Catalina Garcia, member of a Guatemalan artistic expression group, prepares to lead schoolchildren in a health parade in the streets of Patalul. Held several years ago, the parade helped Guatemalans keep the fight against river blindness top of mind. Today, the World Health Organization has declared the disease eliminated from the country. Health workers and an army of people such as Garcia were key to Guatemala’s success.
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.

A woman from Myanmar exits her polling station after voting. The Carter Center monitored the elections.
Dedicated staff members and hundreds of thousands of village volunteers carry out the work of The Carter Center. Rosalynn and I are thankful for them and grateful for your steadfast support.

Jimmy Carter
From the Chairman and the CEO

Our Success Is a Global Team Effort

Thanks to your steadfast support, the people of The Carter Center continued to advance peace and health in meaningful ways in 2016. This year, we celebrated assisting with 500 million treatments for neglected tropical diseases since 1996 and observed crucial elections in Zambia and the Philippines. The Center’s staff celebrated as river blindness was eliminated in Guatemala. We ramped up efforts to counter the propaganda of violent extremists in the Middle East and used innovative social media mapping techniques to reveal real-time developments in the tragic conflict in Syria.

What does it take to generate this kind of success?

It takes dedicated Carter Center staff. We have some 1,000 staff members working in the field across multiple continents, training and empowering people to resolve their own challenges.

It takes grass-roots participation. The Carter Center relies on community volunteers to distribute vital medications to their families and neighbors. With our assistance, civil society groups learn how to procure information from their governments. We convene human rights defenders from around the world to share their experiences with each other. And journalists in the United States and abroad are trained on responsible mental health reporting.

It takes faithful corporate and institutional partners. Several companies have made substantial long-term commitments to provide medications, water filters, laboratory equipment, and other products essential to our health work, while numerous foundations and agencies provide significant financial support year after year.

It takes trust. The only way our programs can work is if millions of individuals place their trust in The Carter Center and our partners. That’s a trust we’ve earned over more than three decades, and a trust we work to renew every single day.

And it takes you. Your interest and your support keep us encouraged and make our success possible. Thank you for helping us wage peace, fight disease, and build hope.

Jason Carter  Chairman  Board of Trustees
Ambassador (Ret.)  Mary Ann Peters  Chief Executive Officer
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 25 in 2016
• Observing 103 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 $306 million in cash, pledges, and in-kind gifts in 2015–2016. 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.
A Nepalese woman awaits customers at her stall at a Kathmandu market. The Carter Center had a long-term presence as political observers in the country as it transitioned to democracy and now assists civil society to report on constitutional implementation.
Are there more men or women in the world? That’s a question Jin In, founder of 4Girls GLocal Leadership, likes to ask when she speaks to groups.

Most people think there are more women, but they’re wrong.

“We’ve killed more women,” she said. “There are so many more males that if you put them together—just the extra males—they would be the 24th-largest nation in the world.”

You can blame sex-selective abortions and female infanticide for much of that discrepancy, but violence against women also plays a significant role. That’s why In is working to empower young girls to chart their own destinies. And that’s why she came to The Carter Center in June for the Human Rights Defenders Forum, an event she called “an amazing learning experience.”

Though the forum included men and extended beyond human rights abuses that females face, many of the defenders devote their lives to protecting or promoting women and girls.

They included Irene Santiago of the Philippines, a skilled conflict negotiator who founded Women, Seriously, a global campaign to increase women’s roles in issues of peace and security; Rodolfo Domingo Marquez of Mexico, who works to counter violence against women,
But not every story had an unhappy ending: One woman told a story about how she and some other women selling goods in a market in Liberia had been giving part of their proceeds each day to someone to clean their stalls, because that’s what they’d been told they had to do.

“All this time we were losing our money — but not anymore.”

The Conflict Resolution Program is also working to empower Liberia’s women through its access to justice project. More than half of the cases its community justice advisors tackle are brought by women, usually women who need help with issues related to domestic violence or child support.

The advisors mediate disputes, but sometimes they go beyond the technical scope of their duties to find creative solutions to problems. One advisor, for example, helped found two support groups for women struggling to get by with little or no financial help from their male partners. The women formed farming cooperatives and are using the income to help pay for their children’s school fees.

“If the children are not educated,” one woman explained, “their future is doom.”
The Democracy Program deployed limited election missions to the Philippines in May and Zambia in August.

In the Philippines, the team concentrated its efforts in the violence-plagued region of Mindanao, focusing on the overall political and electoral environment. While the Center’s mission was too small to conduct a robust assessment on election day, the Center’s observers indicated that polling, counting, and tabulation appeared to have gone well. They did, however, express concerns about vote-buying (predominantly at the local level), gender equity, and the general lack of a level playing field.

The Carter Center team in Zambia called the hotly contested election there a step backward for democracy. There were reports of harassment of private media, abuse of office, and application of laws in ways that disadvantaged the opposition party.

In the United States, the Center partnered with the National Conference of State Legislatures to research the laws that govern observer access in each of the 50 states. The findings have been published online to help other observer groups plan missions and to allow legislators and voters to see what rules govern their state.

In Democratic Republic of the Congo, The Carter Center continued its efforts to train Congolese to observe their own elections, which have been postponed. It also fought for transparency in mining contracts to assure that citizens benefit from their country’s natural resources and supported local human rights activists in their work.

This year’s Human Rights Defenders Policy Forum, held in June, brought together more than 60 scholars, activists, and community leaders to discuss “A Time for Peace: Rejecting Violence to Secure Human Rights.”

Participants talked about the economics of peace, unlearning violence, and using nonviolent approaches in security and law enforcement. They heard a keynote address from former U.S. President Jimmy Carter and were the first to see a new music video for the peace-themed “Love Is the Answer,” co-produced by the Human Rights Program and the Berklee College of Music.

The program celebrated the International Day of Peace on Sept. 21 by hosting a panel discussion devoted to finding ways to divert government investment from the machinery of war to the building of peace.

The discussion was broadcast through Facebook Live and the program’s Forum on Women website, which grew its social media audience over the year and aired other discussions on such topics as sex trafficking and the link between economic policies and human rights.

Meanwhile, the Center continues to partner with Tostan to train faith-based human rights activists in West Africa on building community support for the rights of women and girls.
Since 2014, Edna Koskey has managed the Carter Center’s citizen observer program in the Democratic Republic of the Congo, working with a local organization, the Episcopal Commission of Justice and Peace, to help train citizens to observe their country’s elections. Her work includes sharing information about democratic election standards and developing a core observation team who can in turn train hundreds of others. It’s a big task, as DRC is a large nation with unique logistical and political complications that have already led to one election postponement. Though the challenges are many, it’s a job Koskey relishes. “It’s a great and humbling experience to support the democratic growth of the country,” she said.
Mohamed Awad Osman helps lead the Carter Center’s efforts to bring lasting peace to Sudan, which has been mired in conflict and civil war since 1983. During his three years working with the Center, he has helped organize meetings designed to encourage understanding and cooperation among various Sudanese stakeholders and between Sudanese and South Sudanese. Osman studied President Carter’s efforts in the mid-1990s to stave off war in Haiti as part of his Ph.D. thesis at the London School of Economics and says he is honored to now be working for President Carter to try to bring peace to his own nation. “Sudan,” he said, “is faced with a four-pronged challenge: war, ethnicity, economy, and foreign relations. The way forward is for the new generation to start the country afresh.”
CONFLICT RESOLUTION PROGRAM

As the war in Syria continued to dominate headlines, the Conflict Resolution Program kept exploring a path for a peaceful resolution to the catastrophic war.

The program’s dialogue initiative organized meetings with stakeholders to discuss what it would take to end the war and what a transitional government and constitution should look like. Its Syria mapping project has now documented nearly 90,000 conflict events through social media and other sources, helping paint an accurate picture of the fighting. It regularly shares this information with the United Nations and relief organizations, and this year it launched a dynamic online map that shows who controls what areas of Syria.

In Israel and Palestine, it continued its push for a peaceful, two-state solution. The Carter Center also took a stand against the delay of municipal elections in Gaza and the West Bank.

The program’s work in Liberia took on increased importance in July as the U.N. turned over responsibility for the nation’s security to the government. As part of its ongoing efforts to support the country’s traditional leaders, it helped organize a meeting between the chiefs and their counterparts in Cote d’Ivoire to discuss border security.

The conflict resolution team also took on the task of countering Daesh recruitment propaganda by analyzing the group’s publications and social media messages and then organizing meetings with religious leaders from Europe and North Africa to share these findings and help them create effective countermessaging campaigns.

