

Form 990

Return of Organization Exempt From Income Tax

2010

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning 09/01, 2010, and ending 08/31, 2011

Form 990 header section containing organization name (THE CARTER CENTER, INC.), EIN (58-1454716), address (453 FREEDOM PARKWAY, ATLANTA, GA), principal officer (JOHN B. HARDMAN), and website (WWW.CARTERCENTER.ORG).

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, member counts, revenue (Total: 84,290,551), expenses (Total: 73,679,427), and net assets (Total: 463,149,596).

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.

Signature block for Christopher D. Brown, VP-Finance & Treasurer, dated 7/13/12.

Preparer information for Allison H. Franklin, KPMG LLP, dated 7/16/12.

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions. FILED ELECTRONICALLY Form 990 (2010)

<b>Cumulative e-File History 2010</b>	
<b>FED</b>	
Locator:	6671CJ
Taxpayer Name:	The Carter Center, Inc.
Return Type:	990
Submitted Date:	07/16/2012 10:33:18
Acknowledgement Date:	07/16/2012 10:56:23
Status:	Accepted
Submission ID:	56038220121985000001

Form **8868**

(Rev. January 2011)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see Instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

### Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization <b>THE CARTER CENTER, INC.</b>	Employer identification number <b>58-1454716</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>453 FREEDOM PARKWAY</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ATLANTA, GA 30307</b>	

INTERNAL REVENUE SERVICE  
W & I FIELD ASSISTANCE  
GREENSBORO, NC 27401  
JAN 17 2012  
RECEIVED  
25103

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

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► CHRISTOPHER D. BROWN

Telephone No. ► 404-420-5100 FAX No. ► \_\_\_\_\_

- 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) N/A. 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 EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 04/16, 2012, 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 09/01, 2010, and ending 08/31, 2011.

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 Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	N/A
b If this application is for Form 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 \$	N/A
c <b>Balance Due.</b> 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 \$	N/A

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box. . . . .  **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

<b>Type or print</b> <small>File by the extended due date for filing your return. See instructions.</small>	Name of exempt organization <b>THE CARTER CENTER, INC.</b>	Employer identification number <b>58-1454716</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>453 FREEDOM PARKWAY</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ATLANTA, GA 30307</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . .

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of ► CHRISTOPHER D. BROWN  
Telephone No. ► 404-420-5100 FAX No. ► \_\_\_\_\_
- 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) N/A . 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 EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until 07/16, 20 12 .
- 5 For calendar year \_\_\_\_\_, or other tax year beginning 09/01, 20 10, and ending 08/31, 20 11 .
- 6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period
- 7 State in detail why you need the extension INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	N/A
8b If this application is for Form 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 and any amount paid previously with Form 8868.	<b>8b</b>	\$	N/A
8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	N/A

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► William H. Frankli Title ► CPA Date ► 4/11/12

**KPMG LLP 13-5565207**  
**Greensboro, North Carolina 27401**

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:  
ATTACHMENT 1

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 35,820,271. including grants of \$ 5,702,214. ) (Revenue \$ )

THE CARTER CENTER HEALTH PROGRAMS FIGHT SIX PREVENTABLE DISEASES - GUINEA WORM, TRACHOMA, SCHISTOSOMIASIS, LYMPHATIC FILARIASIS, MALARIA, AND RIVER BLINDNESS - BY USING HEALTH EDUCATION AND SIMPLE, LOW-COST METHODS. THE CENTER ALSO STRIVES TO IMPROVE ACCESS TO MENTAL HEALTH CARE. THESE EFFORTS HAVE BROUGHT TO RESOURCE-LIMITED COUNTRIES BETTER DISEASE SURVEILLANCE AND HEALTH CARE DELIVERY SYSTEMS, MANY ESTABLISHED AS PART OF THE CENTER'S HISTORIC CAMPAIGN TO ERADICATE GUINEA WORM DISEASE. BECAUSE COMMUNITIES OFTEN ARE BURDENED BY SEVERAL DISEASES, THE CENTER ALSO IS PIONEERING NEW PUBLIC HEALTH APPROACHES TO EFFICIENTLY AND EFFECTIVELY TREAT MULTIPLE DISEASES AT ONCE.

4b (Code: ) (Expenses \$ 22,414,332. including grants of \$ 2,736,307. ) (Revenue \$ )

THE CARTER CENTER PEACE PROGRAMS STRENGTHEN FREEDOM AND DEMOCRACY IN NATIONS WORLDWIDE, SECURING FOR PEOPLE THE POLITICAL AND CIVIL RIGHTS THAT ARE THE FOUNDATION OF JUST AND PEACEFUL SOCIETIES. SINCE ITS INCEPTION, THE CENTER HAS MONITORED MORE THAN 80 NATIONAL ELECTIONS. BEYOND ELECTIONS, THE CENTER SEEKS TO DEEPEN DEMOCRACY BY NURTURING CITIZEN PARTICIPATION IN PUBLIC POLICY-MAKING AND BY HELPING TO ESTABLISH GOVERNMENT INSTITUTIONS THAT BOLSTER RULE OF LAW, FAIR ADMINISTRATION OF JUSTICE, ACCESS TO INFORMATION, AND GOVERNMENT TRANSPARENCY. THE CENTER ALSO WORKS TO ADVANCE HUMAN RIGHTS LAWS THAT UPHOLD THE DIGNITY AND WORTH OF EACH INDIVIDUAL.

4c (Code: ) (Expenses \$ 1,144,612. including grants of \$ 588,320. ) (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 EXPENSES.

4d Other program services. (Describe in Schedule O.)

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

4e Total program service expenses ► 59,379,215.

**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)? If "Yes," complete Schedule A . . . . .	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) . . . . .	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .		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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .		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? If "Yes," complete Schedule D, Part II . . . . .		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	X	
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	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? If "Yes," complete Schedule D, Part VI . . . . .	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? If "Yes," complete Schedule D, Part VII . . . . .	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? If "Yes," complete Schedule D, Part VIII . . . . .		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	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)? If "Yes," complete Schedule D, Part X . . . . .		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional . . . . .	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		X
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV . . . . .	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV . . . . .	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV . . . . .		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? If "Yes," complete Schedule G, Part I (see instructions) . . . . .	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? If "Yes," complete Schedule G, Part II . . . . .	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .		X
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) . . . . .		

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No checkboxes. Rows include questions 21 through 38 regarding grants, compensation, tax-exempt bonds, and organizational transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V. X

Table with columns for question number, description, sub-questions (1a-14b), and Yes/No checkboxes. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance issues.



