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

Department of the Treesury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

Name of the organization Employer identification number THE CARTER FAMILY CHARITABLE TRUST 05-6093256

Organization type (check o			
C. Aguire (Ou TAbe (Clieck C	nej:		
Filers of:	Section:		
Form 990 or 990-EZ	501(c)() (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private foundation		
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt chantable trust treated as a private foundation		
	501(c)(3) taxable private foundation		
Check if your organization is Note. Only a section 501(c)(covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.		
General Rule			
X For an organization contributor. Comple	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one ete Parta I and II.		
Special Rules			
a)U11 and 17U(b)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% Form 990, Part VIII, line 1h or (II) Form 990-EZ, line 1. Complete Parts I and II.		
apprepare contrion	For a section 501(c)(7), (8), or (10) organization filling 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, chantable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.		
If this box is checked purpose. Do not con	For a section 501(c)(7), (8), or (10) organization filling 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.		
DOLK DOLEMBER 100 OILL	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 g requirements of Schedule B (Form 990, 990-EZ, or 990-PF).		

LHA For Privacy Act and Peperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

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Page	Lot	I of Part I	

Name of organization

Employer identification number

THE CARTER FAMILY CHARITABLE TRUST

05-6093256

PHAIR	Contributors (see Instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	LETITIA M. CARTER, 137 GROTTO AVENUE PROVIDENCE, RI 02906	\$ 1,000,000.	Person X Payroll Noncash (Complete Part II If there ls a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	JOHN S. CARTER 137 GROTTO AVENUE PROVIDENCE, RI 02906	\$ 1,500,000.	Person X Payroll Noncesh (Complete Part II of there is a noncesh contribution)
(a) No.	(b) Name, eddress, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- s	Person Payroll Noncash (Complete Part II If there is a noncash contribution.)
(a) No.	(b) Nome, addross, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- \$	Person Payroll Complete Part II if there is a noncesh contribution)
(e) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type at contribution
923452 C2		Separation B (Factor	Person Payroll Noncesh (Complete Part II If there is a noncesh contribution)