Under cases of Guinea worm monitored

Over 100 elections monitored

THE CARTER CENTER

Annual Report 2014–15
Elections Monitored, by Country

<table>
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<tr>
<th>Country</th>
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<td>Bolivia (2)</td>
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<td>Cherokee Nation (2)</td>
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Worldwide Guinea Worm Case Count, by Year

1986 = est. 3.5 million
1989 = 892,926
1990 = 623,844
1991 = 547,575
1992 = 374,202
1993 = 229,773
1994 = 164,973
1995 = 129,852
1996 = 152,814
1997 = 77,863
1998 = 78,557
1999 = 96,298
2000 = 75,223
2001 = 63,717
2002 = 54,638
2003 = 32,193
2004 = 16,026
2005 = 10,674
2006 = 25,217
2007 = 9,585
2008 = 4,619
2009 = 3,190
2010 = 1,797
2011 = 1,058
2012 = 542
2013 = 148
2014 = 126
2015 = 22
In 2007, former U.S. President Jimmy Carter comforts 6-year-old Ruhama Issah at Savelugu Hospital in Ghana as a Guinea worm is extracted from her ankle. The Carter Center has led the international campaign to eradicate Guinea worm disease for 30 years.

Below: Former First Lady Rosalynn Carter talks with poll workers in Indonesia in 1999, when voters ended more than 40 years of dictatorial rule. Since 1989, The Carter Center has helped 39 countries introduce, restore, or strengthen democracy by observing elections.
A Message from President Jimmy Carter


With your continued support, The Carter Center has nurtured democracy worldwide and brought Guinea worm to the brink of extinction. Rosalynn and I are thankful for your belief in shaping peace, fighting disease, and building hope.

Jimmy Carter
1987 | Guinea Worm Cases Worldwide Estimated at Up to 3.5 Million

In rural Pakistan in 1987, children wait outside their home. Health workers were visiting the village, looking for and treating cases of Guinea worm disease. In 1993, Pakistan became the first country to stop transmission of the parasitic disease after The Carter Center began providing assistance.

1989 | Election #1

Poll workers help citizens in Panama in the first election The Carter Center observed. Early on, President Carter thought the Center would observe voting only in Latin America, but the work has spread to 39 countries.
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.

- The Center emphasizes action and measurable results. Based on careful research and analysis, it is prepared to take timely action on important and pressing issues.
- The Center seeks to break new ground and not duplicate the effective efforts of others.
- The Center addresses difficult problems in difficult situations and recognizes the possibility of failure as an acceptable risk.
- The Center is nonpartisan, actively seeks complementary partnerships, and works collaboratively with other organizations from the highest levels of government to local communities.
- The Center believes that people can improve their own lives when provided with the necessary skills, knowledge, and access to resources.

Our Mission

Ghanaian children greet President and Mrs. Carter during a visit to see early progress against Guinea worm disease. The World Health Organization certified Ghana as free of the disease in 2015.

Zambians chant during a political rally in 1991. In the presidential election, longtime leader Kenneth Kaunda was unexpectedly defeated but graciously accepted the result.

1989 | 892,926 Guinea Worm Cases Worldwide

1991 | Election #5
1999 | Election #25

Nigerians wait to vote in 1999, in an election following decades of authoritarian rule. The Carter Center’s observation team was led by President Carter, former Army Gen. Colin Powell, and the former president of Niger, Mahamane Ousmane.

2001 | 63,717 Guinea Worm Cases Worldwide

In northern Togo, a child named Akouma Witchikitike endures the first day of treatment to remove a Guinea worm from her foot. The worm is painstakingly pulled from the child a little each day, and the treatment can last from several days up to three weeks.
The Carter Center at a Glance

Overview
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 80 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 22 in 2015
• Observing 101 elections in 39 countries to help establish and strengthen democracies
• Furthering avenues to peace in Ethiopia, Eritrea, Nepal, Liberia, Sudan, South Sudan, Uganda, the Korean Peninsula, Haiti, Bosnia and Herzegovina, Syria, 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 village-based health interventions 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 $385 million in cash, pledges, and in-kind gifts in 2014–2015. 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
Approximately 1,200 employees at Atlanta headquarters and in field offices around the world.

2004 | Election #57
Candidate fliers adorn the exterior of the city market in Maputo, Mozambique. As in many other countries, The Carter Center has observed multiple elections over many years. Delegations monitored voting in Mozambique in 1999, 2003, 2004, and 2014.
A Letter from the Officers

The number 100 marked important milestones for The Carter Center in 2015. We conducted our 100th election observation mission, and for the first time we saw the worldwide number of cases of Guinea worm disease in humans fall below—well below—100. Monitoring our 100th election—in Guyana in May—means the Center has helped establish, restore, or strengthen democracy for millions of citizens around the world. Halting Guinea worm means sparing at least 80 million people from the physical pain and economic devastation of a debilitating disease.

These colossal achievements have been accomplished not through might or conquest, but through earned trust and partnership.

Across the globe, The Carter Center has earned the trust of governments and citizens alike by empowering people to obtain the tools and knowledge they need to improve their own lives. We do this by monitoring standards for democratic elections, expanding citizens’ access to government information, treating and preventing neglected tropical diseases, breaking down the stigma of mental illness, and advancing human rights.

These cooperative efforts bore abundant fruit in 2015. The World Health Organization certified Mexico as free of river blindness, and Guatemala is close behind. Strides were made in several countries to improve access to information, particularly for women. The battle lines of the conflict in Syria—and possible avenues to resolve it—became clearer through our mapping project that tracks the forces involved.

In Liberia, The Carter Center leveraged the trust built through more than two decades of peacebuilding, mental health, and human rights work to quickly mobilize traditional community leaders’ networks to respond to the Ebola epidemic.

In short, by fostering strong partnerships, the Center continues to embody the vision of Jimmy and Rosalynn Carter of a world filled with peace, health, and hope.

Your participation in our work in the past and present makes possible the achievements of the future. Thank you.

Jason Carter
Chairman
Board of Trustees

Ambassador (Ret.)
Mary Ann Peters
Chief Executive Officer

2007 | 9,585 Guinea Worm Cases Worldwide

A woman filters her family’s drinking water as she collects it from Savelugu Dam in northern Ghana. Water filtration is one of the keys to preventing Guinea worm disease.
2009 | Election #73
A Bolivian woman waits to cast her ballot at a polling station in La Paz. Citizens were voting on a new constitution.

2015 | Election #100
Carter Center observers Jason Calder and Dame Audrey Glover take notes while monitoring voting in Georgetown, Guyana, site of the Carter Center’s 100th election observation mission.

2010 | 1,797 Guinea Worm Cases Worldwide
A sign next to a dam in Terekeka County, South Sudan, warns against allowing anyone with an emerging Guinea worm to enter the water. Due to community education, water filtration, and other interventions, South Sudan reported just five cases of the disease in 2015, down from 1,698 cases in 2010.
The first time The Carter Center observed an election was in Panama in 1989; observers found evidence of egregious vote-stealing by the party of dictator Gen. Manuel Noriega.

“Are you honest men, or are you thieves?” former U.S. President Jimmy Carter shouted in Spanish as Panamanian officials read off falsified tally sheets. Despite the presence of Noriega’s armed guards, President Carter climbed onto a table and denounced the election as fraudulent.

“On the way to the airport, our car was stoned,” he recalled. “But the so-called winners never took office. There was, later, another election that was honest and fair. That was the birth of real democracy in Panama.”

Since 1989 The Carter Center has sent teams of people to elections in 39 countries at their request. The goal: determine whether the will of the people matches election results.

“We focus on countries that are going through critical transitions, with elections that are likely to be especially challenging, or that occur after a conflict or the end of a nondemocratic regime,” said David Carroll, director of the Center’s Democracy Program. “In those cases, the presence of a trusted international observer can help inspire confidence in the election outcome.”

Initially, observers’ role was limited to making sure polling places were safe, ballots were secure, and vote tabulation was transparent.

However, “Over time it became clear that a free and credible election is about much more than what happens on election day,” Carroll said.

Today, the Center relies on the use of long- and medium-term observers, teams that are deployed weeks and even months in advance of an election to analyze election laws, examine voter registration processes, observe campaigning, and assess the political climate of the host country. Observers also stay on after elections to report on the final tabulation and publication of results, and any disputes that may result.
As other organizations entered the field of election observation, many recognized the need to establish standards of conduct and methodology. The Center worked for two years with the U.N. Election Assistance Division and the National Democratic Institute to draft and build consensus on what would become the Declaration of Principles for International Election Observation, with an accompanying code of conduct.

The declaration, which has been adopted by more than 40 organizations, places observation in the larger context of human rights and democracy and provides guidelines for professional election observation.

“It commits international observers to collaborating with other observers and citizen observer groups, and to respecting the authority of host governments,” Carroll noted.

Along with changing political tides, the past 26 years have seen a sea change in technology. The Carter Center has adapted its methods to take advantage. Innovative software called ELMO allows observers to gather and submit information from polling sites in real time using electronic tablets instead of paper forms. It saves time and effort and highlights potential election day problems more quickly. Importantly, The Carter Center has made ELMO an open-source tool, available to any organization that wants to use it.

Since that first election in Panama, Carter Center teams have traveled the globe, refining techniques and building on the knowledge gained after each election. Often Carter Center observers will return to a country for multiple elections. For the Center’s 100th mission, observers found themselves in Guyana for the fourth time since 1992.

“Voters waited patiently in long lines from early in the morning into the evening,” the Center’s observation team reported. “All across the country, thousands of dedicated poll workers, party agents, and officials of the Guyana Elections Commission served with honesty, integrity, and professionalism.”

The opposition party won that election in a vote that was extremely close but deemed free of major flaws, reflecting the will of the electorate.

“That’s the goal,” Carroll said. “When that happens, we know we’ve done our work and a nation’s own people are prepared to carry it forward.”
Two citizens review their multipage ballots during the 2006 presidential and legislative elections in the Democratic Republic of the Congo. Thirty-three candidates vied for president, and more than 9,000 candidates ran for 500 parliamentary seats.

In Tunisia, voters patiently wait in long lines in October 2011. Citizens were electing a body to draft the country’s new constitution.

In 2011, a Nepalese woman registers citizens to vote. The Carter Center observed constituent assembly elections in 2008 and then conducted long-term political and constitutional monitoring until June 2013.

In 2010, community leaders and citizens in northwestern China’s Yunnan province discuss voting rules in preparation for village elections, which are similar to city council elections in the United States.
Just 30 years ago, an estimated 3.5 million people were afflicted with Guinea worm disease. Today the list of sufferers fits easily on an index card.

When The Carter Center started fighting Guinea worm in 1986, the parasitic disease existed in tens of thousands of locations in 21 countries. As of the end of 2015, it remained in only 22 people in 20 isolated villages in four countries—Chad (nine cases), Ethiopia (three), Mali (five), and South Sudan (five). That’s a precipitous 83 percent decline from the 126 cases counted in 2014.

