

EXTENDED TO JULY 15, 2025

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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.

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

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning SEP 1, 2023 and ending AUG 31, 2024

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization THE CARTER CENTER, INC.		D Employer identification number 58-1454716	
	Doing business as		E Telephone number 404-420-5100	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 453 JOHN LEWIS FREEDOM PARKWAY			
	City or town, state or province, country, and ZIP or foreign postal code ATLANTA, GA 30307		G Gross receipts \$ 163,993,800.	
	F Name and address of principal officer: PAIGE ALEXANDER SAME AS C ABOVE		H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. See instructions H(c) Group exemption number	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527				
J Website: WWW.CARTERCENTER.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other				
L Year of formation: 1981			M State of legal domicile: GA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	353
	6 Total number of volunteers (estimate if necessary)	6	400000
Revenue	7a Total unrelated business revenue from Part VIII, column (C), line 12		173,474.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11		0.
Expenses			
Net Assets or Fund Balances			

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer CHRISTOPHER D. BROWN, TREASURER, VP-FINANCE		Date 7/14/25		
	Type or print name and title				
Paid Preparer	Print/Type preparer's name WHITNEY B HEBRON	Preparer's signature 	Date 07/09/2025	Check if self-employed <input type="checkbox"/>	PTIN P01226647
	Firm's name KPMG LLP	Firm's EIN 13-5565207			
Use Only	Firm's address 500 WEST 5TH STREET, SUITE 800 WINSTON-SALEM, NC 27101	Phone no. 336-275-3394			

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

332001 12-21-23

Form **990** (2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

****PUBLIC INSPECTION COPY****

Form **8868**
(Rev. January 2024)

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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 up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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.

Part I - Identification

Type or Print File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. THE CARTER CENTER, INC.	Taxpayer identification number (TIN) 58-1454716
	Number, street, and room or suite no. If a P.O. box, see instructions. 453 JOHN LEWIS FREEDOM PARKWAY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ATLANTA, GA 30307	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of CHRISTOPHER D. BROWN

453 JOHN LEWIS FREEDOM PARKWAY - ATLANTA, GA 30307

Telephone No. 404-420-5100

Fax No. 404-420-5158

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until JULY 15, 2025, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☐ calendar year 20____ or
☒ tax year beginning SEP 1, 2023, and ending AUG 31, 2024

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

Form **8868** (Rev. 1-2024)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III ☒ **X**

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 80,515,088. including grants of \$ 2,236,483.) (Revenue \$)

THE CARTER CENTER HEALTH PROGRAMS FIGHT SIX PREVENTABLE DISEASES - GUINEA WORM, RIVER BLINDNESS, TRACHOMA, LYMPHATIC FILARIASIS, SCHISTOSOMIASIS, AND MALARIA - BY USING 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 ARE OFTEN BURDENED BY SEVERAL DISEASES, THE CENTER IS PIONEERING NEW PUBLIC HEALTH APPROACHES TO EFFICIENTLY AND EFFECTIVELY IMPACT GENERAL POPULATIONS.

4b (Code:) (Expenses \$ 37,143,655. including grants of \$ 6,253,160.) (Revenue \$)

SEE SCHEDULE O

4c (Code:) (Expenses \$ 7,328,099. including grants of \$ 131,000.) (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.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 124,986,842.

Form **990** (2023)

Part IV Checklist of Required Schedules

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

Part 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 Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
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	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c 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	
25a 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? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	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 persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30 X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38 X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

☒

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 385	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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 Statements, filed for the calendar year ending with or within the year covered by this return	2a 353		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b If "Yes," enter the name of the foreign country <u>SEE SCHEDULE O</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a 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?	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		
7 Organizations that may receive deductible contributions under section 170(c).			
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 If "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 If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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. See instructions.

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

☒

Section 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 21		
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 any other officer, director, trustee, or key employee?	2	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
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		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a X	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c X	
13 Did the organization have a written whistleblower policy?	13 X	
14 Did the organization have a written document retention and destruction policy?	14 X	
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?		
a 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 on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
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	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O

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

☒ 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 of interest policy, 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 records

CHRISTOPHER D. BROWN - 404-420-5100

453 JOHN LEWIS FREEDOM PARKWAY, ATLANTA, GA 30307

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

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

☐ 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 hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAIGE ALEXANDER CEO	40.00 1.00			X				452,271.	0.	60,743.
(2) KASHEF IJAZ VP - HEALTH PROGRAMS	40.00 0.00				X			242,731.	0.	53,841.
(3) CRAIG WITHERS VP - OVERSEAS OPERATIONS	40.00 0.00				X			251,035.	0.	45,110.
(4) CHRISTOPHER BROWN VP - FINANCE & TREASURER	40.00 1.00			X				233,209.	0.	52,727.
(5) NICOLE KRUSE VP - DEVELOPMENT	40.00 0.00				X			237,251.	0.	44,313.
(6) BARBARA SMITH VP - PEACE PROGRAMS	40.00 0.00				X			243,130.	0.	21,882.
(7) MATTHEW DE GALAN VP - COMMUNICATIONS	40.00 0.00				X			229,892.	0.	31,421.
(8) SEEMA SHAMS CHIEF DEVELOPMENT OFFICER	40.00 0.00					X		205,142.	0.	41,680.
(9) CURTIS KOHLHAAS DIRECTOR - DEVELOPMENT	40.00 0.00					X		192,180.	0.	48,861.
(10) DAVID CARROLL DIRECTOR - DEMOCRACY PROGRAM	40.00 0.00					X		189,897.	0.	48,791.
(11) PATTI BUNKER CHIEF IT OFFICER	40.00 0.00					X		218,890.	0.	19,700.
(12) KELLY CALLAHAN DIRECTOR - TRACHOMA PROGRAM	40.00 0.00					X		190,097.	0.	32,689.
(13) LAUREN GAY CORPORATE SECRETARY	40.00 1.00			X				145,972.	0.	23,921.
(14) SYDNEY BOGGESS DIRECTOR - FINANCE & ASST. TREASURER	40.00 1.00			X				142,262.	0.	23,581.
(15) DUNCAN ROSS-KINZIE ASST. CORPORATE SECRETARY	40.00 1.00			X				53,635.	0.	27,702.
(16) TERRENCE B. ADAMSON TRUSTEE	2.00 1.00	X						0.	0.	0.
(17) ARTHUR M. BLANK TRUSTEE	1.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KATHRYN E. CADE TRUSTEE	2.00 1.00	X						0.	0.	0.
(19) SUSAN A. CAHOON TRUSTEE	1.00 0.00	X						0.	0.	0.
(20) JASON CARTER CHAIR	5.00 1.00	X		X				0.	0.	0.
(21) JIMMY CARTER TRUSTEE	1.00 0.00	X						0.	0.	0.
(22) J. CRYSTAL EDMONSON TRUSTEE	1.00 0.00	X						0.	0.	0.
(23) GREGORY L. FENVES TRUSTEE	2.00 1.00	X						0.	0.	0.
(24) GORDON D. GIFFIN TRUSTEE	1.00 0.00	X						0.	0.	0.
(25) C. D. GLIN VICE - CHAIR	2.00 0.00	X		X				0.	0.	0.
(26) BEN F. JOHNSON, III TRUSTEE	1.00 0.00	X						0.	0.	0.
1b Subtotal								3,227,594.	0.	576,962.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,227,594.	0.	576,962.