LATIN AMERICA AND CARIBBEAN PROGRAM

The Latin America and Caribbean Program spent considerable effort in 2016 working behind the scenes in Colombia to help prepare the nation for life after a 50-year civil war.

In April, before the original peace accord was signed, it organized a meeting in Cartagena with peace negotiators and key political players, including President Juan Manuel Santos, to discuss political and electoral reforms required by a peace accord. At the request of the minister of the interior, the program is now supporting a group drafting legislative proposals.

The Center also analyzed the human rights institutional framework in Colombia and published its findings in book form.

In February, Latin America and Caribbean Program and Democracy Program staff made the first Carter Center visit to Cuba since the renewal of full diplomatic relations with the U.S.

The Latin America and Caribbean Program deployed a study mission for the first round and runoff of the presidential and parliamentary elections in Peru, held in April and June. In July, it organized a meeting of the steering committee of the Friends of the Inter-American Democratic Charter to discuss key issues and to support the Organization of American States’ efforts in the hemisphere.

And in December, the program co-sponsored a seminar on electoral reform in Argentina with the Ministry of the Interior’s Subsecretariat for Electoral Affairs.
GLOBAL ACCESS TO INFORMATION

In August, the Global Access to Information Program released the findings of its study of women’s ability to access government information in Bangladesh, which showed that women there cannot access information as easily as men.

This matches the findings of past studies of the same issue in Liberia and Guatemala, though the extent of the challenges varies somewhat from country to country. In Bangladesh, women are hindered primarily by illiteracy, a lack of knowledge about the right to information and how or where to ask for it, cultural factors, and issues of time and mobility.

In Liberia and Guatemala, the program has begun implementing the recommendations that grew out of the studies there. It has hired information liaisons, who are working with the government and women’s groups to get information out to women, as well as helping key government agencies become more gender-sensitive and develop creative ways to ensure that women receive meaningful information on such topics as education, land ownership, and starting a business.

The program is also working in Liberia to increase transparency and to improve access to information in the justice and security sector.

Meanwhile, the program used its innovative Implementation Assessment Tool to help the governments of Uganda, Liberia, and Nigeria determine weak spots in putting their access to information laws fully into effect.

THE CHINA PROGRAM

The China Program’s work to improve U.S.-China relations this year included a number of forums, bringing together scholars, journalists, and high-ranking officials from both countries to foster greater understanding and cooperation.

Because the Center believes there are opportunities for the U.S. and China to collaborate in Africa, a continent important to both nations, it organized several meetings with officials from China, the U.S., and Africa. One such meeting took place in Togo in July. The U.S.-China-Africa Consultation for Peace & Prosperity, co-chaired by Mohamed Ibn Chambas (head of the U.N. Office of West Africa and the Sahel), Ambassador Zhong Jianhua (former special representative for African Affairs, China), and Ambassador Princeton Lyman (U.S. Institute of Peace), addressed maritime security and the promotion of peace in Africa’s Gulf of Guinea and Sahel region.

A follow-up workshop on combating piracy in the Gulf of Guinea was held in Beijing in November.

The China Program continues to maintain several websites that provide updates in English and Chinese on political developments and social transformation in China, public access to information, and Sino-American relations. The program’s signature website, chineaelections.org, saw growth in readership after being blocked for two years in China.
The women of Guatemala have a new ally—Sofía Villatoro. She heads up a new Carter Center field office in Guatemala City, which opened in 2016, working to improve women’s access to government information. Villatoro oversees three women information liaisons, who work in three geographical areas: Guatemala City, Quiché, and Chiquimula. Together, they aim to reach women in their communities, in their own indigenous languages. It seems to be working: In just a few months of operation, the office helped with more than 120 information requests about issues such as scholarships, benefits, entrepreneurship, and property rights. “I think the most satisfying thing about my job is to see women becoming more empowered in the use of their rights,” Villatoro said. “Information is a key element for women to improve the conditions in which they live.”
HEALTH PROGRAMS
A team of health workers with Yanomami guides traverses Amazon country in Venezuela, traveling on foot to administer treatments for river blindness to the indigenous Yanomami people of the region. The border between Venezuela and Brazil is the only remaining pocket of active river blindness transmission in the Western Hemisphere.
Jude Musa is just 13 years old and about 5 feet tall, but in November 2016 he stood like a grown man before a throng of more than 1,000 people, including traditional leaders and foreign VIPs who had come to his little village in Nigeria.

Jude received — in ceremonial fashion — three kinds of medication during a celebration of the Center’s role in distributing 500 million doses over 20 years to fight neglected tropical diseases.

Clear skies and bright sunshine provided an ideal setting for the event in Gidan Gimba, Musa’s village in Nasarawa state, Nigeria.

Amid the music, speeches, a drama presentation, and traditional dance performances, a sense of accomplishment and determination prevailed.

“This is an achievement of partners,” said Ambassador (ret.) Mary Ann Peters, Carter Center CEO, citing the collaboration of government health ministries, pharmaceutical companies, donors, the World Health Organization, Carter Center staff, and locally chosen volunteers known as community drug distributors. Nigeria’s success is an example for other nations to follow in tackling big public health challenges, she said.
The medications have gone to help control or eliminate disease in 14 countries in Africa and Latin America; 42 percent of the treatments have been administered in Nigeria. On the day of the ceremony, Musa received Mectizan® (donated by Merck) to ward off river blindness, praziquantel for schistosomiasis, and albendazole for intestinal worms.

Yusuf Maikeffi, who has been Gidan Gimba’s community drug distributor for 20 years, gave Jude one of the treatments. “It is important to me to help protect my community,” said Maikeffi, one of 80,000 community-based volunteers and health workers dedicated to improving health in the Carter Center-assisted areas of Nigeria. “However long it takes, I keep working until it is done. I never get tired of it.”

Jude, who previously had shown signs of schistosomiasis, spoke into a microphone and encouraged his family and neighbors to take the drugs Maikeffi offers. “If you take this medicine, it will help you,” the youth said. “Before, I was urinating with blood, then after they gave me the tablet, I take it, and now I am urinating blood no more.”

Dr. Frank Richards heads the Center’s programs to combat river blindness, schistosomiasis, and lymphatic filariasis, as well as an initiative to treat intestinal worms.

“Half a billion is an amazing milestone, and it’s well worth celebrating,” Richards said. “Even more worth celebrating is the impact that we are having from those treatments. You can’t calculate the good that’s been done.”

In addition to combating river blindness, schistosomiasis, and intestinal worms, the 500 million treatments also include programs that address trachoma (Zithromax®, donated by Pfizer) and lymphatic filariasis (a combination treatment of Mectizan and albendazole).

About half of the 500 million doses being celebrated have gone toward fighting river blindness.

Blinding trachoma and lymphatic filariasis were recently eliminated from part of Nigeria by Carter Center-assisted programs, further evidence of the effectiveness of the efforts being celebrated.

Kelly Callahan, director of the Center’s Trachoma Control Program, said the 500 million doses symbolize the Carter Center’s core values: “It’s not about the number,” she said. “It’s about helping. It’s about caring. It’s about worrying about people and their quality of life.”
GUINEA WORM ERADICATION PROGRAM

The race to eradicate Guinea worm disease is rounding the final turn. The Carter Center's figures for 2016 indicate no human cases were reported in Mali and just 25 were reported in Chad, South Sudan, and Ethiopia. In Chad, the Center and its partners are testing remedies for infections in dogs.

There were 16 human cases of the parasitic disease in Chad, three in Ethiopia, and six in South Sudan. The 25 cases were spread among 19 isolated villages, and all were contained within their countries of origin.

While there was a slight increase in human cases from 2015, when 22 cases were reported, the containment rate (cases that were identified before the disease could spread) increased from 36 percent in 2015 to 56 percent in 2016, an important indicator of future eradication results. The ministries of health of the four countries continue to persist in tracking down cases and rumors of cases, often in insecure areas.

Just 30 years ago, Guinea worm disease afflicted an estimated 3.5 million people a year in 21 countries in Africa and Asia. Today, eradication is within reach.

RIVER BLINDNESS PROGRAM

The Carter Center's fight against river blindness reached a major milestone in 2016 as the World Health Organization verified that Guatemala has eliminated the disease. This achievement is especially meaningful because river blindness, also known as onchocerciasis, was first identified in the Americas in Guatemala and because that country once was the most endemic in the Western Hemisphere. Following in the footsteps of Colombia, Ecuador, and Mexico, Guatemala is the fourth country in the Americas to eliminate the disease, which remains only in a small, remote area along the Brazil-Venezuela border.

