At the Lojora primary school in Terekeka, South Sudan, children play during recess between lessons. Following a decades-long fight against Guinea worm disease, led by The Carter Center, the area is now free of the debilitating parasitic infection.
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:

- The Center emphasizes action and results. Based on careful research and analysis, it is prepared to take timely action on important and pressing issues.
- The Center does not duplicate the effective efforts of others.
- The Center addresses difficult problems and recognizes the possibility of failure as an acceptable risk.
- The Center is nonpartisan and acts as a neutral in dispute resolution activities.
- 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.
Whether waging peace or fighting disease, ultimately the work of the Carter Center is about helping people achieve better opportunities and residing hope where it languished before. Rosalynn and I are grateful for your support.

Jimmy Carter

Former U.S. President Jimmy Carter greets a Nepalese boy at a Kathmandu polling station during November 2013 elections monitored by a 66-person Carter Center team.
The Carter Center was founded by former U.S. President Jimmy Carter and his wife, Rosalynn, in 1982. A nongovernmental organization, the Center has helped to advance peace and health in more than 70 countries.

**Key Accomplishments**
- Leading an eradication campaign that has reduced incidence of Guinea worm disease from an estimated 3.5 million cases in 1986 to fewer than 150 today
- Observing 96 elections in 38 countries to help establish and strengthen democracies
- Furthering avenues to peace in Ethiopia, Eritrea, Nepal, Liberia, Sudan, Uganda, the Korean Peninsula, Haiti, Bosnia and Herzegovina, and the Middle East
- Strengthening international standards for human rights and the voices of individuals defending those rights in their communities worldwide
- Pioneering new public health approaches to preventing or controlling devastating neglected diseases in Africa and Latin America, including establishing a village-based health care delivery system in thousands of communities in Africa
- Advancing efforts to improve mental health care and diminish stigma against people with mental illnesses

**Donations**
The Center received $200 million in cash, pledges, and in-kind gifts in 2012–2013. The Center is a 501(c)(3) charitable organization, financed by private donations from individuals, foundations, corporations, and international development assistance agencies. Contributions by U.S. citizens and companies are tax-deductible as allowed by law.

**Staff**
175 employees in Atlanta headquarters, with staff in field offices in more than a dozen nations.
In its efforts to wage peace and fight disease, The Carter Center chooses to address situations not being resolved by others. We go to remote and difficult areas of the world inhabited by those most poor and forgotten. We tackle neglected diseases given little attention by national governments and major aid agencies. We open dialogue in countries where political forces have no forum to talk to each other or where the government does not talk with the local people. We observe elections in some of the least powerful nations often overlooked because they lack economic might or other influence. We bolster the voices of grassroots human rights defenders, seemingly average people whose extraordinary courage makes them heroes in their communities. And we stand up for those who are stigmatized by mental illnesses, helping them to get the care they need to have normal and productive lives.

In all that we do we seek tangible, measurable results, and this year we can report much solid progress toward our mission to advance human rights and alleviate suffering.

The Carter Center works to benefit people everywhere who lack the tools and knowledge to prevent unnecessary diseases or who are denied public voice and influence. Our fight for the underdog in society is catalyzed by the humanitarian vision of our founders, Jimmy and Rosalynn Carter. Thanks to them, our staff of experts, and the ongoing support of our many donors and other partners, we have had another remarkable year of building hope in lasting ways.

Kent C. “Oz” Nelson
Chairman
Board of Trustees

John Hardman
President and Chief Executive Officer
Cases of Guinea worm disease worldwide in 2013, following nearly 30 years of disease elimination efforts: 148

Counties in Liberia with at least one trained mental health clinician, providing complete coverage in a nation that had just one psychiatrist four years ago: 15

Armed groups and military councils monitored using an innovative method of analyzing social media to track opposition forces as they evolve in the Syria conflict: 5,000

Election observers deployed to monitor elections in Sierra Leone, Kenya, and Nepal: 158

Countries where The Carter Center will implement a more aggressive and comprehensive strategy to eliminate river blindness, rather than just control it: 6

Millions of doses of the antibiotic Zithromax delivered with assistance from The Carter Center to treat active trachoma infections in Africa: 100

Nations that have tested an assessment tool to determine how successfully they are implementing access-to-information laws: 7

Formal dialogue meetings between prominent leaders from Sudan and South Sudan to strengthen peace and lasting understanding between the nations: 4
peace
PROGRAMS
The Carter Center’s peace programs advance freedom and democracy in nations worldwide and help to secure for people the civil and political rights that are the foundation of just and peaceful societies.

In Bong County, Liberia, members of a drama troupe perform an educational skit about marriage and property rights. The Carter Center is working with the government of Liberia to help the country rebuild its judicial system following a long and devastating civil war.
At age 19, Audrey Kasandi served as a deputy presiding officer at the KIRDI polling station near Nairobi for Kenya’s peaceful March 2013 general elections, observed by The Carter Center. Many Kenyans worried about a repeat of the violence that occurred during the last elections, several years earlier. “I have been scared since 2007, and even during this election period I was still apprehensive,” said Kasandi. “I took the job of deputy presiding officer despite the fear. Whatever was going to happen would happen.”

Nepal’s constituent assembly election marked the 95th election the Center observed. Since 2008, The Carter Center has had staff in Nepal to monitor a shaky and slow political transition to democracy. President Carter led a 51-person delegation, which found the election remarkably well run, especially after political parties that boycotted the process disrupted it with violence.

In March 2013, a 60-person Carter Center team in Kenya found that despite serious shortcomings in the election commission’s management of technology and tabulation of results, the paper-based procedure for counting and tallying provided enough guarantees to preserve the will of Kenyan voters in the general elections.

For Sierra Leone’s 2012 elections, the Center sent 40 observers. These were the first elections the country had organized with little international assistance since civil war ended a decade ago. The Carter Center found the elections to be a promising sign for a country struggling to build a democratic society.

In addition to monitoring elections, the Democracy Program followed the constitutional drafting process and the legal framework in Tunisia, publishing reports and offering best practice recommendations based on the Center’s experience.

The Democracy Program also assessed postelection political transitions in Egypt, Libya, Palestine, and Myanmar.

A leader in building consensus on international standards for democratic elections, the Center worked with other election observation groups and experts to improve tools and contribute to the professionalization of international election observation.

A woman votes for constituent assembly members in Kathmandu, Nepal. The November 2013 elections were a long-delayed vote to replace the assembly that was dissolved in May 2012 after failing to draft a new constitution.
In June, the Human Rights Program hosted 60 human rights defenders, religious leaders, and scholars representing 15 countries to explore the role of sacred text and religious communities in advancing women’s rights. The group proposed ways for believers to work within their communities to prevent and redress gender-based violations of human rights.

The Carter Center continued work in the Democratic Republic of the Congo (DRC) to increase transparency and accountability for human rights policies. Efforts to protect human rights defenders led to the establishment of an independent National Human Rights Commission and increased use of an alert and protection system that responds to threats against activists, lawyers, and journalists.

As the result of the program’s mining governance work in the DRC, six major contracts and a $6 billion Congolese-Chinese agreement were made public. The Center’s human rights impact assessments in two communities near mining operations resulted in one company paying compensation to over 4,500 displaced citizens and a government committee to liaise on public health issues related to air, soil, and water pollution caused by mines.

To advance peace in the Middle East, the program sponsored fact-finding trips to expose the realities of life under occupation in Palestinian communities. The program provided ongoing support to create a growing constituency of religious leaders who are mobilizing to reach out to policymakers and using the media to work toward peace with justice.

The program also supports President Carter’s efforts to advance human rights issues with U.S. leaders, including calling for the abolition of the death penalty and for the alignment of national security and counterterrorism policies with the Universal Declaration of Human Rights.

This year, the Conflict Resolution Program launched an initiative to help South Sudan and Sudan resolve their differences. High-level participants meet in different African capital cities and communicate between sessions to further efforts toward a lasting peace. As a show of good will, in November the group visited the disputed border region of Aweil.

Program staff monitored closely the catastrophic situation in Syria, working behind the scenes to ensure all stakeholders’ interests are addressed in the future political transition. The project includes an innovative conflict mapping approach to help all concerned understand the ever changing alignment of armed forces on the ground. The program also focused on the threatened demise of the two-state solution for the Israeli-Palestinian conflict if progress is not made in the long-stalled negotiations.

In Liberia, more than 138,000 people in 1,200 rural communities have been reached with civic education from The Carter Center and its partners through performances, community forums, and radio programs that dramatize the country’s rule of law. Community justice advisers provide free legal services and mediation to marginalized populations as part of continued efforts to increase awareness of the formal justice system and strengthen local justice mechanisms. The program has opened more than 6,000 cases since 2008. The Center also works with partners to raise awareness of the country’s freedom-of-information law and its ability to transform lives.
A man works in an industrial mine in the mineral-rich province of Katanga, southeastern Democratic Republic of the Congo. The nation’s lucrative mining industry generates huge profits while impoverished local communities receive few of the benefits. In two towns, a study by The Carter Center on the effects of mining found that many residents suffered health problems or land pollution.

“Already we have seen an impact,” said Elisabeth Caesens, project coordinator for The Carter Center. “High-level central government officials met with community members to discuss the impact of mining operations—the first time the government has acknowledged some level of responsibility for companies’ actions.”
In Liberia, as part of International Right to Know Day events, members of the Seventh-Day Adventist High School debate team confer before countering an argument about the country’s freedom-of-information law posed by a team from Bassa High School. Bassa argued for the law, while the Seventh-Day Adventist students were assigned the difficult position of opposing the law. The Carter Center has been assisting the Liberian government as it tries to more fully implement the 2010 law. “If people are able to understand what’s happening, it will help cut corruption,” said Abraham Kollie of the Center’s Liberia office.
This year, the Americas Program hosted a series of seminars and public discussions in several Latin American countries on the tension between governments and the media. The seminars convened representatives of private and public media, civil society, scholars, and government representatives to discuss topics such as state versus self-regulation of the media and the democratization of communications and information in Latin America.

The Carter Center sent a small delegation to Venezuela’s presidential election in April following the death of President Hugo Chávez. The group wrote an extensive report that recommended electoral reform, mutual recognition, and dialogue to reduce societal and political polarization.

The Center also sent a group to the November 2013 Honduras presidential election, led by members of the Friends of the Inter-American Democratic Charter. The delegation assessed the political climate and promoted a peaceful election process, outcome, and transition to the new administration.

The Global Access to Information Initiative continued efforts to advance open government in Liberia and China and tested its Implementation Assessment Tool. Staff received many requests from countries asking to use the tool to assess their access-to-information legislation. The tool aims to encourage and support government, civil society, scholars, and donors to be more effective at advancing the right of access to information.

The China Program launched a new initiative on U.S.-China relations to reduce misperceptions, promote greater U.S.-China cooperation in the developing world, and nurture a young generation of Americans and Chinese to build a stronger foundation for the bilateral relationship. A November 2013 forum at The Carter Center brought together China-U.S. leaders and scholars to discuss these goals and guide the Center’s new initiative.

To support the new project, the program launched the U.S.-China Perception Monitor website, www.uscnpm.org, to create a channel for building trust, facilitating collaboration between the two countries in critical areas around the world, and raising awareness of common interests.

Another website sponsored by The Carter Center—China in Africa—aggregates African voices on China-Africa relations and translates content into Chinese to raise awareness among the Chinese of the impact of their operations in Africa.

The Center continued to support China in the implementation and institutionalization of the Open Government Information regulation, working in partnership with local governments, universities, and Chinese think tanks. The Center also sponsors a transparency-specific website to raise awareness of the value of access to information and to share international experiences on open-government initiatives.
health PROGRAMS
The Carter Center’s health programs fill vacuums in global health, helping to prevent needless suffering and build hope for millions of the world’s poorest people.
In the pastoral community of Mogos in South Sudan, 12-year-old Lojore Nadapal Longolio prepares to collect water for her family. She readies a fine-mesh filter, which she will insert into the mouth of the jug before scooping water. The filter ultimately protects Longolio and her family from Guinea worm disease, a painful condition that results in worms emerging from a person’s body through skin blisters. The filter keeps the larvae that develop into adult worms out of household drinking water, so they cannot unknowingly be ingested by a person.

The Carter Center is working to eradicate this ancient scourge. Last year, 148 cases of the disease were reported worldwide, all in remote locations of four African countries. Longolio has seen the disease firsthand and knows the anguish it causes: her little sister suffered from a Guinea worm in her leg in 2013 and spent weeks in treatment at a nearby case containment center supported by The Carter Center.
An ancient and horrible affliction, Guinea worm disease (dracunculiasis) is poised to become only the second human disease to be eradicated from earth, and the first without the use of vaccines or medicines, thanks to a 28-year-old international campaign led by The Carter Center.

In 2013, 148 cases were reported, a 73 percent reduction from 2012. Overall, cases have been reduced by more than 99.9 percent since 1986. More than 80 million cases have been averted by teaching people how to prevent themselves from contracting the painful parasitic disease, which is spread when individuals drink water contaminated with the water fleas that harbor infective larvae.