“A hundred years from now, people will find it hard to believe that such a horrible disease existed,” said Dr. Donald Hopkins, who has guided the Carter Center’s Guinea worm campaign from the beginning. “Whether they believe it or not, I am confident they will marvel at the work their ancestors will have done to get rid of it.”

People contract the illness when they drink stagnant water contaminated with fleas that carry Guinea worm larvae. After growing inside the patient for a year, a meter-long worm slowly emerges from the body through a painful blister in the skin, seeking to return to the water to release its eggs. A trained health worker can extract a worm, but it takes two weeks to a month of agonizing treatment. The debilitating effects of the disease can prevent patients from working, farming, and going to school.

In 1999, Abdullahi Rabiu’s body was infested with a reported 84 Guinea worms—the most ever recorded—each of which made an excruciating exit through the Nigerian farmer’s skin.

“The worms were there one after the other until I was down completely,” he said. “I couldn’t work. I couldn’t move because the worms were coming from so many different places.”

Today, not only is Rabiu free of worms, but so is all of Nigeria and most of the rest of the world.
“We believe that with adequate commitments by the governments of Chad, Ethiopia, Mali, and South Sudan and continued donor support, cases of Guinea worm disease will be reduced to zero worldwide in the near future,” Hopkins said.

**Village volunteers at heart of effort**

Because there is no vaccine to prevent it and no medication to treat it, the disease is being defeated by interrupting its transmission. Key to the program’s success have been tens of thousands of trained village volunteers who watch for disease cases and provide basic treatment for patients. These volunteers educate their neighbors about the Guinea worm life cycle and teach them the importance of keeping infected people out of water sources and straining out the larvae with donated water filters. Patients are provided a comfortable place to stay and receive care.

“As we get closer to zero, each case takes on increasing importance,” former U.S. President Jimmy Carter said. “Full surveillance must continue in the few remaining endemic nations and neighboring countries until no cases remain to ensure the disease does not return. The Carter Center and our partners are committed to seeing that this horrible parasitic disease never afflicts future generations.”

This requires difficult, persistent work at the most local level by people like Makoy Samuel Yibi. Makoy leads the South Sudan Ministry of Health’s Guinea Worm Eradication Program by example.

A healthy married father of 14, Abdullahi Rabiu strolls through his community in Katsina state, Nigeria. In 1999, a record 84 Guinea worms emerged from his body at one time.

Although South Sudan is larger than Spain and Portugal combined, Makoy has trekked to every one of its villages, some more than once and often on foot, in pursuit of Guinea worms.

**Guinea Worm Case Count**

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<thead>
<tr>
<th>Year</th>
<th>Cases</th>
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<tbody>
<tr>
<td>1986</td>
<td>~3.5 Million</td>
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<tr>
<td>1990</td>
<td>623,844</td>
</tr>
<tr>
<td>1995</td>
<td>129,852</td>
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<tr>
<td>2000</td>
<td>75,223</td>
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<td>2005</td>
<td>10,674</td>
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<tr>
<td>2010</td>
<td>1,797</td>
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<tr>
<td>2015</td>
<td>22</td>
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“He will hear about a case of Guinea worm and spend the next two weeks backpacking to track it down,” said David Stobbeelaar, former country representative for The Carter Center in South Sudan. “He’s an inspiration to the field officers on the ground.”

Makoy received the Jimmy and Rosalynn Carter Award for Guinea Worm Eradication in 2008, but he deflects praise to others.

“This eradication campaign is not easy,” he said. “It is only made possible by the really hard work of the teams on the ground.”

A new challenge

The appearance of Guinea worm in hundreds of domestic dogs in Chad has emerged as a recent challenge. It appears that both dogs and humans are contracting Guinea worm infection in an unusual way, by eating raw or undercooked aquatic animals. Human cases in Chad in 2014 (13) and 2015 (nine) have been found in remote villages spread over hundreds of miles along the Chari River. At those locations, during the annual fish harvest, dogs have been eating raw fish or fish guts carrying Guinea worm larvae. The program continues to expand health education messages, surveillance, and research, with a specific focus on preventing the consumption of inadequately cooked or raw fish by both dogs and humans.

“While occurrence of Guinea worm in dogs in Chad presents a new challenge, we have successfully addressed unexpected developments throughout this 30-year eradication campaign and have put measures in place to tackle this one as well,” Hopkins said.

Hopkins was a key part of the Centers for Disease Control’s successful campaign to eradicate smallpox before he moved to The Carter Center to take on Guinea worm disease.

As cases have dwindled, Hopkins has enjoyed seeing people freed from the disease. But beyond that, Hopkins sees some of himself in the health workers in the field deriving satisfaction from their work. “I relish the thought that some of these young people will—as I’m doing now from my earlier smallpox work—go on later to apply this experience to combating other diseases,” he said.

Moving forward on other diseases

Indeed, The Carter Center will not rest in its battle against neglected tropical diseases. Finishing off one disease will free resources and strengthen populations to fight other maladies. Many remote communities had never experienced any kind of modern health care before. The Carter Center expects the lessons learned, innovations implemented, volunteers trained, and rural health infrastructure built during the Guinea worm battle to foster success in its campaigns against river blindness, lymphatic filariasis, blinding trachoma, schistosomiasis, and two mosquito-borne diseases on the island of Hispaniola.

“We want to help lift as much of the burden of these diseases as possible off the backs of these people in the rural communities so they can go about their business of supporting themselves, raising their children, and contributing to their communities and to the world,” Hopkins said.
Democracy Program

The Carter Center observed its 100th election, in Guyana in May 2015. More than 50 observers were deployed across the country. The Center commended Guyana’s electoral process and praised the efforts of election officials and poll workers in a tightly contested election. The Center later issued recommendations to the government and political parties to improve future elections.

In Myanmar, democratic transition took a significant step forward in November with an orderly and peaceful election and strong voter turnout. Center observers visited 245 polling places on election day, noting dominant support for the opposition National League for Democracy. In a postelection report, the Center made a number of recommendations to advance Myanmar’s emergence from decades of military rule.

The year 2015 marked 10 years since The Carter Center helped draft the Declaration of Principles for International Observation, which provides guidelines for credible election observation and has been endorsed by some 50 organizations.

Using knowledge gained from election observation abroad, the Center in 2015 launched a project to improve the observability of elections in the United States. The John D. and Catherine T. MacArthur Foundation funds the project, which is being implemented jointly with the National Conference of State Legislatures.

Human Rights Program

The Carter Center kept up its pursuit of rights for women and girls through several initiatives in 2015.

In February, more than 60 scholars, activists, and religious leaders from 20 countries participated in the Carter Center’s Human Rights Defenders Forum in Atlanta. The forum focused on advancing the rights of women and girls, including the right to peace.

In conjunction with the event, the Center launched a website that connects activists, hosts roundtable video discussions, highlights success stories, and serves as a resource library.

Late in the year, The Carter Center brought scholars, activists, and religious leaders together in Accra, Ghana, to seek ways to combat the abuse and oppression of women and girls, and means of countering interpretations of
faith-based teachings that perpetuate inequality and gender-based violence.

One pervasive aspect of violence against women is the sex trade. The World Summit: End Sexual Exploitation 2025, brought survivors of sexual trafficking together in Atlanta with advocates in the modern abolitionist movement, faith-based organizations, law enforcement, business leaders, and policymakers from around the world to seek solutions to the conditions that make women and children vulnerable to sexual abuse, manipulation, and exploitation for profit.

Conflict Resolution Program

The Carter Center remains committed to a political solution to the Syrian conflict. The Conflict Resolution Program holds workshops that encourage Syrians to develop a vision of the country’s transition to peace.

It also continues to refine its Syria conflict mapping project, which has mined social media and other open sources of information to document over 70,000 conflict events as well as various opposition forces and the territories they control. It shares this information with the United Nations and other peacebuilding and humanitarian organizations.

In addition, the program has launched a project to examine and counter ISIS recruitment propaganda, working with leading Muslim clerics and community leaders.

In the Israeli-Palestinian conflict, the Center supports the two-state solution and the reunification of the Palestinian Authority.

The Conflict Resolution Program is also engaged in Sudan and South Sudan, continuing to run a series of dialogues between prominent leaders from both countries. Separately, the China and Conflict Resolution programs organized meetings with former and current African, Chinese, and American officials to encourage cooperation on African peace and security issues.

In Liberia, the Center continues its collaborative project to improve Liberia’s justice system. It also worked with the government to train and mobilize over 10,000 community health volunteers, including 4,000 chiefs, to help fight Ebola.
Global Access to Information

The Carter Center’s Global Access to Information Program works to improve governance, transparency, and accountability, and to advance citizens’ fundamental right to information. Most recently, it has focused on ensuring a meaningful right to information for women.

The Center released a report that found Guatemalan women face deep inequities in exercising their right to information. The Global ATI Program is working with the government and civil society to implement the study’s recommendations to raise awareness of the right and to ensure women can gain access to information about education, starting a business, and their rights.

In Liberia, the program was able to take advantage of established relationships across all sectors to support more effective dissemination of timely, accurate information about the Ebola epidemic. The Center helped coordinate over 50 briefings and radio broadcasts to inform the public about use of Ebola funds and the government’s efforts. The Center also leveraged county-level freedom-of-information networks to provide people with Ebola information, encourage use of the freedom-of-information law, and help make authorities aware of local realities.

Americas Program

The Americas Program undertakes projects that ensure electoral integrity, support reforms, and improve democratic governance, with an emphasis on human rights. It is supported in these efforts by the Friends of the Inter-American Democratic Charter of the Organization of American States, a group of former heads of state, cabinet ministers, and human rights leaders.

Friends member and former Bolivian President Carlos Mesa attended the inauguration of the Electoral Reform Commission in Panama, at which the program’s draft publication of “Political Finance and Campaign Regulations in Latin America” was presented. In February, former Justice of the Inter-American Court Pedro Nikken led a quiet diplomacy mission to study the human rights immigration crisis in the Dominican Republic.
The Friends of the Charter convened with President Carter and OAS Secretary-General Luis Almagro in July to assess the hemisphere’s democratic conditions and to determine the group’s agenda. And in September and October, Mesa, former Mexican Foreign Minister Jorge Castañeda, and former U.S. Ambassador John Maisto co-led the Carter Center’s high-level political delegations to Guatemala’s election and run-off.

The Americas Program also initiated projects in Colombia, including a mapping of the human rights system and a collaboration with the University of the Sabana to support peace education.

China Program

The Carter Center hosted a major forum in May on China’s domestic and international reforms and their implications for U.S.-China relations. More than 30 Chinese and American scholars and policy researchers exchanged views on China’s prospects in the political, economic, social, international affairs, and cultural sectors.

The China Program co-organized the 2015 U.S.-China Young Scholars Forum in October. The daylong event, themed “Voice of the Young Generation: How U.S.-China Relations Will Shape the International Order of the Future,” featured four panel discussions and a spirited roundtable debate.

Beijing college student Heidi Song, winner of the China Program’s first U.S.-China Perception Monitor Video Essay Contest for young scholars, was a guest at the forum.

That event was followed in November by the fourth Forum on U.S.-China Relations, held in partnership with the Chinese People’s Association for Friendship with Foreign Countries. The forum welcomed scholars, journalists, business leaders, sponsors, and high-ranking officials.