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

95

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ANSAR, INC., 5561 BETHESDA-ARNO RD, THOMPSON STATION, TN 37179	MAILSHOP SERVICES	3,173,095.
LIGHTING AND PRODUCTION EQUIPMENT, INC. 590 TRAVIS STREET, ATLANTA, GA 30318	EVENT PRODUCTION SERVICES	663,591.
OHIO STATE UNIVERSITY 281 W. LANE AVE., COLUMBUS, OH 43210	DISEASE RESEARCH SERVICES	615,085.
TEXAS A&M AGRILIFE RESEARCH, 600 JOHN KIMBROUGH BLVD, COLLEGE STATION, TX 77843	DISEASE RESEARCH SERVICES	564,605.
MICROSOFT CORPORATION PO BOX 847833, DALLAS, TX 75284	SOFTWARE PROVIDER	537,747.
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		43

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2023)

PUBLIC INSPECTION COPY

Form 990

THE CARTER CENTER, INC.

58-1454716

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) SHERRY LANSING TRUSTEE	1.00 0.00	X						0.	0.	0.
(28) DOUGLAS W. NELSON TRUSTEE	2.00 1.00	X						0.	0.	0.
(29) SUSAN D. PAGE TRUSTEE	1.00 0.00	X						0.	0.	0.
(30) WENDELL S. REILLY TRUSTEE	2.00 1.00	X						0.	0.	0.
(31) LEAH WARD SEARS TRUSTEE	2.00 1.00	X						0.	0.	0.
(32) DOUG SHIPMAN TRUSTEE	1.00 0.00	X						0.	0.	0.
(33) HUGO X. SHONG TRUSTEE	1.00 0.00	X						0.	0.	0.
(34) GREGORY J. VAUGHN TRUSTEE	2.00 1.00	X						0.	0.	0.
(35) ROCHELLE WALENSKY TRUSTEE	1.00 0.00	X						0.	0.	0.
(36) ELLEN H. YANKELLOW TRUSTEE	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	58,899.				
	b Membership dues	1b					
	c Fundraising events	1c	1,941,382.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	23,038,519.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	88,529,009.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,852,593.				
	h Total. Add lines 1a-1f						
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			48,525,729.			48,525,729.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real (ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ 1,941,382. of contributions reported on line 1c). See Part IV, line 18	8a	1,609,513.				
	b Less: direct expenses	8b	1,609,513.				
	c Net income or (loss) from fundraising events			0.			
	9 a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	10a	5,682.				
b Less: cost of goods sold	10b	0.					
c Net income or (loss) from sales of inventory			5,682.				
Miscellaneous Revenue			Business Code				
	11 a FACILITIES USE FEES	532000		285,067.		167,792.	117,275.
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			285,067.			
12 Total revenue. See instructions			162,384,287.	0.	173,474.	48,643,004.	

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

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	776,216.	776,216.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	90,000.	90,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	7,754,427.	7,754,427.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,015,574.	1,010,555.	1,684,762.	320,257.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	45,660,191.	35,416,918.	6,062,578.	4,180,695.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	12,968,261.	10,290,222.	1,575,816.	1,102,223.
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal	262,583.	101,018.	161,565.	
c Accounting	607,296.	245,196.	362,100.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	504,676.			504,676.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	28,399,878.	21,756,734.	4,970,229.	1,672,915.
12 Advertising and promotion	1,891,171.	1,805,508.	85,663.	
13 Office expenses	16,026,235.	12,389,142.	598,510.	3,038,583.
14 Information technology	1,513,659.	306,715.	1,000,686.	206,258.
15 Royalties				
16 Occupancy	1,813,625.	1,578,188.	148,576.	86,861.
17 Travel	23,247,242.	22,297,919.	476,079.	473,244.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,585,409.	3,089,935.	271,968.	223,506.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	780,017.	341,167.	273,518.	165,332.
23 Insurance	733,452.	209,320.	512,068.	12,064.
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	4,879,116.	4,879,705.	2,994.	-3,583.
b OTHER	906,005.	-21,307.	832,790.	94,522.
c INTERVENTIONS	669,264.	669,264.		
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	156,084,297.	124,986,842.	19,019,902.	12,077,553.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	74,117,222.	1	66,898,568.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	510,351.	3	9,222,577.
	4 Accounts receivable, net	16,871,163.	4	13,718,564.
	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		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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	401,565.	9	295,549.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 25,868,741.		
	b Less: accumulated depreciation	10b 20,658,032.		
		4,988,913.	10c	5,210,709.
	11 Investments - publicly traded securities	11,686,478.	11	12,383,268.
	12 Investments - other securities. See Part IV, line 11	1,041,971,736.	12	1,104,676,178.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	3,216,802.	15	3,024,257.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,153,764,230.	16	1,215,429,670.	
Liabilities	17 Accounts payable and accrued expenses	12,130,776.	17	14,267,554.
	18 Grants payable		18	
	19 Deferred revenue	7,300,146.	19	5,033,096.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	6,249,963.	25	6,142,709.
	26 Total liabilities. Add lines 17 through 25	25,680,885.	26	25,443,359.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	421,297,749.	27	434,139,963.
	28 Net assets with donor restrictions	706,785,596.	28	755,846,348.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	1,128,083,345.	32	1,189,986,311.
	33 Total liabilities and net assets/fund balances	1,153,764,230.	33	1,215,429,670.