The greatest challenge to eradication remains insecurity in South Sudan and Mali, but the Center and its local and international partners are searching for and treating every last case. The disease is found only in four countries today: South Sudan (113 cases in 2013), Chad (14 cases), Mali (11 cases), and Ethiopia (7 cases). An additional three cases were reported in Sudan; they are under investigation.

The presence of Guinea worm disease in an area often indicates abject poverty. It can be prevented primarily through health education, water filtration with a fine-mesh cloth (donated by Vestergaard Frandsen), treatment of stagnant water sources with Abate, an environmentally safe larvicide donated by BASF, or the provision of clean drinking water.

Guinea worms can emerge from any location on a person’s body, commonly from legs. A health worker must extract the worm with gentle pressure a little each day over the course of many days or even weeks. Attempts to pull out a worm too quickly can result in breakage, possibly causing infection or permanent handicap.
The Carter Center announced in 2013 that it will no longer only control river blindness but instead will work with ministries of health to eliminate the disease in all areas where the Center works in Africa and Latin America. The new comprehensive elimination strategy is based on lessons learned from the Carter Center's Onchocerciasis Elimination Program for the Americas.

Success in some of Africa's most populous and highly endemic countries—Nigeria, Uganda, Ethiopia, and Sudan—will offer hope for other countries struggling with this affliction.

Also in 2013, Colombia became the first nation in the world to apply for and be granted verification of elimination of river blindness by the World Health Organization.

To date, The Carter Center has assisted in the delivery of approximately 185 million cumulative Mectizan® treatments (donated by Merck) in Africa and Latin America through community-based channels, as well as helped improve health education, surveillance, and data management and trained hundreds of thousands of community-based health workers.

River blindness is spread by the bites of small black flies that breed near rapidly flowing streams and rivers. In addition to severe itching and scarring, the disease eventually can lead to blindness.

Recent disease mapping in Nigeria has confirmed it is the world's third most endemic country for lymphatic filariasis after India and Indonesia. Yet, recent successes in stopping disease transmission in Plateau and Nasarawa states offer hope that Nigeria and other African nations can end lymphatic filariasis. Plateau and Nasarawa now are participating in a five-year period of post-treatment surveillance to ensure the disease does not recur. These communities will benefit not only from the end of a disfiguring disease but also from precious health resources that can be diverted to other problems.

In Ethiopia, the program has established a pilot project to pursue elimination of the disease. The Carter Center has supported the delivery of more than 775,000 treatments in Ethiopia and expanded prevention and treatment activities to several regions of the country. The Carter Center also works with local ministries of health on eliminating the disease, along with malaria, on the island of Hispaniola.

A leading cause of permanent and long-term disability worldwide, lymphatic filariasis can cause elephantiasis, a crippling condition in which a person's limbs are grotesquely swollen or enlarged.
Peace Habomugisha has an office in Kampala, Uganda, but it’s usually empty. As the Carter Center’s representative in Uganda, Habomugisha typically can be found out in the field, keeping the river blindness program on track. She makes sure health workers are distributing medication in the right doses at the right times and health education is being delivered effectively.

It’s a tough job, made tougher because she’s a woman in the male-dominated culture of East Africa. She said in the rural districts she visits, people sometimes question her authority. “But then I talk to them and explain how to improve their community’s health, and I have never been rejected anywhere,” she said.

In recent years, Habomugisha was key in taking Uganda from a country that controlled the spread of river blindness to helping the government launch an ambitious plan to eliminate the disease. “When we began this elimination program, I attended a meeting where people said it wasn’t possible to eliminate river blindness in Africa, but Uganda is proving them wrong,” she said.
Alemu Sisaye, 15, demonstrates to his fellow students at Abreja Primary School in northwestern Ethiopia how hand and face washing help stop trachoma, a bacterial eye infection. In areas endemic for the disease, trachoma prevention often is part of the school curriculum, an effective way to reach many children who can share what they have learned with their families at home.

Hand and face washing are part of the World Health Organization’s four-pronged SAFE strategy for trachoma control: surgery, antibiotics, face and hand washing, and environmental sanitation. Keeping hands and faces clean deters the flies that spread the disease from person to person.

Sisaye has received the message: “If a man has healthy eyes, he can do his daily activities properly,” he said.
The Carter Center’s 100 millionth dose of Zithromax®—the antibiotic donated by Pfizer Inc to treat active trachoma infections—was distributed in late 2013 in western Amhara region, Ethiopia. Amhara region is thought to be the most trachoma-endemic area of the world.

Working in partnership with six African countries to eliminate blinding trachoma, The Carter Center has become a leader in the implementation of the World Health Organization’s SAFE strategy for trachoma control. The Center supports approximately one-third of the global output of surgeries to correct trichiasis, the most advanced form of the disease, which causes debilitating pain, damage to vision, and blindness.

Since 2002, the Center has helped build about 2.9 million latrines to improve environmental sanitation, and approximately 7,900 villages receive ongoing health education on facial cleanliness and other ways to prevent the disease. Alongside partners such as national ministries of health, the Conrad N. Hilton Foundation, the John P. Hussman Foundation, and Lions Clubs International Foundation, the Center has reached nearly 40 million people suffering from or at risk of trachoma.

The Carter Center helps to demonstrate that large-scale malaria control is possible in Nigeria and Ethiopia—two countries where approximately 20 to 30 percent of all African malaria cases occur. The Center’s Malaria Control Program stems from more than two decades of efforts at the grassroots level in Ethiopia and Nigeria to improve health infrastructure and fight preventable diseases.

In the Amhara region of Ethiopia, malaria and trachoma efforts are combined into semiannual weeklong campaigns; this year, the campaigns treated millions for trachoma and tested and treated more than 43,000 people for malaria. Additionally, the Center supported enhanced data-management systems to improve surveillance of malaria, so that now more than 90 percent of Ethiopian health facilities are eligible to track the disease.

In Nigeria, the Center distributed its highest number of insecticide-treated bed nets for malaria control to date—3.4 million in Imo, Abia, and Edo states. Previously, the Center had distributed more than 7.6 million bed nets in Nigeria from 2004 to 2012. As a result of the national program’s dramatic scale-up, a Carter Center-supported survey found that, in the states where we work, the number of Nigerian households with at least two nets increased from 34 percent in 2010 to 74 percent in 2012.

The Center is also assisting with disease elimination on the island of Hispaniola.
Working with Liberia’s Ministry of Health and Social Welfare, The Carter Center now has trained 123 mental health clinicians out of our goal of 150, most of whom work in primary care clinics in all 15 counties in the country. Liberia has only one psychiatrist.

The 17th class of journalists receiving Rosalynn Carter Fellowships for Mental Health Journalism includes six fellows from the United States, two from Romania, and for the first time, two pairs of fellows from Colombia. The Center’s Colombian partner is La Sabana University, which will help administer the journalism program in the South American country. Since it began in 1996, the fellowship program has awarded more than 140 fellowships to improve and support accurate reporting on mental health issues and reduce the stigma of mental illnesses.

Leading mental health experts came to The Carter Center in November 2013 for the 29th annual Rosalynn Carter Symposium on Mental Health Policy to discuss the Affordable Care Act and its implications for the field of mental health. At the event, Kathleen Sebelius, then-U.S. secretary of health and human services, announced the long-awaited final regulations needed to implement the 2008 mental health parity, a goal Mrs. Carter has worked to achieve for more than 30 years. Parity prevents discrimination in insurance coverage against those who have a mental illness or substance abuse issue by requiring coverage for those conditions be on par with medical and surgical benefits.

In May, the Georgia Mental Health Forum looked at the mental health needs of children across the state and in the United States as a whole.

Contracted while bathing or swimming in water contaminated with a parasite, schistosomiasis causes anemia, damage to internal organs, impaired growth, and learning disability in children. The disease can be prevented and even reversed with a single annual dose of the drug praziquantel.

In 2012, Merck KGaA (of Germany) expanded its donation of praziquantel for treating the disease from 50 million to 250 million tablets annually over the next few years. The donation will help The Carter Center continue to reach at-risk people in the Nigerian states where the Center works. In Plateau and Nasarawa states, all school-age children are targeted for treatment. In Edo and Delta states, treatments are given in communities where more than 10 percent of the population is infected, a threshold established by the World Health Organization. As a result of drug distribution in Nigeria, the infection rate in children in treated areas has been reduced by two-thirds.
Independent filmmaker Rick Goldsmith became intrigued with former WNBA player Chamique Holdsclaw in early 2012. Once a top-performing basketball star, she later revealed that she had struggled with depression—even attempting suicide—throughout her career. But what Goldsmith found most compelling about the former pro was her emergence as a candid advocate for those fighting mental illnesses.

While working on a documentary about Holdsclaw, Goldsmith discovered the Rosalynn Carter Fellowships for Mental Health Journalism, which provide grants and other assistance to journalists working on projects about mental health issues. He applied for and was awarded a fellowship for 2013–2014 in support of his continued work on the film, titled “Mind/Game: The Unquiet Journey of Chamique Holdsclaw.”

“Being selected for the Carter fellowship at a critical junction in the film’s production couldn’t have come at a better time,” Goldsmith said.
Children gather in Hetao village in the Yunnan province of China during elections for village leaders. At the invitation of the Chinese government, The Carter Center has worked to help standardize the vast array of electoral procedures taking place in this new democratic environment and foster better governance in local communities.
A Message About Our Donors

As a not-for-profit organization, The Carter Center can realize its mission to wage peace, fight disease, and build hope around the world only through generous support from individuals, foundations, corporations, and governments.

More than 99,110 donors contributed $198.1 million in cash, pledges, and in-kind gifts in 2012–2013 to support the Center’s peace and health programs.

This year, The Carter Center was invited to monitor elections in Sudan, Tunisia, Venezuela, Sierra Leone, and Egypt. With support of the governments of the United Kingdom, Switzerland, Germany, and the United States, along with the Middle East Partnership Initiative and the Open Society Foundations, we were able to send short- and long-term election observation teams to these countries. Because of the international collaboration of these missions, we are able to evaluate objectively the legitimacy of the democratic process in places that are striving to give a voice to the people.

Thanks to a new commitment from the Skoll Global Threats Fund, as well as the continued support of the government of Norway, the Center will be able this year to stay engaged in Syria. The current situation there is grave, but we have the opportunity to host high-level dialogues and continue mediation efforts in the region in the hopes that some resolution can occur.

In addition to the Skoll Global Threats Fund, 18 organizations made first-time commitments of $10,000 or more to The Carter Center. The Sir Emeka Offor Foundation invested in our river blindness efforts in Nigeria. The Ida Alice Ryan Trust made a foundational gift to our education program, which will allow our interns to receive stipends, travel with field staff, and participate in professional development workshops in our local community. We are excited to build on these new relationships in the coming years.

Long-time supporters of The Carter Center, such as the Izumi Foundation, which has been a major funder of our Schistosomiasis Control Program for almost 10 years, are also crucial to successes in the field. Henry and Wilma McConnon redoubled their commitment to the Center and, after 20 years of support to the Guinea Worm Eradication Program, have made a grant to be shared across our other five disease programs.

Individual donors play a significant role in supporting the Center’s work. Ellen Yankellow and Bill Chapman from Maryland have been long-time partners and Ambassadors Circle members. “When The Carter Center was established by President and Mrs. Carter in 1982, we knew it would be a worthy organization based on the values of the Carter presidency,” said Yankellow. “The accomplishments of the Center have been and continue to be astounding. Their focused attention on peace, human rights, elimination of neglected diseases, and improving access to mental health care while eliminating stigma makes a compelling case for philanthropic support. The Carter Center is not only extremely effective in implementing their mission, but they are excellent stewards of their donors’ funds. We view them as a trusted and sound partner.”

Total Expenses: Fiscal Year 2012–2013

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<th>Category</th>
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Sources of Support: Fiscal Year 2012–2013

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<td>Other Revenue</td>
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26
Donors with Cumulative Lifetime Giving of $1 Million or More

Anonymous (11)
AFLAC Japan
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Alwaleed Bin Talal Foundation
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United Nations Children’s Fund (UNICEF)
United Nations Development Programme
United Nations High Commissioner for Refugees
United States Agency for International Development (USAID)
United States Centers for Disease Control and Prevention
United States Department of State
The UPS Foundation
Vestergaard Frandsen
Mr. Holland M. Ware
Mr. Eric Wepsic
Joseph B. Whitehead Foundation
Robert W. Woodruff Foundation
The World Bank
World Health Organization
Estate of Goldie Woserau
Wyeth
YKK Corporation
Mr. Tadahiro Yoshida
$100,000+
Anonymous (10)
Khalaf Ahmad Al Habtoor Foundation
Alwaleed Bin Talal Foundation
Estate of Elkin G. Alston
Estate of Philip H. Alston Jr.
Arab Fund for Economic and Social Development
Estate of Marjorie K. Balazs
Estate of Patricia Y. Bario
Kingdom of Belgium
Blum Family Foundation
Mr. Richard C. Blum and The Honorable Dianne Feinstein
Estate of Howard S. Bremond
Mr. Warren E. Buffett
Caijing Magazine
Estate of Berta Campbell
Canadian International Development Agency
The Honorable Jimmy Carter and Rosalynn Carter
The Children’s Investment Fund Foundation (UK)
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Fulata Moyo discusses sex trafficking of girls and women at the Carter Center’s Human Rights Defenders Policy Forum in June 2013. Activists and religious leaders from around the world deliberated on how to advance women’s rights through religion or traditional belief structures.
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Ms. Vivien A. Rock
Mr. Larry Rockefeller
Mr. Charles Anthony Rockwell
Members of the Ambassadors Circle contribute unrestricted gifts of $1,000 or more to the Carter Center Annual Fund.
Future Philanthropists

In this program for young people, Ambassadors Circle members sponsor a school-age child, college student, or young professional with a gift of $250. A young person may also fund his or her own membership.