In Africa, where the disease is more pervasive, The Carter Center continues to partner with four African countries—Ethiopia, Nigeria, Sudan, and Uganda—to eliminate onchocerciasis through health education and mass distribution of Mectizan®, a drug donated by Merck.

River blindness is a parasitic infection that can cause intense itching, skin discoloration, rashes, and eye disease that often leads to permanent blindness. The parasite is spread by the bites of infected black flies that breed in rapidly flowing rivers.
Antonella Lomong’o is one of the Carter Center’s Guinea worm guardians in South Sudan. The Kenyan nurse has been caring for patients in South Sudan for more than 12 years, and for the last five has trained all incoming case containment managers there. As the number of Guinea worm cases dwindles, Lomong’o also helps make house-to-house visits to provide health education and reminders about what the community can do to prevent transmission. Lomong’o sees the eradication of Guinea worm disease as eminently attainable. “If all the local leaders and authorities unite—the chiefs, village elders, government, and the communities—then we'll get rid of it,” she said.
Working in the Amhara region of Ethiopia for more than 10 years, Mulat Zerihun (pictured above at far right) has seen the toll of trachoma, a bacterial eye disease. “It is hard to ignore the groups of older ladies huddled under trees, nearly blinded by trachoma and in pain,” he said. As a regional manager for the Carter Center’s trachoma program, Zerihun spends his time helping communities with prevention and helping people who have the advanced stages of the disease get relief. The need is great: an estimated 1.2 million people in Ethiopia alone have the advanced form of the disease. But Zerihun is up for the challenge. “People need the chance for better sight so they can work more easily to feed their families and watch their children grow up healthy and strong,” he said.
HISPANIOLA INITIATIVE

The Carter Center works with the ministries of health in Haiti and the Dominican Republic to eliminate malaria and lymphatic filariasis from the countries’ shared island, Hispaniola, by 2020.

Hispaniola is the only island in the Caribbean with active malaria transmission. It also accounts for about 90 percent of the lymphatic filariasis burden in the Western Hemisphere. Both diseases are spread by mosquitoes.

Since 1998, The Carter Center has been a pioneer in the fight against trachoma and currently works to control and prevent the disease in Ethiopia, Mali, Niger, Sudan, South Sudan, and Uganda.

In August, The Carter Center and Noor Dubai Foundation announced a four-year partnership to accelerate efforts to eliminate blinding trachoma in Ethiopia by 2020, focusing on the Amhara region. In addition, Lions Clubs International Foundation, a long-time partner, announced four more years of support for the Center’s trachoma work.

The Carter Center implements the World Health Organization-endorsed SAFE strategy for trachoma control, comprising surgery, antibiotics, facial cleanliness, and environmental improvement. This includes mass administration of Zithromax®, an antibiotic donated by Pfizer Inc. The program also assists in health education through school-based trachoma curricula and advocates for the construction and proper use of latrines to curtail breeding sites of the eye-seeking flies that are one of the transmission routes of the disease.

Advanced cases can cause the eyelashes to turn inward and painfully scrape the surface of the eye, which can lead to irreversible blindness. A simple surgical procedure can correct the problem. In 2016, the Center supported 119,365 free eyelid surgeries in countries where it assists with the implementation of the full SAFE strategy.

SUDAN PUBLIC HEALTH TRAINING INITIATIVE

The Sudan Public Health Training Initiative seeks to improve the learning environment of adult students enrolled in 50 health science training institutions in nine of Sudan’s 18 states, train hundreds of health science educators and thousands of midwives and community health professionals, and produce health learning materials tailored to Sudan’s needs.

In collaboration with Emory University in Atlanta, The Carter Center works on the project with the Academy of Health Sciences under the Federal Ministry of Health in Sudan. The project aims to develop skilled workers who will provide health services to underserved rural areas, women, and children.

In February 2016, The Carter Center helped the Federal Ministry of Health acquire a large quantity of teaching supplies and equipment, including mannequins, computers, and more.
LYMPHATIC FILARIASIS ELIMINATION PROGRAM

Lymphatic filariasis can have disfiguring symptoms that bring about devastating social stigma, but The Carter Center is pressing the mosquito-borne parasitic disease in four countries.

The Center helps ministries of health in Africa and on the island of Hispaniola distribute the drugs Mectizan® (donated by Merck), albendazole, and DEC. These medicines are taken in combination—the combination varies by country—to stop mosquitoes from transmitting the parasite from infected to uninfected people.

The Center in September 2016 announced an effort to accelerate elimination of the disease, along with malaria, in the Dominican Republic and Haiti.

In Nigeria, the Carter Center’s pioneering integration of drug treatments for lymphatic filariasis, schistosomiasis, and river blindness has saved significant program costs as well as time for community members who distribute the drugs.

SCHISTOSOMIASIS CONTROL PROGRAM

Schistosomiasis is caused by parasites carried by small snails in water sources. In terms of socioeconomic and public health impact, it is one of the most devastating parasitic diseases in tropical countries. Nigeria is the most endemic country for schistosomiasis, with 20 million people—mostly children—needing treatment. The combination of poverty, anemia, and schistosomiasis can cause stunted growth and development, chronic debility, interrupted education, and even premature death.

However, as a result of a Carter Center-led effort to distribute the anti-parasitic drug praziquantel in six Nigerian states, blood in schoolchildren’s urine—a symptom of schistosomiasis—has been reduced by some 94 percent in Nigeria’s Plateau and Nasarawa states and 88 percent in Delta state.

MENTAL HEALTH PROGRAM

The Carter Center Mental Health Program increased its international reach in 2016. The Rosalynn Carter Mental Health Journalism Fellowships expanded to include the United Arab Emirates and Qatar. The fellowships provide stipends, training, and support for journalists to explore mental health issues, with the goal of increasing public understanding and reducing stigma.

The Carter Center entered into a partnership with the UBS Optimus Foundation to improve the well-being of vulnerable youth in Liberia. The two-year collaboration aims to train 130 health and education professionals with skills to identify and treat the mental health needs of youth. In addition, three school-based clinics are planned.

In November, more than 140 health and corporate wellness leaders attended the 32nd Rosalynn Carter Symposium on Mental Health Policy. “Widening the Circle of Health & Wellness: The Central Role of Behavioral Health” focused on ways to address mental health within communities, organizations, and other defined populations.
Farmer and schoolteacher Gabriel Ani volunteered to be a Carter Center-trained community drug distributor in 2009. Now the father of four provides health education and medication for river blindness to more than 1,000 people in 129 households in his village in southeastern Nigeria. Because of his careful recordkeeping and deep commitment, in 2016 his supervisor with the Enugu State Ministry of Health named Ani the best distributor in the state. “My son is proud of me,” he said. “He asked me, ‘Dad, why do you want to help people all the time?’ I told him that it’s in my blood, that I love it. And he told me that when he grows up he’s going to be like me.”
A woman passes a boat on dry land in Cape Coast, Ghana. Over the years, The Carter Center has worked in the country to fight Guinea worm and trachoma, observe elections, and assist in advancing the rights of women.
As a not-for-profit organization, The Carter Center can realize its mission to wage peace, fight disease, and build hope around the world only through generous support from individuals, foundations, corporations, and governments. More than 115,400 donors contributed $306 million in cash, pledges, and in-kind gifts in 2015–2016 to support the Center’s peace and health programs.

The Latin America and Caribbean Program is able to deploy resources to the region rapidly thanks to a robust system of partnerships, including support from a group of business leaders and philanthropists in Latin America, known as the Circle of Friends. Because of this group’s commitment to The Carter Center, the program has been able to provide key support to the implementation of the Colombian peace accord, send high-level delegations to elections in Guatemala and Peru, and advance electoral reform efforts in Argentina. These activities also are made possible with support from CAF (Latin American Development Bank), which has made long-term investments to advance and preserve democratic stability in the Western Hemisphere.

The Rosalynn Carter Fellowships for Mental Health Journalism added to its international reach in 2016: The Al Jalila Foundation and the Qatar Foundation each entered into agreements with The Carter Center to award one-year mental health fellowships to journalists in the United Arab Emirates and Qatar over the next five years, at which time the programs’ ownership will transition from The Carter Center to the countries. In Qatar, this initiative complements the nation’s national mental health strategy, the first of its kind in the region.