Form **990** (2023)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	162,384,287.
2	Total expenses (must equal Part IX, column (A), line 25)	2	156,084,297.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,299,990.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,128,083,345.
5	Net unrealized gains (losses) on investments	5	55,602,976.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,189,986,311.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form **990** (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

THE CARTER CENTER, INC.

Employer identification number

58-1454716

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	95,496,141.	87,567,711.	94,159,855.	114,140,910.	113,567,809.	504,932,426.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	95,496,141.	87,567,711.	94,159,855.	114,140,910.	113,567,809.	504,932,426.
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)						79,189,255.
6 Public support. Subtract line 5 from line 4.						425,743,171.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	95,496,141.	87,567,711.	94,159,855.	114,140,910.	113,567,809.	504,932,426.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	34,383,356.	35,083,103.	36,442,224.	39,334,056.	48,525,729.	193,768,468.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	236,315.	115,397.	252,509.	298,790.	290,749.	1,193,760.
11 Total support. Add lines 7 through 10						699,894,654.

12 Gross receipts from related activities, etc. (see instructions)	12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here		<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	60.83	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	62.34	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Schedule A (Form 990) 2023

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a 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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on 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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a 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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously 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 on line 2, above, 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		

Section 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 instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described on line 2a, above, 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 lines 3a and 3b below.			
a 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? If "Yes" or "No" 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			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors <i>(explain in detail in Part VI):</i>			
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 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount		(A) Prior Year	(B) Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> 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) 2023

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2023 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

FACILITIES USE FEES AND MERCHANDISE SALES

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

THE CARTER CENTER, INC.

Employer identification number

58-1454716

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2023)

Name of organization	Employer identification number
THE CARTER CENTER, INC.	58-1454716

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 15,401,983.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
2		\$ 13,665,589.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
3		\$ 11,688,576.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
4		\$ 5,000,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
5		\$ 3,713,310.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
6		\$ 3,407,501.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE CARTER CENTER, INC.

58-1454716

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(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
		\$	

Name of organization	Employer identification number
THE CARTER CENTER, INC.	58-1454716

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(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, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

THE CARTER CENTER, INC.

Employer identification number

58-1454716

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

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

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

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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Schedule D (Form 990) 2023

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

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

- a** ☒ Public exhibition **d** ☐ Loan or exchange program
b ☐ Scholarly research **e** ☐ Other _____
c ☒ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,050,238,667.	1,055,271,388.	1,174,277,340.	873,077,121.	802,389,359.
b Contributions	311,553.	823,409.	998,388.	790,088.	463,555.
c Net investment earnings, gains, and losses	102,237,483.	31,906,283.	-83,593,682.	335,875,453.	103,622,651.
d Grants or scholarships					
e Other expenditures for facilities and programs	38,817,631.	37,762,413.	36,410,658.	35,465,322.	33,398,444.
f Administrative expenses					
g End of year balance	1,113,970,072.	1,050,238,667.	1,055,271,388.	1,174,277,340.	873,077,121.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment 35.8000 %
b Permanent endowment 14.9000 %
c Term endowment 49.3000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations? _____
(ii) Related organizations? _____

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? _____

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		636,732.		636,732.
b Buildings		17,580,412.	16,780,198.	800,214.
c Leasehold improvements		4,379,973.	2,002,703.	2,377,270.
d Equipment		3,271,624.	1,875,131.	1,396,493.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				5,210,709.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) POOLED INVESTMENT FUND	1,104,676,178.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	1,104,676,178.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITY OBLIGATIONS	6,142,709.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	6,142,709.

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 ... ☒

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.

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:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	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 Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
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.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; 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.

PART III, LINE 4:

ARTWORK

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 THE CARTERS.

PART V, LINE 4:

ENDOWMENT

THE CENTER HAS ESTABLISHED AN ENDOWMENT FUND IN ORDER TO SUSTAIN THE

SUCCESS OF ITS MISSION AND PROGRAMS INTO THE FUTURE.

Part XIII Supplemental Information (continued)

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 (ASC) TOPIC 740, INCOME TAXES (ASC 740), WHICH

ADDRESSES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAX POSITIONS. IT ALSO

PROVIDES GUIDANCE ON WHEN TAX POSITIONS ARE RECOGNIZED IN AN ENTITY'S

FINANCIAL STATEMENTS AND HOW THE VALUES OF THESE POSITIONS ARE DETERMINED.

THERE IS CURRENTLY NO IMPACT ON THE CONSOLIDATED FINANCIAL STATEMENTS AS A

RESULT OF ASC 740.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

THE CARTER CENTER, INC.

Employer identification number

58-1454716

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

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.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) SUB-SAHARAN AFRICA	54	2510	PROGRAM SERVICES	PEACE & HEALTH PROG.	67,793,027.
(2) SOUTH AMERICA	0	0	PROGRAM SERVICES	PEACE & HEALTH PROG.	2,411,643.
(3) CENTRAL AMERICA/CARIB.	2	20	PROGRAM SERVICES	PEACE & HEALTH PROG.	1,531,240.
(4) MIDDLE EAST/N. AFRICA	2	8	PROGRAM SERVICES	PEACE PROGRAMS	716,019.
(5) SOUTH ASIA	1	14	PROGRAM SERVICES	PEACE & HEALTH PROG.	424,639.
(6) SUB-SAHARAN AFRICA	0	0	GRANTMAKING	PEACE & HEALTH PROG.	5,534,697.
(7) SOUTH AMERICA	0	0	GRANTMAKING	PEACE & HEALTH PROG.	1,577,269.
(8) MIDDLE EAST/N. AFRICA	0	0	GRANTMAKING	PEACE PROGRAMS	215,000.
3 a Subtotal	59	2552			80,203,534.
b Total from continuation sheets to Part I	0	0			427,461.
c Totals (add lines 3a and 3b)	59	2552			80,630,995.