Mrs. Rebecca Adams
Mr. Ethan W. Anderson
Ms. Fielding Arnold
Ms. Less Arnold
Mr. William Arnold
Mr. Quinn Bazinet
Mr. Matthew J. Bouillon
Mr. Craig Camenga
Mr. Tyler Carpenter
Ms. Amber Higgins Connor
La Rose Davis, Ph.D.
Mr. Peter Davis
Ms. Caroline Flood
Ms. Megan Groomes
Mr. Lucas Hawley
Mr. James K. Henderson
Ms. Megan Hill
Mr. Ryan Hill
Mr. Tim Hommy
Mrs. Pamela J. Hooper
Ms. Lauren Jefferson
Ms. Stefanie Johnson
Mr. Amnan Khan
Mr. Yovan Khan
Ms. Megan King
Mr. Kristoff Kohlbagen
Ms. Colette Le Jeune
Mr. Gregory A. Light
Mr. Joseph R. Light
Ms. Valentina Lopez
Mr. Michael Lowder
Mr. James Lynn
Ms. Meagan Lynn
Mr. Royce C. Mann
Mr. Tendal Mann
Mr. Matt Mason
Mr. and Mrs. Jason Minor
Miss Jacqueline Mullen
Mr. Brenda A. Ott
Mr. Tyler A. Patrick
Mr. James T. Raynor
Rev. Dr. Berry Porter Rice
Ms. Olivia Rohret
Ms. Meena Alim Sayed
Mr. Matthew Schoener
Mr. Dahnish Shams
Mr. Nadir Shams
Chad Smith, M.D.
Mr. and Mrs. Christopher P. Storey
Ms. Christy Szekely
Mr. Blake Toman
Mr. Chase Toman
Mr. Elliott Watson
Lauren and David Wattenmaker
Mr. Brian W. Wehmeier
Anonymous (45)
Mr. and Mrs. W. Randall Abney
Ms. Caroline Adams
Ms. Edith E. Holiday and
Mr. Terrence B. Adamson
Mr. and Mrs. Shaw M. Aebi
Dr. John F. Ahearne
Ms. Barbara J. Allain
Ms. Portia Comeneta Allen
Ms. Carrie Amestoy
Mr. and Mrs. Charles W. Anderson
Ms. Deborah J. Anderson and
Ms. Lori B. Lundell
Mr. and Mrs. D. C.Anderson
Ms. Marion Anderson-Peat
Ms. Esther Ando
Ms. Mary Ellen Bernhardt
Mr. Rodney R. Bentz
Ms. Cindy Benson
Mrs. Mae Woods Bell
Ms. Dolores E. Bell
Ms. Anne Behler
Mr. Lon A. Beck
Mr. Jay Beck
Mr. Lon A. Beck
Ms. Anne Behler
Ms. Dolores E. Bell
Mrs. Mae Woods Bell
Mr. Robert N. Bell and
Ms. Celia R. Denov
Ms. Cindy Benson
Mr. Rodney R. Bentz
Ms. Diane Bergen
Ms. Mary Ellen Bernhardt
Ms. Sylvia Bernstein
Mrs. Margaret W. Bigham
Mr. and Mrs. Charles O. Bishop Jr.
Ms. Stephanie Biziewski
Mr. and Mrs. William G. G. Blakney
Mr. and Mrs. Lee N. Blatt
Ms. Esther Borg
Dr. Amy R. Boscov and
Dr. Terence Ellen
Mrs. Patricia Bourland
Mr. and Mrs. William D. Bowers
Mr. Harold Boyce
Mrs. Laura Boyd
Mr. and Mrs. Albert Boysen
Mr. and Mrs. Edward C. Brand
Ms. Susan E. Brandt
Ms. Bonnie D. Briscoe
Ms. Lee Britton Henkel
Ms. Angela Brown
Ms. Ella L. Brown
Mr. and Mrs. J. Chris Brown
Ms. Kathryn Brown
Ms. Mary Lord Brown
Ms. Barbara A. Bruner
Ms. Mary T. Buchanan
Ms. Beatrice Buck
Mr. Mike R. Budzik and
Ms. Sarah A. Tacoma
Ms. Virginia M. Bukowski
Ms. E. Beatrice Bumgardner
Ms. LuVella C. Burnett
Mr. Kenneth H. Burrows
Mr. and Mrs. Henry L. Burton
Mr. and Mrs. Robert W. Buttel
Mr. and Mrs. Bruce C. Byrne
Kathleen M. Byrne, Esq.
Ms. Kathleen Stern
Ms. Michael G. Byrne
Ms. Barbara J. Cain
Mr. James C. Calaway
Ms. Pauline B. Campbell
Ms. Margaret J. Canavan
Ms. Voradel M. Carey
Mrs. Virginia Carhartt and
the Reverend Dr. F. Andrew Carhartt
Dr. and Mrs. Ernest Carlson
Dr. Amee F. Carmine
Mr. and Mrs. D. James Carson
Ms. Sylvia D. Cart
Mr. Don E. Carter
Mr. Floyd William Carter
The Honorable Jimmy Carter and
Rosalynn Carter
Ms. and Mrs. Kermon A. Carter
Ms. Suzanne Carter
Mr. Ulysses A. Carter
Mr. George Carvalho
Ms. Margaret A. Carver
Mr. Sharron Cason
Mr. and Mrs. Alvin Chaien
Mrs. Donald B. Chalker
The Honorable Anne Cox Chambers
Ms. Estrella Chan
Dr. Jessalyne L. Charles
Mr. Robert Charm
Mr. and Mrs. Leon H. Charney
Mr. and Mrs. Jeffrey Chen
Ms. Nancy J. Christen
Estate of Peter and Doris Cipriano
Mrs. Carl C. Clark
Mr. and Mrs. Edward P. Clark
Mrs. James Clark
Mrs. Lois Clark
Mrs. Fevre Cleven
Dr. Gail L. Clifford
Ms. Nancy B. Cogsdale
Mr. Mark B. Cohen and Ms.
Sheila M. Fye
Mr. and Mrs. Joseph A. Coleman
Robert Boston Colgin
Ms. Isabelle R. Collins
Mr. and Mrs. David S. Conant
Ms. Paula M. Cooke
Mr. Richard P. Coogan
Mr. and Mrs. Ross M. Cooper
Mrs. R. Selwyn Copeland
Rev. Michael Corrigan
Mr. and Mrs. Jesse M. Corum III
Mr. Rod Corvo
Mr. John L. Costa
Ms. Susan L. Costantini
Mr. Paul B. Costello and
Ms. Rita Beamish
Mr. Stuart W. Couch
Mrs. Irene M. Covey
Mr. and Mrs. John R. Crampton
Mr. James D. Crawford
Mr. and Mrs. John J. Cross
Ms. Carol Ann Crotty
Mr. and Mrs. Dwight Crowder
Dr. Thomas I. Crowell
Mr. and Mrs. William B. Crowley
Ms. Peggy Cullinane
Ms. Joan R. Cumminskey
Mr. Bradley N. Currey Jr.
Mrs. Ann Baker Currie
Ms. Alvera S. Cushion
Mr. Eugene Dahnke
The Honorable and
Mrs. John H. Dalton
Mr. Charles H. Dana Jr.
Mrs. George C. Dannels
Mr. and Mrs. Victor Daub Jr.
Mr. and Mrs. George A. Daum
Mr. and Mrs. Gaston O. Daumy
Brigadier General James J. David
Mr. James Davies
Ms. Adalyn Davis
Ms. Anne A. Davis
Mr. Christopher L. Davis
Rev. and Mrs. David M. Davis
Dr. Margaret D. Davis
Dr. Betty Dawson
Mr. and Mrs. Deane K. Dayton
Mrs. Rita Demsey
Mr. Daniel W. Dennison
Mr. Chris D’Onofrio
Mrs. Carolyn Derr
Mr. and Mrs. Ben Di Salvo
Dr. Claudia Dickerson
Mr. and Mrs. Raymond Dickson
Mr. Gundev S. Dindral
Mr. Mark Dixon and
Mrs. Sheryl Heitker Dixon
Mr. and Mrs. William H. Dodge
Dr. Robert Numan and
Dr. Diane Dreher
Mr. and Mrs. Stanley F. Drezek Jr.
Dr. Kathleen Duerksen and
Mr. Kevin Finnegan
Mr. and Mrs. Lee P. Durham
Mr. Kenneth P. Dutter
Mr. and Mrs. Donald C. Dybeck
Dr. Brad Dyke
Mr. Gabriel H. Ebersole
Ms. Jane Moretz Edmisten
Dr. K. David G. Edwards
Mr. and Mrs. William T. Edwards
Mrs. Jarl R. Engberg
Mr. and Mrs. Lowell H. Ericsson
Ms. Gail M. Ervin
Mr. and Mrs. Thomas N. Evans
Mr. Robert V. Evers
Marjorie A. Farley
Mr. and Mrs. George Fee
Ms. Taj-Almolook Ferdowski
Dr. and Mrs. Ricardo A. Fernandez
Mr. Gary S. Figdore
Dr. and Mrs. Robert E. Finnigan
Mr. and Mrs. James R. FitzHugh
Ms. Nayan A. Flennon
Ms. Yvette I. Fleming
Mrs. Eli M. Fletcher
Mr. and Mrs. John M. Folson
Mr. Guy Formichelli
Mr. and Mrs. Dave Fox
Ms. Margaret J. Francka
Mr. and Mrs. James C. Free
Mr. Peter Ralph Fremgen
Ms. Jacqueline French
Dr. Nancy M. Frick
Ms. Mary E. friebig
Mr. Roy Fryinger
Ms. Nell Funk
Ms. Arlene E. Furey
Mr. and Mrs. Ladell J. Futch
Mr. Farley M. Galbraith
Mr. and Mrs. Hugh A. Garnett
Ms. Rachael M. Garrity
Mr. W. F. Gasner and
Ms. Lurlene Kyles
Children who swim and play in rivers and streams, such as these Nigerian boys, can contract schistosomiasis, a parasitic infection that wreaks havoc on a person’s intestinal and urinary system. The Carter Center is fighting the disease in four Nigerian states.
Members of the Legacy Circle provide support through their estate and financial planning.
A woman casts her vote in Libya’s General National Congress elections, observed by a Carter Center team.
Agha Hasan Abedi
Senator Hajime Akiyama
Ivan Allen III
Dwayne O. Andreas
Arthur and Diana Blank
Richard C. Blum
W. Michael Blumenthal
Edgar M. Bronfman Sr.
James C. and Connie Calaway
Mr. and Mrs. Michael C. Carlos
Anne Cox Chambers
Warren Christopher
Dominique de Menil
Charles W. Duncan Jr.
His Majesty King Fahd of Saudi Arabia
J. B. Fuqua
Roberto C. Goizueta
Walter and Elise Haas
Armand Hammer
Sidney Harman and Jane Frank Harman, Esq.
Governor and Mrs. W. Averell Harriman
Jess Hay
Christopher B. and Patricia K. Hemmeter
Philip M. and Ethel Klutznick
Mathilde and Arthur Krim
George P. Livanos
Fraydun Manocherian
G. William Miller
Guy W. Millner
George P. and Cynthia Mitchell
Set Charles Momjian
David Packard
George and Thelma Paraskevaides
Allen E. Paulson
Lamar and Frances Plunkett
John and Betty Pope
James D. Robinson III
Hasib J. Sabbagh
Deen Day Sanders
Ryoichi Sasakawa
Walter H. and Phyllis J. Shorenstein
Richard R. Swann
R. E. “Ted” Turner
Robert and Ann Utley
Edie and Lew Wasserman
Thomas J. Watson Jr.
Milton A. Wolf
Robert W. Woodruff
Tadao Yoshida
Erwin E. Zaban

The Carter Center and the Jimmy Carter Library and Museum were built in large measure thanks to the early leadership and financial support of the Carter Center Founders.