In March 2015, a U.S.-China-Africa workshop on South Sudan’s civil war was so successful that participants agreed to meet again in January 2016.

On the Internet, the China Program’s signature website on elections continued to attract views from December 2014 through November 2015, as did its vibrant platforms for social media.
Guinea Worm Eradication Program

After relentless pursuit for three decades, The Carter Center is closing in on the last Guinea worm. Between January and December 2015, there were only 22 cases (provisional) of Guinea worm disease in the world, an 83 percent reduction from 126 in 2014. More than 80 million cases have been averted since The Carter Center started its eradication campaign in 1986.

The Carter Center and ministries of health are fighting the remaining cases of the disease in Chad, Ethiopia, Mali, and South Sudan.

In 2015, South Sudan reduced its cases by 93 percent to five, compared with 70 cases reported in 2014.

President Carter saw his first Guinea worm in Ghana in 1988. In January 2015, after more than 27 years of work led by The Carter Center and the Ministry of Health, the World Health Organization certified Ghana as free of Guinea worm.

In 2015, generous support came from many individual donors, as well as the Bill & Melinda Gates Foundation, the Children’s Investment Fund Foundation, the Conrad N. Hilton Foundation, the United Kingdom’s Department for International Development, BASF, and Vestergaard.

River Blindness Elimination Program

In Sudan, Abu Hamad became one of the first areas in Africa to eliminate river blindness by means of a combination of health education and the use of Mectizan®, an oral drug donated by Merck. The success in Abu Hamad demonstrates the possibility of eliminating the disease in other African locations through semiannual treatments.

A regional campaign led by the Carter Center’s Onchocerciasis Elimination Program for the Americas to fight river blindness in the Western Hemisphere made great strides in 2015. Mexico was verified free of the disease by the World Health Organization. In addition, Guatemala celebrated the passage of three years since its last reported case of the disease, and official verification is in process.

In June 2015 President Carter and Nigerian businessman
and philanthropist Sir Emeka Offor publicly announced a partnership to help eliminate river blindness in Nigeria, working in seven states with the Ministry of Health. The Sir Emeka Offor Foundation pledged $10 million to the Center to help wipe out the ancient disease from the world’s most endemic country for river blindness by 2020. Additional important partners include USAID, the Carlos Slim Foundation, and the Lions Clubs International Foundation, among others.

### Trachoma Control Program

Trachoma is the leading cause of preventable blindness worldwide, and The Carter Center is a leader in the global fight to prevent this scourge. The Center implements the World Health Organization’s SAFE strategy — surgery, antibiotics, facial cleanliness, and environmental improvement — to control the bacterial eye infection.

Hygiene education, the construction and use of latrines, and antibiotics help prevent infection and ultimately are key in breaking the cycle of transmission.

As of late 2015, more than 500 million doses of Zithromax have been donated by Pfizer Inc for distribution in trachoma-endemic areas through an international coalition of partners. Working with the governments of seven countries, the Lions Clubs International Foundation, the Conrad N. Hilton Foundation, and others, The Carter Center has distributed more than 25 percent of those donated doses, about 130 million treatments.

For patients whose eyelids have been scarred by repeated infection, the Center has supported more than 562,000 corrective surgeries.

The program currently works in six African countries. The largest effort is in the Amhara region of Ethiopia, once among the worst affected regions in the world.

### Lymphatic Filariasis Elimination Program

Since 1998 The Carter Center has worked to eliminate lymphatic filariasis in Nigeria and Ethiopia. Lymphatic filariasis is a parasitic infection that can
cause extreme, debilitating swelling of limbs and appendages, widely recognized by the symptom called elephantiasis. It can be prevented with an annual combined oral drug dose of albendazole (donated by GSK) and Mectizan® (donated by Merck).

Elimination efforts were expanded to 11 additional districts in Ethiopia in 2015. Together, The Carter Center and the Ministry of Health delivered more than 1 million treatments in 32 districts in areas where two diseases, lymphatic filariasis and river blindness, persist.

The Center continues to conduct post-treatment surveillance in two Nigerian states, Nasarawa and Plateau, where transmission of lymphatic filariasis was halted in 2012. Created in collaboration with the Center, Nigeria’s Ministry of Health issued guidelines in 2014 to integrate programs to eliminate lymphatic filariasis and malaria, which are both transmitted by the same mosquitoes in Africa. This integrated national strategy is the first of its kind in Africa.

Schistosomiasis Control Program

Water is essential to life everywhere, but in some places stagnant water also harbors serious parasitic diseases. Across much of Nigeria, merely washing clothes or walking through standing water carries the risk of contracting schistosomiasis. Commonly impacting school-age children, the illness can impair growth and bring about organ damage, anemia, and learning disability.

A single yearly dose of the drug praziquantel—donated by the German pharmaceutical company Merck KGaA through the World Health Organization—can reverse the effects of the disease. In 2015, The Carter Center helped Nigeria’s Ministry of Health distribute more than 1 million doses of praziquantel in six Nigerian states.

The Carter Center undertakes one of the largest initiatives providing health education and treatment for schistosomiasis in Nigeria, the world’s most endemic country for this preventable but devastating disease.
In the Dominican Republic, close to its border with Haiti, vendors sell produce at a local market. The Carter Center is working with both countries to eliminate malaria and lymphatic filariasis.

Below: The Carter Center has trained 166 mental health clinicians in Liberia, where they are needed to help children and adults tackle psychological effects of Ebola and years of civil war.

Hispaniola Initiative

The Carter Center’s Hispaniola Initiative works with the ministries of health in Haiti and the Dominican Republic to eliminate malaria and lymphatic filariasis by 2020 on Hispaniola, the only Caribbean island where either disease still exists.

Both countries have made significant progress with lymphatic filariasis. In the Dominican Republic, the disease has been eliminated from two out of three previously endemic areas, and in 2014, mass drug administration was initiated in the final area. In Haiti, transmission was found to be interrupted in 11 of 13 areas assessed in 2015.

Fewer than 500 cases of malaria were reported in the Dominican Republic in 2014, representing an 80 percent decline since 2010.

In 2015, The Carter Center expanded its support for malaria elimination on Hispaniola, partnering with Malaria Zero, a five-year collaborative initiative funded by the Bill & Melinda Gates Foundation to accelerate elimination of malaria from Haiti.

Mental Health Program

With the 2015 Ebola epidemic following years of civil war, Liberia experienced a level of trauma that few international organizations can address. The Carter Center, which since 2010 had been working to improve mental health care in Liberia, was well-positioned to tackle the psychological effects of the Ebola crisis. In August the Center graduated 22 mental health clinicians, bringing to 166 the number trained since the program began.

In addition, the Center in 2015 released its Journalism Resource Guide on Behavioral Health, and in July it announced eight recipients of Rosalynn Carter Fellowships for Mental Health Journalism. The program’s 159 fellows have produced more than 1,500 news stories exploring mental health. In November the Center hosted the 31st Annual Rosalynn Carter Symposium on Mental Health Policy, on gaps in the mental health workforce.

The 20th Rosalynn Carter Georgia Mental Health Forum, in May, addressed the needs of Children in Need of Services in Northwest Georgia.
A Nigerian boy shows a urine dipstick that will be used to test for schistosomiasis infection. The Carter Center assists the Nigeria Ministry of Health in providing health education and the drug praziquantel to treat schistosomiasis in six states.
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. Some 101,648 donors contributed $385 million in cash, pledges, and in-kind gifts in 2014–2015 to support the Center’s peace and health programs.

In response to the Ebola crisis in West Africa, The Carter Center, through its mental health clinician training project and Access to Justice initiative, was able to support the Liberian government in its efforts to fight the spread of Ebola. We are grateful to our donors for their flexibility in allowing the Center to pause its core activities while we used our community networks to educate citizens, assist the government, and respond to the crisis: Makerere University School of Public Health, Swedish International Development Cooperation Agency, and the John P. Hussman Foundation.

In Nigeria, the Ministry of Health declared a goal to eliminate river blindness from the country by 2020, and a generous grant from the Sir Emeka Offor Foundation has put that objective in reach. The commitment by Sir Emeka is the largest grant from an individual African donor in Carter Center history, and these new resources will fund two-thirds of the Carter Center’s expanded interventions against river blindness in Nigeria through the remainder of this decade.

In 2014, Myanmar began preparing for its first election day in over 50 years monitored by the international community. The Carter Center, with support from the governments of Norway and Denmark, the United States Agency for International Development, and the United Kingdom Foreign & Commonwealth Office, was able to deploy more than 60 observers for the November 2015 election. While Myanmar does not yet have a full democracy, the elections were credible and reflected the will of the people, a leap toward democracy that would have been impossible without the international investment of these government partners.

Individual donors play a significant role in supporting the Center’s work. Longtime Carter Center supporters Rob and Sue Engelke said, “We have always known that every contribution made to the Carter Center is administered with great care and put to use with maximum effect. Our sincere admiration and heartfelt thanks go out to the Carters and to The Carter Center. It is indeed an honor to be associated with and to support its work.”
Volunteers

Some 150 volunteers in the Atlanta area donated 9,517 hours of service in 2014–2015. Their energy and devotion help the Center achieve much more with the resources it receives from its financial contributors. We thank these volunteers for their support.

A Note to Donors

The Carter Center appreciates the support of its many donors. Although we are able to list only those gifts that totaled $1,000 or more from Sept. 1, 2014, through Aug. 31, 2015, we are grateful for each gift that helps to support the vital work of The Carter Center. Every effort has been made for accuracy. Should there be any omission or error, we apologize and ask that it be brought to our attention.

