 Other ▶(26 Other ▶(27 Historical artifacts 28 Other ▶(29 Number of Forms 8283 received by the organ | | | | | | | | |
| 4 Books and publications , , , , , , , , , , , , , , , , , , , | _ | | | | | | | |
| 5 Clothing and household goods | - | | | | | | | |
| goods | - | | | | | | | |
| 6 Cars and other vehicles, | Ū | | | | | | | |
| 7 Boats and planes x 135. 6, 530, 652. MARKET VALUE 9 Securities - Publicy traded x 135. 6, 530, 652. MARKET VALUE 10 Securities - Pathership, LLC, or trust interests x 135. 6, 530, 652. MARKET VALUE 11 Securities - Miscellaneous x x 136. x x 12 Securities - Miscellaneous x </td <td>6</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> | 6 | | | | | | | |
| 8 Intellectual property X 135. 6,530,652. MARKET VALUE 9 Securities - Publicly traded X 135. 6,530,652. MARKET VALUE 11 Securities - Pathership, LLC, or trust interests | 7 | | | | | | | |
| 9 Securities - Publicly traded X 135. 6, 530, 652. MARKET VALUE 10 Securities - Closely held stock | | Intellectual property | | | | | | |
| 10 Securities - Closely held stock | 9 | | | 135. | 6,530,652. | MARKET VAI | JUE | |
| 11 Securities - Partnership, LLC, or trust interests | 10 | - | | | | | | |
| or trust interests | 11 | - | | | | | | |
| 12 Securities - Miscellaneous | | | | | | | | |
| contribution - Historic structures | 12 | | | | | | | |
| structures | 13 | Qualified conservation | | | | | | |
| 14 Qualified conservation contribution - Other | | contribution - Historic | | | | | | |
| contribution - Other | | structures | | | | | | |
| 15 Real estate - Residential | 14 | | | | | | | |
| 15 Real estate - Residential | | contribution - Other | | | | | | |
| 17 Real estate - Other 18 Collectibles 19 Food inventory 19 Food inventory 20 Drugs and medical supplies 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 by the organization during the tax year for contributions for which the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 26 bif "Yes," describe the arrangement in Part II. 31 X 32a X bif "Yes," describe in Part II. 31 X 32a X bif "Yes," describe in Part II. 31 X 32a 32b 32a | 15 | Real estate - Residential | | | | | | |
| 17 Real estate - Other 18 Collectibles 19 Food inventory 19 Food inventory 20 Drugs and medical supplies 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 by the organization during the tax year for contributions for which the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 26 bif "Yes," describe the arrangement in Part II. 31 X 32a X bif "Yes," describe in Part II. 31 X 32a X bif "Yes," describe in Part II. 31 X 32a 32b 32a | 16 | Real estate - Commercial | | | | | | |
| 18 Collectibles Image: Solution of the solution o | 17 | Real estate - Other | | | | | | |
| 20 Drugs and medical supplies | 18 | Collectibles | | | | | | |
| 21 Taxidermy | 19 | Food inventory | | | | | | |
| 21 Taxidermy | 20 | Drugs and medical supplies | | | | | | |
| 22 Historical artifacts | 21 | Taxidermy | | | | | | |
| 24 Archeological artifacts | 22 | Historical artifacts | | | | | | |
| 25 Other ►(| 23 | | | | | | | |
| 26 Other ▶() | 24 | Archeological artifacts | | | | | | |
| 27 Other ▶() | 25 | Other ►(<u>ATCH 1</u>) | | | 417,760. | | | |
| 28 Other ▶() 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement | 26 | Other ►() | | | | | | |
| 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement | | Other ►() | | | | | | |
| which the organization completed Form 8283, Part IV, Donee Acknowledgement | | | | | | | | |
| Yes N 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 31 X 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 32a | 29 | | | | | | | |
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | | which the organization completed F | Form 8283, | Part IV, Donee Acknowledg | jement | 29 | N/ . | |
| 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash of "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, | ~ ~ | | | | | | Yes | s No |
| to be used for exempt purposes for the entire holding period?30abIf "Yes," describe the arrangement in Part II.31Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?32aDoes the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?bIf "Yes," describe in Part II.33If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, | 30a | | | | | - | | |
| b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, | | | - | | | | 20.0 | X |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, | h | | | olaing perioa? | | | sua | |
| contributions? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a X b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 4 4 | | | | | | | | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, | 31 | 0 | • | | • | | 21 X | 7 |
| contributions?32aXbIf "Yes," describe in Part II.If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,Image: Column (a) is checked, | 22- | | | | | · · · · · · · · + | | <u> </u> |
| b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, | s∠a | 0 | | • | | | 22a X | 2 |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, | ۲ | | • • • • • • | | | | | - |
| | | | amount in a | olumn (a) for a type of are | norty for which column (a) | | | |
| | 33 | | | oranni (c) for a type of pro | perty for which column (a) | is checked, | | |
| For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2 | For Pa | | ructions for Fo | rm 990. | | Schedule | M (Form 9 | 90) 2019 |