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Schedule F (Form 990) 2023

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THE CARTER CENTER, INC.

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

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)
		SUB-SAHARAN AFRICA	1	1,748,906.	WIRE	0.		
		SOUTH AMERICA	2	1,123,040.	WIRE	0.		
		SUB-SAHARAN AFRICA	3	818,081.	WIRE	0.		
		SUB-SAHARAN AFRICA	4	500,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	5	309,500.	WIRE	0.		
		SOUTH AMERICA	6	277,657.	CHECK	0.		
		MIDDLE EAST/N. AFRICA	7	200,000.	WIRE	0.		
		CENT. AMER. / CARIB.	8	137,263.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 86

3 Enter total number of other organizations or entities

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THE CARTER CENTER, INC.

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Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	9	90,405.	WIRE	0.		
		SUB SAHARAN AFRICA	10	85,433.	WIRE	0.		
		EAST ASIA/PACIFIC	11	83,476.	WIRE	0.		
		SOUTH ASIA	12	79,248.	WIRE	0.		
		SUB-SAHARAN AFRICA	13	75,899.	WIRE	0.		
		SUB-SAHARAN AFRICA	14	75,703.	WIRE	0.		
		SUB-SAHARAN AFRICA	15	75,061.	CHECK	0.		
		SUB-SAHARAN AFRICA	16	74,567.	WIRE	0.		
		SUB-SAHARAN AFRICA	17	72,475.	WIRE	0.		

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THE CARTER CENTER, INC.

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Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB SAHARAN AFRICA	18	70,387.	WIRE	0.		
		EAST ASIA/PACIFIC	19	62,975.	WIRE	0.		
		SUB SAHARAN AFRICA	20	61,928.	WIRE	0.		
		SUB SAHARAN AFRICA	21	61,827.	WIRE	0.		
		SUB SAHARAN AFRICA	22	56,264.	WIRE	0.		
		SUB SAHARAN AFRICA	23	53,229.	WIRE	0.		
		SUB SAHARAN AFRICA	24	49,265.	CHECK	0.		
		SUB SAHARAN AFRICA	25	46,841.	WIRE	0.		
		SUB SAHARAN AFRICA	26	45,542.	WIRE	0.		

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Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB SAHARAN AFRICA	27	44,920.	WIRE	0.		
		SUB SAHARAN AFRICA	28	44,000.	WIRE	0.		
		SUB SAHARAN AFRICA	29	42,689.	CHECK	0.		
		SUB SAHARAN AFRICA	30	42,407.	WIRE	0.		
		SUB SAHARAN AFRICA	31	41,966.	WIRE	0.		
		SUB SAHARAN AFRICA	32	38,753.	ACH	0.		
		SUB SAHARAN AFRICA	33	38,714.	ACH	0.		
		SUB SAHARAN AFRICA	34	38,495.	WIRE	0.		
		SUB SAHARAN AFRICA	35	38,319.	WIRE	0.		

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Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB SAHARAN AFRICA	36	38,000.	WIRE	0.		
		SUB SAHARAN AFRICA	37	34,569.	WIRE	0.		
		EAST ASIA/PACIFIC	38	33,164.	WIRE	0.		
		SUB SAHARAN AFRICA	39	32,770.	WIRE	0.		
		SUB SAHARAN AFRICA	40	32,424.	WIRE	0.		
		SUB SAHARAN AFRICA	41	30,588.	WIRE	0.		
		SUB SAHARAN AFRICA	42	30,511.	WIRE	0.		
		EUROPE	43	30,311.	WIRE	0.		
		SUB SAHARAN AFRICA	44	29,942.	WIRE	0.		

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THE CARTER CENTER, INC.

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Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA/PACIFIC	45	27,043.	WIRE	0.		
		SUB SAHARAN AFRICA	46	26,533.	WIRE	0.		
		SUB SAHARAN AFRICA	47	24,600.	CHECK	0.		
		SUB SAHARAN AFRICA	48	23,581.	WIRE	0.		
		SUB SAHARAN AFRICA	49	22,200.	WIRE	0.		
		EUROPE	50	21,000.	WIRE	0.		
		SUB SAHARAN AFRICA	51	21,000.	WIRE	0.		
		SUB SAHARAN AFRICA	52	20,457.	WIRE	0.		
		SOUTH AMERICA	53	19,429.	WIRE	0.		

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THE CARTER CENTER, INC.

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Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA/PACIFIC	54	19,359.	WIRE	0.		
		SUB SAHARAN AFRICA	55	18,150.	WIRE	0.		
		SUB SAHARAN AFRICA	56	17,605.	WIRE	0.		
		SUB SAHARAN AFRICA	57	16,750.	CHECK	0.		
		EAST ASIA/PACIFIC	58	15,604.	WIRE	0.		
		SUB SAHARAN AFRICA	59	14,850.	WIRE	0.		
		SUB SAHARAN AFRICA	60	14,024.	WIRE	0.		
		SUB SAHARAN AFRICA	61	13,500.	WIRE	0.		
		SUB SAHARAN AFRICA	62	13,500.	WIRE	0.		

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THE CARTER CENTER, INC.

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Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB SAHARAN AFRICA	63	13,000.	WIRE	0.		
		EAST ASIA/PACIFIC	64	12,980.	WIRE	0.		
		SUB SAHARAN AFRICA	65	12,466.	WIRE	0.		
		SUB SAHARAN AFRICA	66	12,448.	WIRE	0.		
		SUB SAHARAN AFRICA	67	12,316.	WIRE	0.		
		SUB SAHARAN AFRICA	68	11,230.	WIRE	0.		
		SOUTH AMERICA	69	10,380.	WIRE	0.		
		SUB SAHARAN AFRICA	70	10,208.	CHECK	0.		
		SUB SAHARAN AFRICA	71	10,000.	WIRE	0.		

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Schedule F (Form 990)

THE CARTER CENTER, INC.