Young boys fetch water at a dam outside Saveleugu, Ghana. Until a few years ago, the water flea that causes Guinea worm disease could be found here. Thanks to low-tech prevention measures, such as water filtering, Ghana is now free of the disease.
An Egyptian street vendor sells vegetables out of his cart in Cairo. After observing elections in the country in 2012, The Carter Center has remained in the country to monitor the volatile political situation.
Independent Auditors’ Report

The Board of Trustees
The Carter Center, Inc.:

We have audited the accompanying consolidated financial statements of The Carter Center, Inc. and subsidiary (CCI), which comprise the consolidated statements of financial position as of August 31, 2013 and 2012, and the related consolidated statements of activities, functional expenses, and cash flows for the years then ended and the related notes to the consolidated financial statements.

Management’s Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors’ Responsibility
Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors’ judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity’s preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity’s internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion
In our opinion, the consolidated financial statements referred to above present fairly in all material respects, the financial position of CCI as of August 31, 2013 and 2012, and the changes in its net assets and its cash flows for the years then ended in accordance with U.S. generally accepted accounting principles.

February 27, 2014
Atlanta, Georgia
Consolidated Statements of Financial Position

August 31, 2013 and 2012

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$ 40,691,659</td>
<td>33,342,101</td>
</tr>
<tr>
<td>Accounts receivable:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Due from federal government</td>
<td>4,622,806</td>
<td>1,767,752</td>
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<tr>
<td>Other</td>
<td>283,628</td>
<td>224,038</td>
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<tr>
<td>Total accounts receivable</td>
<td>4,906,434</td>
<td>1,991,790</td>
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<tr>
<td>Contributions receivable, net (note 3)</td>
<td>24,704,511</td>
<td>23,311,959</td>
</tr>
<tr>
<td>Inventory (notes 4, 9, and 14)</td>
<td>7,135,577</td>
<td>25,166,088</td>
</tr>
<tr>
<td>Investments (notes 5 and 7)</td>
<td>504,777,918</td>
<td>459,670,776</td>
</tr>
<tr>
<td>Property, plant, and equipment, net (note 6)</td>
<td>6,426,963</td>
<td>7,003,541</td>
</tr>
<tr>
<td>Artwork</td>
<td>2,242,915</td>
<td>2,203,365</td>
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<tr>
<td>Other assets</td>
<td>194,718</td>
<td>369,023</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>$591,080,695</td>
<td>553,058,643</td>
</tr>
</tbody>
</table>

| **Liabilities and Net Assets** |           |             |
| Liabilities:               |           |             |
| Accounts payable and accrued expenses | $ 11,536,059 | 3,844,257   |
| Deferred revenue           | 5,528,794  | 6,061,028   |
| Annuity obligations (note 7) | 5,271,499   | 4,586,659   |
| **Total liabilities**      | 22,336,352 | 14,491,944  |
| Net assets (note 11):      |           |             |
| Unrestricted               | 199,652,398| 176,619,708 |
| Temporarily restricted     | 240,014,426| 236,406,857 |
| Permanently restricted     | 129,077,519| 125,540,134 |
| **Total net assets**       | 568,744,343| 538,566,699 |
| Commitments and contingencies (notes 7, 8, and 15) |           |             |
| **Total liabilities and net assets** | $591,080,695 | 553,058,643 |

See accompanying notes to consolidated financial statements.
## Consolidated Statement of Activities

**Year ended August 31, 2013 (with comparative totals for 2012)**

<table>
<thead>
<tr>
<th>Revenue and support:</th>
<th>Unrestricted</th>
<th>Temporarily restricted</th>
<th>Permanently restricted</th>
<th>Totals 2013</th>
<th>Totals 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contributions and grants:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating</td>
<td>$28,506,948</td>
<td>212,973</td>
<td>—</td>
<td>28,719,921</td>
<td>25,330,691</td>
</tr>
<tr>
<td>Programs:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>25,880,496</td>
<td>12,295,743</td>
<td>—</td>
<td>38,176,239</td>
<td>48,342,893</td>
</tr>
<tr>
<td>Peace</td>
<td>15,184,800</td>
<td>2,448,484</td>
<td>—</td>
<td>17,633,284</td>
<td>16,955,808</td>
</tr>
<tr>
<td>Cross-program</td>
<td>—</td>
<td>265,733</td>
<td>—</td>
<td>265,733</td>
<td>378,156</td>
</tr>
<tr>
<td>In-kind gifts (note 9):</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>—</td>
<td>109,446,821</td>
<td>—</td>
<td>109,446,821</td>
<td>89,488,524</td>
</tr>
<tr>
<td>Peace</td>
<td>—</td>
<td>147,000</td>
<td>—</td>
<td>147,000</td>
<td>—</td>
</tr>
<tr>
<td>Operating</td>
<td>140,444</td>
<td>—</td>
<td>—</td>
<td>140,444</td>
<td>235,420</td>
</tr>
<tr>
<td>Endowment</td>
<td>—</td>
<td>—</td>
<td>3,537,385</td>
<td>3,537,385</td>
<td>1,545,303</td>
</tr>
<tr>
<td><strong>Total contributions and grants</strong></td>
<td>69,712,688</td>
<td>124,816,754</td>
<td>3,537,385</td>
<td>198,066,827</td>
<td>182,276,795</td>
</tr>
<tr>
<td>Endowment fund earnings</td>
<td>7,635,427</td>
<td>12,757,087</td>
<td>—</td>
<td>20,392,514</td>
<td>18,808,039</td>
</tr>
<tr>
<td>Appreciation (depreciation) of endowment investments, net</td>
<td>6,707,702</td>
<td>11,484,002</td>
<td>—</td>
<td>18,191,704</td>
<td>11,860,900</td>
</tr>
<tr>
<td>Facilities use income</td>
<td>363,532</td>
<td>—</td>
<td>—</td>
<td>363,532</td>
<td>426,821</td>
</tr>
<tr>
<td>Interest and investment income</td>
<td>5,255</td>
<td>13,032</td>
<td>—</td>
<td>18,287</td>
<td>20,527</td>
</tr>
<tr>
<td>Net assets released from restrictions:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>142,481,739</td>
<td>(142,481,739)</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Peace</td>
<td>1,994,290</td>
<td>(1,994,290)</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Cross-program</td>
<td>550,393</td>
<td>(550,393)</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Operating</td>
<td>436,884</td>
<td>(436,884)</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td><strong>Total revenue and support</strong></td>
<td>229,887,910</td>
<td>3,607,569</td>
<td>3,537,385</td>
<td>237,032,864</td>
<td>213,393,082</td>
</tr>
</tbody>
</table>

## Expenses:

<table>
<thead>
<tr>
<th>Program:</th>
<th>Unrestricted</th>
<th>Temporarily restricted</th>
<th>Permanently restricted</th>
<th>Totals 2013</th>
<th>Totals 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>174,111,483</td>
<td>—</td>
<td>—</td>
<td>174,111,483</td>
<td>117,094,182</td>
</tr>
<tr>
<td>Peace</td>
<td>16,331,094</td>
<td>—</td>
<td>—</td>
<td>16,331,094</td>
<td>21,028,859</td>
</tr>
<tr>
<td>Cross-program</td>
<td>783,283</td>
<td>—</td>
<td>—</td>
<td>783,283</td>
<td>631,599</td>
</tr>
<tr>
<td>Fundraising</td>
<td>8,887,695</td>
<td>—</td>
<td>—</td>
<td>8,887,695</td>
<td>9,279,678</td>
</tr>
<tr>
<td>General and administrative</td>
<td>6,741,665</td>
<td>—</td>
<td>—</td>
<td>6,741,665</td>
<td>6,547,661</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td>206,855,220</td>
<td>—</td>
<td>—</td>
<td>206,855,220</td>
<td>154,581,979</td>
</tr>
<tr>
<td>Change in net assets</td>
<td>23,032,690</td>
<td>3,607,569</td>
<td>3,537,385</td>
<td>30,177,644</td>
<td>58,811,103</td>
</tr>
<tr>
<td>Net assets at beginning of year</td>
<td>176,619,708</td>
<td>236,406,857</td>
<td>125,540,134</td>
<td>538,566,699</td>
<td>479,755,596</td>
</tr>
<tr>
<td>Net assets at end of year</td>
<td>$199,652,398</td>
<td>240,014,426</td>
<td>129,077,519</td>
<td>568,744,343</td>
<td>538,566,699</td>
</tr>
</tbody>
</table>

*See accompanying notes to consolidated financial statements.*
## Consolidated Statement of Activities

**Year ended August 31, 2012**

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted</th>
<th>Temporarily restricted</th>
<th>Permanently restricted</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue and support:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contributions and grants:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating</td>
<td>$25,158,978</td>
<td>171,713</td>
<td>—</td>
<td>25,330,691</td>
</tr>
<tr>
<td>Programs:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>16,480,645</td>
<td>31,862,248</td>
<td>—</td>
<td>48,342,893</td>
</tr>
<tr>
<td>Peace</td>
<td>14,945,547</td>
<td>2,010,261</td>
<td>—</td>
<td>16,955,808</td>
</tr>
<tr>
<td>Cross-program</td>
<td>—</td>
<td>378,156</td>
<td>—</td>
<td>378,156</td>
</tr>
<tr>
<td>In-kind gifts (note 9):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>—</td>
<td>89,488,524</td>
<td>—</td>
<td>89,488,524</td>
</tr>
<tr>
<td>Operating</td>
<td>235,420</td>
<td>—</td>
<td>—</td>
<td>235,420</td>
</tr>
<tr>
<td>Endowment</td>
<td>—</td>
<td>—</td>
<td>1,545,303</td>
<td>1,545,303</td>
</tr>
<tr>
<td><strong>Total contributions and grants</strong></td>
<td>56,820,590</td>
<td>123,910,902</td>
<td>1,545,303</td>
<td>182,276,795</td>
</tr>
<tr>
<td>Endowment fund earnings</td>
<td>6,927,856</td>
<td>11,880,183</td>
<td>—</td>
<td>18,808,039</td>
</tr>
<tr>
<td>Appreciation (depreciation) of endowment investments, net</td>
<td>4,474,384</td>
<td>7,386,516</td>
<td>—</td>
<td>11,860,900</td>
</tr>
<tr>
<td>Facilities use income</td>
<td>426,821</td>
<td>—</td>
<td>—</td>
<td>426,821</td>
</tr>
<tr>
<td>Interest and investment income</td>
<td>8,772</td>
<td>11,755</td>
<td>—</td>
<td>20,527</td>
</tr>
<tr>
<td><strong>Net assets released from restrictions:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>95,678,029</td>
<td>(95,678,029)</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Peace</td>
<td>1,686,494</td>
<td>(1,686,494)</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Cross-program</td>
<td>764,716</td>
<td>(764,716)</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Operating</td>
<td>533,301</td>
<td>(533,301)</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td><strong>Total revenue and support</strong></td>
<td>167,320,963</td>
<td>44,526,816</td>
<td>1,545,303</td>
<td>213,393,082</td>
</tr>
</tbody>
</table>

**Expenses:**

|                                |                |                        |                        |         |
| Program:                       |                |                        |                        |         |
| Health                         | 117,094,182    | —                      | —                      | 117,094,182 |
| Peace                          | 21,028,859     | —                      | —                      | 21,028,859 |
| Cross-program                  | 631,599        | —                      | —                      | 631,599 |
| Fundraising                    | 9,279,678      | —                      | —                      | 9,279,678 |
| General and administrative     | 6,547,661      | —                      | —                      | 6,547,661 |
| **Total expenses**             | 154,581,979    | —                      | —                      | 154,581,979 |
| **Change in net assets**       | 12,738,984     | 44,526,816             | 1,545,303              | 58,811,103 |
| **Net assets at beginning of year** | 163,880,724   | 191,880,041            | 123,994,831            | 479,755,596 |
| **Net assets at end of year**  | $176,619,708   | 236,406,857            | 125,540,134            | 538,566,699 |

See accompanying notes to consolidated financial statements.
## Consolidated Statement of Functional Expenses

### Year ended August 31, 2013 (with comparative totals for 2012)

<table>
<thead>
<tr>
<th></th>
<th>Program expenses</th>
<th>Supporting expenses</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Health</td>
<td>Peace</td>
<td>Cross-program</td>
</tr>
<tr>
<td>Salaries and benefits</td>
<td>$ 9,425,807</td>
<td>5,362,496</td>
<td>221,964</td>
</tr>
<tr>
<td>Consulting</td>
<td>5,711,503</td>
<td>3,635,617</td>
<td>173,558</td>
</tr>
<tr>
<td>Communications</td>
<td>1,705,181</td>
<td>505,574</td>
<td>6,769</td>
</tr>
<tr>
<td>Services</td>
<td>257,252</td>
<td>373,383</td>
<td>14,193</td>
</tr>
<tr>
<td>Office and equipment</td>
<td>2,187,097</td>
<td>1,070,592</td>
<td>4,885</td>
</tr>
<tr>
<td>Vehicles</td>
<td>4,256,233</td>
<td>357,144</td>
<td>54</td>
</tr>
<tr>
<td>Travel/meetings</td>
<td>9,323,290</td>
<td>4,072,950</td>
<td>79,596</td>
</tr>
<tr>
<td>Interventions (note 2(k))</td>
<td>129,483,178</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Other</td>
<td>419,601</td>
<td>143,364</td>
<td>4,069</td>
</tr>
<tr>
<td>Grants</td>
<td>10,917,811</td>
<td>413,564</td>
<td>250,541</td>
</tr>
<tr>
<td></td>
<td>173,686,953</td>
<td>15,934,684</td>
<td>755,629</td>
</tr>
<tr>
<td>Common area and depreciation</td>
<td>424,530</td>
<td>396,410</td>
<td>27,654</td>
</tr>
<tr>
<td></td>
<td>174,111,483</td>
<td>16,331,094</td>
<td>783,283</td>
</tr>
</tbody>
</table>

See accompanying notes to consolidated financial statements.