JSA

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

USE OF THIRD PARTIES OR RELATED ORGANIZATIONS

SCHEDULE M, PART I, LINE 32A

THE CARTER CENTER UTILIZES EXTERNAL BROKERS TO SELL DONATED SECURITIES.

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

| DESCRIPTION | (A) CHECK | (B) NUMBER OF CONTRIBUTIONS | (C) REVENUES REPORTED | (D) METHOD OF DETERMINING |
|----------------------|-----------|--------------------------------|--------------------------|------------------------------|
| PIPE & CLOTH FILTERS | Х | 496000. | 173,760. | RETAIL |
| OTHER | Х | 6357. | 244,000. | RETAIL |
| TOTALS | - | 502,357. | 417,760. | |

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Schedule M (Form 990) (2019)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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



Internal Revenue Service Name of the organization THE CARTER CENTER, INC.

58-1454716

FORM 990, PART III, LINE 1 AND PART V, LINE 2A AND 2B

PART III, LINE 1

MISSION DESCRIPTION

THE CARTER CENTER IS GUIDED BY THE PRINCIPLES OF OUR FOUNDERS, JIMMY AND ROSALYNN CARTER. FOUNDED, IN PARTNERSHIP WITH EMORY UNIVERSITY, ON A FUNDAMENTAL COMMITMENT TO HUMAN RIGHTS AND THE ALLEVIATION OF HUMAN SUFFERING, THE CENTER SEEKS TO PREVENT AND RESOLVE CONFLICTS, ENHANCE FREEDOM AND DEMOCRACY, AND IMPROVE HEALTH.

THE CENTER BELIEVES THAT PEOPLE CAN IMPROVE THEIR OWN LIVES WHEN
 PROVIDED WITH THE NECESSARY SKILLS, KNOWLEDGE, AND ACCESS TO RESOURCES.
 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.

PART V, LINE 2A AND 2B

NUMBER OF EMPLOYEES

EMORY UNIVERSITY SERVES AS COMMON PAYMASTER FOR THE CENTER'S U.S. EMPLOYEES. AS SUCH, ALL IRS FORMS W-3 AND ALL FEDERAL EMPLOYMENT TAX RETURNS ARE FILED BY EMORY UNIVERSITY. THE CARTER CENTER'S U.S. EMPLOYEE COUNT OF 256 WAS INCLUDED IN THE EMORY UNIVERSITY FORM W-3 FOR CALENDAR YEAR 2019.

FORM 990, PART V, LINE 4B FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES BOLIVIA, CHAD, DEMOCRATIC REPUBLIC OF CONGO, ECUADOR, ETHIOPIA, GUATEMALA, GUYANA, KENYA, LIBERIA, LIBYA, MALI, MYANMAR, NEPAL, NIGER, NIGERIA, PALESTINE, SOUTH SUDAN, TUNISIA, UGANDA

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

JIMMY AND ROSALYNN CARTER, FOUNDERS AND TRUSTEES, ARE HUSBAND AND WIFE. JASON CARTER, TRUSTEE, IS THE GRANDSON OF JIMMY AND ROSALYNN CARTER. THE PRESIDENT OF EMORY UNIVERSITY, CLAIRE STERK, SERVES ON THE BOARD OF TRUSTEES FOR THE CENTER. LEAH WARD SEARS AND GREGORY VAUGHN, TRUSTEES ON THE CENTER'S BOARD, ALSO SERVE ON THE BOARD OF TRUSTEES FOR EMORY UNIVERSITY. WENDELL REILLY AND CHILTON VARNER, TRUSTEE'S ON THE CENTER'S BOARD, ALSO SERVE ON THE BOARD OF BROWN & BROWN, INC. RICHARD BLUM AND SHERRY LANSING, TRUSTEES ON THE CENTER'S BOARD, ALSO SERVE ON THE UNIVERSITY OF CALIFORNIA BOARD OF REGENTS.