The Carter Center’s Global Access to Information Program now has completed studies in Liberia, Guatemala, and Bangladesh to identify the main obstacles facing women in accessing information. These studies and related programming are possible thanks to funding from the United States Agency for International Development, Making All Voices Count, and the P Twenty-One Foundation.

Individual donors play a significant role in the work of The Carter Center. According to supporters Brenda and Wade Woodson, “The Carter Center’s work has focused on human rights for more than three decades—whether it is the focus on neglected tropical diseases or peace and democracy promotion. We are proud to support this tireless effort to improve the lives of so many in need around the world and are heartened to see the difference it makes. More than ever, The Carter Center remains a beacon for hope.”
Dyonah Thomas is helping to build mental resilience in the citizens of Liberia. A project coordinator for The Carter Center, Thomas leads a program that trains, supports, and develops mental health capacity in Margibi and Montserrado counties, two of the most affected by the Ebola crisis of 2014 and 2015. His work is part of the Supporting Psychosocial Health and Resilience in Liberia project, funded by Japan through the Japanese Social Development Fund, a trust fund administered by the World Bank. The project is expected to reach some 18,000 people in the two counties. So far, 45 health care facilities provide mental health services with trained health care clinicians, 16 peer support groups have been established, 40 treatment groups are underway, and 12 community dialogues have been held.

Dyonah Thomas
Liberia
Mental Health Program

Volunteers
Some 144 volunteers in the Atlanta area donated 8,188 hours of service in 2015-2016. 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, 2015, through Aug. 31, 2016, 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.
When she was 10, Mila Juarez Alvarez had nodules on her skin, a sign of river blindness. Fifty years later, she and her community of Finca Conception, Guatemala, are permanently free from the parasitic disease, thanks to years of treatment spearheaded by the Carter Center’s Onchocerciasis Elimination Program for the Americas.
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Buthaina Mohammed Al-Janahi, a columnist at Qatar’s Al Arab newspaper, attends a meeting in Atlanta of Rosalynn Carter journalism fellows. For her fellowship project, Al-Janahi planned to investigate and report on the mental health of working mothers in Qatar.
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Musicians play in Naciona, Colombia. The Carter Center helped facilitate talks to end the 50-year civil war between the Colombian government and the Revolutionary Armed Forces of Colombia (FARC), but the resulting peace accord was narrowly rejected by Colombian voters in October 2016.
A Nigerian child takes a dose of medication to help prevent schistosomiasis, a parasitic disease that damages internal organs.
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Nigerian Martin Sinyong suffers from lymphatic filariasis, which causes swelling in limbs. He joined a support group sponsored by The Carter Center to learn more about how to take care of his swollen feet and talk to others with the disease.
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In the southeastern region of the Democratic Republic of the Congo, Jacob Banza Mpiana sits outside his house in Lubumbashi, capital of the mining province Katanga.
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 its subsidiary, which comprise the consolidated statements of financial position as of August 31, 2016 and 2015, 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 The Carter Center, Inc. and its subsidiary as of August 31, 2016 and 2015, and the changes in their net assets and their cash flows for the years then ended in accordance with U.S. generally accepted accounting principles.

KPMG LLP

February 20, 2017
**Consolidated Statements of Financial Position**

**August 31, 2016 and 2015**

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$48,673,553</td>
<td>45,022,022</td>
</tr>
<tr>
<td>Accounts receivable</td>
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</tr>
<tr>
<td>Due from federal government</td>
<td>4,512,313</td>
<td>3,586,976</td>
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<tr>
<td>Other</td>
<td>432,733</td>
<td>424,853</td>
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<tr>
<td><strong>Total accounts receivable</strong></td>
<td>4,945,046</td>
<td>4,011,829</td>
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<tr>
<td>Contributions receivable, net (note 3)</td>
<td>33,243,270</td>
<td>27,927,526</td>
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<tr>
<td>Inventory (notes 4, 9 and 14)</td>
<td>3,722,630</td>
<td>33,193,597</td>
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<tr>
<td>Investments (notes 5 and 7)</td>
<td>639,246,581</td>
<td>620,244,211</td>
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<tr>
<td>Property, plant, and equipment, net (note 6)</td>
<td>5,091,731</td>
<td>5,568,629</td>
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<tr>
<td>Artwork</td>
<td>2,312,165</td>
<td>2,303,965</td>
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<tr>
<td>Other assets</td>
<td>142,409</td>
<td>313,437</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td><strong>$737,377,385</strong></td>
<td><strong>738,585,216</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<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>$7,917,004</td>
<td>5,535,005</td>
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<tr>
<td>Deferred revenue</td>
<td>8,000,880</td>
<td>2,259,163</td>
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<tr>
<td>Annuity obligations (note 7)</td>
<td>5,962,437</td>
<td>5,914,681</td>
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<tr>
<td><strong>Total liabilities</strong></td>
<td>21,880,321</td>
<td>13,708,849</td>
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<tr>
<td>Net assets (note 11):</td>
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</tr>
<tr>
<td>Unrestricted</td>
<td>253,747,507</td>
<td>249,989,646</td>
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<tr>
<td>Temporarily restricted</td>
<td>303,231,872</td>
<td>330,836,085</td>
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<tr>
<td>Permanently restricted</td>
<td>158,517,685</td>
<td>144,050,636</td>
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<tr>
<td><strong>Total net assets</strong></td>
<td>715,497,064</td>
<td>724,876,367</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>$737,377,385</td>
<td>738,585,216</td>
</tr>
</tbody>
</table>

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

## Year ended August 31, 2016 (with comparative totals for 2015)

<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>
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<td></td>
</tr>
<tr>
<td>Contributions and grants:</td>
<td></td>
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<tr>
<td>Operating</td>
<td>$ 28,618,705</td>
<td>—</td>
<td>—</td>
<td>28,618,705</td>
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<tr>
<td>Programs:</td>
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<td>Health</td>
<td>14,156,648</td>
<td>31,154,418</td>
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<td>45,311,066</td>
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<td>Peace</td>
<td>8,957,596</td>
<td>2,164,471</td>
<td>—</td>
<td>11,122,067</td>
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<tr>
<td>Cross-program</td>
<td>—</td>
<td>309,323</td>
<td>—</td>
<td>309,323</td>
</tr>
<tr>
<td>Time-restricted</td>
<td>—</td>
<td>2,918,655</td>
<td>—</td>
<td>2,918,655</td>
</tr>
<tr>
<td>In-kind gifts (note 9):</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Health</td>
<td>—</td>
<td>202,777,551</td>
<td>—</td>
<td>202,777,551</td>
</tr>
<tr>
<td>Peace</td>
<td>199,414</td>
<td>707,155</td>
<td>—</td>
<td>906,569</td>
</tr>
<tr>
<td>Operating</td>
<td>125,000</td>
<td>—</td>
<td>—</td>
<td>125,000</td>
</tr>
<tr>
<td>Endowment</td>
<td>—</td>
<td>—</td>
<td>14,467,049</td>
<td>14,467,049</td>
</tr>
<tr>
<td>Total contributions and grants</td>
<td>52,057,363</td>
<td>240,031,573</td>
<td>14,467,049</td>
<td>306,555,985</td>
</tr>
<tr>
<td>Endowment fund earnings</td>
<td>10,162,336</td>
<td>16,666,422</td>
<td>—</td>
<td>26,828,758</td>
</tr>
<tr>
<td>Depreciation of endowment investments, net</td>
<td>(5,516,275)</td>
<td>(9,481,302)</td>
<td>—</td>
<td>(14,997,577)</td>
</tr>
<tr>
<td>Facilities use income</td>
<td>439,128</td>
<td>—</td>
<td>—</td>
<td>439,128</td>
</tr>
<tr>
<td>Interest and investment income</td>
<td>49,317</td>
<td>12,101</td>
<td>—</td>
<td>61,418</td>
</tr>
<tr>
<td>Net assets released from restrictions:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>270,576,982</td>
<td>(270,576,982)</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Peace</td>
<td>3,807,402</td>
<td>(3,807,402)</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Cross-program</td>
<td>448,623</td>
<td>(448,623)</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Total revenue and support</td>
<td>332,024,876</td>
<td>(27,604,213)</td>
<td>14,467,049</td>
<td>318,887,712</td>
</tr>
<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>290,372,147</td>
<td>—</td>
<td>—</td>
<td>290,372,147</td>
</tr>
<tr>
<td>Peace</td>
<td>18,658,137</td>
<td>—</td>
<td>—</td>
<td>18,658,137</td>
</tr>
<tr>
<td>Cross-program</td>
<td>746,220</td>
<td>—</td>
<td>—</td>
<td>746,220</td>
</tr>
<tr>
<td>Fundraising</td>
<td>10,007,910</td>
<td>—</td>
<td>—</td>
<td>10,007,910</td>
</tr>
<tr>
<td>General and administrative</td>
<td>8,482,601</td>
<td>—</td>
<td>—</td>
<td>8,482,601</td>
</tr>
<tr>
<td>Total expenses</td>
<td>328,267,015</td>
<td>—</td>
<td>—</td>
<td>328,267,015</td>
</tr>
<tr>
<td>Change in net assets</td>
<td>3,757,861</td>
<td>(27,604,213)</td>
<td>14,467,049</td>
<td>(9,379,303)</td>
</tr>
<tr>
<td>Net assets at beginning of year</td>
<td>249,989,646</td>
<td>330,836,085</td>
<td>144,050,636</td>
<td>724,876,367</td>
</tr>
<tr>
<td>Net assets at end of year</td>
<td>$253,747,507</td>
<td>303,231,872</td>
<td>158,517,685</td>
<td>715,497,064</td>
</tr>
</tbody>
</table>