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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Does the organization have members or stockholders?; 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?; 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?; b Each committee with authority to act on behalf of the governing body?; 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 in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates?; 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13; 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done; 13 Does the organization have a written whistleblower policy?; 14 Does the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

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 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: CHRISTOPHER D. BROWN 453 FREEDOM PARKWAY ATLANTA, GA 30307-1496 404-420-5100

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

Check if Schedule O contains a response to any question in this Part VII. . . . .  X

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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 (describe hours for related organizations in Schedule O)	(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			
ATTACHMENT 3										
(1) TERRENCE B. ADAMSON TRUSTEE	2.00	X					0.	0.	0.	
(2) ARTHUR M. BLANK TRUSTEE	1.00	X					0.	0.	0.	
(3) RICHARD C. BLUM TRUSTEE - BOARD VICE CHAIR	2.00	X		X			0.	0.	0.	
(4) KATHRYN E. CADE TRUSTEE	1.00	X					0.	0.	0.	
(5) JASON CARTER TRUSTEE	1.00	X					0.	0.	0.	
(6) JAMES E. CARTER TRUSTEE	40.00	X					0.	0.	0.	
(7) ROSALYNN CARTER TRUSTEE	40.00	X					0.	0.	0.	
(8) BRADLEY N. CURREY, JR. TRUSTEE	2.00	X					0.	0.	0.	
(9) GORDON D. GIFFIN TRUSTEE	1.00	X					0.	0.	0.	
(10) CHARLAYNE HUNTER-GAULT TRUSTEE	1.00	X					0.	0.	0.	
(11) BEN F. JOHNSON III TRUSTEE	2.00	X					0.	0.	0.	
(12) FRANK C. JONES TRUSTEE	1.00	X					0.	0.	0.	
(13) JAMES T. LANEY TRUSTEE	1.00	X					0.	0.	0.	
(14) SHERRY LANSING TRUSTEE	1.00	X					0.	0.	0.	
(15) DOUGLAS W. NELSON TRUSTEE	1.00	X					0.	0.	0.	
(16) KENT C. NELSON TRUSTEE - BOARD CHAIR	4.00	X		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 (describe hours for related organizations in Schedule O)	(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			
(17) MARJORIE M. SCARDINO TRUSTEE	1.00	X					0.	0.	0.	
(18) LEAH WARD SEARS TRUSTEE	1.00	X					0.	0.	0.	
(19) LYNN H. STAHL TRUSTEE	1.00	X					0.	0.	0.	
(20) JAMES W. WAGNER TRUSTEE	1.00	X					0.	0.	0.	
(21) TADAHIRO YOSHIDA TRUSTEE	1.00	X					0.	0.	0.	
(22) JOHN B. HARDMAN PRESIDENT AND CEO	40.00			X			296,158.	0.	35,551.	
(23) PHILLIP J. WISE SECRETARY, VP-OPERATIONS	40.00			X			177,929.	0.	20,689.	
(24) CHRISTOPHER D. BROWN TREASURER, VP-FINANCE	40.00			X			131,064.	0.	28,987.	
(25) DONALD R. HOPKINS VP - HEALTH PROGRAMS	32.00				X		191,937.	0.	25,810.	
(26) JOHN J. STREMLAU VP - PEACE PROGRAMS	40.00				X		170,454.	0.	26,752.	
(27) RYAN MCDONALD CHIEF DEVELOPMENT OFFICER	40.00					X	178,158.	0.	30,240.	
(28) SEEMA N. SHAMS CHIEF DEVELOPMENT OFFICER	40.00					X	161,667.	0.	14,559.	
<b>1b Sub-total</b>							1,307,367.	0.	182,588.	
<b>c Total from continuation sheets to Part VII, Section A ATTACHMENT 2</b>							439,529.	0.	51,892.	
<b>d Total (add lines 1b and 1c)</b>							1,746,896.	0.	234,480.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **25**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
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	X	
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		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.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 4		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **12**

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b> 115,600.				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b> 455,279.				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions) . . . . .	<b>1e</b> 23,451,670.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b> 42,329,053.				
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$ . . . . .	5,368,909.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		66,351,602.			
<b>Program Service Revenue</b>				<b>Business Code</b>			
	<b>2a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue . . . . .					
<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .			0.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		17,590,144.			17,590,144.
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .		0.			
	<b>5</b>	Royalties . . . . .		0.			
			(i) Real	(ii) Personal			
	<b>6a</b>	Gross Rents . . . . .					
	<b>b</b>	Less: rental expenses . . . . .					
	<b>c</b>	Rental income or (loss) . . . . .					
	<b>d</b>	Net rental income or (loss) . . . . .		0.			
			(i) Securities	(ii) Other			
	<b>7a</b>	Gross amount from sales of assets other than inventory . . . . .					
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .					
	<b>c</b>	Gain or (loss) . . . . .					
	<b>d</b>	Net gain or (loss) . . . . .		0.			
	<b>8a</b>	Gross income from fundraising events (not including \$ 455,279. of contributions reported on line 1c). See Part IV, line 18 . . . . .		842,334.			
	<b>b</b>	Less: direct expenses . . . . .		842,334.			
<b>c</b>	Net income or (loss) from fundraising events . . . . .		0.				
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .						
<b>b</b>	Less: direct expenses . . . . .						
<b>c</b>	Net income or (loss) from gaming activities . . . . .		0.				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .						
<b>b</b>	Less: cost of goods sold . . . . .						
<b>c</b>	Net income or (loss) from sales of inventory . . . . .		0.				
Miscellaneous Revenue			<b>Business Code</b>				
<b>11a</b>	FACILITIES USE FEES . . . . .		532000	348,805.		241,855.	106,950.
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .			348,805.			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .			84,290,551.		241,855.	17,697,094.