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

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THE BOARD OF TRUSTEES OF THE CARTER CENTER, INC. CONSISTS OF PRESIDENT CARTER AND MRS. CARTER, THE PRESIDENT OF EMORY UNIVERSITY, 9 MEMBERS APPOINTED BY EMORY UNIVERSITY'S BOARD OF TRUSTEES, AND 10 MEMBERS APPOINTED BY PRESIDENT CARTER AND THOSE TRUSTEES NOT APPOINTED BY EMORY UNIVERSITY.

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

THE CARTER CENTER PROVIDES A DRAFT OF ITS IRS FORM 990 TO ALL TRUSTEES UP TO ONE WEEK IN ADVANCE OF THE FILING DATE. THIS REVIEW PERIOD ALLOWS FOR QUESTIONS AND COMMENTS ON THE INFORMATION SET FORTH IN THE RETURN THAT MAY BE RESOLVED PRIOR TO THE FILING. ADDITIONALLY, THE TREASURER REVIEWS THE DRAFT 990 WITH THE CHAIR OF THE FINANCE COMMITTEE IN DETAIL PRIOR TO DISTRIBUTION TO ALL TRUSTEES AND SUBSEQUENT FILING.

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

MONITORING CONFLICT OF INTEREST POLICY

THE CARTER CENTER'S CONFLICT OF INTEREST POLICY IS PROVIDED TO ALL EMPLOYEES UPON HIRING AND UPDATES TO SUCH POLICY ARE COMMUNICATED AS APPROVED. ALL EMPLOYEES ARE EXPECTED TO ADHERE TO THIS POLICY AS PROVIDED. ANNUALLY, THE CENTER REQUESTS THAT EACH TRUSTEE, OFFICER, AND KEY EMPLOYEE PROVIDE INFORMATION REGARDING ALL BUSINESS AND FAMILY RELATIONSHIPS AND AN ATTESTATION OF THEIR UNDERSTANDING AND ADHERENCE TO THE CONFLICT OF INTEREST POLICY, AS PROVIDED.

FORM 990, PART VI, SECTION B, LINE 15A, 15B PROCESS USED IN DETERMINING COMPENSATION

| Schedule O (Form 990 or 990-EZ) 2019 | | Page 2 |
|--------------------------------------|--------------------------------|---------------|
| Name of the organization | Employer identification number | |
| THE CARTER CENTER, INC. | 58-1454716 | |

THE CENTER UTILIZES THE PAYROLL SERVICES OF A COMMON PAYMASTER, EMORY UNIVERSITY. EMORY HAS DEVELOPED AND MAINTAINED SIGNIFICANT RESOURCES WITH REGARD TO COMPENSATION AND PERFORMANCE REVIEW POLICIES AND PROCEDURES. THESE POLICIES COVER ALL OF THE CENTER'S EMPLOYEES, INCLUDING THE CEO AND ALL OFFICERS AND KEY EMPLOYEES. COMPENSATION RANGES FOR ALL JOB GRADES ARE ESTABLISHED BY EMORY UTILIZING A NUMBER OF BEST PRACTICE STANDARDS AND ARE ADHERED TO BY THE CENTER. THE PERFORMANCE OF EVERY EMORY EMPLOYEE IS REVIEWED BY THEIR SUPERVISOR AND THE CARTER CENTER, INC. MERIT RAISES MAY BE EARNED WITHIN GUIDELINES PUBLISHED BY THE CENTER'S HUMAN RESOURCES DEPARTMENT ANNUALLY. THE CEO'S PERFORMANCE IS REVIEWED AND COMPENSATION IS APPROVED BY THE COMPENSATION COMMITTEE, WHICH CONSISTS OF PRESIDENT CARTER, THE PRESIDENT OF EMORY UNIVERSITY, AND THE CHAIRMAN OF THE CARTER CENTER BOARD, AS WELL AS THE FULL BOARD OF THE CARTER CENTER.