Two Nepalese women shop at a market in Kathmandu. The Carter Center monitored political transition in the country for five years.
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Univision Atlanta’s Amanda Ramirez (right) is a former recipient of a Rosalynn Carter Fellowship for Mental Health Journalism. She produced a TV news series on mental health in the Latino community.
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At a community group for people with the parasitic disease lymphatic filariasis, a woman shows how care of swollen limbs caused by the disease can help fight infection.
A woman peeks around a corner in Bolivia. The Carter Center has worked in the country since 2003 to support peaceful and inclusive democratic transformation.
Egyptian women browse at a market in Cairo. After witnessing Egypt's elections in 2012, The Carter Center has continued to monitor the political situation.
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A boy at Mutansa Primary School in Ethiopia demonstrates how face washing helps prevent trachoma.
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Ms. Christy Szekely
Mr. Blake Toman
Mr. Chase Toman
Mr. Roy Vanderwerf
Mr. Elliott Watson
Lauren and David Wattenmaker
Mr. Brian W. Wehmeier
Anonymous (42)
Ms. and Mrs. W. Randall Abney
Ms. Caroline Adams
Ms. Edith E. Holiday and Mr. Terrence B. Adamson
Mr. and Mrs. Shawn M. Aebi
Dr. John F. Ahearn
Ms. Sandra J. Ahn
Ms. Barbara J. Allain
Ms. Portia Comenetia Allen
Ms. Carrie Amestoy
Ms. Deborah J. Anderson and Ms. Lori B. Lundell
Mr. and Mrs. D. C. Anderson
Ms. Deborah J. Anderson and Ms. Carrie Amestoy
Ms. Portia Comenetia Allen
Dr. John F. Ahearne
Mr. and Mrs. Shawn M. Aebi
Ms. Edith E. Holiday and Mr. and Mrs. W. Randall Abney
Anonymous (42)
Mr. and Mrs. William R. Harmon
Ms. Marilyn Johnson
Mr. and Mrs. William H. Harm
Mr. Dennis Harms and
Ms. Susan Bergman
Ms. Janet Harald
Mr. William T. Harper and
Ms. Brida M. Smith
Reverend Shaun Harrigan
Ms. Patricia G. Harrington
Mr. and Mrs. Hubert L. Harris Jr.
Mr. Laird Harris
Mrs. David H. Harris
Mr. Robert W. Harris
Ms. Ann-Marie Hartline
Mr. C. LaVern Hartvigson
Ms. Carol Hartz
Mr. and Mrs. Joseph R. Haun
Mr. Jonathan Haws
Mr. Rick Meeke Hayman
Heartspring Foundation
Ms. Linda Helms
Ms. Carol A. Henning
Mr. and Mrs. William S. Hewett
Ms. Dana Hice
Mr. and Mrs. La Vern D. Hiebert
Ms. Maria C. Higgins and
Mr. Chester A. Higgins Sr.
Ms. Mary Ellen Hill
Mr. and Mrs. Bob Hochman
Mr. Kenneth Hochstleder
Mr. and Mrs. Wayne E. Hochstleder
Mo. Joanne Hoemberg
Ms. R. Diane Holliday
Mr. Steven Hollingsworth and
Ms. Daidee Springer
Dr. and Mrs. Ronald C. Houts
Ms. Rita Hovakimian
Dr. Sue Howe
Ms. Charlotte A. Hubley
Ms. Margaret Hughes
Mr. Robert R. Humphreys
Mr. Richard G. Hutcheson III
Mr. and Mrs. Robert Kincaid
Mr. Robert A. Ipock Jr. and
Dr. Kim Ipock
Mr. and Mrs. B. William Irlebeck
Dr. Marianne Jackson
Ms. Karen J. Jacobs
Ms. M. Christine Jacobs
Ms. Diane S. Jacqmin
Loree Ann and David Janusz
Mrs. J. Michelle Jenn
Mr. and Mrs. Robert Jennaro
Mr. Jason Jensen
Mr. Marvin D. Jensen
Dr. Robert C. Jespersen
Mr. Matthew Jewett
Ms. Barbara Ann Jezl
Dr. and Mrs. J. Timothy Johnson
Mr. James S. Johnson
Ms. Linda O. Johnson

Ms. Jacqueline French
Dr. Nancy M. Frick
Ms. Mary E. Friberg
Mr. Roy Frisynger
Ms. Nell Funk
Mr. and Mrs. Ladell J. Futch
Mr. Farley M. Galbraith
Mrs. Hugh A. Garnett
Mr. W. F. Gasner and
Ms. Lurlene Kyles
Mrs. Olga B. Gechas
Mrs. Kathryn A. George
Ms. Margaret H. George
Mrs. E. Alvin Gerhardt
Ms. Jane Gering
Dr. Paul Gerke
Mr. and Mrs. Darwin Gervais
Mr. and Mrs. James L. Gillen
Mr. Donald S. Gingrich
Mr. and Mrs. Ken K. Gouw
Mr. and Mrs. Cliff B. Gosney Jr.
Dr. Pat Gordin and
Mr. Larry Gordin
Mr. and Mrs. Cliff B. Gosney Jr.
Mr. and Mrs. Ken K. Gouw
Ms. Beverly J. Grant
Linda H. Grant
Ms. Lynda Graves
Ms. Margo Grbinich Hunt
Ms. Catherine Green
Dr. and Mrs. J. Ronald Green
Ms. Tilly M. Grey
Dr. E. Rawson Griffin III and
Ms. D. Clark Griffin-Eddings
Mr. Charles Grimes
Mrs. Leslie Grimes and Mr.
Daniel C. Grimes
Mr. Fred Grob and
Ms. Dorothy Kinney
Mr. and Mrs. Walter E. Grubbs
Mr. and Mrs. Donald L. Habig
Ms. Rosemary Hagen
Mr. and Mrs. Floyd C. Hale
Mr. and Mrs. Clifford J. Hall
Mr. and Mrs. Donald R. Hall
Mrs. John Wayne Hall
Ms. Florence B. Hamlin
Ms. Kay Hamner
Ms. Mary K. Hampton
Mr. and Mrs. Timothy J.
Hampton
Reverend and Mrs. Earl K.
Hanna
Ms. Ermaline Hannum
Mr. Richard C. Hardes
Rev. and Mrs. William K.
Harman
Mr. and Mrs. William R. Harmon
Ms. Marilyn Johnson
Mr. Dennis Harms and
Ms. Susan Bergman
Ms. Janet Harald
Mr. William T. Harper and
Ms. Brida M. Smith
Reverend Shaun Harrigan
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Mr. and Mrs. Hubert L. Harris Jr.
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Ms. Charlotte A. Hubley
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Mr. Robert R. Humphreys
Mr. Richard G. Hutcheson III
Mr. and Mrs. Robert Kincaid
Mr. Robert A. Ipock Jr. and
Dr. Kim Ipock
Mr. and Mrs. B. William Irlebeck
Dr. Marianne Jackson
Ms. Karen J. Jacobs
Ms. M. Christine Jacobs
Ms. Diane S. Jacqmin
Loree Ann and David Janusz
Mrs. J. Michelle Jenn
Mr. and Mrs. Robert Jennaro
Mr. Jason Jensen
Mr. Marvin D. Jensen
Dr. Robert C. Jespersen
Mr. Matthew Jewett
Ms. Barbara Ann Jezl
Dr. and Mrs. J. Timothy Johnson
Mr. James S. Johnson
Ms. Linda O. Johnson

An Ethiopian woman stands at the doorway to her home. The Carter Center has undertaken efforts to help build democracy and fight neglected diseases in the country.
Dr. G. Irene Minor
Mr. and Mrs. Thomas B. Miller
Ms. Paulina Miller
Ms. Lisa H. Miller and
Ms. Janice Miller
Mr. and Mrs. James H. Miller
Dr. Charles L. Miller
Mr. and Mrs. Peter Michelozzi
Ms. Margery Meyer
Ms. Jill M. Meuser and
Ms. Ethel P. Metcalfe
Mr. and Mrs. Christopher Messina
Col. Virginia A. Metcalf
Ms. Ethel P. Metcalfe
Ms. Jill M. Meuser and
Dr. Gary L. McKown
Ms. Margery Meyer
Mr. and Mrs. Peter Michelozzi
Dr. Charles L. Miller
Mr. and Mrs. James H. Miller
Ms. Janice Miller
Ms. Lisa H. Miller and
Mr. John T. Raible
Ms. Paulina Miller
Mr. and Mrs. Thomas B. Miller
Dr. G. Irene Minor
Dr. Mary Miyagi and
Dr. Masakazu Miyagi
Mr. and Mrs. T. R. Mock
Dr. and Mrs. Harvey Mohrenweiser
Mr. and Mrs. Richard L. Moody
Mr. Donald Moore
The Reverend L. Katherine Moore
Ms. Tertia Moore
Dr. Thomas J. Moore
Ms. Ruth Justice Moorer and
Mr. Charles A. Moorer
Mr. John J. Moores Sr.
Ms. Sheila R. Morris and Ms.
Teresa L. Williams
Mr. and Mrs. Clayton R. Moss
Mrs. Emily J. Mummer and
Mr. Luke R. Mummer
Ms. Barbara Brown Munford
Ms. Nordan C. Murphy
Mr. Dan Lee Nardi
Mr. Lee A. Nascimento
Ms. Linda R. Nascimento
Mr. Anthony Nash
Mr. Phil Nash
Dr. and Mrs. Will L. Nash
Mrs. Daniel E. Nathan
Mr. and Mrs. Samuel H. Neff
Dr. Diana F. Nelson
Dr. Joyce Neu
Mr. and Mrs. Bruce L. Newman
Mr. Barry Nickelsberg
Mrs. Lillian B. Nicolson
Mr. and Mrs. Ralph H. Nicolson
Ms. Barbara R. Nielsen
Mr. and Mrs. Bob Norman
Mr. Samuel L. Norris
Mr. and Mrs. Gary Norton
Mr. E. F. Norwood
Ms. Katherine H. Nunez
Ms. Barbara Nurse
Ms. Jeanene O'Brien
Mr. George W. O'Quinn
Mr. and Mrs. Joseph O'Sullivan
Ms. Peggy M. Ochwat
Ms. Carol Ogline
Ms. Ann M. Ohme
Ms. Janet Oliver
Dr. and Mrs. Kent L. Oots
Mr. and Mrs. James Oppel Jr.
Mr. Henry G. Osborne
Mr. and Mrs. Daniel L. Ostrander
Dr. Harold E. Ott
Ms. Dena Page
Ms. Jill S. Pagels
Mrs. Coletta M. Pagenkopf
Mr. Richard Palmer
Ms. F. Taylor Pape and
Mr. Haddan Hufford
Ms. Carmen B. Pappas
Ms. Mary Kay Parham
Ms. Carole M. Park
Ms. Anna Maria Parker
Ms. Geraldine J. Parker
Mr. and Mrs. S. Thomas Parks
Mrs. Katherine W. Paterson and
Mr. John B. Paterson
Mr. and Mrs. Randy G. Paul
Dr. Corey and Mrs. Ellen Pavitt
Mrs. Mary Peck
Mr. and Mrs. Harold J. Peters
Mr. Kenneth J. Peters
Mr. and Mrs. Dave Peterson
Dr. Susan Petro
Ms. Joyce Phulen
Ms. Clara J. Picarella
Ms. Una Marie Pierce
Ms. Nancy Pitera
Dr. John and Marie Plakos
Mr. Anders Platou
Mr. and Mrs. Richard Pollack
Ms. Cheryl Pond
Mr. and Mrs. Jack R. Poteet
Mrs. Nan Powell
Mr. Chesley H. Prince and
Ms. Cathy A. Wilkins
Ms. Rose Prisko
Mrs. Rita Coveyeme Pudenz
The Reverend James H. Purks III
Ms. Barbara R. Cole and
Dr. Bill and Mrs. Quigley Jr.
Mr. William L. Raiser and
Madame Francoise Lamailloux
Dr. and Mrs. Vadravu K. Raju
Ms. Claudia Ramisch
Mr. John A. Ramos and
Ms. Mary Ann Cinowalt
Mr. and Mrs. Bertram Raphael
Mr. William T. Ratliff Jr.
Mr. Azim S. Rawji and Ms.
Mr. William T. Raiser and
Mrs. Robin Van Liew
Mr. and Mrs. Donald W. Rea
Ms. Martha J. Reddoux
Mrs. Annie T. Redman
Ms. Magdalen M. Redman
Mr. and Mrs. Curtis Rehfuss
Mr. Kurt A. Reichle
Ms. Jane P. Reinhart
Mr. Donald L. Reinking
Mr. Richard H. Reuper
Mr. James Rhinesmith
Mr. David M. Rhodes
Ms. Laura M. Rice
Mr. Fred A. Richards
Dr. and Mrs. William L. Richter
Ms. Kendra M. Ridenour
Dr. and Mrs. Edward H. Riedesel
Mrs. Carl Rigney
Ms. Michelle Riley
Ms. Joan M. Ritchie
Mrs. Susan Roach
Dr. and Mrs. Edward H. Robinson
Ms. Vivien A. Rock
Dr. and Mrs. Gaylan Rockswold
Mr. and Mrs. Larry W. Rodgers
Mr. Lawrence D. Roesler
Mr. and Mrs. Gerald A. Rosenthal
Mr. Ernest W. Rothfelder
Mr. and Mrs. William Rubley
Ms. Anna Lee Ruiker
Dr. and Mrs. Ronald R. Rudolph
Mr. and Mrs. Conway Rulon-Miller
Ms. Mary Eleanor Russell
Mr. Robert K. Russell Jr.
Ms. Loretta Russo
Ms. Cynthia K. Sabin
Mr. Donald Sackett
Mr. Peter F. Said
Ms. Ruth A. Salinger
Mr. and Mrs. James G. Sallen
Mr. and Mrs. Michael L. Sanders
Mr. and Mrs. Russell G. Sarner
Ms. Barbara J. Schaefer
Ms. Bernice L. Schaefer
Mr. and Mrs. Paul David Schaefer
Dr. John Schatmeyer
Ms. Vikki A. Schick and
Mr. Elmer C. Kreisel Jr.
Mr. and Mrs. Matt Schmidt
Dr. Frances Schoonmaker
Mr. Robert R. Schoos
Ms. Edna I. Schram
Mr. and Mrs. Dan Schrock
Ms. Elsa N. Schultz
Mrs. William B. Schwartz
Mrs. Lloyd Scott
Mr. and Mrs. LaRoy E. Seaver
Ms. Doris J. Seely
Mr. Niles Seldon
Mrs. James H. Shackelford
Mr. Christopher R. Shantz
Dr. Bertram H. Shapiro
Dr. Jason W. Sheedy
Mr. and Mrs. Robert Shellenbarger
Ambassador Sally A. Sheltton- Colby
Ms. Marjorie J. Shipe
Ms. Ruth Shults and
Mr. Charles Bradley
Mr. Martin H. Sifton
Ms. Fawn Simensen
Dr. and Mrs. William H. Simpson
Mr. and Mrs. Robert W. Singleton
Mr. and Mrs. Brent L. Slay
Ms. Elizabeth W. Slifer
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.
A Haitian girl takes a break from chores at her home. The Carter Center is working in Haiti and neighboring Dominican Republic to eliminate malaria and lymphatic filariasis.
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, 2015 and 2014, 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, 2015 and 2014, 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.