**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) but are not required to complete columns (B), (C), and (D).

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . . .	614,320.	614,320.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	71,069.	71,069.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	8,341,452.	8,341,452.		
4 Benefits paid to or for members . . . . .	0.	0.		
5 Compensation of current officers, directors, trustees, and key employees . . . . .	1,356,295.	479,798.	762,008.	114,489.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.	0.	0.	0.
7 Other salaries and wages . . . . .	16,299,269.	11,123,799.	2,324,666.	2,850,804.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	0.	0.	0.	0.
9 Other employee benefits . . . . .	4,326,343.	2,874,600.	692,429.	759,314.
10 Payroll taxes . . . . .	0.	0.	0.	0.
11 Fees for services (non-employees):				
a Management . . . . .	0.	0.	0.	0.
b Legal . . . . .	5,967.	5,967.	0.	0.
c Accounting . . . . .	229,594.	47,519.	182,075.	0.
d Lobbying . . . . .	0.	0.	0.	0.
e Professional fundraising services. See Part IV, line 17	130,425.			130,425.
f Investment management fees . . . . .	0.	0.	0.	0.
g Other . . . . .	9,594,470.	8,022,327.	382,696.	1,189,447.
12 Advertising and promotion . . . . .	159,893.	65,500.	54,364.	40,029.
13 Office expenses . . . . .	5,657,915.	3,451,754.	298,043.	1,908,118.
14 Information technology . . . . .	104,911.	82,528.	15,976.	6,407.
15 Royalties . . . . .	0.	0.	0.	0.
16 Occupancy . . . . .	1,748,736.	1,324,504.	270,594.	153,638.
17 Travel . . . . .	14,197,496.	13,766,881.	51,918.	378,697.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.	0.	0.	0.
19 Conferences, conventions, and meetings . . . . .	1,459,699.	1,300,527.	12,675.	146,497.
20 Interest . . . . .	0.	0.	0.	0.
21 Payments to affiliates . . . . .	0.	0.	0.	0.
22 Depreciation, depletion, and amortization . . . . .	921,010.	338,876.	360,354.	221,780.
23 Insurance . . . . .	486,719.	194,246.	292,473.	0.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <u>VEHICLES</u> . . . . .	4,299,507.	4,291,240.	5,118.	3,149.
b <u>INTERVENTIONS</u> . . . . .	2,710,635.	2,710,635.	0.	0.
c <u>OTHER MISCELLANEOUS</u> . . . . .	963,702.	271,673.	576,458.	115,571.
d -----				
e -----				
f All other expenses -----				
<b>25 Total functional expenses.</b> Add lines 1 through 24f	<b>73,679,427.</b>	<b>59,379,215.</b>	<b>6,281,847.</b>	<b>8,018,365.</b>
26 <b>Joint Costs.</b> Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	3,456,969.	<b>1</b>	19,109,783.
	<b>2</b> Savings and temporary cash investments . . . . .	27,117,834.	<b>2</b>	0.
	<b>3</b> Pledges and grants receivable, net . . . . .	23,892,833.	<b>3</b>	22,541,426.
	<b>4</b> Accounts receivable, net . . . . .	1,606,946.	<b>4</b>	2,220,506.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			<b>5</b>
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . .			<b>6</b>
	<b>7</b> Notes and loans receivable, net . . . . .			<b>7</b>
	<b>8</b> Inventories for sale or use . . . . .			<b>8</b>
	<b>9</b> Prepaid expenses and deferred charges . . . . .	32,652.	<b>9</b>	221,083.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 20,945,151.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 13,472,356.		
	<b>11</b> Investments - publicly traded securities . . . . .	8,070,368.	<b>10c</b>	7,472,795.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	6,308,010.	<b>11</b>	6,482,175.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	359,367,303.	<b>12</b>	412,870,485.
	<b>14</b> Intangible assets . . . . .		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	2,142,545.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	431,995,460.	<b>15</b>	2,175,165.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	3,643,181.	<b>16</b>	473,093,418.
	<b>18</b> Grants payable . . . . .		<b>17</b>	3,560,224.
	<b>19</b> Deferred revenue . . . . .	3,190,144.	<b>18</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>19</b>	2,309,384.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>20</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>21</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>22</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>23</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	4,269,593.	<b>24</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	11,102,918.	<b>25</b>	4,074,214.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	146,776,510.	<b>26</b>	9,943,822.
	<b>28</b> Temporarily restricted net assets . . . . .	151,440,048.	<b>27</b>	163,880,724.
	<b>29</b> Permanently restricted net assets . . . . .	122,675,984.	<b>28</b>	175,274,041.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	123,994,831.
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
<b>33</b> <b>Total net assets or fund balances</b> . . . . .	420,892,542.	<b>32</b>		
<b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	431,995,460.	<b>33</b>	463,149,596.	
		<b>34</b>	473,093,418.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI.  X

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	84,290,551.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	73,679,427.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	10,611,124.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	420,892,542.
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>5</b>	31,645,930.
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . .	<b>6</b>	463,149,596.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII.  X

		Yes	No
<b>1</b>	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 in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	X	
<b>2c</b>	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 in Schedule O.	X	
<b>2d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	X	
<b>3b</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 in Schedule O and describe any steps taken to undergo such audits.	X	

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2010**

Open to Public Inspection

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. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

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 11, 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.)
- 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 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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
  - (ii) A family member of a person described in (i) above? .....
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2010



**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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	161,187,513.	61,238,802.	91,080,553.	63,796,419.	66,351,602.	443,654,889.
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. . . . .	161,187,513.	61,238,802.	91,080,553.	63,796,419.	66,351,602.	443,654,889.
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). . . . .						115,079,288.
6 Public support. Subtract line 5 from line 4.						328,575,601.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4 . . . . .	161,187,513.	61,238,802.	91,080,553.	63,796,419.	66,351,602.	443,654,889.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	17,333,819.	16,971,116.	19,104,077.	18,273,694.	17,590,144.	89,272,850.
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 IV.) . . . . .	291,147.	357,461.	363,755.	381,173.	348,805.	1,742,341.
11 Total support. Add lines 7 through 10 . . . . .						534,670,080.
12 Gross receipts from related activities, etc. (see instructions) . . . . .				12		
13 First five 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 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	61.45%
15 Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .	15	55.88%
16a 33 1/3% support test - 2010. 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 - 2009. 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 - 2010. 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 IV 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 - 2009. 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 IV 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"/>

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

(Complete only if you checked the box on line 9 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First five 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**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15. . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2010.** 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 - 2009.** 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 Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

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CONTRIBUTIONS RECEIVED

PART II, SECTION A, LINE 1

BEGINNING IN FISCAL YEAR 2007, THE CENTER'S SUPPORTING ORGANIZATION, CARTER CENTER COLLABORATIVE, INC., BEGAN ACCEPTING SIGNIFICANT CONTRIBUTIONS OF IN-KIND GOODS. REVENUES OF MORE THAN \$134 MILLION IN FY 2007, \$75 MILLION IN FY 2008, \$125 MILLION IN FY 2009, AND \$118 MILLION IN FY 2010 ARE INCLUDED IN THE IRS FORM 990 FOR CARTER CENTER COLLABORATIVE, INC.