58-1454716

Page **2**

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB SAHARAN AFRICA	72	10,000.	WIRE	0.		
		SUB SAHARAN AFRICA	73	10,000.	CHECK	0.		
		SUB SAHARAN AFRICA	74	10,000.	WIRE	0.		
		SUB SAHARAN AFRICA	75	10,000.	WIRE	0.		
		SUB SAHARAN AFRICA	76	9,933.	WIRE	0.		
		SUB SAHARAN AFRICA	77	9,712.	CHECK	0.		
		SUB SAHARAN AFRICA	78	9,600.	WIRE	0.		
		SUB SAHARAN AFRICA	79	9,600.	WIRE	0.		
		SUB SAHARAN AFRICA	80	9,500.	WIRE	0.		

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Schedule F (Form 990)

THE CARTER CENTER, INC.

58-1454716

Page **2**

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENT. AMER./CARIB.	81	9,500.	WIRE	0.		
		SUB SAHARAN AFRICA	82	9,200.	CHECK	0.		
		SUB SAHARAN AFRICA	83	9,150.	CHECK	0.		
		SUB SAHARAN AFRICA	84	9,000.	WIRE	0.		
		SUB SAHARAN AFRICA	85	9,000.	WIRE	0.		
		SUB SAHARAN AFRICA	86	9,000.	WIRE	0.		
		SUB SAHARAN AFRICA	87	8,977.	WIRE	0.		
		SUB SAHARAN AFRICA	88	8,796.	CHECK	0.		
		SUB SAHARAN AFRICA	89	8,700.	WIRE	0.		

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Schedule F (Form 990)

THE CARTER CENTER, INC.

58-1454716

Page **2****Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB SAHARAN AFRICA	90	8,700.	WIRE	0.		
		SUB SAHARAN AFRICA	91	8,375.	WIRE	0.		
		SUB SAHARAN AFRICA	92	8,350.	WIRE	0.		
		SUB SAHARAN AFRICA	93	8,326.	CHECK	0.		
		SUB SAHARAN AFRICA	94	8,300.	WIRE	0.		
		SUB SAHARAN AFRICA	95	8,000.	WIRE	0.		
		SUB SAHARAN AFRICA	96	8,000.	CHECK	0.		
		SUB SAHARAN AFRICA	97	7,900.	WIRE	0.		
		SUB SAHARAN AFRICA	98	7,900.	WIRE	0.		

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Schedule F (Form 990)

THE CARTER CENTER, INC.

58-1454716

Page **2**

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB SAHARAN AFRICA	99	7,815.	CHECK	0.		
		SUB SAHARAN AFRICA	100	7,505.	WIRE	0.		
		SUB SAHARAN AFRICA	101	7,500.	CHECK	0.		
		SUB SAHARAN AFRICA	102	7,424.	WIRE	0.		
		SUB SAHARAN AFRICA	103	7,300.	WIRE	0.		
		SUB SAHARAN AFRICA	104	7,172.	WIRE	0.		
		SUB SAHARAN AFRICA	105	7,000.	CHECK	0.		
		SUB SAHARAN AFRICA	106	6,900.	WIRE	0.		
		SUB SAHARAN AFRICA	107	6,000.	WIRE	0.		

Schedule F (Form 990)

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Page 2

Schedule F (Form 990) 2023

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Page 3

Part III can be duplicated if additional space is needed.

[illegible]

Schedule F (Form 990) 2023

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 the Instructions for Form 926)* ☐ Yes ☒ 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ Yes ☒ 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)* ☒ Yes ☐ No

Schedule F (Form 990) 2023

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.

PART I, LINE 2:

PROCEDURES FOR MONITORING GRANT FUNDS

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.

PART I, LINE 3:

ACCOUNTING METHOD

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

IS THE ACCRUAL METHOD.

PURPOSE OF GRANTS TO ORGANISATIONS OUTSIDE THE U.S.

PART II, COLUMN D

(1) DRC ELECTION OBSERVATION ACTIVITY

(2) ONCHOCERCIASIS ELIMINATION PROGRAM IN VENEZUELA

(3) LIBERIA ELECTION OBSERVATION ACTIVITY

(4) GUINEA WORM DISEASE SURVEILLANCE

(5) DRC ELECTION OBSERVATION ACTIVITY

(6) ONCHOCERCIASIS ELIMINATION PROGRAM IN BRAZIL

(7) MIDDLE EAST PEACE EFFORTS

(8) ONCHOCERCIASIS ELIMINATION PROGRAM IN VENEZUELA

(9) JUSTICE SECTOR RIGHTS IN SIERRA LEONE

(10) TRANSPARENCY AND ACCOUNTABILITY IN DRC

(11) ACCESS TO INFORMATION SUPPORT IN BANGLADESH

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.

(12) COVID 19 AWARENESS IN PAKISTAN

(13) TRANSPARENCY AND ACCOUNTABILITY IN DRC

(14) STRENGTHENING THE ROLE OF YOUTH IN SUDAN PEACEBUILDING

(15) PROMOTING WOMEN'S RIGHTS IN THE DRC

(16) PROMOTING WOMEN'S RIGHTS IN THE DRC

(17) PROMOTING WOMEN'S RIGHTS IN THE DRC

(18) STRENGTHENING THE ROLE OF YOUTH IN SUDAN PEACEBUILDING

(19) ACCESS TO INFORMATION SUPPORT IN BANGLADESH

(20) TRANSPARENCY IN THE MINING INDUSTRY IN DRC

(21) PROMOTING WOMEN'S RIGHTS IN THE DRC

(22) PROMOTING WOMEN'S RIGHTS IN THE DRC

(23) PROMOTING WOMEN'S RIGHTS IN THE DRC

(24) PROMOTING WOMEN'S RIGHTS IN THE DRC

(25) TRANSPARENCY IN THE MINING INDUSTRY IN DRC

(26) TRACHOMA ELIMINATION IN SUDAN

(27) PROMOTING WOMEN'S RIGHTS IN THE DRC

(28) LIBERIA ELECTION OBSERVATION ACTIVITY

(29) STRENGTHEN MENTAL HEALTH ADVOCACY IN LIBERIA

(30) TUBERCULOSIS CONTROL IN LIBERIA

(31) TRANSPARENCY AND ACCOUNTABILITY IN DRC

(32) ENGAGE WOMEN AND YOUTH IN THE ZAMBIA ELECTION PROCESS

(33) HUMAN RIGHTS AND ELECTION WORK IN ZAMBIA

(34) TRANSPARENCY AND ACCOUNTABILITY IN DRC

(35) TRANSPARENCY AND ACCOUNTABILITY IN DRC

(36) TRANSPARENCY AND ACCOUNTABILITY IN DRC

(37) TRANSPARENCY AND ACCOUNTABILITY IN DRC

(38) ACCESS TO INFORMATION SUPPORT IN BANGLADESH

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.