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

### Year ended 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><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>
</tr>
<tr>
<td>Peace</td>
<td>8,760,577</td>
<td>4,988,291</td>
<td>—</td>
<td>13,748,868</td>
</tr>
<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>
<td></td>
<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>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>
</tr>
<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>
</tr>
<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>
</tr>
</tbody>
</table>

### Expenses

<table>
<thead>
<tr>
<th></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>295,006,191</td>
<td>—</td>
<td>—</td>
<td>295,006,191</td>
</tr>
<tr>
<td>Peace</td>
<td>19,073,833</td>
<td>—</td>
<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>
</tr>
<tr>
<td>Fundraising</td>
<td>9,793,486</td>
<td>—</td>
<td>—</td>
<td>9,793,486</td>
</tr>
<tr>
<td>General and administrative</td>
<td>7,362,536</td>
<td>—</td>
<td>—</td>
<td>7,362,536</td>
</tr>
<tr>
<td>Total expenses</td>
<td>331,818,394</td>
<td>—</td>
<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>46,789,274</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 Functional Expenses

### Year ended August 31, 2015

<table>
<thead>
<tr>
<th></th>
<th>Program expenses</th>
<th>Supporting expenses</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Health</td>
<td>Peace</td>
<td>Cross-program</td>
</tr>
<tr>
<td>Salaries and benefits</td>
<td>$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>552,232</td>
<td>9,184,156</td>
</tr>
<tr>
<td>Other</td>
<td>1,038,298</td>
<td>154,069</td>
<td>617</td>
</tr>
<tr>
<td>Grants</td>
<td>7,254,466</td>
<td>844,560</td>
<td>150,000</td>
</tr>
<tr>
<td>Common area and depreciation</td>
<td>462,327</td>
<td>431,704</td>
<td>30,116</td>
</tr>
<tr>
<td>Total expenses</td>
<td>$295,006,191</td>
<td>19,073,833</td>
<td>582,348</td>
</tr>
</tbody>
</table>

### Consolidated Statement of Functional Expenses

### Year ended August 31, 2016 (with comparative totals for 2015)

<table>
<thead>
<tr>
<th></th>
<th>Program expenses</th>
<th>Supporting expenses</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Health</td>
<td>Peace</td>
<td>Cross-program</td>
</tr>
<tr>
<td>Salaries and benefits</td>
<td>$13,976,052</td>
<td>7,473,099</td>
<td>230,689</td>
</tr>
<tr>
<td>Consulting</td>
<td>5,057,871</td>
<td>2,320,060</td>
<td>73,449</td>
</tr>
<tr>
<td>Communications</td>
<td>1,979,367</td>
<td>394,159</td>
<td>6,852</td>
</tr>
<tr>
<td>Services</td>
<td>602,128</td>
<td>1,185,187</td>
<td>88,787</td>
</tr>
<tr>
<td>Office and equipment</td>
<td>1,831,487</td>
<td>988,195</td>
<td>2,179</td>
</tr>
<tr>
<td>Vehicles</td>
<td>6,065,078</td>
<td>681,915</td>
<td>30</td>
</tr>
<tr>
<td>Travel/meetings</td>
<td>15,599,056</td>
<td>3,892,837</td>
<td>85,506</td>
</tr>
<tr>
<td>Interventions (note 2(k))</td>
<td>238,122,423</td>
<td>3,892,837</td>
<td>85,506</td>
</tr>
<tr>
<td>Other</td>
<td>1,466,097</td>
<td>157,690</td>
<td>1,219</td>
</tr>
<tr>
<td>Grants</td>
<td>5,187,299</td>
<td>1,058,242</td>
<td>225,000</td>
</tr>
<tr>
<td>Common area and depreciation</td>
<td>485,289</td>
<td>479,753</td>
<td>32,509</td>
</tr>
<tr>
<td>Total expenses</td>
<td>$290,372,147</td>
<td>18,658,137</td>
<td>746,220</td>
</tr>
</tbody>
</table>

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

**Years ended August 31, 2016 and 2015**

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</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>(9,379,303)</td>
<td>46,789,274</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>953,159</td>
<td>902,126</td>
</tr>
<tr>
<td>Depreciation of endowment investments, net</td>
<td>14,997,577</td>
<td>31,001,438</td>
</tr>
<tr>
<td>Donated artwork</td>
<td>(8,200)</td>
<td>(48,050)</td>
</tr>
<tr>
<td>Permanently restricted contributions</td>
<td>(14,467,049)</td>
<td>(12,329,763)</td>
</tr>
<tr>
<td>Net change in inventory balances due to noncash contributions and distributions</td>
<td>29,470,967</td>
<td>(11,547,418)</td>
</tr>
<tr>
<td>Changes in operating assets and liabilities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>(933,217)</td>
<td>(1,740,990)</td>
</tr>
<tr>
<td>Contributions receivable, net of permanently restricted</td>
<td>(5,315,744)</td>
<td>(11,011,940)</td>
</tr>
<tr>
<td>Other assets</td>
<td>171,028</td>
<td>503</td>
</tr>
<tr>
<td>Accounts payable and accrued expenses, deferred revenue, and annuity obligations</td>
<td>8,128,305</td>
<td>(2,649,490)</td>
</tr>
<tr>
<td>Net cash provided by operating activities</td>
<td>23,617,523</td>
<td>39,365,690</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>(433,094)</td>
<td>(599,540)</td>
</tr>
<tr>
<td>Purchase of investments</td>
<td>(39,299,836)</td>
<td>(43,271,093)</td>
</tr>
<tr>
<td>Sale of investments</td>
<td>5,299,889</td>
<td>5,362,201</td>
</tr>
<tr>
<td>Net cash used in investing activities</td>
<td>(34,433,041)</td>
<td>(38,508,432)</td>
</tr>
<tr>
<td><strong>Cash flows from financing activities:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Permanently restricted contributions</td>
<td>14,467,049</td>
<td>12,329,763</td>
</tr>
<tr>
<td>Decrease in permanently restricted contributions receivable, net</td>
<td>—</td>
<td>10,000</td>
</tr>
<tr>
<td>Net cash provided by financing activities</td>
<td>14,467,049</td>
<td>12,339,763</td>
</tr>
<tr>
<td>Net change in cash and cash equivalents</td>
<td>3,651,531</td>
<td>13,197,021</td>
</tr>
<tr>
<td>Cash and cash equivalents at beginning of year</td>
<td>45,022,022</td>
<td>31,825,001</td>
</tr>
<tr>
<td>Cash and cash equivalents at end of year</td>
<td>$ 48,673,553</td>
<td>45,022,022</td>
</tr>
</tbody>
</table>

**Supplemental disclosure:**

Property, plant, and equipment additions totaling $43,167 and $92,082 were included in accounts payable and accrued expenses at August 31, 2016 and 2015, respectively.

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

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

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

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

The board of trustees of CCI consists of President Carter and Mrs. Carter, the president of Emory University, 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 which was established to assist with the operations of CCI’s programs. The financial data for CCEU is not included in these consolidated financial statements, as it is considered part of the Emory University reporting entity.