FACILITIES USE FEES

PART II, SECTION B, LINE 10

THE TOTAL AMOUNT FOR EACH YEAR IS COMPRISED OF FACILITIES USE FEES DERIVED FROM EVENT SPACE RENTAL.

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

**2010**

<b>Name of the organization</b> THE CARTER CENTER, INC.	<b>Employer identification number</b> 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Employer identification number  
**58-1454716**

**Part I Contributors (see instructions)**

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 2,995,632.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 4,211,441.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 3,529,881.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 2,195,527.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 2,071,805.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 2,305,869.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Employer identification number  
58-1454716

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 4,453,047.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 5,761,692.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 1,512,215.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**SCHEDULE D  
(Form 990)**

**Supplemental Financial Statements**

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

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" to Form 990, Part IV, line 6.**

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year) . . . . .		
3 Aggregate 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" to Form 990, Part IV, line 7.**

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? . . . . .  Yes  No

9 In Part XIV, 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" to Form 990, Part IV, line 8.**

1a If the organization elected, as permitted under SFAS 116 (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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (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) Revenues included in Form 990, Part VIII, line 1 . . . . .	▶ \$	32,650.
(ii) Assets included in Form 990, Part X . . . . .	▶ \$	2,175,165.

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 SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 . . . . .	▶ \$	_____
b Assets included in Form 990, Part X . . . . .	▶ \$	_____

**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 are a significant use of its collection items (check all that apply):

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

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

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" to 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 XIV and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . .  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if organization answered "Yes" to 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 . . . . .	366,049,958.	331,507,347.	379,300,112.		
b Contributions . . . . .	6,172,627.	9,540,446.	7,026,883.		
c Net investment earnings, gains, and losses . . . . .	49,202,767.	25,680,491.	-54,071,152.		
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	647,356.	678,327.	748,496.		
f Administrative expenses . . . . .					
g End of year balance . . . . .	420,777,996.	366,049,957.	331,507,347.		

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ 34.8800 %
- b Permanent endowment ▶ 29.4700 %
- c Term endowment ▶ 35.6500 %

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" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

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

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .	0.	636,732.		636,732.
b Buildings . . . . .	0.	16,886,003.	11,720,616.	5,165,387.
c Leasehold improvements . . . . .	0.	2,147,499.	1,090,615.	1,056,884.
d Equipment . . . . .	0.	1,274,917.	661,125.	613,792.
e Other . . . . .			0.	
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				7,472,795.



**Part VII Investments - Other Securities.** 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	412,870,485.	FMV
(B) . . . . .		
(C) . . . . .		
(D) . . . . .		
(E) . . . . .		
(F) . . . . .		
(G) . . . . .		
(H) . . . . .		
(I) . . . . .		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	412,870,485.	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) ANNUITY OBLIGATIONS	4,074,214.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	4,074,214.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	84,290,551.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	73,679,427.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	10,611,124.
4	Net unrealized gains (losses) on investments	4	31,645,930.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-27,213,646.
9	Total adjustments (net). Add lines 4 through 8	9	4,432,284.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	15,043,408.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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 on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	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 XIV.)	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 XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

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 XIV.)	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 XIV.)	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 XIV Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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SEE PAGE 5

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**Part XIV Supplemental Information (continued)**

## DESCRIPTION OF COLLECTIONS

## PART III, LINE 4

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

## USE OF ENDOWMENT FUNDS

## PART V, LINE 4

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

## OTHER CHANGES IN NET ASSETS

## PART XI, LINE 8

THE OTHER AMOUNT REPRESENTS THE CHANGE IN NET ASSETS FOR THE CARTER CENTER COLLABORATIVE, INC.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990. ▶ See separate instructions.

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" to Form 990, Part IV, line 14b.

**1 For grantmakers.** 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 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds 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 region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN	1.	11.	PROGRAM SERVICES	HEALTH AND PEACE	2,083,411.
(2) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	PEACE	912,572.
(3) MIDDLE EAST AND NORTH AFRICA	4.	34.	PROGRAM SERVICES	PEACE	1,781,619.
(4) SOUTH AMERICA	2.	6.	PROGRAM SERVICES	HEALTH AND PEACE	1,161,583.
(5) SOUTH ASIA	1.	9.	PROGRAM SERVICES	PEACE	1,307,791.
(6) SUB-SAHARAN AFRICA	63.	605.	PROGRAM SERVICES	HEALTH AND PEACE	41,411,716.
(7) CENTRAL AMERICA/CARIBBEAN			GRANTMAKING	HEALTH	509,613.
(8) EAST ASIA AND THE PACIFIC			GRANTMAKING	PEACE	24,878.
(9) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING	PEACE	105,000.
(10) SUB-SAHARAN AFRICA			GRANTMAKING	HEALTH AND PEACE	7,773,172.
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .	71.	665.			57,071,355.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c</b> Totals (add lines 3a and 3b)	71.	665.			57,071,355.

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

Schedule F (Form 990) 2010

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000.

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)
(1)			MIDDLE EAST/NORTH AFRICA	1	105,000.	WIRE			
(2)			SUB-SAHARAN AFRICA	2	477,173.	CHECK			
(3)			SUB-SAHARAN AFRICA	3	16,682.	CASH			
(4)			SUB-SAHARAN AFRICA	4	17,840.	CASH			
(5)			SUB-SAHARAN AFRICA	5	10,721.	CASH			
(6)			SUB-SAHARAN AFRICA	6	14,596.	CASH			
(7)			SUB-SAHARAN AFRICA	7	11,510.	CASH			
(8)			SUB-SAHARAN AFRICA	8	15,490.	CASH			
(9)			SUB-SAHARAN AFRICA	9	7,250.	CASH			
(10)			SUB-SAHARAN AFRICA	10	10,488.	CASH			
(11)			SUB-SAHARAN AFRICA	11	5,600.	CASH			
(12)			SUB-SAHARAN AFRICA	12	5,860.	CASH			
(13)			SUB-SAHARAN AFRICA	13	61,087.	CHECK			
(14)			SUB-SAHARAN AFRICA	14	83,657.	CHECK			
(15)			EUROPE/ ICELAND/GREENLAND	15	130,235.	WIRE			
(16)			SUB-SAHARAN AFRICA	16	279,542.	CHECK			

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

3 Enter total number of other organizations or entities

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000.