(39) YOUTH CITIZEN OBSERVER NETWORK IN SUDAN

(40) TRANSPARENCY AND ACCOUNTABILITY IN DRC

(41) LIBERIA ELECTION OBSERVATION ACTIVITY

(42) STRENGTHENING THE ROLE OF YOUTH IN SUDAN PEACEBUILDING

(43) INFORM WOMEN, TRANSFORM LIVES CAMPAIGN

(44) YOUTH CITIZEN OBSERVER NETWORK IN SUDAN

(45) DIGITAL THREATS ELECTORAL TRAINING IN BANGLADESH

(46) TRANSPARENCY AND ACCOUNTABILITY IN DRC

(47) STRENGTHEN MENTAL HEALTH ADVOCACY IN LIBERIA

(48) TRANSPARENCY AND ACCOUNTABILITY IN DRC

(49) PARTICIPATORY RIGHTS WORK IN SRI LANKA

(50) INFORM WOMEN, TRANSFORM LIVES CAMPAIGN

(51) SOCIAL ACCOUNTABILITY IN SIERRA LEONE

(52) ACCESS TO INFORMATION WORK IN LIBERIA

(53) ELECTION SUPPORT IN COLOMBIA

(54) ACCESS TO INFORMATION SUPPORT IN BANGLADESH

(55) STRENGTHENING THE ROLE OF YOUTH IN SUDAN PEACEBUILDING

(56) STRENGTHENING THE ROLE OF YOUTH IN SUDAN PEACEBUILDING

(57) HUMAN RIGHTS DEFENDER PROTECTION IN DRC

(58) ACCESS TO INFORMATION SUPPORT IN BANGLADESH

(59) STRENGTHENING THE ROLE OF YOUTH IN SUDAN PEACEBUILDING

(60) YOUTH CITIZEN OBSERVER NETWORK IN SUDAN

(61) STRENGTHENING THE ROLE OF YOUTH IN SUDAN PEACEBUILDING

(62) STRENGTHENING THE ROLE OF YOUTH IN SUDAN PEACEBUILDING

(63) PARTICIPATORY RIGHTS WORK IN SRI LANKA

(64) ACCESS TO INFORMATION SUPPORT IN BANGLADESH

(65) YOUTH CITIZEN OBSERVER NETWORK IN SUDAN

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.

(66) YOUTH CITIZEN OBSERVER NETWORK IN SUDAN

(67) TRANSPARENCY AND ACCOUNTABILITY IN DRC

(68) PROMOTING WOMEN'S RIGHTS IN DRC

(69) INFORM WOMEN, TRANSFORM LIVES CAMPAIGN

(70) SECURITY SECTOR ACCOUNTABILITY IN LIBERIA

(71) PROMOTING WOMEN'S RIGHTS IN DRC

(72) DISABILITY INCLUSION IN DRC STATE INSTITUTIONS

(73) HUMAN RIGHTS DEFENDER PROTECTION IN DRC

(74) PROMOTING WOMEN'S RIGHTS IN THE DRC

(75) PROMOTING WOMEN'S RIGHTS IN THE DRC

(76) PROMOTING WOMEN'S RIGHTS IN THE DRC

(77) PROMOTING WOMEN'S RIGHTS IN THE DRC

(78) PROMOTING WOMEN'S RIGHTS IN THE DRC

(79) PROMOTING WOMEN'S RIGHTS IN THE DRC

(80) TUBERCULOSIS CONTROL IN LIBERIA

(81) INFORM WOMEN, TRANSFORM LIVES CAMPAIGN

(82) PROMOTING WOMEN'S RIGHTS IN DRC

(83) PROMOTING WOMEN'S RIGHTS IN DRC

(84) PROMOTING WOMEN'S RIGHTS IN DRC

(85) PROMOTING WOMEN'S RIGHTS IN DRC

(86) PROMOTING WOMEN'S RIGHTS IN DRC

(87) ZIMBABWE ELECTION OBSERVATION ACTIVITY

(88) HUMAN RIGHTS DEFENDER PROTECTION IN DRC

(89) PROMOTING WOMEN'S RIGHTS IN DRC

(90) YOUTH CITIZEN OBSERVER NETWORK IN SUDAN

(91) PROMOTING WOMEN'S RIGHTS IN DRC

(92) PROMOTING WOMEN'S RIGHTS IN DRC

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.

(93) ACCESS TO INFORMATION IN LIBERIA

(94) PROMOTING WOMEN'S RIGHTS IN DRC

(95) PROMOTING WOMEN'S RIGHTS IN DRC

(96) PROMOTING WOMEN'S RIGHTS IN DRC

(97) PROMOTING WOMEN'S RIGHTS IN DRC

(98) HUMAN RIGHTS DEFENDER PROTECTION IN DRC

(99) HUMAN RIGHTS DEFENDER PROTECTION IN DRC

(100) MINING SECTOR TRANSPARENCY IN DRC

(101) PROMOTING WOMEN'S RIGHTS IN DRC

(102) PROMOTING WOMEN'S RIGHTS IN DRC

(103) MINING SECTOR TRANSPARENCY IN DRC

(104) STRENGTHENING THE ROLE OF YOUTH IN SUDAN PEACEBUILDING

(105) PROMOTING WOMEN'S RIGHTS IN DRC

(106) HUMAN RIGHTS DEFENDER PROTECTION IN DRC

(107) PROMOTING WOMEN'S RIGHTS IN DRC

(108) PROMOTING WOMEN'S RIGHTS IN DRC

(109) INFORM WOMEN, TRANSFORM LIVES CAMPAIGN

(110) ACCESS TO INFORMATION IN LIBERIA

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

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		AUCTION (event type)	(event type)	(total number)	
Revenue	1 Gross receipts	3,550,895.			3,550,895.
	2 Less: Contributions	1,941,382.			1,941,382.
	3 Gross income (line 1 minus line 2)	1,609,513.			1,609,513.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	1,609,513.			1,609,513.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				1,609,513.
	11 Net income summary. Subtract line 10 from line 3, column (d)				0.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

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Schedule G (Form 990) 2023

THE CARTER CENTER, INC.