FORM 990, PART VI, LINE 19 MAKING GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC

DOCUMENTS AVAILABLE UPON REQUEST.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

THE CARTER CENTER PEACE PROGRAMS STRENGTHEN FREEDOM AND DEMOCRACY IN NATIONS WORLDWIDE, SECURING FOR THE PEOPLE THE POLITICAL AND CIVIL RIGHTS THAT ARE THE FOUNDATION OF JUST AND PEACEFUL SOCIETIES. THE CENTER HAS BECOME A PIONEER IN ELECTION OBSERVATION, MONITORING MORE THAN 100 NATIONAL ELECTIONS TO HELP ENSURE THAT THE RESULTS REFLECT THE WILL OF THE PEOPLE. BEYOND ELECTIONS, THE CENTER SEEKS TO DEEPEN DEMOCRACY BY NURTURING FULL CITIZEN PARTICIPATION IN PUBLIC POLICY-MAKING AND BY HELPING TO

Schedule O (Form 990 or 990-EZ) 2019

| Schedule O (Form 990 or 990-EZ) 2019 | Page 2 |
|---|--------------------------------|
| Name of the organization | Employer identification number |
| THE CARTER CENTER, INC. | 58-1454716 |
| | |
| | ATTACHMENT 1 (CONT'D) |
| ESTABLISH GOVERNMENT INSTITUTIONS THAT BOLSTER THE RULE OF LAW, | |
| FAIR ADMINISTRATION OF JUSTICE, ACCESS TO INFORMATION, AND | |
| GOVERNMENT TRANSPARENCY. A CULTURE OF RESPECT FOR HUMAN RIGHTS IS | |
| CRUCIAL TO PERMANENT PEACE. THE CENTER SUPPORTS THE EFFORTS OF | |
| HUMAN RIGHTS ACTIVISTS AT THE GRASS ROOTS, WHILE ALSO WORKING TO | |
| ADVANCE NATIONAL AND INTERNATIONAL HUMAN RIGHTS LAWS THAT UPHOLD | |
| THE DIGNITY AND WORTH OF EACH INDIVIDUAL. WHEN DEMOCRACY | |
| BACKSLIDES OR FORMAL DEMOCRACY FAILS, THE CARTER CENTER OFFERS | |
| CONFLICT RESOLUTION EXPERTISE AND HAS FURTHERED AVENUES FOR PEACE | |

IN AFRICA, THE MIDDLE EAST, LATIN AMERICA, AND ASIA.

FORM 990, PART VI, LINE 17 - STATES

AL, AR, CA,

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

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

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

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION MAILSHOP SERVICES ANSAR, INC. 2,537,662. 5561 BETHESDA-ARNO RD THOMPSON STATION, TN 37179 AMERICAN MARKETING AND COMMUNICATIONS 543,870. MARKETING/DEVELOPMT 2463 MERCHANT STREET FREDERICK, MD 21701

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ATTACHMENT 3

ATTACHMENT 2

Schedule O (Form 990 or 990-EZ) 2019Page 2Name of the organizationEmployer identification numberTHE CARTER CENTER, INC.58-1454716

ATTACHMENT 3 (CONT'D)

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

| NAME AND ADDRESS | DESCRIPTION OF SERVICES | COMPENSATION |
|--|-------------------------|--------------|
| UGA RESEARCH FOUNDATION TERRELL HALL, 110, 210 JACKSON STREET ATHENS, GA 30602 | LAB SERVICES | 527,601. |
| DELTA FOXTROT CONSULTING 138 LAUREL RIDGE DRIVE ALPHARETTA, GA 30004 | IT SERVICES | 420,493. |
| KPMG, LLP 303 PEACHTREE STREET, NE, SUITE 2000 ATLANTA, GA 30308 | AUDIT & TAX SERVICES | 303,000. |