KPMG LLP

February 16, 2016
### Consolidated Statements of Financial Position

**August 31, 2015 and 2014**

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
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<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$45,022,022</td>
<td>31,825,001</td>
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<tr>
<td>Accounts receivable:</td>
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<td></td>
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<tr>
<td>Due from federal government</td>
<td>3,586,976</td>
<td>1,901,572</td>
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<td>Other</td>
<td>424,853</td>
<td>369,267</td>
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<td>Total accounts receivable</td>
<td>4,011,829</td>
<td>2,270,839</td>
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<td>Contributions receivable, net (note 3)</td>
<td>27,927,526</td>
<td>16,925,586</td>
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<tr>
<td>Inventory (notes 4, 9, and 14)</td>
<td>33,193,597</td>
<td>21,646,179</td>
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<tr>
<td>Investments (notes 5 and 7)</td>
<td>620,244,211</td>
<td>613,336,756</td>
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<td>Property, plant, and equipment, net (note 6)</td>
<td>5,568,629</td>
<td>5,809,722</td>
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<tr>
<td>Artwork</td>
<td>2,303,965</td>
<td>2,255,915</td>
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<tr>
<td>Other assets</td>
<td>313,437</td>
<td>313,940</td>
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<tr>
<td><strong>Total assets</strong></td>
<td><strong>$738,585,216</strong></td>
<td><strong>694,383,938</strong></td>
</tr>
<tr>
<td><strong>Liabilities and Net Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liabilities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>$5,535,005</td>
<td>4,952,667</td>
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<tr>
<td>Deferred revenue</td>
<td>2,259,163</td>
<td>5,964,175</td>
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<tr>
<td>Annuity obligations (note 7)</td>
<td>5,914,681</td>
<td>5,380,003</td>
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<td><strong>Total liabilities</strong></td>
<td><strong>13,708,849</strong></td>
<td><strong>16,296,845</strong></td>
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<tr>
<td>Net assets (note 11):</td>
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<td></td>
</tr>
<tr>
<td>Unrestricted</td>
<td>249,889,646</td>
<td>238,323,063</td>
</tr>
<tr>
<td>Temporarily restricted</td>
<td>330,836,085</td>
<td>308,043,157</td>
</tr>
<tr>
<td>Permanently restricted</td>
<td>144,050,636</td>
<td>131,720,873</td>
</tr>
<tr>
<td><strong>Total net assets</strong></td>
<td><strong>724,876,367</strong></td>
<td><strong>678,087,093</strong></td>
</tr>
<tr>
<td>Commitments and contingencies (notes 7, 8, and 15)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total liabilities and net assets</strong></td>
<td><strong>$738,585,216</strong></td>
<td><strong>694,383,938</strong></td>
</tr>
</tbody>
</table>

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

## Year ended August 31, 2015 (with comparative totals for 2014)

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>Permanently Restricted</th>
<th>Totals</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>$ 27,648,303</td>
<td>—</td>
<td>—</td>
<td>27,648,303</td>
</tr>
<tr>
<td>Programs:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>18,812,542</td>
<td>55,441,183</td>
<td>—</td>
<td>74,253,725</td>
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<tr>
<td>Peace</td>
<td>8,760,577</td>
<td>4,988,291</td>
<td>—</td>
<td>13,748,868</td>
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<tr>
<td>Cross-program</td>
<td>—</td>
<td>166,854</td>
<td>—</td>
<td>166,854</td>
</tr>
<tr>
<td>In-kind gifts (note 9):</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>—</td>
<td>255,987,704</td>
<td>—</td>
<td>255,987,704</td>
</tr>
<tr>
<td>Peace</td>
<td>—</td>
<td>707,155</td>
<td>—</td>
<td>707,155</td>
</tr>
<tr>
<td>Operating</td>
<td>262,720</td>
<td>—</td>
<td>—</td>
<td>262,720</td>
</tr>
<tr>
<td>Endowment</td>
<td>—</td>
<td>—</td>
<td>12,329,763</td>
<td>12,329,763</td>
</tr>
<tr>
<td>Total contributions and grants</td>
<td>55,484,142</td>
<td>317,291,187</td>
<td>12,329,763</td>
<td>385,105,092</td>
</tr>
<tr>
<td>Endowment fund earnings</td>
<td>9,275,829</td>
<td>14,824,914</td>
<td>—</td>
<td>24,100,743</td>
</tr>
<tr>
<td>Appreciation (depreciation) of endowment investments, net</td>
<td>(12,142,302)</td>
<td>(18,859,136)</td>
<td>—</td>
<td>(31,001,438)</td>
</tr>
<tr>
<td>Facilities use income</td>
<td>364,448</td>
<td>—</td>
<td>—</td>
<td>364,448</td>
</tr>
<tr>
<td>Interest and investment income</td>
<td>38,799</td>
<td>24</td>
<td>—</td>
<td>38,823</td>
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<tr>
<td>Net assets released from restrictions:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>284,128,390</td>
<td>(284,128,390)</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Peace</td>
<td>5,806,296</td>
<td>(5,806,296)</td>
<td>—</td>
<td>—</td>
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<tr>
<td>Cross-program</td>
<td>515,743</td>
<td>(515,743)</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Operating</td>
<td>13,632</td>
<td>(13,632)</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Total revenue and support</td>
<td>343,484,977</td>
<td>22,792,928</td>
<td>12,329,763</td>
<td>378,607,668</td>
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<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>295,006,191</td>
<td>—</td>
<td>—</td>
<td>295,006,191</td>
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<tr>
<td>Peace</td>
<td>19,073,833</td>
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<td>—</td>
<td>19,073,833</td>
</tr>
<tr>
<td>Cross-program</td>
<td>582,348</td>
<td>—</td>
<td>—</td>
<td>582,348</td>
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<tr>
<td>Fundraising</td>
<td>9,793,486</td>
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<td>—</td>
<td>9,793,486</td>
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<tr>
<td>General and administrative</td>
<td>7,362,536</td>
<td>—</td>
<td>—</td>
<td>7,362,536</td>
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<tr>
<td>Total expenses</td>
<td>331,818,394</td>
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<td>—</td>
<td>331,818,394</td>
</tr>
<tr>
<td>Change in net assets</td>
<td>11,666,583</td>
<td>22,792,928</td>
<td>12,329,763</td>
<td>46,889,274</td>
</tr>
<tr>
<td>Net assets at beginning of year</td>
<td>238,323,063</td>
<td>308,043,157</td>
<td>131,720,873</td>
<td>678,087,093</td>
</tr>
<tr>
<td>Net assets at end of year</td>
<td>$249,989,646</td>
<td>330,836,085</td>
<td>144,050,636</td>
<td>724,876,367</td>
</tr>
</tbody>
</table>