58-1454716

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- 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 The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c 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:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: FORRESTER FUNDRAISING

(I) ADDRESS OF FUNDRAISER: 2234 WISTERIA WAY NE, ATLANTA, GA 30317

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THE CARTER CENTER, INC.

Page 4

Part IV	Supplemental Information <i>(continued)</i>
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Schedule G (Form 990)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

THE CARTER CENTER, INC.

Employer identification number

58-1454716

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
TEAM DEMOCRACY ACTION 432 NEW PARKSIDE DR CHAPEL HILL, NC 27516	99-0810386	501(C)(4)	200,000.	0.			ELECTION DEPOLARIZATION
ROOT CHANGE 610 8TH ST. WASHINGTON, DC 20002	26-4385733	501(C)(3)	150,000.	0.			ELECTION DEPOLARIZATION
ELECTIONS REFORMERS NETWORK 7200 WISCONSIN AVE BETHESDA, MD 20184	82-4913578	501(C)(3)	120,000.	0.			PROMOTE CIVIC ENGAGEMENT
BOYS & GIRLS CLUB OF ALBANY 527 W. 3RD ST ALBANY, GA 31702	58-6046393	501(C)(3)	110,000.	0.			COMMUNITY DEVELOPMENT
RESOURCE IMPACT 1341 G ST. WASHINGTON, DC 20005	81-2266962	501(C)(3)	51,000.	0.			PROMOTE CIVIC ENGAGEMENT
DETROIT DISABILITY POWER 4731 GRAND RIVER AVE DETROIT, MI 48208	38-2435517	501(C)(3)	41,216.	0.			PROMOTE CIVIC ENGAGEMENT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 9.

3 Enter total number of other organizations listed in the line 1 table 2.

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

Schedule I (Form 990) 2023

****PUBLIC INSPECTION COPY****

Schedule I (Form 990) THE CARTER CENTER, INC.

58-1454716

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARIZONA NATIVE VOTE PO BOX 2002 PHOENIX, AZ 85001	87-3613690	501(C)(3)	20,000.	0.			PROMOTE CIVIC ENGAGEMENT
WISCONSIN CONSERVATION VOICES 133 S. BUTLER ST MADISON, WI 53703	73-1628891	501(C)(3)	20,000.	0.			PROMOTE CIVIC ENGAGEMENT
RETURN STRONG 304 S. JONES BLVD LAS VEGAS, NV 89107	88-0908924	501(C)(3)	20,000.	0.			PROMOTE CIVIC ENGAGEMENT
ROSALYNN CARTER INST. FOR CAREGI PO BOX 647 AMERICUS, GA 31709	84-5152046	501(C)(3)	20,000.	0.			CAREGIVING & MENTAL HEALTH
HE SAPA VOTERS COUNCIL 103 NEW YORK ST. RAPID CITY, SD 57701	99-2375216	501(C)(4)	20,000.	0.			PROMOTE CIVIC ENGAGEMENT

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
JOURNALISM FELLOWSHIPS	9	90,000.	0.		

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

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

THE CENTER REQUIRES GRANT RECIPIENTS TO SUBMIT INTERIM AND FINAL NARRATIVE

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

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

OF THE GRANTEE VARY BASED ON THE NATURE OF THE WORK PRODUCT AND LENGTH OF

TIME FOR THE SERVICES TO BE PROVIDED.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

THE CARTER CENTER, INC.

Employer identification number

58-1454716

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2023

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Schedule J (Form 990) 2023

THE CARTER CENTER, INC.

58-1454716

Page 2

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

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PAIGE ALEXANDER	(i)	452,271.	0.	0.	29,700.	31,043.	513,014.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KASHEF IJAZ	(i)	242,731.	0.	0.	22,798.	31,043.	296,572.	0.
VP - HEALTH PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CRAIG WITHERS	(i)	251,035.	0.	0.	23,298.	21,812.	296,145.	0.
VP - OVERSEAS OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CHRISTOPHER BROWN	(i)	233,209.	0.	0.	21,684.	31,043.	285,936.	0.
VP - FINANCE & TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) NICOLE KRUSE	(i)	237,251.	0.	0.	21,834.	22,479.	281,564.	0.
VP - DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) BARBARA SMITH	(i)	243,130.	0.	0.	21,882.	0.	265,012.	0.
VP - PEACE PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MATTHEW DE GALAN	(i)	229,892.	0.	0.	20,811.	10,610.	261,313.	0.
VP - COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) SEEMA SHAMS	(i)	170,142.	0.	35,000.	19,201.	22,479.	246,822.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) CURTIS KOHLHAAS	(i)	192,180.	0.	0.	17,818.	31,043.	241,041.	0.
DIRECTOR - DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) DAVID CARROLL	(i)	189,897.	0.	0.	17,748.	31,043.	238,688.	0.
DIRECTOR - DEMOCRACY PROGRAM	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) PATTI BUNKER	(i)	218,890.	0.	0.	19,700.	0.	238,590.	0.
CHIEF IT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) KELLY CALLAHAN	(i)	190,097.	0.	0.	17,134.	15,555.	222,786.	0.
DIRECTOR - TRACHOMA PROGRAM	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) LAUREN GAY	(i)	145,972.	0.	0.	13,311.	10,610.	169,893.	0.
CORPORATE SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) SYDNEY BOGGESE	(i)	142,262.	0.	0.	13,194.	10,387.	165,843.	0.
DIRECTOR - FINANCE & ASST. TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

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Part III	Supplemental Information
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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.