2. **Summary of Significant Accounting Policies and Other Matters**

A. **Basis of Accounting**

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

B. **Principles of Consolidation**

The consolidated financial statements of CCI include the activity of The Carter Center Collaborative, Inc. (CCCI), an affiliated tax-exempt not-for-profit corporation 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 University 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’s fiscal year end. If the reported NAV is not as of Emory University’s fiscal year end date or is not fair-value based, Emory University will adjust the NAV, if deemed necessary. If Emory University determines it is not practicable to calculate an adjusted NAV 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, 2016 and 2015.

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, 2016 and 2015, CCI received 1,000,000 NOK ($114,157) and 2,000,000 NOK ($270,348), respectively, from the Norwegian Ministry of Foreign Affairs in support of CCI’s project International Election Observation Mission in Tunisia. Under two separate agreements from the United Kingdom Department for International Development (DFID), CCI also received 676,418 GBP ($967,945) and 279,759 GBP ($401,791) during the year ended August 31, 2016, in support of CCI’s project Electoral Observation in the Democratic Republic of the Congo and Building Civil Society Capacity to Improve Industrial Mining Revenue Governance in the Democratic Republic of the Congo, respectively. CCI received 7,000,000 SEK ($827,195) and 5,000,000 SEK ($614,544) for the year ended August 31, 2016, from the Swedish International Development Cooperation Agency in support of the Human Rights Defenders Protection and Capacity Building Program in the Democratic Republic of the Congo and to support related youth activities in the Democratic Republic of the Congo, respectively. Finally, during the year ended August 31, 2016, CCI received from the Swiss Confederation Federal Department of Foreign Affairs $103,149 for Extractive Industry Multi-stakeholder Dialogue in the Democratic Republic of the Congo and $157,000 in support of Support for the Peace Process and Political Transition in Syria.

For the year ended August 31, 2015, CCI received 350,000 GBP ($536,979) 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, for the year ended August 31, 2015, CCI received 81,482 GBP ($124,589), in support of CCI’s project Mining Reform in the Democratic Republic of the Congo.

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. New Accounting Pronouncements

In May 2014, the FASB issued Accounting Standards Update (ASU) No. 2014-09, Revenue from Contracts with Customers (ASU 2014-09), which requires an entity to recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. An entity also should disclose sufficient quantitative and qualitative information to enable users of financial statements to understand the nature, amount, timing and uncertainty of revenue and cash flows arising from contracts with customers. The new standard is effective for CCI for fiscal years beginning after December 31, 2018 (as amended in August 2015 by ASU No. 2015-14, Deferral of Effective Date). CCI has not yet completed its assessment of the impact of the new standard on its consolidated financial statements.

In January 2016, the FASB issued ASU No. 2016-01, Recognition and Measurement of Financial Assets and Liabilities (ASU 2016-01). ASU 2016-01 addresses certain aspects of recognition, measurement, presentation, and disclosure of financial instruments. The ASU is effective for not-for-profit entities for fiscal years beginning after December 15, 2018, with early adoption restricted to certain provisions and within certain time periods. Under the ASU, not-for-profit entities are no longer required to disclose fair value information concerning financial instruments measured at amortized cost such as long-term debt. CCI has not yet determined the impact of the new standard on its current policies.

In February 2016, the FASB issued ASU No. 2016-02, Leases (Topic 842). The amendments in ASU 2016-02 create FASB ASC Topic 842, Leases, and supersede the requirements in ASC Topic 840, Leases. ASU 2016-02 requires the recognition of lease assets and lease liabilities by lessees for those leases classified as operating leases under ASC Topic 840. Under the guidance of ASU 2016-02, a lessee should recognize in the balance sheet a liability to make lease payments (lease liability) and a right-of-use asset representing its right to use the underlying asset for the lease term. The accounting applied by a lessor under ASU 2016-02 is largely unchanged from that applied under ASC Topic 840. The ASU is effective for all business entities for fiscal years beginning after December 15, 2019. CCI has not yet determined the impact of the new standard on its current policies for lessee accounting.

In August 2016, the FASB issued ASU No. 2016-14, Presentation of Financial Statements of Non-for-Profit Entities. ASU 2016-14 (1) reduces the number of net asset classes presented from three to two; (2) requires the presentation of expenses by functional and natural classification in one location; and (3) requires quantitative and qualitative disclosures about liquidity and availability of financial assets. The ASU is effective for annual financial statements issued for fiscal years beginning after December 15, 2017. CCI has not yet determined the impact of the new standard on its current policies.
3 Contributions Receivable

Contributions receivable consists of the following at August 31, 2016 and 2015:

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temporarily restricted:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>$24,242,633</td>
<td>20,718,241</td>
</tr>
<tr>
<td>Peace</td>
<td>20,000</td>
<td>1,371,735</td>
</tr>
<tr>
<td>Cross-program</td>
<td>246,414</td>
<td>149,741</td>
</tr>
<tr>
<td>Time-restricted</td>
<td>2,918,655</td>
<td>—</td>
</tr>
<tr>
<td>Permanently restricted:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endowment</td>
<td>5,815,568</td>
<td>5,687,809</td>
</tr>
<tr>
<td></td>
<td><strong>$33,243,270</strong></td>
<td><strong>27,927,526</strong></td>
</tr>
</tbody>
</table>

The anticipated receipts of these receivables are as follows at August 31, 2016 and 2015:

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than one year</td>
<td>$17,128,738</td>
<td>9,588,196</td>
</tr>
<tr>
<td>One to five years</td>
<td>11,088,228</td>
<td>11,926,727</td>
</tr>
<tr>
<td>More than five years</td>
<td>8,000,000</td>
<td>9,600,000</td>
</tr>
<tr>
<td>Less unamortized discount</td>
<td>(2,973,696)</td>
<td>(3,187,397)</td>
</tr>
<tr>
<td></td>
<td><strong>$33,243,270</strong></td>
<td><strong>27,927,526</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 2016 were discounted using interest rates approximating fair value at the date of the gift at rates ranging from 0.86% to 2.15%. In the opinion of CCI’s management, all contributions receivable recorded at August 31, 2016 and 2015, are deemed fully collectible.

4 Inventory

Inventory at August 31, 2016 and 2015, comprises:

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mectizan</td>
<td>$2,966,400</td>
<td>908,228</td>
</tr>
<tr>
<td>Zithromax</td>
<td>695,430</td>
<td>30,205,369</td>
</tr>
<tr>
<td>Praziquantel</td>
<td>60,800</td>
<td>2,080,000</td>
</tr>
<tr>
<td></td>
<td><strong>$3,722,630</strong></td>
<td><strong>33,193,597</strong></td>
</tr>
</tbody>
</table>

5 Investments

CCI invests the majority of its investments in a pooled investment fund managed by Emory University. As of August 31, 2016 and 2015, respectively, CCI’s investment in the pooled investment fund totaled $628,832,615 and $609,862,012, representing approximately 10.6% and 10.3% of the pool at each of these dates. The composition of all pooled investments held at Emory University is as follows (in thousands):

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-term investments and cash equivalents</td>
<td>$ 301,320</td>
<td>228,725</td>
</tr>
<tr>
<td>Investments in securities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Global equity securities</td>
<td>357,601</td>
<td>406,148</td>
</tr>
<tr>
<td>U.S. equity securities</td>
<td>167,598</td>
<td>185,786</td>
</tr>
<tr>
<td>Non-U.S. equity securities</td>
<td>167,598</td>
<td>185,786</td>
</tr>
<tr>
<td>Fixed-income securities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>U.S. government securities</td>
<td>224,315</td>
<td>172,638</td>
</tr>
<tr>
<td>Domestic bonds and long-term notes</td>
<td>51,596</td>
<td>80,002</td>
</tr>
<tr>
<td>International bonds and long-term notes</td>
<td>8,556</td>
<td>33,685</td>
</tr>
<tr>
<td>Investments in private securities</td>
<td>14,765</td>
<td>—</td>
</tr>
<tr>
<td>Commingled funds — equity</td>
<td>552,448</td>
<td>579,169</td>
</tr>
<tr>
<td>Commingled funds — fixed income</td>
<td>287,285</td>
<td>254,261</td>
</tr>
<tr>
<td>Investments in funds:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hedged strategies</td>
<td>2,175,228</td>
<td>2,087,824</td>
</tr>
<tr>
<td>Private market investments</td>
<td>1,024,840</td>
<td>1,198,986</td>
</tr>
<tr>
<td>Real estate partnerships</td>
<td>326,398</td>
<td>240,735</td>
</tr>
<tr>
<td>Natural resources</td>
<td>457,034</td>
<td>455,584</td>
</tr>
<tr>
<td>Derivatives</td>
<td>192</td>
<td>10,278</td>
</tr>
<tr>
<td></td>
<td><strong>$5,949,176</strong></td>
<td><strong>5,933,821</strong></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Fair value</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pooled investments held at Emory</td>
<td>$628,832,615</td>
<td>$609,862,012</td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>166,732</td>
<td>128,913</td>
</tr>
<tr>
<td>Fixed income securities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic mutual funds</td>
<td>3,695,646</td>
<td>5,317,805</td>
</tr>
<tr>
<td>Equities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic stocks</td>
<td>5,004,053</td>
<td>3,887,878</td>
</tr>
<tr>
<td>Domestic mutual funds</td>
<td>540,729</td>
<td>97,588</td>
</tr>
<tr>
<td>International mutual funds</td>
<td>1,006,806</td>
<td>950,015</td>
</tr>
<tr>
<td></td>
<td><strong>$639,246,581</strong></td>
<td><strong>$620,244,211</strong></td>
</tr>
</tbody>
</table>