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

**Year ended August 31, 2014**

<table>
<thead>
<tr>
<th>Revenue and support</th>
<th>Unrestricted</th>
<th>Temporarily restricted</th>
<th>Permanently restricted</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contributions and grants:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating</td>
<td>$26,785,641</td>
<td>27,661</td>
<td>—</td>
<td>26,813,302</td>
</tr>
<tr>
<td>Health</td>
<td>17,338,786</td>
<td>16,685,312</td>
<td>—</td>
<td>34,024,098</td>
</tr>
<tr>
<td>Peace</td>
<td>12,031,125</td>
<td>3,378,490</td>
<td>—</td>
<td>15,409,615</td>
</tr>
<tr>
<td>Cross-program</td>
<td>—</td>
<td>74,394</td>
<td>—</td>
<td>74,394</td>
</tr>
<tr>
<td><strong>In-kind gifts (note 9):</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>—</td>
<td>96,122,841</td>
<td>—</td>
<td>96,122,841</td>
</tr>
<tr>
<td>Peace</td>
<td>—</td>
<td>1,062,307</td>
<td>—</td>
<td>1,062,307</td>
</tr>
<tr>
<td>Operating</td>
<td>201,056</td>
<td>—</td>
<td>—</td>
<td>201,056</td>
</tr>
<tr>
<td>Endowment</td>
<td>—</td>
<td>—</td>
<td>2,643,354</td>
<td>2,643,354</td>
</tr>
<tr>
<td><strong>Total contributions and grants</strong></td>
<td>56,356,608</td>
<td>117,351,005</td>
<td>—</td>
<td>176,350,967</td>
</tr>
<tr>
<td><strong>Endowment fund earnings</strong></td>
<td>8,312,835</td>
<td>13,649,401</td>
<td>—</td>
<td>21,962,236</td>
</tr>
<tr>
<td><strong>Appreciation (depreciation) of endowment investments, net</strong></td>
<td>26,877,692</td>
<td>45,101,509</td>
<td>—</td>
<td>71,979,201</td>
</tr>
<tr>
<td><strong>Facilities use income</strong></td>
<td>367,631</td>
<td>—</td>
<td>—</td>
<td>367,631</td>
</tr>
<tr>
<td><strong>Interest and investment income</strong></td>
<td>5,175</td>
<td>11,634</td>
<td>—</td>
<td>16,809</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>102,139,501</td>
<td>(102,139,501)</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Peace</td>
<td>4,087,049</td>
<td>(4,087,049)</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Cross-program</td>
<td>1,046,983</td>
<td>(1,046,983)</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Operating</td>
<td>811,285</td>
<td>(811,285)</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td><strong>Total revenue and support</strong></td>
<td>200,004,759</td>
<td>68,028,731</td>
<td>2,643,354</td>
<td>270,676,844</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Unrestricted</th>
<th>Temporarily restricted</th>
<th>Permanently restricted</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>126,227,499</td>
<td>—</td>
<td>—</td>
<td>126,227,499</td>
</tr>
<tr>
<td>Peace</td>
<td>17,387,861</td>
<td>—</td>
<td>—</td>
<td>17,387,861</td>
</tr>
<tr>
<td>Cross-program</td>
<td>1,388,299</td>
<td>—</td>
<td>—</td>
<td>1,388,299</td>
</tr>
<tr>
<td>Fundraising</td>
<td>9,549,585</td>
<td>—</td>
<td>—</td>
<td>9,549,585</td>
</tr>
<tr>
<td>General and administrative</td>
<td>6,780,850</td>
<td>—</td>
<td>—</td>
<td>6,780,850</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td>161,334,094</td>
<td>—</td>
<td>—</td>
<td>161,334,094</td>
</tr>
<tr>
<td><strong>Change in net assets</strong></td>
<td>38,670,665</td>
<td>68,028,731</td>
<td>2,643,354</td>
<td>109,342,750</td>
</tr>
<tr>
<td><strong>Net assets at beginning of year</strong></td>
<td>199,652,398</td>
<td>240,014,426</td>
<td>129,077,519</td>
<td>568,744,343</td>
</tr>
<tr>
<td><strong>Net assets at end of year</strong></td>
<td>$238,323,063</td>
<td>308,043,157</td>
<td>131,720,873</td>
<td>678,087,093</td>
</tr>
</tbody>
</table>

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

#### Year ended August 31, 2015 (with comparative totals for 2014)

<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-</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>program</td>
</tr>
<tr>
<td>Salaries and benefits</td>
<td>$12,211,018</td>
<td>6,833,228</td>
<td>220,837</td>
</tr>
<tr>
<td>Consulting</td>
<td>5,139,529</td>
<td>2,874,020</td>
<td>72,334</td>
</tr>
<tr>
<td>Communications</td>
<td>1,473,783</td>
<td>484,987</td>
<td>5,685</td>
</tr>
<tr>
<td>Services</td>
<td>550,276</td>
<td>1,081,064</td>
<td>22,342</td>
</tr>
<tr>
<td>Office and equipment</td>
<td>1,429,179</td>
<td>819,448</td>
<td>2,130</td>
</tr>
<tr>
<td>Vehicles</td>
<td>4,939,676</td>
<td>440,522</td>
<td>30</td>
</tr>
<tr>
<td>Travel/meetings</td>
<td>12,440,886</td>
<td>5,110,231</td>
<td>78,257</td>
</tr>
<tr>
<td>Interventions (note 2(k))</td>
<td>248,066,773</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Other</td>
<td>1,038,298</td>
<td>154,069</td>
<td>617</td>
</tr>
<tr>
<td>Grants</td>
<td>7,254,446</td>
<td>844,560</td>
<td>150,000</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td>294,543,864</td>
<td>18,642,129</td>
<td>552,232</td>
</tr>
</tbody>
</table>

Common area and depreciation | 462,327 | 431,704 | 30,116 | 609,330 | 990,057 | 2,523,534 | 2,366,208

**Total expenses** | $295,006,191 | 19,073,833 | 582,348 | 9,793,486 | 7,362,536 | 331,818,394 | 161,334,094

See accompanying notes to consolidated financial statements.

#### Consolidated Statement of Functional Expenses

#### Year ended August 31, 2014 (with comparative totals for 2013)

<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-</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>program</td>
</tr>
<tr>
<td>Salaries and benefits</td>
<td>$10,477,026</td>
<td>5,828,924</td>
<td>224,225</td>
</tr>
<tr>
<td>Consulting</td>
<td>5,848,102</td>
<td>3,264,654</td>
<td>125,602</td>
</tr>
<tr>
<td>Communications</td>
<td>1,275,330</td>
<td>420,225</td>
<td>6,830</td>
</tr>
<tr>
<td>Services</td>
<td>371,799</td>
<td>957,921</td>
<td>35,870</td>
</tr>
<tr>
<td>Office and equipment</td>
<td>3,054,076</td>
<td>1,250,811</td>
<td>3,327</td>
</tr>
<tr>
<td>Vehicles</td>
<td>3,944,590</td>
<td>558,402</td>
<td>68,214</td>
</tr>
<tr>
<td>Travel/meetings</td>
<td>9,902,679</td>
<td>3,763,772</td>
<td>68,214</td>
</tr>
<tr>
<td>Interventions (note 2(k))</td>
<td>83,938,551</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Other</td>
<td>626,282</td>
<td>151,130</td>
<td>595,958</td>
</tr>
<tr>
<td>Grants</td>
<td>6,355,560</td>
<td>787,232</td>
<td>300,000</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td>125,793,995</td>
<td>16,983,071</td>
<td>1,360,060</td>
</tr>
</tbody>
</table>

Common area and depreciation | 433,504 | 404,790 | 28,239 | 571,342 | 928,333 | 2,366,208 | 2,317,221

**Total expenses** | $126,227,499 | 17,387,861 | 1,388,299 | 9,549,585 | 6,780,850 | 161,334,094 | 206,855,220

See accompanying notes to consolidated financial statements.
## Consolidated Statements of Cash Flows

**Years ended August 31, 2015 and 2014**

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</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>$46,789,274</td>
<td>109,342,750</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>902,126</td>
<td>922,196</td>
</tr>
<tr>
<td>Bad debt expense</td>
<td>—</td>
<td>595,236</td>
</tr>
<tr>
<td>Depreciation (appreciation) of endowment investments, net</td>
<td>31,001,438</td>
<td>(71,979,201)</td>
</tr>
<tr>
<td>Donated artwork</td>
<td>(48,050)</td>
<td>(13,000)</td>
</tr>
<tr>
<td>Permanently restricted contributions</td>
<td>(12,329,763)</td>
<td>(2,643,354)</td>
</tr>
<tr>
<td>Net change in inventory balances due to noncash contributions and distributions</td>
<td>(11,547,418)</td>
<td>(14,510,602)</td>
</tr>
<tr>
<td>Changes in operating assets and liabilities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>(1,740,990)</td>
<td>2,635,595</td>
</tr>
<tr>
<td>Contributions receivable, net of permanently restricted</td>
<td>(11,011,940)</td>
<td>7,208,435</td>
</tr>
<tr>
<td>Other assets</td>
<td>503</td>
<td>(119,222)</td>
</tr>
<tr>
<td>Accounts payable and accrued expenses, deferred revenue, and annuity obligations</td>
<td>(2,649,490)</td>
<td>(6,070,095)</td>
</tr>
<tr>
<td>Net cash provided by operating activities</td>
<td>39,365,690</td>
<td>25,368,738</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>(599,540)</td>
<td>(274,367)</td>
</tr>
<tr>
<td>Purchase of investments</td>
<td>(43,271,093)</td>
<td>(43,623,927)</td>
</tr>
<tr>
<td>Sale of investments</td>
<td>5,362,201</td>
<td>7,044,290</td>
</tr>
<tr>
<td>Net cash used in investing activities</td>
<td>(38,508,432)</td>
<td>(36,854,004)</td>
</tr>
<tr>
<td><strong>Cash flows from financing activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Permanently restricted contributions</td>
<td>12,329,763</td>
<td>2,643,354</td>
</tr>
<tr>
<td>Decrease (increase) in permanently restricted contributions receivable, net</td>
<td>10,000</td>
<td>(24,746)</td>
</tr>
<tr>
<td>Net cash provided by financing activities</td>
<td>12,339,763</td>
<td>2,618,608</td>
</tr>
<tr>
<td>Net change in cash and cash equivalents</td>
<td>13,197,021</td>
<td>(8,866,658)</td>
</tr>
<tr>
<td><strong>Supplemental disclosure</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property, plant, and equipment additions totaling $92,082 and $30,588 were included in accounts payable and accrued expenses at August 31, 2015 and 2014, respectively.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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, nine 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 that 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 that 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. In-Kind Gifts**

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 manager, Emory University. Emory University’s pooled (the Fund) 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 as determined by Emory University in accordance with Emory University’s valuation policies and procedures. Emory has estimated the fair value of the majority 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 by the fund manager as of August 31, Emory University’ 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 as of Emory University’s fiscal year end date, the practical expedient will not be utilized and other valuation methodologies will be used. Typically, real estate partnerships and funds are valued based on appraisals of underlying 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.

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.

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, 2015 and 2014.

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.

The fund 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.

The fund’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 debt security may be unable to pay interest or repay principal when it is due.

The value of securities held by the fund 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, Plant and Equipment

Property, plant 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.

For the year ended August 31, 2015, under two separate agreements with the Norwegian Ministry of Foreign Affairs, CCI received 1,950,000 NOK (294,896 USD) and 2,000,000 NOK (270,348 USD) in support of CCI’s projects Electoral Observation in Mozambique and International Election Observation Mission in Tunisia, respectively. CCI also received 350,000 GBP (536,979 USD) during the year ended August 31, 2015, from the United Kingdom Department for International Development (DFID) in support of CCI’s project Election Observation in Mozambique. Under a separate agreement from DFID, during the years ended August 31, 2015 and 2014, CCI received 81,482 GBP (124,589 USD) and 55,445 GBP (91,488 USD), respectively, in support of CCI’s project Mining Reform in the Democratic Republic of the Congo.

During the year ended August 31, 2014, CCI received, under three separate agreements with the Swiss Confederation Federal Department of Foreign Affairs, $61,566, $82,000, and $29,973 in support of CCI’s projects 2014 Presidential Election in Egypt, Constitutional Assembly Monitoring in Tunisia, and Extractive Industry Multi-stakeholder Dialogue in the Democratic Republic of the Congo, respectively. Finally, CCI also received 1,800,000 NOK (301,452 USD) during the year ended August 31, 2014, under an agreement with the Royal Norwegian Embassy in Nepal in support of CCI’s project Constituent Assembly Election Observation in Nepal.