---

## Consolidated Statement of Functional Expenses

### Year ended August 31, 2012

<table>
<thead>
<tr>
<th></th>
<th>Program expenses</th>
<th>Supporting expenses</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Health</td>
<td>Peace</td>
<td>Cross-program</td>
</tr>
<tr>
<td>Salaries and benefits</td>
<td>$ 8,978,208</td>
<td>5,340,598</td>
<td>226,778</td>
</tr>
<tr>
<td>Consulting</td>
<td>4,514,820</td>
<td>4,360,617</td>
<td>44,317</td>
</tr>
<tr>
<td>Communications</td>
<td>1,275,210</td>
<td>791,276</td>
<td>14,088</td>
</tr>
<tr>
<td>Services</td>
<td>320,296</td>
<td>461,701</td>
<td>55,108</td>
</tr>
<tr>
<td>Office and equipment</td>
<td>1,400,627</td>
<td>1,341,410</td>
<td>13,341</td>
</tr>
<tr>
<td>Vehicles</td>
<td>3,117,813</td>
<td>714,679</td>
<td>50</td>
</tr>
<tr>
<td>Travel/meetings</td>
<td>7,756,520</td>
<td>6,563,196</td>
<td>111,403</td>
</tr>
<tr>
<td>Interventions (note 2(k))</td>
<td>83,181,060</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Other</td>
<td>470,651</td>
<td>203,895</td>
<td>2,984</td>
</tr>
<tr>
<td>Grants</td>
<td>5,646,897</td>
<td>848,034</td>
<td>135,384</td>
</tr>
<tr>
<td></td>
<td>116,662,102</td>
<td>20,625,406</td>
<td>603,453</td>
</tr>
<tr>
<td>Common area and depreciation</td>
<td>432,080</td>
<td>403,453</td>
<td>28,146</td>
</tr>
<tr>
<td></td>
<td>117,094,182</td>
<td>21,028,859</td>
<td>631,599</td>
</tr>
</tbody>
</table>

See accompanying notes to consolidated financial statements.

64
### Consolidated Statements of Cash Flows

**Years ended August 31, 2013 and 2012**

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash flows from operating activities:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change in net assets</td>
<td>$30,177,644</td>
<td>58,811,103</td>
</tr>
<tr>
<td>Adjustments to reconcile change in net assets to net cash provided by operating activities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation</td>
<td>882,340</td>
<td>915,834</td>
</tr>
<tr>
<td>(Appreciation) depreciation of endowment investments, net</td>
<td>(18,191,704)</td>
<td>(11,860,900)</td>
</tr>
<tr>
<td>Donated artwork</td>
<td>(39,550)</td>
<td>(28,200)</td>
</tr>
<tr>
<td>Permanently restricted contributions</td>
<td>(3,537,385)</td>
<td>(1,545,303)</td>
</tr>
<tr>
<td>Net change in inventory balances due to noncash contributions and distributions</td>
<td>18,030,511</td>
<td>(8,560,088)</td>
</tr>
<tr>
<td>Changes in operating assets and liabilities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>(2,914,644)</td>
<td>228,716</td>
</tr>
<tr>
<td>Contributions receivable, net of permanently restricted</td>
<td>(1,249,883)</td>
<td>(644,478)</td>
</tr>
<tr>
<td>Other assets</td>
<td>174,305</td>
<td>(147,940)</td>
</tr>
<tr>
<td>Accounts payable and accrued expenses, deferred revenue, and annuity obligations</td>
<td>7,731,075</td>
<td>4,475,377</td>
</tr>
<tr>
<td>Net cash provided by operating activities</td>
<td>31,062,709</td>
<td>41,644,121</td>
</tr>
<tr>
<td><strong>Cash flows from investing activities:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purchase of property and equipment, net of related payables</td>
<td>(192,429)</td>
<td>(373,835)</td>
</tr>
<tr>
<td>Purchase of investments</td>
<td>(30,876,746)</td>
<td>(42,228,576)</td>
</tr>
<tr>
<td>Sale of investments</td>
<td>3,961,308</td>
<td>13,771,360</td>
</tr>
<tr>
<td>Net cash used in investing activities</td>
<td>(27,107,867)</td>
<td>(28,831,051)</td>
</tr>
<tr>
<td><strong>Cash flows from financing activities:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Permanently restricted contributions</td>
<td>3,537,385</td>
<td>1,545,303</td>
</tr>
<tr>
<td>(Increase) decrease in permanently restricted contributions receivable, net</td>
<td>(142,669)</td>
<td>(126,055)</td>
</tr>
<tr>
<td>Net cash provided by financing activities</td>
<td>3,394,716</td>
<td>1,419,248</td>
</tr>
<tr>
<td>Net change in cash and cash equivalents</td>
<td>7,349,558</td>
<td>14,232,318</td>
</tr>
<tr>
<td><strong>Cash and cash equivalents at beginning of year</strong></td>
<td>33,342,101</td>
<td>19,109,783</td>
</tr>
<tr>
<td><strong>Cash and cash equivalents at end of year</strong></td>
<td>$40,691,659</td>
<td>33,342,101</td>
</tr>
</tbody>
</table>

**Supplemental disclosure:**

Property, plant, and equipment additions totaling $113,333 and $72,745 were included in accounts payable and accrued expenses at August 31, 2013 and 2012, respectively.

*See accompanying notes to consolidated financial statements.*
1. Organization and Operation

The Carter Center, Inc. (CCI), formerly known as Carter Presidential Library, Inc. and Carter Presidential Center, Inc., was organized on October 26, 1981 under the laws of the State of Georgia as a not-for-profit corporation to be operated exclusively for charitable and educational purposes.

CCI operates programmatically under two main action areas: Peace and Health. CCI also receives broad-based support deemed to be beneficial to all programs and categorized as Cross-program.

Initiatives in Peace include preventing and resolving conflict, protecting basic human rights, promoting rule of law, and monitoring elections in emerging democracies. The Health area strives to improve health in the United States and around the world. Initiatives include disease eradication and control and mental health reform. CCI operates field offices in various African and Latin American countries as needed to fulfill its programmatic objectives.

The board of trustees of CCI 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 (Carter Center class of CCI trustees). Additionally, Emory University’s board of trustees has the authority to approve amendments to CCI’s articles of incorporation and bylaws and to approve the annual and capital budgets of CCI. Carter Center of Emory University (CCEU) (an affiliate of CCI) is a department of Emory University which was established to assist with the operations of CCI’s programs. The financial data for CCEU is not included in these consolidated financial statements, as it is considered part of the Emory University reporting entity.

2. Summary of Significant Accounting Policies and Other Matters

A. Basis of Accounting

The consolidated financial statements of CCI have been prepared on the accrual basis of accounting.

B. Principles of Consolidation

The consolidated financial statements of CCI include the activity of The Carter Center Collaborative, Inc. (CCCI), an affiliated tax-exempt not-for-profit corporation which supports CCI’s mission through receipt of in-kind goods and services. All significant intercompany transactions are eliminated in consolidation.

C. Basis of Presentation

Net assets and revenues, expenses, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of CCI and changes therein are classified and reported as follows:

Unrestricted Net Assets – Net assets that are not subject to donor-imposed stipulations.

Temporarily Restricted Net Assets – Net assets subject to donor-imposed stipulations that may or will be met either by actions of CCI and/or the passage of time.

Permanently Restricted Net Assets – Net assets subject to donor-imposed stipulations that must be maintained permanently by CCI. Generally, the donors of these assets permit CCI to use all or part of the income earned on related investments for general or specific purposes.

D. Cash and Cash Equivalents

CCI’s cash equivalents represent liquid financial instruments with an original maturity of three months or less.

E. Contributions

Contributions received, including unconditional promises to give, are recognized as revenue when assets or a donor’s unconditional commitment is received.

Unconditional promises to give that are expected to be collected within one year are recorded at net realizable value. Unconditional promises to give that are expected to be collected in future years are recorded at the present value of their estimated future cash flows. Unconditional promises to give are discounted using interest rates approximating fair value at the date of the gift. Conditional promises to give are not included as support until the conditions are substantially met.
Contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Amounts received that are designated for future periods or restricted by the donor for specific purposes are reported as temporarily restricted or permanently restricted support that increases those net asset classes.

Contributed property and equipment is recorded at fair value at the date of donation. If donors stipulate how long the assets must be used, the contributions are recorded as restricted support. In the absence of such stipulations, contributions of property and equipment are recorded as unrestricted support.

F. Donated Goods and Services
Donated materials and equipment, primarily medical supplies, are reflected in the consolidated statements of activities as contributions at their estimated fair values. Donated services are reflected as contributions if the following criteria are met: (1) the services received create or enhance nonfinancial assets or (2) the services require specialized skills, are provided by individuals possessing those skills, and would be purchased if not provided by donation. Donated services are recognized at fair value as the services are performed.

G. Inventory
Inventory primarily consists of Mectizan tablets, which are used to treat onchocerciasis (river blindness), and Zithromax tablets and syrup, which are used for trachoma control. Inventory is received as an in-kind donation and is valued using the first-in, first-out method at fair value at the time of the gift. Values as determined by the donor and independent third-party pricing information are utilized in management’s fair value estimate.

H. Investments
Investments in the pooled endowment fund and pooled cash management fund (see note 5) are stated at fair value as determined by the custodian, Emory University. Investments in securities include both U.S. and non-U.S. equities and fixed income instruments. Fair value for these investments is measured based upon quoted prices in active markets, if available. If the market is inactive, fair value is determined by underlying managers and reviewed by Emory University after considering various sources of information. Due to variations in trading volumes and the lack of quoted market prices for fixed maturities, the fair value of fixed maturities is normally derived through recent reported trades for identical or similar securities, making adjustments through the financial reporting date based upon available market observable data described above.

Investments in funds primarily include investments in commingled equity and fixed income funds and other investments in funds (hedged strategies, private market investments, real estate partnerships and natural resources) and are reported at fair value. Emory has estimated the fair value of its investments in investment funds on the basis of the net asset value (NAV) per share of the investment (or its equivalent), as a practical expedient, if a) the underlying investment manager’s calculation of NAV is fair value based, and b) the NAV has been calculated as of August 31, Emory University’s fiscal year end. If the reported NAV is not as of Emory University’s fiscal year end date or is not fair value based, Emory University will adjust the NAV, if deemed necessary. If Emory University determines it is not practicable to calculate an adjusted NAV, the practical expedient will not be utilized and other valuation methodologies will be used. Real estate partnerships and funds are valued based on appraisals of properties held and conducted by third party appraisers retained by the general partner or investment manager. General partners of oil and gas partnerships also use third party appraisers to value properties.

The values of the investments in the pooled endowment fund and pooled cash management fund determined by Emory University are evaluated by management of CCI who has concluded that such values are reasonable estimates of fair value at August 31, 2013 and 2012.

All other investments are stated at fair value based on quoted market prices. Net realized and unrealized gains or losses on investments are reflected in the consolidated statements of activities.
Investments are exposed to several risks, such as interest rate, currency, market and credit risks. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in CCI’s consolidated financial statements.

CCI may hold investments denominated in currencies other than the U.S. dollar. Thus, there is exposure to currency risk because the value of the investments denominated in other currencies may fluctuate due to changes in currency exchange rates. This can have an effect on the reported value of these assets.

CCI’s investment portfolio is subject to interest rate and credit risks for certain securities whose valuation would be impacted by changes in interest rates. The portfolio is also subject to the risk that the issuer of a security may be unable to pay interest or repay principal when it is due.

The value of securities held by CCI may decline in response to certain economic events. Such events impacting valuation may include (but not be limited to) economic changes, market fluctuations, regulatory changes, global and political instability, and currency, interest rate, and commodity price fluctuations.

I. Property and Equipment

Property and equipment are stated at cost at date of acquisition, or fair value at date of donation in the case of gifts. Depreciation is provided over the estimated useful lives of the respective assets on a straight-line basis.

J. Artwork

CCI has capitalized works of art and collectibles received since its inception at the estimated fair value at the date of acquisition. Works of art with service potential that diminishes very slowly over time are not subject to depreciation.

K. Functional Allocation of Expenses

The costs of providing CCI’s various programs and supporting services have been summarized on a functional basis in the accompanying consolidated statements of activities and functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited. Intervention expenses included within CCI’s health program service comprise the distribution of donated medications, primarily Mectizan and Zithromax, as well as filter cloth distribution, epidemiological surveys, and health education training and material.