ATTACHMENT 4

FORM 990, PART IX - OTHER FEES

| DESCRIPTION | (A) TOTAL FEES | (B) PROGRAM SERVICE EXP. | (C) MANAGEMENT AND GENERAL | (D) FUNDRAISING EXPENSES |
|----------------|----------------------|--------------------------------|----------------------------------|--------------------------------|
| CONSULTING | 10,961,860. | 9,706,035. | 957,801. | 298,024. |
| OTHER SERVICES | 2,694,818. | 878,841. | 386,862. | 1,429,115. |
| TOTALS | 13,656,678. | 10,584,876. | 1,344,663. | 1,727,139. |

| SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service | Complete if the organi Go to www | ted Organizations and Unrelated Partnerships if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, o Attach to Form 990. Go to <i>www.irs.gov/Form990</i> for instructions and the latest information. | Unrelated In Form 990, Part I Form 990. Tructions and the la | Partnershi V, line 33, 34, 35b, ttest information. | ips 36, or 37. | | OMB No. 1545-0047 2019 Open to Public Inspection |
|--|--|--|---|--|--|---|---|
| Name of the organization THE CARTER CE | ganization ER CENTER, INC. | | | | | Employer identificatio | Employer identification number 58-1454716 |
| Part I | Identification of Disregarded Entities. Complete if the or | the organization answered "Yes" on Form 990, Part IV, line 33 | ered "Yes" on F | ⁻ orm 990, Part I | V, line 33. | | |
| | (a) Name, address, and EIN (if applicable) of disregarded entity | | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (9) | | | | | | | |
| Part II | Identification of Related Tax-Exempt Organizations. Cor one or more related tax-exempt organizations during the t | . Complete if the org the tax year. | anization answe | ered "Yes" on Fo | orm 990, Part IV, | Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had the tax year. | it had |
| | (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? |
| | | | | | | | Yes No |
| (1) CARTER 453 JOH | CARTER CENTER COLLABORATIVE, INC. 20-5704991 453 JOHN LEWIS FREEDOM PARKWAY ATLANTA, GA 30307 SU | SUPPORT CCI | GA | | 12-I | CARTER CTR | × |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (9) | | | | | | | |
| (7) | | | | | | | |
| For Paperw | For Paperwork Reduction Act Notice, see the Instructions for Form 990. | | | | | Schedule R | Schedule R (Form 990) 2019 |
| ASU | | | | | | | |

THE CARTER CENTER, INC.

| Schedule R | Schedule R (Form 990) 2019 | | | | | | | | | | | ġ, | Page 2 |
|------------|---|--|--|-------------------------------------|--|--|---------------------------------|---|----------------------------------|---|---|--|---------------------------------------|
| 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. | ted Organizations more related org | Taxable anizations | as a Partnersh s treated as a pa | ip. Complete artnership dur | if the orgar ing the tax y | nization a | answered "Yes | s" on Forn | ר 1990, Part IV, | line 34, | | |
| Z | (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | Predominant income (related, unrelated, excluded from tax under sections 512 - 514) | t ed, Shai n 514) | (f) Share of total income | (g) Share of end-of- year assets | Disproportionate allocations? | (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | (k) Percentage ownership | tage ship |
| (1) | | | | | | | | | 2 | | | | |
| (2) | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | |
| 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: d one or more rel | s Taxable ated orga | as a Corporati | on or Trust. (d as a corpor | Complete if ation or trus | the orga st during | nization answe the tax year. | ered "Yes | on Form 990, | Part IV | | |
| | (a) Name, address, and EIN of related organization | of related organization | | (b) Primary activity | tivity Legal domicile (state or foreign country) | cile Direct controlling eign entity | | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | al (g) Share of end-of-year assets | | (h) (i) Percentage 512(b)(13) ownership controlled entity? entity? | (i) ection 2(b)(13) ntrolled |
| | | | | | | | | | | | | Ye | Yes No |
| (1) | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | - | |
| | | | | | | | | | | | _ | | |
| (2) | | | | | | | | | | | | | |
| | | | | | _ | | | | | Sched | Schedule R (Form 990) 2019 | rm 990) | 2019 |
| ASL | | | | | | | | | | | | | |

THE CARTER CENTER, INC.