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)
(1)			SUB-SAHARAN AFRICA	17	1,319,101.	CHECK			
(2)			EAST ASIA/PACIFIC	18	24,878.	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	19	5,100,000.	WIRE			
(4)			SUB-SAHARAN AFRICA	20	20,031.	WIRE			
(5)			CENT. AMERICA/CARIBBEAN	21	120,262.	WIRE			
(6)			SOUTH AMERICA	22	80,535.	WIRE			
(7)			SOUTH AMERICA	23	191,674.	WIRE			
(8)			CENT. AMERICA/CARIBBEAN	24	117,141.	CHECK			
(9)			EUROPE/ICELAND/GREENLAND	25	20,275.	WIRE			
(10)			SUB-SAHARAN AFRICA	26	12,254.	WIRE			
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. 23.

3 Enter total number of other organizations or entities 3.

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).* . . . . .  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A).* . . . . .  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 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, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . . . . .  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865).* . . . . .  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* . . . . .  Yes  No



**Part V Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

## PROCEDURES FOR MONITORING GRANT FUNDS

## PART I, LINE 2

THE CENTER REQUIRES GRANT RECIPIENTS TO SUBMIT INTERIM AND/OR FINAL NARRATIVE AND FINANCIAL REPORTS THAT SET FORTH THE RESULTS OF THE WORK PERFORMED AS FUNDED BY THE CENTER. WRITTEN AGREEMENTS AND THE SPECIFIC REQUIREMENTS OF THE GRANTEE VARY BASED ON THE NATURE OF THE WORK PRODUCT AND LENGTH OF TIME FOR THE SERVICES TO BE PROVIDED.

## PURPOSE OF GRANTS TO ORGANIZATIONS OUTSIDE THE U.S.

## PART II, COLUMN D

- 1) PROMOTE ELECTORAL REFORM AND REINFORCE POLITICAL RECONCILIATION IN THE PALESTINIAN TERRITORIES
- 2)-12) PROVIDE CIVIC EDUCATION ON RULE OF LAW IN LIBERIA
- 13 -17) SUPPORT FOR THE DOMESTIC ELECTION OBSERVATION IN SUDAN
- 18) SUPPORT FOR A CONFERENCE ON USING PUBLIC INTERNATIONAL LAW TO ASSESS ELECTIONS
- 19)-20) SUPPORT GUINEA WORM ERADICATION EFFORTS
- 21) SUPPORT FOR RIVER BLINDNESS CONTROL EFFORTS IN BRAZIL
- 22)-23) SUPPORT FOR RIVER BLINDNESS CONTROL EFFORTS IN VENEZUELA
- 24) SUPPORT FOR RIVER BLINDNESS CONTROL EFFORTS IN GUATEMALA
- 25) GRANT FOR JOURNALISM FELLOWSHIPS IN ROMANIA
- 26) GRANT FOR JOURNALISM FELLOWSHIPS IN S. AFRICA

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open To Public  
Inspection

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

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>1</b> AMERICAN MARKETING & COMMUNI	DIRECT MAIL CONSULTING		X	7,265,336.	96,000.	7,171,336.
<b>2</b> CONVIO, INC.	INTERNET MARKETING		X	1,389,370.	34,425.	1,354,945.
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>Total</b>				8,654,706.	130,425.	8,526,281.

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL,  
KS, KY, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH,  
OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events
		AUCTION (event type)	(event type)	0 (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	1,297,613.		1,297,613.
	2	Less: Charitable contributions	455,279.		455,279.
	3	Gross income (line 1 minus line 2)	842,334.		842,334.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	37,827.		37,827.
	6	Rent/facility costs	298,560.		298,560.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	505,947.		505,947.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Combine line 3, column (d), and line 10				

**Part III Gaming.** Complete if the organization answered "Yes" to 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				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				( )
	8	Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
 a Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization operate 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 operated in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 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.** Complete this part to provide the explanation 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 complete this part to provide any additional information (see instructions).

**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" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2010**

**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.  Yes  No

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	JIMMY CARTER LIBRARY AND MUSEUM 441 FREEDOM PARKWAY ATLANTA, GA 30307	44-0553234	501 (C) 3	313,320.	0. N/A	N/A	N/A	PART VI
(2)	EMORY UNIVERSITY 1599 CLIFFTON ROAD #6-303 ATLANTA, GA 30322	44-0553234	501 (C) 3	250,000.	0. N/A	N/A	N/A	PART VI
(3)	DEMOCRACY INTERNATIONAL 4802 MONTGOMERY LANE BETHESDA, MD 20814	71-0943640	N/A	125,322.	0. N/A	N/A	N/A	PART IV
(4)	ROSALYNN CARTER INSTITUTE 800 GSW DR AMERICUS, GA 31709	58-1386358	501 (C) 3	10,000.	0. N/A	N/A	N/A	PART VI
(5)	GA ASSOC. OF COMM. SVC BDS 3150 GOLF RIDGE BLVD DOUGLASVILLE,	58-2321384	N/A	16,000.	0. N/A	N/A	N/A	PART VI
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

- 2 Enter total number of section 501(c)(3) and government organizations  3.
- 3 Enter total number of other organizations  2.

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

Schedule I (Form 990) (2010)

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

1	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	JOURNALISM FELLOWSHIPS	9.	68,069.	0.	N/A	N/A
2	GRANT	1.	25,000.	0.	N/A	N/A
3						
4						
5						
6						
7						

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

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

PART I, LINE 2

THE CENTER REQUIRES GRANT RECIPIENTS TO SUBMIT INTERIM AND/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

**Part III Grants and Other Assistance to Individuals in the United States.** 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 non-cash assistance
1						
2						
3						
4						
5						
6						
7						

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

AND LENGTH OF TIME FOR THE SERVICES TO BE PROVIDED.

PURPOSE OF GRANT OR ASSISTANCE

PART II, COLUMN (H)

1) ASSISTANCE RELATED TO RENOVATION TO INCLUDE EDUCATIONAL INFORMATION ON

THE WORK OF THE CARTER CENTER

2) SUPPORT TO THE INSTITUTE FOR DEVELOPING NATIONS, WHOSE PURPOSE IS TO

RESEARCH METHODS FOR THIRD WORLD COUNTRY DEVELOPMENT

3) SUPPORT FOR DOMESTIC ELECTION OBSERVATION IN SUDAN

4) SUPPORT FOR THE ROSALYNN CARTER INSTITUTE FOR CAREGIVERS

**Part III Grants and Other Assistance to Individuals in the United States.** 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 non-cash assistance
1						
2						
3						
4						
5						
6						
7						

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

5) SUBGRANT TO DEVELOP CURRICULUM FOR TRAINING ON THE ISSUES IN THE INTEGRATION OF PRIMARY AND BEHAVIORAL CARE.