[illegible]

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public
Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

THE CARTER CENTER, INC.

Employer identification number

58-1454716

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	120	1,406,273.	MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (CLOTH FILTERS)	X	1453500	446,320.	RETAIL
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 completed Form 8283, Part V, Donee Acknowledgement

29

0

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 3 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
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,
describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2023

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

SCHEDULE M, LINE 32B:

USE OF THIRD PARTY OR RELATED ORGANIZATIONS

THE CARTER CENTER UTILIZES EXTERNAL BROKERS TO SELL DONATED SECURITIES.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

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 Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

THE CARTER CENTER, INC.

Employer identification number

58-1454716

FORM 990, PART I, LINE 1:

DESCRIPTION OF ORGANIZATION MISSION

THE CARTER CENTER IS COMMITTED TO ADVANCING HUMAN RIGHTS AND

ALLEVIATING UNNECESSARY HUMAN SUFFERING.

FORM 990, 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.

1) THE CENTER BELIEVES THAT PEOPLE CAN IMPROVE THEIR OWN LIVES WHEN

PROVIDED WITH THE NECESSARY SKILLS, KNOWLEDGE, AND ACCESS TO RESOURCES.

2) THE CENTER EMPHASIZES ACTION AND MEASURABLE RESULTS IN THE LIVES OF

THE PEOPLE IT SEEKS TO HELP.

3) THE CENTER VALUES THE COURAGE TO BREAK NEW GROUND, FILL VACUUMS, AND

ADDRESS THE MOST DIFFICULT PROBLEMS IN THE MOST DIFFICULT SITUATIONS.

4) THE CENTER RECOGNIZES THAT SOLVING DIFFICULT PROBLEMS REQUIRES

CAREFUL ANALYSIS, RELENTLESS PERSISTENCE, AND THE RECOGNITION THAT

FAILURE IS AN ACCEPTABLE RISK.

5) THE CENTER IS NONPARTISAN AND IT SEEKS TO WORK COLLABORATIVELY WITH

OTHER ORGANIZATIONS FROM THE HIGHEST LEVELS OF GOVERNMENT TO LOCAL

COMMUNITIES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization	Employer identification number
THE CARTER CENTER, INC.	58-1454716

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 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 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. EMPLOYE
COUNT OF 353 WAS INCLUDED IN THE EMORY UNIVERSITY FORM W-3 FOR CALENDAR
YEAR 2024.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

BANGLADESH, CHAD, CONGO, DEM REP, ETHIOPIA,

Name of the organization THE CARTER CENTER, INC.	Employer identification number 58-1454716
---	--

GUATEMALA, HAITI, LIBERIA, MALI,

NIGER, NIGERIA, ISRAEL, SOUTH SUDAN,

SUDAN, TUNISIA, UGANDA, ZAMBIA,

ZIMBABWE

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, GREGORY FENVES, SERVES ON THE BOARD OF

TRUSTEES FOR THE CENTER. LEAH WARD SEARS, CRYSTAL EDMONSON, AND GREGORY

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

FOR EMORY UNIVERSITY.

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

ELECTION OF MEMBERS OF THE GOVERNING BODY

THE BOARD OF TRUSTEES OF THE CARTER CENTER, INC. CONSISTS OF PRESIDENT

CARTER AND MRS. CARTER, THE PRESIDENT OF EMORY UNIVERSITY, 10 MEMBERS

APPOINTED BY EMORY UNIVERSITY'S BOARD OF TRUSTEES, AND 11 MEMBERS APPOINTED

BY PRESIDENT CARTER AND THOSE TRUSTEES NOT APPOINTED BY EMORY UNIVERSITY.

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

EMORY UNIVERSITY'S BOARD OF TRUSTEES HAS THE AUTHORITY TO APPROVE

AMENDMENTS TO THE CENTER'S ARTICLES OF INCORPORATION AND CORPORATE BY-LAWS.

FORM 990, PART VI, SECTION B, LINE 11B:

PROCESS USED TO REVIEW FORM 990

THE CARTER CENTER PROVIDES A DRAFT OF ITS IRS FORM 990 TO ALL TRUSTEES UP

Name of the organization	Employer identification number
THE CARTER CENTER, INC.	58-1454716

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 15:

PROCESS USED IN DETERMINING COMPENSATION

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

UNIVERSITY. EMORY HAS DEVELOPED AND MAINTAINED SIGNIFICANT RESOURCES WITH

REGARD TO COMPENSATION AND PERFORMANCE REVIEW POLICIES AND PROCEDURES.

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

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

ESTABLISHED BY EMORY UTILIZING A NUMBER OF BEST PRACTICE STANDARDS AND ARE

ADHERED TO BY THE CENTER. THE PERFORMANCE OF EVERY 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

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Schedule O (Form 990) 2023

Page **2**

Name of the organization	Employer identification number
THE CARTER CENTER, INC.	58-1454716

ANNUALLY. THE CEO'S PERFORMANCE IS REVIEWED AND COMPENSATION IS APPROVED BY
THE FULL BOARD OF THE CARTER CENTER.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL,AR,CA,FL,GA,HI,IL,KS,KY,MD,MA,MI,MN,MS,NC,NH,NJ,NM,NY,OR,PA,RI,SC,TN,VA
WV,WI

FORM 990, PART VI, SECTION C, LINE 19:
MAKING GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC
DOCUMENTS AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:
CONSULTING:
PROGRAM SERVICE EXPENSES 21,756,734.
MANAGEMENT AND GENERAL EXPENSES 4,970,229.
FUNDRAISING EXPENSES 1,672,915.
TOTAL EXPENSES 28,399,878.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 28,399,878.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

THE CARTER CENTER, INC.

Employer identification number

58-1454716

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE CARTER CENTER COLLABORATIVE, INC. - 20-5704991, 453 JOHN LEWIS FREEDOM PKWY, ATLANTA, GA 30307	SUPPORT CCI	GEORGIA	501(C)(3)	12-1	CARTER CENTER	X	

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

Schedule R (Form 990) 2023

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of 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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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