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58-1454716

Page **3**

| Schedule R (| Schedule R (Form 990) 2019 |
|--------------|---|
| Part V | Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. |
| Note: CO | Note: Complete line 1 if any entity is listed in Darts II. In: N/ of this schedule |

Part Note

| | e esta a de altra de da | | | | | Voe No |
|---|-------------------------------------|-----------------------|---|-------------------------------|---|-------------------|
| ote | or this schedule. | | | | | _ |
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | of the following transactions | s with one or more re | lated organizations lis | ted in Parts II-IV? | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from | ent from a controlled entity | | | | 13 | 4 |
| b Gift, grant, or capital contribution to related organization(s) | s) | | | | 1p | × |
| c Gift grant or canital contribution from related organization(s) | nn(s) | | | | 10 | × |
| | | - | - | | ר ק | × |
| a roaris or roari guararitees to or for related organization(s) . | | | | | - | |
| e Loans or loan guarantees by related organization(s) | | | | | - 1 e | × |
| | | | | | | |
| f Dividends from related organization(s) | | | | | 1f | × |
| | | | | | 7 | × |
| g Sale of assets to related organization(s) | | | | | <u>ה</u> | ~~~ |
| h Purchase of assets from related organization(s) | | | | | 4 | × |
| i Exchange of assets with related organization(s). | | - | - | | 1 | X |
| i Lease of facilities equipment or other assets to related organization(s) | ordanization(s) | | | | 1 | × |
| ן בכמסה הן ומהוווינים, בקמוניונים, הן סוויהן מספרה וה ושומת ש | | | - | | | |
| | | | | | - | > |
| k Lease of facilities, equipment, or other assets from related organization(s) | ed organization(s) | | | | | 4 |
| I Performance of services or membership or fundraising solicitations for related organization(s) | solicitations for related orgar | nization(s) | | | = | × |
| m Performance of services or membership or fundraising solicitations by related organization(s) | solicitations by related organ | nization(s) | | | 1m | × |
| | contraction to the formation of the | | | | - | × |
| | sels will leialeu ulganizatio | | | | | > |
| Sharing of paid employees with related organization(s) | | | | | 9 | 4 |
| | | | | | | |
| p Reimbursement paid to related organization(s) for expenses | ses. | | | | 1p | × |
| | ses | | | | 19 | × |
| | | | | | | |
| Other transfer of cash or property to related organization(s) | | | | | 1 | × |
| | (a) | | | | | > |
| ß | on(s) | | the first state of the second s | | 1 S | |
| | | | is line, incluaing cove | reu relationsnips and trans | | <i>.</i> |
| (a) Name of related organization | ation | | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved | ermining olved |
| | | | | | | |
| (1) | | | | | | |
| (3) | | | | | | |
| | | | | | | |
| (3) | | | | | | |
| | | | | | | |
| (4) | | | | | | |
| | | | | | | |
| | | | | | | |
| (6) | | | | | | |
| JSA | | | | Sc | Schedule R (Form 990) 2019 | 990) 2019 |
| 9E1309 1.000 | | | | | | |
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| Schedule R (Form 990) 2019 | | | | | | | | | | | Page 4 |
|---|---|--|---|-------------------------|------------------------------|--|---|----------|--|----------------------------|--------------------------------|
| Part VI Unrelated Organizations Taxable as a Partnership. | axable as a Partn | | Complete if the organization answered "Yes" on Form 990, Part IV, line 37 | nization | answered ") | es" on Form 99 | 90, Par | t IV, li | ne 37. | | |
| Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. | entity taxed as a paganization. See instr | artnership throu uctions regardir | gh which the or ng exclusion for o | ganizatic certain ir | n conducted vestment part | nore than five pe nerships. | ercent o | of its a | ctivities (measu | Ired by tot | al assets |
| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under | (e) sect 501(c | 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) | | (k) Percentage ownership |
| (1) | | | Sections 312-314) | Yes No | 0 | | Yes | o N | | Yes No | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| (5) | | | | | | | | | | | |
| (6) | | | | | | | | | | | |
| (1) | | | | | | | | | | | |
| (8) | | | | | | | | | | | |
| (6) | | | | | | | | | | | |
| (10) | | | | | | | | | | | |
| (11) | | | | | | | | | | | |
| (12) | | | | | | | | | | | |
| (13) | | | | | | | | | | | |
| (14) | | | | | | | | | | | |
| (15) | | | | | | | | | | | |
| (16) | | | | | | | | | | | |
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THE CARTER CENTER, INC.

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Schedule R (Form 990) 2019

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 Supplemental Information

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