L. Federal and Other Government Grants

Federal and other government grant revenue is recognized as unrestricted revenue and support to the extent that CCI incurs actual expenditures under program agreements with federal or other government agencies. Amounts recorded as accounts receivable due from the federal government are for program grant expenses incurred in advance of the reimbursement of funds. Funds received in advance of program grant expenses are recorded as deferred revenue in the consolidated statements of financial position.

During the year ended August 31, 2013, CCI received $118,335 from the Royal Danish Embassy, La Paz Bolivia, in support of CCI’s project regarding the role of the media in the promotion of peace and stability in Bolivia. Also, CCI received 210,000 NOK ($36,265 USD) during the year ended August 31, 2013 under an agreement with the Royal Norwegian Ministry in support of CCI’s project Election Study Mission 2012 in Venezuela. CCI also received 1,250,000 NOK ($221,405 USD and $206,105 USD, respectively) during each of the two years ended August 31, 2013 and 2012 under an agreement with the Royal Norwegian Ministry in Nepal in support of CCI’s project observing Nepal’s peace process, constitutional drafting, and voter registration program.

During the year ended August 31, 2012, CCI received £7,500,000 ($11,808,897 USD) under an agreement with the Department for International
Development of the United Kingdom to support CCI’s Guinea worm eradication program. CCI also received 1,100,000 DKK ($192,173 USD) and 1,500,000 DKK ($252,169 USD) during the year ended August 31, 2012 under two separate agreements with the Government of Denmark in support of CCI’s monitoring of the elections in Egypt and in Libya, respectively. Finally, CCI received $203,000 during the year ended August 31, 2012 from the United Nations Development Program in support of CCI’s initiative on dialogue and consensus building and civic awareness in Palestine.

M. Tax Status
CCI has received a determination letter from the Internal Revenue Service dated December 16, 1991 and CCCI has received a determination letter from the Internal Revenue Service dated March 22, 2007, each indicating recognition as an organization described in Section 501(c)(3) of the Code whereby only unrelated business income, as defined by Section 512(a) of the Code, is subject to federal income tax.
CCI applies FASB Accounting Standards Codification (ASC) Topic 740, Income Taxes, which addresses the accounting for uncertainty in income tax positions. It also provides guidance on when tax positions are recognized in an entity's financial statements and how the values of these positions are determined. There is currently no impact on the consolidated financial statements as a result of ASC 740.

N. Use of Estimates
The preparation of consolidated financial statements requires management to make a number of estimates and assumptions relating to the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenue and expenses during the reporting period. Significant items subject to such estimates and assumptions include the useful lives of property, plant, and equipment, carrying values of contributions receivable and other receivables, inventory, fair values of investments without readily determinable fair value, contributed items, obligations under split-interest agreements, and various employment arrangements. Actual results could differ from those estimates.

3 Contributions Receivable

Contributions receivable consists of the following at August 31, 2013 and 2012:

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temporarily restricted:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>$16,855,088</td>
<td>15,163,146</td>
</tr>
<tr>
<td>Peace</td>
<td>223,613</td>
<td>153,001</td>
</tr>
<tr>
<td>Cross-program</td>
<td>1,300,565</td>
<td>1,589,326</td>
</tr>
<tr>
<td>Undesignated</td>
<td>783,623</td>
<td>1,007,533</td>
</tr>
<tr>
<td>Permanently restricted:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endowment</td>
<td>5,541,622</td>
<td>5,398,953</td>
</tr>
<tr>
<td></td>
<td><strong>$24,704,511</strong></td>
<td><strong>23,311,959</strong></td>
</tr>
</tbody>
</table>

The anticipated receipts of these receivables are as follows at August 31, 2013 and 2012:

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than one year</td>
<td>$12,126,027</td>
<td>8,005,650</td>
</tr>
<tr>
<td>One to five years</td>
<td>7,448,749</td>
<td>10,360,627</td>
</tr>
<tr>
<td>More than five years</td>
<td>8,000,000</td>
<td>8,000,000</td>
</tr>
<tr>
<td>Less unamortized discount</td>
<td>(2,870,265)</td>
<td>(3,054,318)</td>
</tr>
<tr>
<td></td>
<td><strong>$24,704,511</strong></td>
<td><strong>23,311,959</strong></td>
</tr>
</tbody>
</table>

Contributions to be received after one year are discounted at an appropriate discount rate commensurate with the risks involved. Amortization of discounts is recorded as additional contribution revenue in accordance with donor-imposed restrictions on the contributions. Unconditional promises received were discounted using interest rates approximating fair value at the date of the gift at rates ranging from 0.26% to 4.38%. In the opinion of CCI’s management, all contributions receivable recorded at August 31, 2013 and 2012 are deemed fully collectible.
4 Inventory

Inventory at August 31, 2013 and 2012 is comprised of:

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mectizan</td>
<td>$4,290,000</td>
<td>21,903,000</td>
</tr>
<tr>
<td>Zithromax</td>
<td>2,477,977</td>
<td>2,389,408</td>
</tr>
<tr>
<td>Praziquantel</td>
<td>367,600</td>
<td>873,680</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$7,135,577</strong></td>
<td><strong>25,166,088</strong></td>
</tr>
</tbody>
</table>

5 Investments

CCI invests the majority of its investments in a pooled investment fund managed by Emory University.

As of August 31, 2013 and 2012, respectively, CCI’s investment in the pooled investment fund totaled $496,030,342 and $452,298,722, representing approximately 9% of the pool at each of these dates. The composition of all pooled investments held at Emory University is as follows (in thousands):

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-term investments and cash equivalents</td>
<td>$258,083</td>
<td>319,208</td>
</tr>
<tr>
<td>Investments in securities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Global equity securities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>U.S. equity securities</td>
<td>229,459</td>
<td>215,160</td>
</tr>
<tr>
<td>Non-U.S. equity securities</td>
<td>239,325</td>
<td>306,044</td>
</tr>
<tr>
<td>Fixed income securities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>U.S. government securities</td>
<td>301,048</td>
<td>312,341</td>
</tr>
<tr>
<td>Domestic bonds and long-term notes</td>
<td>180,487</td>
<td>294,842</td>
</tr>
<tr>
<td>International bonds and long-term notes</td>
<td>75,308</td>
<td>96,953</td>
</tr>
<tr>
<td>Commingled funds—equity</td>
<td>519,837</td>
<td>413,630</td>
</tr>
<tr>
<td>Commingled funds—fixed income</td>
<td>309,650</td>
<td>234,724</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$504,777,918</strong></td>
<td><strong>459,670,776</strong></td>
</tr>
</tbody>
</table>

Emory University is subject to limitations and restrictions on its ability to redeem or sell certain of the investments included in its pooled investment fund. Such restrictions vary by investment type and range from required notice periods (generally 30 to 180 days after initial lock-up periods) to specified terms at inception (generally 10 years). While there are no stated limits relative to CCI withdrawals of its investment in Emory University’s pooled investment fund, the timing and availability of future redemptions may be impacted by these restrictions.

CCI’s investments also include assets invested for its charitable gift annuities and charitable remainder trusts. These investments are presented in the accompanying consolidated statements of financial position at their fair values.

<table>
<thead>
<tr>
<th></th>
<th>Fair value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pooled investments held at Emory</td>
<td>$496,030,342</td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>238,219</td>
</tr>
<tr>
<td>Fixed income securities:</td>
<td></td>
</tr>
<tr>
<td>Domestic mutual funds</td>
<td>4,071,659</td>
</tr>
<tr>
<td>Equities:</td>
<td></td>
</tr>
<tr>
<td>Domestic stocks</td>
<td>3,677,307</td>
</tr>
<tr>
<td>Domestic mutual funds</td>
<td>94,231</td>
</tr>
<tr>
<td>International mutual funds</td>
<td>666,160</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$5,253,417</strong></td>
</tr>
</tbody>
</table>
6 Property, Plant, and Equipment

The components of property, plant, and equipment at August 31, 2013 and 2012 are as follows:

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
<th>Estimated useful lives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land</td>
<td>$636,732</td>
<td>636,732</td>
<td>N/A</td>
</tr>
<tr>
<td>Buildings</td>
<td>16,938,552</td>
<td>16,938,552</td>
<td>30 years</td>
</tr>
<tr>
<td>Building improvements</td>
<td>1,938,743</td>
<td>1,887,233</td>
<td>15 years</td>
</tr>
<tr>
<td>Grounds and land improvements</td>
<td>384,239</td>
<td>314,004</td>
<td>10 years</td>
</tr>
<tr>
<td>Furniture and fixtures</td>
<td>704,388</td>
<td>674,926</td>
<td>10 years</td>
</tr>
<tr>
<td>Office equipment</td>
<td>254,270</td>
<td>236,245</td>
<td>5 years</td>
</tr>
<tr>
<td>Computer equipment</td>
<td>307,442</td>
<td>403,752</td>
<td>3 years</td>
</tr>
<tr>
<td></td>
<td>21,164,366</td>
<td>21,091,444</td>
<td></td>
</tr>
<tr>
<td>Less accumulated depreciation</td>
<td>(14,737,403)</td>
<td>(14,087,903)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$6,426,963</td>
<td>7,003,541</td>
<td></td>
</tr>
</tbody>
</table>

Depreciation expense totaled $882,340 and $915,834 during 2013 and 2012, respectively.

7 Split-Interest Agreements

CCI is beneficiary under several types of split-interest agreements, primarily charitable gift annuities. Under these agreements, CCI acts as trustee of assets received from donors and remits to the donor or other designee a fixed amount for a specified period of time, normally until the death of the donor or other designee. Assets related to charitable gift annuities are recorded at their fair values when received and an annuity payment liability is recognized at the present value of future cash flows expected to be paid to the donor or other designee. At the time of the gift, CCI recognizes contribution revenue for the remainder interest in an amount equal to the difference between the fair value of the assets received and the annuity liability. Discount rates and actuarial assumptions used to determine the annuity liability are typically based on factors such as applicable federal interest rates and life-income beneficiary life expectancies as determined by mortality tables published by the Internal Revenue Service. The changes in the value of these agreements are included in operating contributions and grants in the accompanying consolidated statements of activities.

Certain states have restrictions on investment allocations. CCI has complied with any known restrictions in states in which it has received charitable gifts subject to such restrictions.

The fair value of the assets related to split-interest agreements is included in investments in the accompanying consolidated statements of financial position and totaled $8,747,576 and $7,372,054 at August 31, 2013 and 2012, respectively. The annuity liability related to these agreements is $5,271,499 and $4,586,659 at August 31, 2013 and 2012, respectively. The net contribution revenue reported for split-interest agreements totaled $766,283 and $559,736 during the years ended August 31, 2013 and 2012, respectively.

CCI is also a secondary life income beneficiary under a trust agreement for which CCI is not the trustee. CCI has recorded a contribution receivable based on the life expectancy of the primary life income beneficiary and estimated rate of return of the trust, totaling $708,761 and $686,201 at August 31, 2013 and 2012, respectively.

8 Leases

CCI leases space to various entities under noncancelable operating leases with various terms. CCI leases to CCEU approximately 20% of CCI’s space under a lease for a term of 99 years with a rental payment of $1 per year. A business agreement with CCI’s caterer has no annual rent; rather, CCI receives 5% to 10% of the tenant’s gross revenue, as defined in such agreement. Rental income from these leases is included in facilities use income in the accompanying consolidated statements of activities.
9 Donated Goods and Services

The components of donated goods and services for the years ended August 31, 2013 and 2012 are as follows:

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication</td>
<td>$108,616,619</td>
<td>88,825,556</td>
</tr>
<tr>
<td>Other</td>
<td>830,202</td>
<td>662,968</td>
</tr>
<tr>
<td></td>
<td>109,446,821</td>
<td>89,488,524</td>
</tr>
<tr>
<td>Peace:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Software</td>
<td>147,000</td>
<td>—</td>
</tr>
<tr>
<td>Operating:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td>140,444</td>
<td>235,420</td>
</tr>
<tr>
<td></td>
<td>$109,734,265</td>
<td>89,723,944</td>
</tr>
</tbody>
</table>

Donations of medication were received primarily from two pharmaceutical companies during the years ended August 31, 2013 and 2012.

10 Fair Value of Financial Instruments

CCI’s estimates of fair value for financial and nonfinancial assets and liabilities are based on the framework established in Accounting Standards Codification (ASC) Topic 820, Fair Value Measurement. This framework is based on the inputs used in valuation and gives the highest priority to quoted prices in active markets and requires observable inputs to be used in the valuations when available. The disclosure of fair value estimates in the hierarchy described below is based on whether the significant inputs into the valuation are observable. In determining the level of the hierarchy in which the estimate is disclosed, the highest priority is given to unadjusted quoted prices in active markets and the lowest priority to unobservable inputs that reflect CCI’s significant market assumptions. The three levels of hierarchy are as follows:

- **Level 1** — Valuations based on unadjusted quoted market prices for identical assets or liabilities in active markets.
- **Level 2** — Valuations based on pricing inputs that are other than quoted prices in active markets which are either directly or indirectly observable. Examples include quoted prices in active markets of the underlying assets, quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in an inactive market, or valuations based on models where significant inputs are observable or can be corroborated by observable market data.