**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" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Name of the organization

THE CARTER CENTER, INC.

Employer identification number

58-1454716

**Part I Questions Regarding Compensation**

		Yes	No
<b>1a</b>	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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 (e.g., maid, chauffeur, chef)
<b>b</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 . . . . .	<b>1b</b>	
<b>2</b>	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . . . . .	<b>2</b>	
<b>3</b>	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.		
<input 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 checked="" type="checkbox"/>	Form 990 of other organizations	<input type="checkbox"/>	Approval by the board or compensation committee
<b>4</b>	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b>	Receive a severance payment or change-of-control payment from the organization or a related organization? . . . . .	<b>4a</b>	X
<b>b</b>	Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .	<b>4b</b>	X
<b>c</b>	Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .	<b>4c</b>	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>		
<b>5</b>	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b>	The organization? . . . . .	<b>5a</b>	X
<b>b</b>	Any related organization? . . . . .	<b>5b</b>	X
	If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b>	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b>	The organization? . . . . .	<b>6a</b>	X
<b>b</b>	Any related organization? . . . . .	<b>6b</b>	X
	If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b>	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .	<b>7</b>	X
<b>8</b>	Were any amounts reported in 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 . . . . .	<b>8</b>	X
<b>9</b>	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .	<b>9</b>	

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

Schedule J (Form 990) 2010

**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 in 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 are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOHN B. HARDMAN	(i) 296,158. (ii) 0. (iii) 0.	0. 0. 0.	0. 0. 0.	22,050. 0. 0.	13,501. 0. 0.	331,709. 0. 0.	0. 0. 0.
2 PHILLIP J. WISE	(i) 177,929. (ii) 0. (iii) 0.	0. 0. 0.	0. 0. 0.	15,780. 0. 0.	4,909. 0. 0.	198,618. 0. 0.	0. 0. 0.
3 CHRISTOPHER D. BROWN	(i) 131,064. (ii) 0. (iii) 0.	0. 0. 0.	0. 0. 0.	12,402. 0. 0.	16,585. 0. 0.	160,051. 0. 0.	0. 0. 0.
4 DONALD R. HOPKINS	(i) 191,937. (ii) 0. (iii) 0.	0. 0. 0.	0. 0. 0.	17,414. 0. 0.	8,396. 0. 0.	217,747. 0. 0.	0. 0. 0.
5 JOHN J. STREMLAU	(i) 170,454. (ii) 0. (iii) 0.	0. 0. 0.	0. 0. 0.	15,651. 0. 0.	11,101. 0. 0.	197,206. 0. 0.	0. 0. 0.
6 RYAN MCDONALD	(i) 128,158. (ii) 0. (iii) 0.	0. 0. 0.	50,000. 0. 0.	15,555. 0. 0.	14,685. 0. 0.	208,398. 0. 0.	0. 0. 0.
7 SEEMA N. SHAMS	(i) 126,667. (ii) 0. (iii) 0.	0. 0. 0.	35,000. 0. 0.	14,550. 0. 0.	9. 0. 0.	176,226. 0. 0.	0. 0. 0.
8 FRANK O. RICHARDS	(i) 151,941. (ii) 0. (iii) 0.	0. 0. 0.	0. 0. 0.	13,771. 0. 0.	1,276. 0. 0.	166,988. 0. 0.	0. 0. 0.
9 THOMAS H. BORNEMANN	(i) 145,793. (ii) 0. (iii) 0.	0. 0. 0.	0. 0. 0.	13,229. 0. 0.	1,209. 0. 0.	160,231. 0. 0.	0. 0. 0.
10 HRAIR A. BALIAN	(i) 141,795. (ii) 0. (iii) 0.	0. 0. 0.	0. 0. 0.	8,650. 0. 0.	13,757. 0. 0.	164,202. 0. 0.	0. 0. 0.
11	(i) --- (ii) --- (iii) ---	--- --- ---	---	---	---	---	---
12	(i) --- (ii) --- (iii) ---	--- --- ---	---	---	---	---	---
13	(i) --- (ii) --- (iii) ---	--- --- ---	---	---	---	---	---
14	(i) --- (ii) --- (iii) ---	--- --- ---	---	---	---	---	---
15	(i) --- (ii) --- (iii) ---	--- --- ---	---	---	---	---	---
16	(i) --- (ii) --- (iii) ---	--- --- ---	---	---	---	---	---

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

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

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

**2010**

**Open To Public Inspection**

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

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
	(1)									
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										

Total . . . . . ▶ \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 990 or 990-EZ) 2010

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JEFFREY CARTER	SON OF BOARD MEMBER	24,455.	SALARY		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**

OMB No. 1545-0047

**2010**

**Open To Public  
Inspection**

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 . . . . .	X	4.	32,650.	APPRAISAL
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .	X		2,600.	RETAIL PRICE
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	222.	5,043,733.	MARKET PRICE
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 ▶ ( ATCH 1 ) . . . . .		9.	514,926.	
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 IV, Donee Acknowledgement . . . . . **29** 3.

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2010)

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

---

USE OF THIRD PARTIES OR RELATED ORGANIZATIONS

SCHEDULE M, PART I, LINE 32A

THE CARTER CENTER UTILIZES EXTERNAL BROKERS TO SELL DONATED SECURITIES

UPON RECEIPT.

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
WATER FILTRATION	X	2.	146,170.	RETAIL PRICE
CONSULTING SERVICES	X	3.	68,900.	RETAIL PRICE
EQUIPMENT	X	2.	23,829.	RETAIL PRICE
CHARTER FLIGHT	X	2.	276,027.	COST INCURRED
TOTALS		<u>9.</u>	<u>514,926.</u>	



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

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 990-EZ.

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

THE CARTER CENTER, INC.

Employer identification number

58-1454716

AUDITED FINANCIAL STATEMENTS

FORM 990, PART IV, LINE 12

THE CARTER CENTER'S AUDITED FINANCIAL STATEMENTS CONSOLIDATE THE  
ACTIVITIES OF THE CARTER CENTER, INC. AND THE CARTER CENTER  
COLLABORATIVE, INC. AND ARE PREPARED IN ACCORDANCE WITH GAAP. SEPARATE  
AUDITED FINANCIAL STATEMENTS ARE NOT PREPARED FOR EACH ENTITY.