6 Property, Plant, and Equipment

The components of property, plant, and equipment at August 31, 2016 and 2015 are as follows:

<table>
<thead>
<tr>
<th>Estimated useful lives</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land</td>
<td>$636,732</td>
<td>$636,732</td>
</tr>
<tr>
<td>Buildings</td>
<td>17,216,712</td>
<td>17,216,712</td>
</tr>
<tr>
<td>Building improvements</td>
<td>2,205,562</td>
<td>2,128,050</td>
</tr>
<tr>
<td>Grounds and land</td>
<td>194,658</td>
<td>207,117</td>
</tr>
<tr>
<td>improvements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Furniture and fixtures</td>
<td>759,444</td>
<td>732,045</td>
</tr>
<tr>
<td>Office equipment</td>
<td>438,255</td>
<td>302,510</td>
</tr>
<tr>
<td>Computer equipment</td>
<td>260,541</td>
<td>272,797</td>
</tr>
<tr>
<td></td>
<td><strong>21,711,904</strong></td>
<td><strong>21,495,963</strong></td>
</tr>
<tr>
<td>Less accumulated</td>
<td>(16,620,173)</td>
<td>(15,927,334)</td>
</tr>
<tr>
<td>depreciation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>$5,091,731</strong></td>
<td><strong>5,568,629</strong></td>
</tr>
</tbody>
</table>

Depreciation expense totaled $953,159 and $902,126 during 2016 and 2015, respectively.

7 Split-interest Agreements

CCI is beneficiary under several types of split-interest agreements, primarily charitable gift annuities. Under these agreements, CCI acts as trustee of assets received from donors and remits to the donor or other designee a fixed amount for a specified period of time, normally until the death of the donor or other designee. Assets related to charitable gift annuities are recorded at their fair values when received and an annuity payment liability is recognized at the present value of future cash flows expected to be paid to the donor or other designee. At the time of the gift, CCI recognizes contribution revenue for the remainder interest in an amount equal to the difference between the fair value of the assets received and the annuity liability. Discount rates and actuarial assumptions used to determine the annuity liability are typically based on factors such as applicable federal interest rates and life income beneficiary life expectancies as determined by mortality tables published by the 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. Management of CCI believes it 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 $10,413,966 and $10,382,199 at August 31, 2016 and 2015, respectively. The annuity liability related to these agreements is $5,962,437 and $5,914,681 at August 31, 2016 and 2015, respectively. The net contribution revenue reported for split-interest agreements totaled $55,873 and $28,283 during the years ended August 31, 2016 and 2015, respectively.

8 Leases

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

The components of in-kind gifts, donated goods and services, for the years ended August 31, 2016 and 2015 are as follows:

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication</td>
<td>$202,533,012</td>
<td>255,342,940</td>
</tr>
<tr>
<td>Other</td>
<td>244,539</td>
<td>644,764</td>
</tr>
<tr>
<td></td>
<td>202,777,551</td>
<td>255,987,704</td>
</tr>
<tr>
<td>Peace:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vehicles</td>
<td>199,414</td>
<td>—</td>
</tr>
<tr>
<td>Web hosting</td>
<td>707,155</td>
<td>707,155</td>
</tr>
<tr>
<td></td>
<td>906,569</td>
<td>707,155</td>
</tr>
<tr>
<td>Operating:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td>125,000</td>
<td>262,720</td>
</tr>
<tr>
<td></td>
<td>203,809,120</td>
<td>256,957,579</td>
</tr>
</tbody>
</table>

Donations of medication were received primarily from two pharmaceutical companies during the years ended August 31, 2016 and 2015.

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 that 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 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, 2016 and 2015, were approximately $11,185,000 and $19,965,000, 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, 2016 and 2015, 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, 2016:

<table>
<thead>
<tr>
<th>Assets:</th>
<th>Level 1</th>
<th>NAV</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed-income securities:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic mutual funds</td>
<td>3,695,646</td>
<td>—</td>
<td>3,695,646</td>
</tr>
<tr>
<td>Equities:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic stocks</td>
<td>5,004,053</td>
<td>—</td>
<td>5,004,053</td>
</tr>
<tr>
<td>Domestic mutual funds</td>
<td>540,729</td>
<td>—</td>
<td>540,729</td>
</tr>
<tr>
<td>International mutual funds</td>
<td>1,006,806</td>
<td>—</td>
<td>1,006,806</td>
</tr>
<tr>
<td>Interest in Emory University pooled endowment fund</td>
<td>—</td>
<td>628,832,615</td>
<td>628,832,615</td>
</tr>
<tr>
<td>Total</td>
<td>$59,087,519</td>
<td>628,832,615</td>
<td>687,920,134</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, 2015:

<table>
<thead>
<tr>
<th>Assets:</th>
<th>Level 1</th>
<th>NAV</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>$45,150,935</td>
<td>—</td>
<td>45,150,935</td>
</tr>
<tr>
<td>Fixed-income securities:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic mutual funds</td>
<td>5,317,805</td>
<td>—</td>
<td>5,317,805</td>
</tr>
<tr>
<td>Equities:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic stocks</td>
<td>3,887,878</td>
<td>—</td>
<td>3,887,878</td>
</tr>
<tr>
<td>Domestic mutual funds</td>
<td>97,588</td>
<td>—</td>
<td>97,588</td>
</tr>
<tr>
<td>International mutual funds</td>
<td>950,015</td>
<td>—</td>
<td>950,015</td>
</tr>
<tr>
<td>Interest in Emory University pooled endowment fund</td>
<td>—</td>
<td>609,862,012</td>
<td>609,862,012</td>
</tr>
<tr>
<td>Total</td>
<td>$55,404,221</td>
<td>609,862,012</td>
<td>665,266,233</td>
</tr>
</tbody>
</table>
A. Unrestricted
As of August 31, 2016 and 2015, unrestricted net assets are as follows:

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undesignated</td>
<td>$11,923,602</td>
<td>$12,005,011</td>
</tr>
<tr>
<td>Designated for:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endowment investment</td>
<td>237,098,395</td>
<td>230,316,860</td>
</tr>
<tr>
<td>Program funds</td>
<td>4,225,510</td>
<td>7,167,775</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><strong>$253,747,507</strong></td>
<td><strong>249,989,646</strong></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, 2016 and 2015, temporarily restricted net assets are available for the following purposes:

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>$43,411,636</td>
<td>80,039,731</td>
</tr>
<tr>
<td>Peace</td>
<td>1,482,709</td>
<td>2,418,485</td>
</tr>
<tr>
<td>Cross-program</td>
<td>1,327,893</td>
<td>1,193,492</td>
</tr>
<tr>
<td>Time-restricted endowment funds</td>
<td>254,090,979</td>
<td>247,184,375</td>
</tr>
<tr>
<td>Time-restricted contributions</td>
<td>2,918,655</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$303,231,872</strong></td>
<td><strong>330,836,083</strong></td>
</tr>
</tbody>
</table>

C. Permanently Restricted
Permanently restricted net assets totaling $158,517,685 and $144,050,636 at August 31, 2016 and 2015, respectively, are required by donors to be invested in perpetuity, and the income from these assets is expendable to support activities of CCI.

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 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.