**Level 3** — Valuations are derived from other valuation methodologies, including pricing models, discounted cash flow models, and similar techniques. Level 3 valuations incorporate certain assumptions and projections that are not observable in the market and require significant professional judgment in determining the fair value assigned to such assets or liabilities.

The hierarchy requires the use of observable market data when available. As required by ASC Topic 820, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurements.

Contributions receivable for current year gifts are initially measured at fair value in the year the receivable is recorded based on the present value of future cash flows discounted at a rate commensurate with risks involved, which is an application of the income approach. Current year gifts included in contributions receivable reflected at fair value at June 30, 2013 and 2012 were $6,453,000 and $8,209,000, respectively, and are classified as Level 3 within the fair value hierarchy.

The carrying amount of cash and cash equivalents, accounts receivable, accounts payable and accrued liabilities, and deferred revenue approximates fair value because of the relative terms and short maturity of these financial instruments. The carrying value of annuity obligations approximates fair value and is based on the present value of the estimated future cash flows.

Net asset value was used as a practical expedient estimate of fair value relative to CCI’s pooled investments held at Emory University. Net asset value, in many instances, may not equal fair value that would be calculated pursuant to ASC Topic 820. There are no redemption restrictions on CCI with respect to its pooled investments held at Emory University. In accordance with relevant accounting literature, investments which are valued using the practical expedient as described above are classified as Level 2 within the hierarchy because they are redeemable at net asset value at or near the financial reporting date.
The following table summarizes the valuation of CCI’s financial instruments, which are recorded at fair value by the ASC Topic 820 fair value hierarchy levels as of August 31, 2013:

<table>
<thead>
<tr>
<th></th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$40,929,878</td>
<td>—</td>
<td>—</td>
<td>40,929,878</td>
</tr>
<tr>
<td>Fixed income securities:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic mutual funds</td>
<td>4,071,659</td>
<td>—</td>
<td>—</td>
<td>4,071,659</td>
</tr>
<tr>
<td>Equities:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic stocks</td>
<td>3,677,307</td>
<td>—</td>
<td>—</td>
<td>3,677,307</td>
</tr>
<tr>
<td>Domestic mutual funds</td>
<td>94,231</td>
<td>—</td>
<td>—</td>
<td>94,231</td>
</tr>
<tr>
<td>International mutual funds</td>
<td>666,160</td>
<td>—</td>
<td>—</td>
<td>666,160</td>
</tr>
<tr>
<td>Pooled investments held at Emory University</td>
<td>—</td>
<td>496,030,342</td>
<td>—</td>
<td>496,030,342</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$49,439,235</td>
<td>496,030,342</td>
<td>—</td>
<td>545,469,577</td>
</tr>
</tbody>
</table>

The following table summarizes the valuation of CCI’s financial instruments, which are recorded at fair value by the ASC Topic 820 fair value hierarchy levels as of August 31, 2012:

<table>
<thead>
<tr>
<th></th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$33,511,541</td>
<td>—</td>
<td>—</td>
<td>33,511,541</td>
</tr>
<tr>
<td>Fixed income securities:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic mutual funds</td>
<td>3,253,148</td>
<td>—</td>
<td>—</td>
<td>3,253,148</td>
</tr>
<tr>
<td>Equities:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic stocks</td>
<td>2,876,446</td>
<td>—</td>
<td>—</td>
<td>2,876,446</td>
</tr>
<tr>
<td>Domestic mutual funds</td>
<td>417,184</td>
<td>—</td>
<td>—</td>
<td>417,184</td>
</tr>
<tr>
<td>International mutual funds</td>
<td>655,836</td>
<td>—</td>
<td>—</td>
<td>655,836</td>
</tr>
<tr>
<td>Pooled investments held at Emory University</td>
<td>—</td>
<td>452,298,722</td>
<td>—</td>
<td>452,298,722</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$40,714,155</td>
<td>452,298,722</td>
<td>—</td>
<td>493,012,877</td>
</tr>
</tbody>
</table>

73
Net Assets

A. Unrestricted
As of August 31, 2013 and 2012, unrestricted net assets are as follows:

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undesignated</td>
<td>$6,140,645</td>
<td>$2,422,271</td>
</tr>
<tr>
<td>Designated for:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endowment</td>
<td>$184,572,036</td>
<td>$166,017,138</td>
</tr>
<tr>
<td>Program</td>
<td>$8,439,717</td>
<td>$7,680,299</td>
</tr>
<tr>
<td>Maintenance</td>
<td>$500,000</td>
<td>$500,000</td>
</tr>
<tr>
<td></td>
<td>$199,652,398</td>
<td>$176,619,708</td>
</tr>
</tbody>
</table>

Unrestricted net assets include funds internally designated as additions for endowment investment and program funding. These amounts are classified as unrestricted net assets due to the lack of explicit donor stipulations that temporarily or permanently restrict their use. Unrealized gains or losses on internally designated endowment funds are classified as changes in unrestricted net assets.

B. Temporarily Restricted
As of August 31, 2013 and 2012, temporarily restricted net assets are available for the following purposes:

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>$41,585,407</td>
<td>$62,263,366</td>
</tr>
<tr>
<td>Peace</td>
<td>$1,943,883</td>
<td>$1,309,940</td>
</tr>
<tr>
<td>Cross-program</td>
<td>$2,691,153</td>
<td>$2,767,176</td>
</tr>
<tr>
<td>Time-restricted</td>
<td>$783,624</td>
<td>$1,007,535</td>
</tr>
<tr>
<td>Time-restricted</td>
<td>$193,010,359</td>
<td>$169,058,840</td>
</tr>
<tr>
<td></td>
<td>$240,014,426</td>
<td>$236,406,857</td>
</tr>
</tbody>
</table>

C. Permanently Restricted
Permanently restricted net assets totaling $129,077,519 and $125,540,134 at August 31, 2013 and 2012, respectively, are required by donors to be invested in perpetuity, and the income from these assets is expendable to support activities of CCI.

Endowment Funds
CCI’s endowment funds consist of individual donor-restricted endowment funds and funds designated by the board of trustees (the Board) to function as endowments. The net assets associated with endowment funds, including those funds designated by the Board to function as endowment, are classified and reported based on the existence or absence of donor-imposed restrictions.

CCI applies the provisions of ASC Subtopic 958-205, Presentation of Financial Statements. ASC Subtopic 958-205 provides guidance on the net asset classification of donor-restricted endowment funds for a not-for-profit organization that is subject to an enacted version of the Uniform Prudent Management of Institutional Funds Act (UPMIFA), and also requires enhanced disclosures about an organization’s endowment funds, both donor-restricted endowment funds and board-designated endowment funds.

CCI has interpreted UPMIFA, as adopted by Georgia, as providing among other things, expanded spending flexibility by allowing, subject to a standard of prudence, spending from an endowment without regard to the book value of the corpus of the fund. As a result of this interpretation, CCI classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund.
The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by CCI in a manner consistent with the standard of prudence prescribed in UPMIFA.

In accordance with UPMIFA, CCI considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

- The duration and preservation of the fund;
- The purposes of CCI and the donor-restricted endowment fund;
- General economic conditions;
- The possible effect of inflation and deflation;
- The expected total return from income and the appreciation of investments;
- Other resources of CCI; and
- The investment policies of CCI.

CCI invests its endowment assets in a pooled investment fund managed by Emory University. CCI’s Board follows the investment return objectives and the spending policy as directed and managed by Emory University’s board of trustees as set forth in more detail below.

**Return Objectives and Risk Parameters**

CCI supports Emory University’s investment and spending policies, the objective of which is to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Under this investment policy, as approved by the Board of Trustees, the endowment assets are invested in a manner to attain a real total return of at least 8% (including inflation) over the long term. Over shorter time periods, the endowment assets performance will be measured versus a policy benchmark. The policy benchmark represents the weighted average of benchmark returns to each asset class in the policy asset allocation. The performance objective is to outperform the policy benchmark by at least 50 basis points, net of fees, on average. It is not expected that the performance target will be met for every three-year period.

**Strategies Employed for Achieving Objectives**

To satisfy its long-term rate-of-return objectives, CCI relies on Emory University’s total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). Emory University employs a diversified asset allocation strategy across global equities, fixed income, marketable alternatives, and private investment to achieve its long-term return objectives within prudent risk constraints.

**Spending Policy and How the Investment Objectives Relate to Spending Policy**

CCI follows Emory University’s total return endowment spending policy that establishes the amount of endowment investment return available to support current operating and capital needs. The distribution of endowment income in 2013 and 2012 was based on 4.75% of the average fair value of the endowment over the previous 12 months’ ending value on December 31. CCI considered the expected return on its endowment, including the effect of inflation in setting the annual appropriation amount. Accordingly, CCI expects the current spending policy to allow its endowment to maintain its purchasing power if projected growth rates are achieved. Additional real growth will be provided by new gifts and any excess investment return.
Endowment funds consist of the following as of August 31, 2013:

<table>
<thead>
<tr>
<th>Fund Type</th>
<th>Unrestricted</th>
<th>Temporarily restricted</th>
<th>Permanently restricted</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donor-restricted endowment funds</td>
<td>$—</td>
<td>193,010,359</td>
<td>129,077,519</td>
<td>322,087,878</td>
</tr>
<tr>
<td>Board-designated endowment funds</td>
<td>184,572,036</td>
<td>—</td>
<td>—</td>
<td>184,572,036</td>
</tr>
<tr>
<td><strong>Total funds</strong></td>
<td><strong>$184,572,036</strong></td>
<td><strong>193,010,359</strong></td>
<td><strong>129,077,519</strong></td>
<td><strong>506,659,914</strong></td>
</tr>
</tbody>
</table>

Endowment funds consist of the following as of August 31, 2012:

<table>
<thead>
<tr>
<th>Fund Type</th>
<th>Unrestricted</th>
<th>Temporarily restricted</th>
<th>Permanently restricted</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donor-restricted endowment funds</td>
<td>$—</td>
<td>169,058,840</td>
<td>125,540,134</td>
<td>294,598,974</td>
</tr>
<tr>
<td>Board-designated endowment funds</td>
<td>166,017,138</td>
<td>—</td>
<td>—</td>
<td>166,017,138</td>
</tr>
<tr>
<td><strong>Total funds</strong></td>
<td><strong>$166,017,138</strong></td>
<td><strong>169,058,840</strong></td>
<td><strong>125,540,134</strong></td>
<td><strong>460,616,112</strong></td>
</tr>
</tbody>
</table>

Changes in endowment funds for the year ended August 31, 2013 are as follows:

<table>
<thead>
<tr>
<th>Description</th>
<th>Unrestricted</th>
<th>Temporarily restricted</th>
<th>Permanently restricted</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endowment funds, August 31, 2012</td>
<td>$166,017,138</td>
<td>169,058,840</td>
<td>125,540,134</td>
<td>460,616,112</td>
</tr>
<tr>
<td>Contributions</td>
<td>3,171,553</td>
<td>—</td>
<td>3,537,385</td>
<td>6,708,938</td>
</tr>
<tr>
<td>Investment return:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endowment fund earnings</td>
<td>7,635,427</td>
<td>12,757,087</td>
<td>—</td>
<td>20,392,514</td>
</tr>
<tr>
<td>Appreciation of endowment investments, net</td>
<td>6,707,702</td>
<td>11,484,002</td>
<td>—</td>
<td>18,191,704</td>
</tr>
<tr>
<td><strong>Total investment return</strong></td>
<td>14,343,129</td>
<td>24,241,089</td>
<td>—</td>
<td>38,584,218</td>
</tr>
<tr>
<td>Appropriation of endowment assets for expenditure</td>
<td>(433,721)</td>
<td>(289,570)</td>
<td>—</td>
<td>(723,291)</td>
</tr>
<tr>
<td>Transfers to board-designated endowment funds</td>
<td>1,473,937</td>
<td>—</td>
<td>—</td>
<td>1,473,937</td>
</tr>
<tr>
<td><strong>Endowment funds, August 31, 2013</strong></td>
<td><strong>$184,572,036</strong></td>
<td><strong>193,010,359</strong></td>
<td><strong>129,077,519</strong></td>
<td><strong>506,659,914</strong></td>
</tr>
</tbody>
</table>

Changes in endowment funds for the year ended August 31, 2012 are as follows:

<table>
<thead>
<tr>
<th>Description</th>
<th>Unrestricted</th>
<th>Temporarily restricted</th>
<th>Permanently restricted</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endowment funds, August 31, 2011</td>
<td>$146,764,402</td>
<td>150,018,763</td>
<td>123,994,831</td>
<td>420,777,996</td>
</tr>
<tr>
<td>Contributions</td>
<td>1,286,136</td>
<td>—</td>
<td>1,545,303</td>
<td>2,831,439</td>
</tr>
<tr>
<td>Investment return:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endowment fund earnings</td>
<td>6,927,856</td>
<td>11,880,183</td>
<td>—</td>
<td>18,808,039</td>
</tr>
<tr>
<td>Appreciation of endowment investments, net</td>
<td>4,474,384</td>
<td>7,386,516</td>
<td>—</td>
<td>11,860,900</td>
</tr>
<tr>
<td><strong>Total investment return</strong></td>
<td>11,402,240</td>
<td>19,266,699</td>
<td>—</td>
<td>30,668,939</td>
</tr>
<tr>
<td>Appropriation of endowment assets for expenditure</td>
<td>(425,922)</td>
<td>(226,622)</td>
<td>—</td>
<td>(652,544)</td>
</tr>
<tr>
<td>Transfers to board-designated endowment funds</td>
<td>6,990,282</td>
<td>—</td>
<td>—</td>
<td>6,990,282</td>
</tr>
<tr>
<td><strong>Endowment funds, August 31, 2012</strong></td>
<td><strong>$166,017,138</strong></td>
<td><strong>169,058,840</strong></td>
<td><strong>125,540,134</strong></td>
<td><strong>460,616,112</strong></td>
</tr>
</tbody>
</table>
Related-Party Transactions

Emory University provides certain administrative functions to CCI, including, but not limited to, payroll administration, investment management, information technology, and legal services. CCI paid Emory University $556,945 and $553,272 during the years ended August 31, 2013 and 2012, respectively, for the provision of these services.