M. Tax Status

CCI has received a determination letter from the Internal Revenue Service (IRS) dated December 16, 1991, and CCCI has received a determination letter from the IRS dated March 22, 2007, each indicating recognition as an organization described in Section 501(c)(3) of the Internal Revenue Code (the Code) whereby only unrelated business income, as defined by Section 512(a) of the Code, is subject to federal income tax.
CCI applies Financial Accounting Standards Board (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.

**O. Reclassifications**

In certain instances, amounts previously reported in the 2014 consolidated financial statements have been reclassified to conform to the 2015 presentation. Such reclassifications have no effect on total assets, liabilities, or net assets as previously reported.

**P. New Accounting Pronouncements**

In May 2015, The FASB issued ASU 2015-07, *Fair Value Measurement (ASVV 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*, which exempts investments measured using the NAV practical expedient in ASC 820 from categorization within the fair value hierarchy. The guidance requires retrospective application and is effective for fiscal years beginning after December 15, 2016. Early adoption is permitted. Management elected to early adopt the provisions of this new standard. Accordingly, the amendment was retrospectively applied.

### Contributions Receivable

Contributions receivable consists of the following at August 31, 2015 and 2014:

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temporarily restricted:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>$20,718,241</td>
<td>10,360,189</td>
</tr>
<tr>
<td>Peace</td>
<td>1,371,735</td>
<td>619,342</td>
</tr>
<tr>
<td>Cross-program</td>
<td>149,741</td>
<td>379,821</td>
</tr>
<tr>
<td>Permanently restricted:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endowment</td>
<td>5,687,809</td>
<td>5,566,234</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$27,927,526</strong></td>
<td><strong>16,925,586</strong></td>
</tr>
</tbody>
</table>

The anticipated receipts of these receivables are as follows at August 31, 2015 and 2014:

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than one year</td>
<td>$ 9,588,196</td>
<td>8,768,837</td>
</tr>
<tr>
<td>One to five years</td>
<td>11,926,727</td>
<td>2,819,044</td>
</tr>
<tr>
<td>More than five years</td>
<td>9,600,000</td>
<td>8,000,000</td>
</tr>
<tr>
<td>Less unamortized discount</td>
<td>(3,187,397)</td>
<td>(2,662,295)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$27,927,526</strong></td>
<td><strong>16,925,586</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 during fiscal 2015 were discounted using interest rates approximating fair value at the date of the gift at rates ranging from 0.52% to 2.15%. In the opinion of CCI’s management, all contributions receivable recorded at August 31, 2015 and 2014, are deemed fully collectible.
Inventory

Inventory at August 31, 2015 and 2014, is comprised of:

\[
\begin{array}{lcc}
\text{Medication:} & 2015 & 2014 \\
Mectizan & $908,228 & 1,078,695 \\
Zithromax & 30,205,369 & 20,409,884 \\
Praziquantel & 2,080,000 & 157,600 \\
& $33,193,597 & 21,646,179 \\
\end{array}
\]

Investments

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

As of August 31, 2015 and 2014, respectively, CCI’s investment in the pooled investment fund totaled $609,862,012 and $603,548,983, representing approximately 10.3% and 10.0% of the pool at each of these dates. The composition of all pooled investments held at Emory University is as follows (in thousands):

\[
\begin{array}{lcc}
\text{Short-term investments and cash equivalents} & 2015 & 2014 \\
& $228,725 & 262,729 \\
\text{Investments in securities:} & & \\
\text{Global equity securities:} & & \\
\text{U.S. equity securities} & 406,148 & 276,832 \\
\text{Non-U.S. equity securities} & 185,786 & 187,990 \\
\text{Fixed income securities:} & & \\
\text{U.S. government securities} & 172,638 & 373,731 \\
\text{Domestic bonds and long-term notes} & 80,002 & 141,373 \\
\text{International bonds and long-term notes} & 33,685 & 68,842 \\
\text{Commingled funds — equity} & 579,169 & 596,722 \\
\text{Commingled funds — fixed income} & 254,261 & 392,916 \\
\text{Investments in funds:} & & \\
\text{Hedged strategies} & 2,087,824 & 1,770,457 \\
\text{Private market investments} & 1,198,986 & 1,249,324 \\
\text{Real estate partnerships} & 240,735 & 165,311 \\
\text{Natural resources} & 455,584 & 519,135 \\
\text{Derivatives} & 10,278 & 9,679 \\
& $5,933,821 & 6,015,041 \\
\end{array}
\]

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.

\[
\begin{array}{lcc}
\text{Fair value} & 2015 & 2014 \\
\text{Pooled investments held at Emory} & $609,862,012 & 603,548,983 \\
\text{Cash and cash equivalents} & 128,913 & 85,285 \\
\text{Fixed income securities:} & & \\
\text{Domestic mutual funds} & 5,317,805 & 4,831,704 \\
\text{Equities:} & & \\
\text{Domestic stocks} & 3,887,878 & 3,827,154 \\
\text{Domestic mutual funds} & 97,588 & 101,926 \\
\text{International mutual funds} & 950,015 & 941,704 \\
& $620,244,211 & 613,336,756 \\
\end{array}
\]
The components of property, plant, and equipment at August 31, 2015 and 2014, are as follows:

<table>
<thead>
<tr>
<th>Component</th>
<th>2015</th>
<th>2014</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>17,216,712</td>
<td>16,938,552</td>
<td>30 years</td>
</tr>
<tr>
<td>Building improvements</td>
<td>2,128,050</td>
<td>1,984,685</td>
<td>15 years</td>
</tr>
<tr>
<td>Grounds and land improvements</td>
<td>207,117</td>
<td>207,117</td>
<td>10 years</td>
</tr>
<tr>
<td>Furniture and fixtures</td>
<td>732,045</td>
<td>678,624</td>
<td>10 years</td>
</tr>
<tr>
<td>Office equipment</td>
<td>302,510</td>
<td>347,963</td>
<td>5 years</td>
</tr>
<tr>
<td>Computer equipment</td>
<td>272,797</td>
<td>222,653</td>
<td>3 years</td>
</tr>
<tr>
<td></td>
<td>21,495,963</td>
<td>21,016,326</td>
<td></td>
</tr>
<tr>
<td>Less accumulated depreciation</td>
<td>(15,927,334)</td>
<td>(15,206,604)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$5,568,629</td>
<td>5,809,722</td>
<td></td>
</tr>
</tbody>
</table>

Depreciation expense totaled $902,126 and $922,196 during 2015 and 2014, respectively.

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 IRS. 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 $10,382,199 and $9,787,773 at August 31, 2015 and 2014, respectively. The annuity liability related to these agreements is $5,914,681 and $5,380,003 at August 31, 2015 and 2014, respectively. The net contribution revenue reported for split-interest agreements totaled $28,283 and $1,031,989 during the years ended August 31, 2015 and 2014, respectively.

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.

The components of in-kind gifts, donated goods and services, for the years ended August 31, 2015 and 2014, are as follows:

<table>
<thead>
<tr>
<th>Component</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication</td>
<td>$255,342,940</td>
<td>95,177,651</td>
</tr>
<tr>
<td>Other</td>
<td>200,400</td>
<td>945,190</td>
</tr>
<tr>
<td>Total</td>
<td>$255,543,340</td>
<td>96,122,841</td>
</tr>
<tr>
<td>Peace:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Software</td>
<td>—</td>
<td>355,152</td>
</tr>
<tr>
<td>Web hosting</td>
<td>707,155</td>
<td>707,155</td>
</tr>
<tr>
<td>Total</td>
<td>707,155</td>
<td>1,062,307</td>
</tr>
<tr>
<td>Operating:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td>262,720</td>
<td>201,056</td>
</tr>
<tr>
<td>Total</td>
<td>256,513,215</td>
<td>97,386,204</td>
</tr>
</tbody>
</table>
Donations of medication were received primarily from two pharmaceutical companies during the years ended August 31, 2015 and 2014.

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 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 the fair value 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 fair value 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 August 31, 2015 and 2014, were approximately $2,207,000 and $5,505,000, 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.

NAV was used as a practical expedient estimate of fair value relative to CCI’s interest in the Emory University pooled endowment fund. 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 ASU 2015-07, investments that are valued using the practical expedient as described above are labeled as NAV and are not categorized within the fair value hierarchy. CCI does not hold any investments that would be categorized as Level 3 investments as of August 31, 2015 and 2014, respectively.
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, 2015:

<table>
<thead>
<tr>
<th>Level 1</th>
<th>NAV</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assets:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$45,150,935</td>
<td>—</td>
</tr>
<tr>
<td>Fixed income securities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic mutual funds</td>
<td>5,317,805</td>
<td>—</td>
</tr>
<tr>
<td>Equities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic stocks</td>
<td>3,887,878</td>
<td>—</td>
</tr>
<tr>
<td>Domestic mutual funds</td>
<td>97,588</td>
<td>—</td>
</tr>
<tr>
<td>International mutual funds</td>
<td>950,015</td>
<td>—</td>
</tr>
<tr>
<td>Interest in Emory University pooled endowment fund</td>
<td>—</td>
<td>609,862,012</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$55,404,221</strong></td>
<td><strong>609,862,012</strong></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, 2014:

<table>
<thead>
<tr>
<th>Level 1</th>
<th>NAV</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assets:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$31,910,286</td>
<td>—</td>
</tr>
<tr>
<td>Fixed income securities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic mutual funds</td>
<td>4,831,704</td>
<td>—</td>
</tr>
<tr>
<td>Equities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic stocks</td>
<td>3,827,154</td>
<td>—</td>
</tr>
<tr>
<td>Domestic mutual funds</td>
<td>101,926</td>
<td>—</td>
</tr>
<tr>
<td>International mutual funds</td>
<td>941,704</td>
<td>—</td>
</tr>
<tr>
<td>Interest in Emory University pooled endowment fund</td>
<td>—</td>
<td>603,548,983</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$41,612,774</strong></td>
<td><strong>603,548,983</strong></td>
</tr>
</tbody>
</table>
Net Assets

A. Unrestricted
As of August 31, 2015 and 2014, unrestricted net assets are as follows:

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undesignated</td>
<td>$12,005,012</td>
<td>950,718</td>
</tr>
<tr>
<td>Designated for:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endowment investment</td>
<td>230,316,859</td>
<td>230,444,062</td>
</tr>
<tr>
<td>Program funds</td>
<td>7,167,775</td>
<td>6,428,283</td>
</tr>
<tr>
<td>Maintenance of property and equipment</td>
<td>500,000</td>
<td>500,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$249,989,646</td>
<td>238,323,063</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, 2015 and 2014, temporarily restricted net assets are available for the following purposes:

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>$80,039,732</td>
<td>52,497,541</td>
</tr>
<tr>
<td>Peace</td>
<td>2,418,485</td>
<td>2,297,631</td>
</tr>
<tr>
<td>Cross-program</td>
<td>1,193,492</td>
<td>1,745,944</td>
</tr>
<tr>
<td>Time-restricted endowment funds</td>
<td>247,184,376</td>
<td>251,502,041</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$330,836,085</td>
<td>308,043,157</td>
</tr>
</tbody>
</table>

C. Permanently Restricted
Permanently restricted net assets totaling $144,050,636 and $131,720,873 at August 31, 2015 and 2014, 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 the State of 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.