**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.

**Strategies Employed for Achieving Objectives**

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

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

CCI follows Emory University’s total-return endowment spending policy, which establishes the maximum amount of endowment investment return available to support current operating and capital needs. The maximum distribution of endowment income in 2016 and 2015 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, 2016:

<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>254,090,979</td>
<td>158,517,685</td>
<td>412,608,664</td>
</tr>
<tr>
<td>Board-designated endowment funds</td>
<td>237,098,395</td>
<td>—</td>
<td>—</td>
<td>237,098,395</td>
</tr>
<tr>
<td><strong>Total funds</strong></td>
<td><strong>237,098,395</strong></td>
<td><strong>254,090,979</strong></td>
<td><strong>158,517,685</strong></td>
<td><strong>649,707,059</strong></td>
</tr>
</tbody>
</table>

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><strong>Total funds</strong></td>
<td><strong>230,316,860</strong></td>
<td><strong>247,184,375</strong></td>
<td><strong>144,050,636</strong></td>
<td><strong>621,551,871</strong></td>
</tr>
</tbody>
</table>

Changes in endowment funds for the year ended August 31, 2016, 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, 2015</td>
<td>$230,316,860</td>
<td>247,184,375</td>
<td>144,050,636</td>
<td>621,551,871</td>
</tr>
<tr>
<td>Contributions</td>
<td>2,609,631</td>
<td>—</td>
<td>—</td>
<td>2,609,631</td>
</tr>
<tr>
<td>Investment return:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endowment fund earnings</td>
<td>10,162,336</td>
<td>16,666,422</td>
<td>—</td>
<td>26,828,758</td>
</tr>
<tr>
<td>Depreciation of endowment investments, net</td>
<td>(5,516,275)</td>
<td>(9,481,302)</td>
<td>—</td>
<td>(14,997,577)</td>
</tr>
<tr>
<td><strong>Total investment return</strong></td>
<td>4,646,061</td>
<td>7,185,120</td>
<td>—</td>
<td>11,831,181</td>
</tr>
<tr>
<td>Appropriation of endowment assets for expenditure</td>
<td>(474,157)</td>
<td>(278,516)</td>
<td>—</td>
<td>(752,673)</td>
</tr>
<tr>
<td><strong>Endowment funds, August 31, 2016</strong></td>
<td>$237,098,395</td>
<td>254,090,979</td>
<td>158,517,685</td>
<td>649,707,059</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>12,329,763</td>
<td>15,508,652</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>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><strong>Total investment return</strong></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><strong>Endowment funds, August 31, 2015</strong></td>
<td>$230,316,860</td>
<td>247,184,375</td>
<td>144,050,636</td>
<td>621,551,871</td>
</tr>
</tbody>
</table>
Related Party Transactions

Emory University provides certain administrative functions to CCI, including, but not limited to, payroll administration, investment management, information technology, and legal services. CCI paid Emory University $569,792 and $554,604 during the years ended August 31, 2016 and 2015, respectively, for the provision of these services.

Emory University made unrestricted contributions to CCI of $690,980 and $660,782, respectively, during the years ended August 31, 2016 and 2015. In addition, CCEU made unrestricted contributions to CCI, primarily related to endowment earnings at CCEU, of $429,471 and $410,700 during the years ended August 31, 2016 and 2015, respectively.

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

The Carter Center Collaborative, Inc. (CCCI)

CCCI received donations of in-kind goods for the benefit of CCI totaling $202,533,012 and $255,342,940, respectively, during the years ended August 31, 2016 and 2015, which are included in the accompanying consolidated statements of activities. Expenses totaling $233,443,979 and $243,795,522 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, 2016 and 2015, respectively. Inventory related to these goods for CCCI totaled $3,722,630 and $33,193,597 as of August 31, 2016 and 2015, respectively, and is included in the accompanying consolidated statements of financial position.

Commitments and Contingencies

Federal Financial Assistance

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

Subsequent Events

CCI evaluated events subsequent to August 31, 2016, and through February 20, 2017, 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.
A boy in Yangon, Myanmar, grins during the historic 2015 elections in the country. Carter Center observers visited 245 polling stations on its mission.
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.

Legend
- Peace Programs
- Health Programs
- Peace and Health Programs
- No Activity
- Field Office

North America
1 Canada
2 Mexico
3 United States

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

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

Europe
26 Albania
27 Bosnia and Herzegovina
28 Estonia
29 Romania
30 Russia
The Carter Center sponsors a competitive internship program, bringing to Atlanta college students and recent graduates from universities around the world each semester. Interns and graduate assistants 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 2015–2016 class of interns and graduate assistants numbered 128 students and recent graduates from 21 countries who spoke 33 languages.

Over its history, The Carter Center has had 3,055 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 B. Blount, M.D., M.P.H. (Chair)
Director, Special Health Programs The Carter Center

Dirk Engels, M.D., Ph.D.
Director, Department of Control of Neglected Tropical Diseases World Health Organization

Donald R. Hopkins, M.D., M.P.H.
Special Advisor, Guinea Worm Eradication The Carter Center

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

Hamid S. Jafari, M.D., M.B.B.S.
Principal Deputy Director, Center for Global Health U.S. Centers for Disease Control and Prevention

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

David Molyneux, Ph.D., D.Sc., Hon. F.R.C.P.
Professor, Tropical Health Sciences Liverpool School of Tropical Medicine

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

Stefan Swartling Peterson, Ph.D., M.P.H.
Chief, Health Section; Associate Director, Programme Division UNICEF

David A. Ross, ScD
President and CEO Task Force for Global Health

Dean Sienko, M.D., M.S.
Vice President, Health Programs The Carter Center

Nilanthi R. de Silva, M.D.
Dean, Faculty of Medicine University of Kelaniya

Roberto Tapia Conyer, M.D., D.Sc., M.P.H., M.Sc.
Chief Executive Officer Carlos Slim Foundation

Ricardo Thompson, Ph.D.
Senior Researcher, 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

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
Former President of Panama

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

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

Humberto de la Calle
Former Vice President of Colombia

Dante Caputo
Former Foreign Minister of Argentina

Fernando Henrique Cardoso
Former President of Brazil

Jimmy Carter
Former President of the United States of America

Jorge Castañeda
Former Minister of Foreign Affairs of Mexico

Joe Clark
Former Prime Minister of Canada

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

Alejandro Foxley
Former Minister of Foreign Affairs of Chile

Diego García-Sayán
Former Foreign Minister of Peru

César Gaviria
Former President of Colombia

John Graham
Chair Emeritus, Canadian Foundation for the Americas

Oswaldo Hurtado
Former President of Ecuador

Adolfo Barros
Former President of El Salvador

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 Prime Minister of Barbados

Bruno Stagno
Former Foreign Minister of Costa Rica

Eduardo Stein
Former Vice President of Guatemala

Alejandro Toledo
Former President of Peru

Martín Torrijos
Former President of Panama

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

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

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

Carl C. Bell, M.D., FAPA, FAC.Psych.
Staff Psychiatrist, Jackson Park Hospital Family Medicine Clinic

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.
Boston University School of Public Health

Rosa Gil, D.S.W.
President and Chief Executive Officer, Comunilife 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.

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

Ruth Perou, Ph.D.
Behavioral Scientist, National Center on Birth Defects and Developmental Disabilities, U.S. 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

Ex-Officio

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Board of Trustees, Judge Baker Children's Center

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Associate Chief of Psychiatry, Massachusetts General Hospital

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Former Director, Carter Center Mental Health Program

Larke Huang, Ph.D.
Director, Office of Behavioral Health Equity, SAMHSA

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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Director, Smithsonian National Museum of African Art

Jane Delgado, Ph.D.
President and Chief Executive Officer, National Alliance for Hispanic Health

Jeffrey Houpt, M.D.
Executive Director and Consulting

Patrick Kennedy
Former U.S. Representative, Rhode Island

Antonia Novello, M.D.
Executive Director of Public Policy, Florida Hospital

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.
Senior Director, Otsuka Pharmaceuticals

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 Rosalynn Carter Fellowships for Mental Health Journalism Advisory Board

Advisory board members select fellows and serve as mentors who provide technical assistance and share professional contacts within their fields of expertise.

Susan Ford Bales
Board Member, Bosque School; Board Member, Gerald R. Ford Presidential Foundation

Kathryn Cade
Carter Center Mental Health Task Force Liaison

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Deputy Director, SAMHSA, Center for Integrated Health Solutions

Katie Hawkins-Gaar
Digital Innovation Faculty, Poynter

John F. Head
Communications Director, Judge David L. Bazelon Center for Mental Health Law

Kay Redfield Jamison, Ph.D.
Professor of Psychiatry, The Johns Hopkins University School of Medicine

Louisa Craft Jornayvaz, M.A.
Journalist and Artist; Founder, Emanuel Project

Hank Klibanoff
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