Emory University made unrestricted contributions to CCI of $632,807 and $621,688, respectively, during the years ended August 31, 2013 and 2012. In addition, CCEU made unrestricted contributions to CCI, primarily related to endowment earnings at CCEU, of $393,311 and $386,398 during the years ended August 31, 2013 and 2012, respectively.

CCI is currently affiliated with two separately incorporated organizations, Carter Center U.K. and Carter Center U.K. Foundation. Payments made by CCI in support of its affiliates totaling $5,000 at August 31, 2010, is included in peace program expense in the accompanying consolidated statements of activities.

The Carter Center Collaborative, Inc. (CCCI)

CCCI received donations of in-kind goods for the benefit of CCI totaling $108,610,318 and $88,825,556, respectively, during the years ended August 31, 2013 and 2012 that are included in the accompanying consolidated statements of activities. Expenses totaling $126,880,829 and $80,025,468 related to the use or grant of these donations are also included in the accompanying consolidated statements of activities for the years ended August 31, 2013 and 2012, respectively. Inventory and/or prepaid assets related to these goods for CCCI totaled $7,135,577 and $25,406,088 as of August 31, 2013 and 2012, respectively, and is included in the accompanying consolidated statements of financial position.

Commitments and Contingencies

Federal Financial Assistance

Federally funded programs are routinely subject to special audits that could result in claims against the resources of CCI. Management does not believe that there will be any claims arising from such audits that could have a material adverse effect on the financial position of CCI.

Subsequent Events

CCI evaluated events subsequent to August 31, 2013 and through February 27, 2014, the date on which the consolidated financial statements were issued and determined that all significant events and disclosures are included in the consolidated financial statements.
OUR community
Children await their lesson at Kurt Bahr Primary School in Ethiopia. The country has been a central focus of the Center’s health work.
Since its founding in 1982, The Carter Center has undertaken peace and health initiatives in more than 70 countries worldwide. These are the countries where the Center has had a presence, past and present.

**Legend**
- Peace Programs
- Health Programs
- Peace and Health Programs
- No Activity

**North America**
1. Canada
2. Mexico
3. United States

**Caribbean and Central America**
4. Belize
5. Costa Rica
6. Cuba
7. Dominican Republic
8. El Salvador
9. Guatemala
10. Haiti
11. Jamaica
12. Nicaragua
13. Panama

**South America**
14. Argentina
15. Bolivia
16. Brazil
17. Chile
18. Colombia
19. Ecuador
20. Guyana
21. Paraguay
22. Peru
23. Suriname
24. Venezuela

**Europe**
25. Albania
26. Bosnia and Herzegovina
27. Estonia
28. Romania
29. Russia
Peace Programs
John J. Stremlau, Ph.D.
Vice President, Peace Programs
Acting Director, Human Rights Program

Hrair Balian, J.D.
Director, Conflict Resolution Program

David J. Carroll, Ph.D.
Director, Democracy Program

Steven H. Hochman, Ph.D.
Director, Research; Faculty Assistant to President Carter

Lauren N. Kent-Delany, M.A.
Director, Educational Programs

Yawei Liu, Ph.D.
Director, China Program

Jennifer L. McCoy, Ph.D.
Director, Americas Program

Ellen P. Mickiewicz, Ph.D.
Fellow, Commission on Radio and Television Policy

Jennifer L. McCoy, Ph.D.
Director, Americas Program

Frank O. Richards Jr., M.D.
Director,
– River Blindness Elimination Program
– Lymphatic Filariasis Elimination Program
– Schistosomiasis Control Program
– Malaria Control Program

Ernesto Ruiz-Tiben, Ph.D.
Director, Guinea Worm Eradication Program

P. Craig Withers Jr., M.H.A., M.B.A.
Director, Program Support

Operations
Phillip J. Wise Jr.
Vice President, Operations and Development; Corporate Secretary

The Carter Center sponsors a competitive internship program, bringing to Atlanta college students and recent graduates from universities around the world each semester. Interns play a vital role in helping The Carter Center to accomplish its peace and health initiatives, and interns serve in many capacities around the Center. In turn, The Carter Center provides a substantive learning experience that serves as a basis for interns to explore their career options and to develop professional skills.

The 2012–2013 class of interns numbered 125 students and recent graduates from 27 countries who spoke 33 languages.

Over its history, The Carter Center has had 2,678 interns.

Christian Sierra, an intern with the Democracy Program, monitored polling during the Nepal elections in November 2013.
Notable scientists and organizations come together in this Carter Center task force to evaluate the potential for eradicating or controlling infectious diseases. It monitors progress in disease eradication, reviews the status of selected diseases, and recommends opportunities for eradication or better control of diseases such as Guinea worm disease, river blindness, lymphatic filariasis, schistosomiasis, malaria, and measles.

Sir George Alleyne, M.D., F.R.C.P.
Director Emeritus, Pan-American Health Organization

Stephen B. Blount, M.D., M.P.H.
Director, Special Health Programs
The Carter Center

Mickey Chopra, Ph.D., M.P.H.
Chief of Health/Associate Director, Programs
UNICEF

Dirk Engels, M.D., Ph.D.
Coordinator, Preventive Chemotherapy and Transmission Control
World Health Organization

Donald R. Hopkins, M.D., M.P.H.
Vice President for Health Programs
The Carter Center

Julie Jacobson, M.D., D.T.M.H.
Senior Program Officer, Neglected Infectious Diseases
Bill & Melinda Gates Foundation

Adetokunbo Lucas, M.D.
Adjunct Professor of International Health
Harvard University

Montserrat Meiro-Lorenzo, M.D.
Senior Public Health Specialist
World Health Organization

John Graham
Chair Emeritus, Canadian Foundation for the Americas

David Molyneux, Ph.D., D.Sc., Hon. F.R.C.P.
Professor Emeritus and Senior Professorial Fellow
Centre for Neglected Tropical Diseases
Liverpool School of Tropical Medicine

Mark L. Rosenberg, M.D., M.P.H.
President and Chief Executive Officer
Task Force for Global Health

Laurence Slutsker, M.D., M.P.H.
Director, Division of Parasitic Diseases and Malaria
Centers for Disease Control and Prevention

Harrison Spencer, M.D., M.P.H., D.T.M.&H.
President and Chief Executive Officer
Association of Schools of Public Health

Roberto Tapia Conver, M.D., D.Sc., M.P.H., M.Sc.
Director-General
Carlos Slim Foundation

Dyann Wirth, Ph.D., M.A.
Professor of Immunology and Infectious Diseases
Harvard School of Public Health
Director of Harvard Malaria Initiative

Yoichi Yamagata, Ph.D., M.Sc.
Chief Adviser
Major Infectious Disease Project (Myanmar)
Japan International Cooperation Agency

The Friends of the Democratic Charter group is composed of former presidents, prime ministers, and cabinet ministers from the Western Hemisphere who seek to increase the visibility of the Inter-American Democratic Charter and to prevent democratic tensions from erupting into crises.

Diego Abente Brun
Former Minister of Justice and Labor of Paraguay

Mariclaire Acosta
Former Undersecretary of Foreign Relations for Human Rights and Democracy of Mexico

Nicolás Ardito Barletta
Former President of Panamá

Carlos Ayala Corao
Former President, Inter-American Commission on Human Rights

Patricio Ayllón
Former President of Chile

Cecilia Blondet
Former Minister for the Advancement of Women and Human Development of Peru

Humberto de la Calle
Former Vice President of Colombia

Dante Caputo
Former Foreign Minister of Argentina

Fernando Henrique Cardoso
Former President of Brazil

Jimmy Carter
Former President of the United States of America

Jorge Castañeda
Former Minister of Foreign Affairs of Mexico

Joe Clark
Former Prime Minister of Canada

Peter DeShazo
Former Deputy Assistant Secretary of State for Western Hemisphere Affairs, United States

Alejandro Foxley
Former Minister of Foreign Affairs of Chile

Diego García-Sayán
Former Foreign Minister of Peru

César Gaviria
Former President of Colombia

John Graham
Chair Emeritus, Canadian Foundation for the Americas

Osvaldo Hurtado
Former President of Ecuador

Torquato Jardim
Former Justice of the Superior Electoral Tribunal of Brazil

Luis Alberto Lacalle
Former President of Uruguay

John Maisto
Former U.S. Ambassador to the Organization of American States

John Manley
Former Minister of Foreign Affairs of Canada

Barbara McDougall
Former Minister of External Affairs of Canada

Carlos Mesa
Former President of Bolivia

Pedro Nikken
Former President Inter-American Court for Human Rights, Venezuela

Andrés Pastrana
Former President of Colombia

Sonia Picado
Chair of the Board of Directors of the Inter-American Institute of Human Rights

Sergio Ramírez
Former Vice President of Nicaragua

Arthur Robinson
Former President of Trinidad and Tobago

Sir Ronald Sanders
Member of the Commonwealth Eminent Persons Group 2010–2011

Lloyd Erskine Sandiford
Former Prime Minister of Barbados

Eduardo Stein
Former Vice President of Guatemala

Alejandro Toledo
Former President of Peru

Martín Torrijos
Former President of Panamá

Fernando Tuesta Soldevilla
Former Director, National Office of Electoral Processes, Peru

Joaquín Villalobos
Founder of the Farabundo Martí National Liberation Front, Signatory of the Peace Agreements of El Salvador in 1992
The Carter Center Mental Health Task Force

Chair by former First Lady Rosalynn Carter, the Mental Health Task Force focuses on mental health policy issues. It develops initiatives to reduce stigma and discrimination against people with mental illnesses; seeks equity for mental health care comparable to other health care; advances prevention, promotion, and early intervention services for young children and their families; and works to increase public awareness and stimulate actions about mental health issues.

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William R. Beardslee, M.D.
Director, Baer Prevention Initiatives and Chairman Emeritus, Gardner/Monks Professor of Child Psychiatry, Boston Children’s Hospital
Carl C. Bell, M.D., FAPA, FAC.Psych.
President and CEO, Community Mental Health Council, University of Illinois
Benjamin G. Druss, M.D., M.P.H.
Rosalynn Carter Endowed Chair for Mental Health, Rollins School of Public Health, Emory University
Leisa Eason, RN, Ph.D.
Executive Director, Rosalynn Carter Institute for Caregiving
Mary Jane England, M.D.
Ad Interim Chair, Community Health Sciences Department, Boston University School of Public Health
Rosa Gil, D.S.W.
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Ethleen Iron Cloud-Two Dogs, M.S.
Fort Collins, Colorado
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ABPP Professor and Chief Psychologist, Department of Psychiatry and Behavioral Sciences, Emory University School of Medicine
Ruth Perou, Ph.D.
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Larke Huang, Ph.D.
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President and CEO  
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The Garrett Group/Merrill Lynch

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President & CEO  
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Laurie Ann Goldman  
CEO  
Spaxn

Margo Grbinich Hunt  
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YKK Corporation of America

E. Alex Gregory  
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YKK Corporation of America

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Progressive Redevelopment

Hubert L. “Herky” Harris Jr.  
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AJC International

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President and CEO  
Cox Enterprises

Babette Henagan  
Managing Partner  
Linx Partners

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Managing Partner  
Inferential Focus

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Hooks Van Holm

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ING Investment Management US

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Jay Kelly  
Director  
Jay Kelly Interactive Design

Michael J. Kelly

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Chairman  
Kerns Truck Parts

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CEO & Founder  
Kaneva

Kerry W. Kohnen  
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Area President, Georgia/South Carolina  
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Michael A. McCarthy  
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First Indiana Corporation

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Toney E. Means
Chairman and CEO
Bel Griffin Corporation
Robert A. Meier
President
Northern Trust Bank–Georgia
Martin Melaver
CEO
Melaver McIntosh
Eddie Meyers
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