A. 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 Emory University 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.

B. 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.

C. Spending Policy and How the Investment Objectives Relate to Spending Policy

CCI follows Emory University’s total return endowment spending policy that establishes the maximum amount of endowment investment return available to support current operating and capital needs. The maximum distribution of endowment income in 2015 and 2014 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, 2015:

<table>
<thead>
<tr>
<th></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>247,184,375</td>
<td>144,050,636</td>
<td>391,235,011</td>
</tr>
<tr>
<td>Board-designated endowment funds</td>
<td>230,316,860</td>
<td>—</td>
<td>—</td>
<td>230,316,860</td>
</tr>
<tr>
<td>Total funds</td>
<td>$230,316,860</td>
<td>247,184,375</td>
<td>144,050,636</td>
<td>621,551,871</td>
</tr>
</tbody>
</table>

Endowment funds consist of the following as of August 31, 2014:

<table>
<thead>
<tr>
<th></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>251,502,041</td>
<td>131,720,873</td>
<td>383,222,914</td>
</tr>
<tr>
<td>Board-designated endowment funds</td>
<td>230,444,062</td>
<td>—</td>
<td>—</td>
<td>230,444,062</td>
</tr>
<tr>
<td>Total funds</td>
<td>$230,444,062</td>
<td>251,502,041</td>
<td>131,720,873</td>
<td>613,666,976</td>
</tr>
</tbody>
</table>

Changes in endowment funds for the year ended August 31, 2015, are as follows:

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted</th>
<th>Temporarily restricted</th>
<th>Permanently restricted</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endowment funds, August 31, 2014</td>
<td>$230,444,062</td>
<td>251,502,041</td>
<td>131,720,873</td>
<td>613,666,976</td>
</tr>
<tr>
<td>Contributions</td>
<td>3,178,889</td>
<td>—</td>
<td>—</td>
<td>3,178,889</td>
</tr>
<tr>
<td>Investment return:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endowment fund earnings</td>
<td>9,275,829</td>
<td>14,824,914</td>
<td>—</td>
<td>24,100,743</td>
</tr>
<tr>
<td>Appreciation of endowment investments, net</td>
<td>(12,142,302)</td>
<td>(18,859,136)</td>
<td>—</td>
<td>(31,001,438)</td>
</tr>
<tr>
<td>Total investment return</td>
<td>(2,866,473)</td>
<td>(4,034,222)</td>
<td>—</td>
<td>(6,900,695)</td>
</tr>
<tr>
<td>Appropriation of endowment assets for expenditure</td>
<td>(439,618)</td>
<td>(283,444)</td>
<td>—</td>
<td>(723,062)</td>
</tr>
<tr>
<td>Endowment funds, August 31, 2015</td>
<td>$230,316,860</td>
<td>247,184,375</td>
<td>144,050,636</td>
<td>621,551,871</td>
</tr>
</tbody>
</table>

Changes in endowment funds for the year ended August 31, 2014, are as follows:

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted</th>
<th>Temporarily restricted</th>
<th>Permanently restricted</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endowment funds, August 31, 2013</td>
<td>$184,572,036</td>
<td>193,010,359</td>
<td>129,077,519</td>
<td>506,659,914</td>
</tr>
<tr>
<td>Contributions</td>
<td>4,412,354</td>
<td>—</td>
<td>—</td>
<td>4,412,354</td>
</tr>
<tr>
<td>Investment return:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endowment fund earnings</td>
<td>8,312,835</td>
<td>13,649,401</td>
<td>—</td>
<td>21,962,236</td>
</tr>
<tr>
<td>Appreciation of endowment investments, net</td>
<td>26,877,692</td>
<td>45,101,509</td>
<td>—</td>
<td>71,979,201</td>
</tr>
<tr>
<td>Total investment return</td>
<td>35,190,527</td>
<td>58,750,910</td>
<td>—</td>
<td>93,941,437</td>
</tr>
<tr>
<td>Appropriation of endowment assets for expenditure</td>
<td>(440,167)</td>
<td>(259,228)</td>
<td>—</td>
<td>(699,395)</td>
</tr>
<tr>
<td>Transfers to board-designated endowment funds</td>
<td>6,709,312</td>
<td>—</td>
<td>—</td>
<td>6,709,312</td>
</tr>
<tr>
<td>Endowment funds, August 31, 2014</td>
<td>$230,444,062</td>
<td>251,502,041</td>
<td>131,720,873</td>
<td>613,666,976</td>
</tr>
</tbody>
</table>
13 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 $554,604 and $560,196 during the years ended August 31, 2015 and 2014, respectively, for the provision of these services.

Emory University made unrestricted contributions to CCI of $660,782 and $641,956, respectively, during the years ended August 31, 2015 and 2014. In addition, CCEU made unrestricted contributions to CCI, primarily related to endowment earnings at CCEU, of $410,700 and $398,999 during the years ended August 31, 2015 and 2014, respectively.

CCI is currently affiliated with two separately incorporated organizations, Carter Center U.K. and Carter Center U.K. Foundation.

14 The Carter Center Collaborative, Inc. (CCCI)

CCCI received donations of in-kind goods for the benefit of CCI totaling $255,342,940 and $95,177,651, respectively, during the years ended August 31, 2015 and 2014, that are included in the accompanying consolidated statements of activities. Expenses totaling $243,795,522 and $80,667,049 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, 2015 and 2014, respectively. Inventory related to these goods for CCCI totaled $33,193,597 and $21,646,179 as of August 31, 2015 and 2014, respectively, and is included in the accompanying consolidated statements of financial position.

15 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.

16 Subsequent Events

CCI evaluated events subsequent to August 31, 2015, and through February 16, 2016, 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.
In a northern Uganda district, a woman hangs her laundry. More and more people in her area are being treated for the parasitic disease river blindness, with the eventual goal of eliminating it.
Since its founding in 1982, The Carter Center has undertaken peace and health initiatives in more than 80 countries worldwide. These are the countries where the Center has had a presence, past and present.
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 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 2014–2015 class of interns numbered 124 students and recent graduates from 17 countries who spoke 28 languages.

Over its history, The Carter Center has had 2,927 interns.
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 Blount, M.D., M.P.H.
Director, Special Health Programs
The Carter Center

Mickey Chopra, M.D.
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. (Chair)
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

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

Montserrat Meiro-Lorenzo, M.D.
Senior Public Health Specialist
Human Development Network
The World Bank

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

Patrick L. Osewe, M.D., M.P.H.
Global Lead, Healthy Societies Global Solutions Group
The World Bank

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 Conyer, M.D., D.Sc., M.P.H., M.Sc.
Director-General
Carlos Slim Foundation

Ricardo Thompson, Ph.D.
Director and Principal Investigator
Chòkwè Health Research and Training Centre, National Institute of Health
Republic of Mozambique

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 Inter-American Democratic Charter is composed of former presidents, prime ministers, and cabinet ministers from the Western Hemisphere who seek to increase the visibility of the 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
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Carlos Ayala Corao
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Patricio Aylwin
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Cecilia Blondet
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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 Castaño de la Torre
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

Ovaldo Hurtado
Former President of Ecuador

Torquato Jardim
Former Justice of the Superior Electoral Tribunal of Brazil

Serena Joseph-Harris
Former High Commissioner for the Republic of Trinidad and Tobago to the United Kingdom

Luis Alberto Lacalle
Former President of Uruguay

Samuel Lewis
Former Vice President of Panama

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 of the 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

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

Martin Torrijos
Former President of Panama

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
Chaired 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.

Rosalynn Carter, Chair
Renato D. Alarcon, M.D., M.P.H.
Professor of Psychiatry, Emeritus, Mayo Clinic
William R. Beardslee, M.D.
Director, Baer Prevention Initiatives and Chairman Emeritus, Boston Children’s Hospital
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 Easom, RN, Ph.D.
Executive Director, Rosalynn Carter Institute for Caregiving
Mary Jane England, M.D.
Visiting Professor, Boston University School of Public Health
Rosa Gil, D.S.W.
President and Chief Executive Officer, Comunifide Inc.
W. Rodney Hammond, Ph.D.
Director (Retired), Division of Violence Prevention, Centers for Disease Control and Prevention
Ethleen Iron Cloud-Two Dogs, M.S.
Forcupine, S.D.
Stanley S. Jones Jr., J.D.
Partner; Nelson, Mullins, Riley and Scarborough, LLP
Nadine J. Kaslow, Ph.D.
ABPP Professor and Chief Psychologist, Department of Psychiatry and Behavioral Sciences, Emory University School of Medicine
Ruth Perou, Ph.D.
Child Development Studies Team Leader, Division of Human Development and Disabilities, Centers for Disease Control and Prevention
Sally Engelhard Pingree
President, The S. Engelhard Center; Trustee, The Charles Engelhard Foundation
Leslie Scallet, J.D.
Washington, D.C.
Joel Slack
President, Slack Consulting
M. S.
Fellow
William Foege, M.D.
Director, Centers for Disease Control, 1977–83; Health Policy Fellow, The Carter Center
National Advisory Council
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Founder, Chrysalis Farms, LLC
Johnnetta B. Cole, Ph.D.
President, Bennett College
Jane Delgado, Ph.D.
President and Chief Executive Officer, National Alliance for Hispanic Health
Jeffrey Houp, M.D.
Former Dean and Vice Chancellor for Medical Affairs, School of Medicine, University of North Carolina, Chapel Hill
Patrick Kennedy
Former U.S. Representative, Rhode Island
Antonia Novello, M.D.
Commissioner of Health for New York State Department of Health
Robert D. Ray
Governor of Iowa, 1969–83; President Emeritus, Drake University
David Satcher, M.D., Ph.D.
Director, Satcher Health Leadership Institute, Morehouse School of Medicine
Richard Surles, Ph.D.
Head of Operations, Comprehensive NeuroScience Inc.
Beverly Tatum, Ph.D.
President, Spelman College
Cynthia Ann Telles, Ph.D.
Associate Clinical Professor, Department of Psychiatry and Biobehavioral Sciences, University of California at Los Angeles
School of Medicine
Joanne Woodward
Actress; Director

THE CARTER CENTER MENTAL HEALTH TASK FORCE

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Assistant Professor, Universidad de la Sabana
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President and CEO  
National Vision

Founder and Senior Partner  
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President and CEO  
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Pegi Follickio  
Follickio & Associates

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Linda Galipeau  
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Randstad North America

Mary Ellen Garrett  
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The Garrett Group/Merrill Lynch

James F. Geiger  
President and CEO  
Turner Enterprises

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Margo Grbinich Hunt  
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Chairman, President and CEO  
YKK Corporation of America

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Director  
Jay Kelly Interactive Design

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Validis Group

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O’Neill Management Consulting

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