NUMBER OF EMPLOYEES

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

EMORY UNIVERSITY SERVES AS COMMON PAYMASTER FOR THE CENTER'S EMPLOYEES.  
AS SUCH, ALL IRS FORMS W-3 AND ALL FEDERAL EMPLOYMENT TAX RETURNS ARE  
FILED BY EMORY UNIVERSITY. THE CARTER CENTER'S EMPLOYEE COUNT OF 200 WAS  
INCLUDED IN THE EMORY UNIVERSITY FORM W-3 FOR CALENDAR YEAR 2010.

FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES

FORM 990, PART V, LINE 4B

BOLIVIA, CAMEROON, CHAD, COTE D'IVOIRE, DEMOCRATIC REPUBLIC OF CONGO,  
ECUADOR, ETHIOPIA, GHANA, GUATEMALA, GUINEA, KENYA, LIBERIA, MALI,  
MEXICO, NEPAL, NIGER, NIGERIA, PALESTINE, SOUTH SUDAN, SUDAN, UGANDA,  
VENEZUELA.

BUSINESS AND FAMILY RELATIONSHIPS

FORM 990, PART VI, SECTION A, LINE 2

JIMMY AND ROSALYNN CARTER, FOUNDERS AND TRUSTEES, ARE HUSBAND AND WIFE.

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

JASON CARTER, TRUSTEE, IS THE GRANDSON OF JIMMY AND ROSALYNN CARTER.

THE PRESIDENT OF EMORY UNIVERSITY, JAMES WAGNER, SERVES OF THE BOARD OF TRUSTEES FOR THE CENTER. BEN JOHNSON, ARTHUR BLANK, LEAH WARD SEARS, AND LYNN STAHL, TRUSTEES ON THE CENTER'S BOARD, ALSO SERVE ON THE BOARD OF TRUSTEES FOR EMORY UNIVERSITY.

ELECTION OF MEMBERS OF THE GOVERNING BODY FORM 990

PART VI, LINE 7A AND 7B

THE BOARD OF TRUSTEES OF THE CARTER CENTER, INC. CONSISTS OF PRESIDENT CARTER AND MRS. CARTER, THE PRESIDENT OF EMORY UNIVERSITY, 9 MEMBERS APPOINTED BY EMORY UNIVERSITY'S BOARD OF TRUSTEES, AND 10 MEMBERS APPOINTED BY PRESIDENT CARTER AND THOSE TRUSTEES NOT APPOINTED BY EMORY UNIVERSITY'S BOARD OF TRUSTEES. ADDITIONALLY, EMORY UNIVERSITY'S BOARD OF TRUSTEES HAS THE AUTHORITY TO APPROVE AMENDMENTS TO THE CENTER'S ARTICLES OF INCORPORATION AND BYLAWS AND TO APPROVE THE ANNUAL AND CAPITAL BUDGETS OF THE CENTER.

PROCESS USED TO REVIEW FORM 990

FORM 990, PART VI, SECTION B, LINE 11

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

MONITORING CONFLICT OF INTEREST POLICY

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

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

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 IN JUNE, THE CENTER REQUESTS THAT EACH TRUSTEE, OFFICER, AND KEY EMPLOYEE PROVIDE INFORMATION REGARDING ALL BUSINESS AND FAMILY RELATIONSHIPS AND AN ATTESTATION OF THEIR UNDERSTANDING AND ADHERENCE TO THE CONFLICT OF INTEREST POLICY, AS PROVIDED.

PROCESS USED IN DETERMINING COMPENSATION

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

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

THE CEO'S PERFORMANCE IS REVIEWED AND COMPENSATION IS SET ANNUALLY BY THE CHAIR OF THE BOARD OF TRUSTEES IN COORDINATION WITH THE PRESIDENT OF EMORY UNIVERSITY, WHO ALSO SERVES AS A CENTER TRUSTEE.

STATES WHERE FORM 990 IS FILED

FORM 990, PART VI, SECTION C, LINE 17

ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, CONNECTICUT,

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

FLORIDA, GEORGIA, HAWAII, ILLINOIS, KANSAS, KENTUCKY, MAINE, MARYLAND,  
 MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, NEW HAMPSHIRE,  
 NEW JERSEY, NEW MEXICO, NEW YORK, NORTH CAROLINA, NORTH DAKOTA, OHIO,  
 OKLAHOMA, OREGON, PENNSYLVANIA, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE,  
 UTAH, VIRGINIA, WASHINGTON, WEST VIRGINIA, WISCONSIN.

MAKING GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC

FORM 990, PART VI, LINE 19

DOCUMENTS ARE AVAILABLE UPON REQUEST.

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

FORM 990, PART XI, LINE 5

NET APPRECIATION OF ENDOWMENT INVESTMENTS

\$31,645,930

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE CARTER CENTER, IN PARTNERSHIP WITH EMORY UNIVERSITY, IS GUIDED BY  
 A FUNDAMENTAL COMMITMENT TO HUMAN RIGHTS AND THE ALLEVIATION OF HUMAN  
 SUFFERING; IT SEEKS TO PREVENT AND RESOLVE CONFLICTS, ENHANCE FREEDOM  
 AND DEMOCRACY, AND IMPROVE HEALTH. WHILE THE PROGRAM AGENDA MAY  
 CHANGE, THE CARTER CENTER IS GUIDED BY FIVE PRINCIPLES:

- 1) THE CENTER EMPHASIZES ACTION AND RESULTS. BASED ON CAREFUL  
 RESEARCH AND ANALYSIS, IT IS PREPARED TO TAKE TIMELY ACTION ON  
 IMPORTANT AND PRESSING ISSUES.
- 2) THE CENTER DOES NOT DUPLICATE THE EFFECTIVE EFFORTS OF OTHERS.
- 3) THE CENTER ADDRESSES DIFFICULT PROBLEMS AND RECOGNIZES THE  
 POSSIBILITY OF FAILURE AS AN ACCEPTABLE RISK.

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

ATTACHMENT 1 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

4) THE CENTER IS NONPARTISAN AND ACTS AS A NEUTRAL IN DISPUTE RESOLUTION ACTIVITIES.

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

THE CARTER CENTER COLLABORATES WITH OTHER ORGANIZATIONS, PUBLIC OR PRIVATE, IN CARRYING OUT ITS MISSION.

ATTACHMENT 2PART VII - CONTINUATION OF OFFICERS, DIRECTORS, TRUSTEES,  
KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES

(1)=IND.TRUSTEE/DIR. (2)=INS.TRUSTEE (3)=OFFICER (4)=KEY EMP. (5)=HIGHEST COMP. (6)=FORMER

(A) NAME AND TITLE	(B) HOURS	(C) POSITION						COMPENSATION FROM		
		(1)	(2)	(3)	(4)	(5)	(6)	(D) ORG.	(E) REL. ORG.	(F) OTHER
29 FRANK O. RICHARDS DIRECTOR - HEALTH PROGRAMS	40.00				X			151,941.	0.	15,047.
30 THOMAS H. BORNEMANN DIRECTOR - MENTAL HEALTH PROG	40.00				X			145,793.	0.	14,438.
31 HRAIR A. BALIAN DIRECTOR, CONFLICT RESOLUTION	40.00				X			141,795.	0.	22,407.

ATTACHMENT 3FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

NAME AND TITLE	HOURS DEVOTED FOR RELATED ORGANIZATION
TERRENCE B. ADAMSON TRUSTEE	1.00
RICHARD C. BLUM TRUSTEE - BOARD VICE CHAIR	1.00
BRADLEY N. CURREY, JR. TRUSTEE	1.00
BEN F. JOHNSON III TRUSTEE	1.00
KENT C. NELSON	

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

ATTACHMENT 3 (CONT'D)

TRUSTEE - BOARD CHAIR	1.00
JAMES W. WAGNER	
TRUSTEE	1.00
JOHN B. HARDMAN	
PRESIDENT AND CEO	2.00
PHILLIP J. WISE	
SECRETARY, VP-OPERATIONS	2.00
CHRISTOPHER D. BROWN	
TREASURER, VP-FINANCE	2.00

ATTACHMENT 4

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
ANSAR, INC. 5561 BETHESDA-ARNO RD THOMPSON STATION, TN 37179	MAILSHOP SERVICES	523,037.
PROOF OF THE PUDDING 2033 MONROE DRIVE ATLANTA, GA 30324	EVENTS/CATERING	250,010.
EXECUTIVE MANAGEMENT SERVICES PO BOX 505818 INDIANAPOLIS, IN 45250	JANITORIAL SERVICES	192,961.
KPMG LLP 303 PEACHTREE STREET, NE SUITE 2000 ATLANTA, GA 30308	AUDIT/TAX SERVICES	192,738.
THE TELOS GROUP 1614 RIGGS PLACE, NW #1 WASHINGTON, DC 20009	CONSULTING SERVICES	173,205.
TOTAL COMPENSATION		<u>1,331,951.</u>

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE CARTER CENTER, INC.

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

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 of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)	-----	-----	-----	-----	-----	-----
(2)	-----	-----	-----	-----	-----	-----
(3)	-----	-----	-----	-----	-----	-----
(4)	-----	-----	-----	-----	-----	-----
(5)	-----	-----	-----	-----	-----	-----
(6)	-----	-----	-----	-----	-----	-----

**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
(1)	CARTER CENTER COLLABORATIVE, INC. 453 FREEDOM PARKWAY ATLANTA, GA 30307 20-5704991	SUPPORT CCI	GA	501(C)3	11	N/A	X	
(2)	CARTER CENTRE UK 14 ST. MARY'S STREET PF9 2DF STAMFORD, LINCOLNSHIRE UK	SUPPORT CCI	UK	N/A	N/A	N/A		X
(3)	CARTER CENTRE UK FOUNDATION 14 ST. MARY'S STREET PF9 2DF STAMFORD, LINCOLNSHIRE UK	SUPPORT CCI	UK	N/A	N/A	N/A		X
(4)	-----	-----	-----	-----	-----	-----	-----	-----
(5)	-----	-----	-----	-----	-----	-----	-----	-----
(6)	-----	-----	-----	-----	-----	-----	-----	-----
(7)	-----	-----	-----	-----	-----	-----	-----	-----

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

Schedule R (Form 990) 2010

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							



Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, 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?

Table with columns: Transaction description, Yes, No. Rows include Receipt of interest, Gift, grant, or capital contribution, Loans or loan guarantees, Sale of assets, Purchase of assets, Exchange of assets, Lease of facilities, equipment, or other assets, Lease of facilities, equipment, or other assets, Performance of services or membership or fundraising solicitations, Sharing of facilities, equipment, mailing lists, or other assets, Reimbursement paid to other organization for expenses, Other transfer of cash or property to other organization, Other transfer of cash or property from other organization.

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.

Table with columns: (a) Name of other organization, (b) Transaction type (a-r), (c) Amount involved, (d) Method of determining amount involved. Rows (1) through (6) are currently blank.

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1) -----										
(2) -----										
(3) -----										
(4) -----										
(5) -----										
(6) -----										
(7) -----										
(8) -----										
(9) -----										
(10) -----										
(11) -----										
(12) -----										
(13) -----										
(14) -----										
(15) -----										
(16) -----										

---

**Part VII** **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

---

Form 990

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning 09/01, 2010, and ending 08/31, 2011

Form sections B through K: B Check if applicable; C Name of organization THE CARTER CENTER, INC.; D Employer identification number 58-1454716; E Telephone number (404) 420-5100; F Name and address of principal officer: JOHN B. HARDMAN; G Gross receipts \$ 85,132,885.; H(a) Is this a group return for affiliates? Yes X No; H(b) Are all affiliates included? Yes; I Tax-exempt status: X 501(c)(3); J Website: WWW.CARTERCENTER.ORG; K Form of organization: X Corporation; L Year of formation: 1981; M State of legal domicile: GA

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... THE CARTER CENTER IS COMMITTED TO ADVANCING HUMAN RIGHTS AND ALLEVIATING UNNECESSARY HUMAN SUFFERING.; 2-6 Activities & Governance; 7a-7b Revenue; 8-12 Expenses; 13-19 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, Date, Type or print name and title

Paid Preparer Use Only: Print/Type preparer's name Allison H. Franklin; Preparer's signature Allison H. Franklin; Date 7/16/12; Check if self-employed; PTIN P00448640; Firm's name KPMG LLP; Firm's EIN 13-5565207; Firm's address 300 NORTH GREENE STREET, SUITE 400 GREENSBORO, NC 27401; Phone no. 336-275-3394

May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2010)