A MESSAGE FROM
PRESIDENT JIMMY CARTER

The most gratifying aspect of The Carter Center’s work is the positive change we see in the lives of people and communities. Rosalynn and I thank you for being part of it.

Jimmy Carter
This girl’s aunt is one of three information liaisons for The Carter Center in Guatemala. The liaisons help women gain better access to government information.
After years of research into the practices of the mining company owned by the Democratic Republic of the Congo, The Carter Center released a comprehensive report this year showing a $750 million gap in the company’s accounts.
In the Dominican Republic, a girl prepares to welcome health workers to her home in San Pedro de Macoris. The workers, trained by The Carter Center, educate community members about the disease lymphatic filariasis and offer medicine to prevent it.

OUR MISSION

The Carter Center, in partnership with Emory University, is guided by a fundamental commitment to human rights and the alleviation of human suffering. It seeks to prevent and resolve conflicts, enhance freedom and democracy, and improve health.

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.
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 just 30 in 2017 • Observing 107 elections in 39 countries to help establish and strengthen democracies • Furthering avenues to peace in Ethiopia, Eritrea, Nepal, Liberia, Sudan, South Sudan, Uganda, Mali, the Korean Peninsula, Haiti, Bosnia and Herzegovina, Syria, and the Middle East • Strengthening international standards for human rights and the voices of individuals defending those rights in their communities worldwide • Pioneering new public health approaches to preventing or
controlling devastating neglected diseases in Africa and Latin America, including establishing village-based health interventions in thousands of communities in Africa • Advancing efforts to improve mental health care and diminish stigma against people with mental illnesses

DONATIONS The Center received $385 million in cash, pledges, and in-kind gifts in 2016–2017. 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 200 employees at Atlanta headquarters and 1,300 in field offices around the world.
When The Carter Center is mentioned in the media, the story usually focuses on big-picture moments such as monitoring contentious elections, or bringing warring parties to the negotiating table, or hunting down the last cases of an ancient disease.

In 2017, we supported democratic processes in Guatemala, Kenya, Liberia, Nepal, and other countries. We released the results of an investigation that found a gap of $750 million in a Congolese state-owned mining company’s books, missing money that should have gone to improve life for the Congolese people. We helped distribute millions of doses of medication, supported thousands of surgical procedures, and educated hundreds of practitioners to prevent neglected tropical diseases from afflicting the poorest of the poor in Africa and Latin America. We worked behind the scenes to lay groundwork for sustainable peace in Syria, we gave journalists resources to explore mental health issues accurately and in depth, and we continued to push Guinea worm disease to the brink of global eradication.

But beyond these headlines, the Carter Center’s work has a real impact on the lives of regular people, some of whom you will meet in this report.

One is Liberian brickmaker Boimah Dorley, who avoided being jailed over a $30 debt when a Carter Center-supported mediator intervened.

Another is Fanta Michael, a resident of the Amhara region of Ethiopia, who spent daylight hours indoors and endured excruciating pain due to repeated bacterial eye infections that rendered one of her eyes nearly unfunctional. She received free eyelid surgery, supported by The Carter Center, and today she lives her life with a newfound freedom.

People like Dorley and Michael are the true measure of our work, and they are why your ongoing interest and support are so important. We are proud to present you with this annual report so you can see not only the numbers of treatments administered and elections observed and other ways the dollars were spent, but also some of the faces and names that those numbers represent. That’s where our real value lies.
A mother and son await customers at a makeshift booth in Monrovia, Liberia. With a long history in the country, The Carter Center is currently working on initiatives to bolster better mental health and access to justice for citizens.
A Nepalese man casts his ballot in the first election under the country’s 2015 constitution. The election took place in two phases, both observed by The Carter Center. In total, the Center’s observers visited 32 districts and 282 polling centers.
In 2007, more than 1,000 Kenyans died following a contentious presidential election. As a result, the world watched the country's August 2017 presidential election. The Carter Center sent 100 observers across the country to monitor voting. Meet four Kenyans, who all planned to vote.
The Carter Center issued a report examining the Democratic Republic of the Congo’s extractive industry; it found that $750 million in state mining company profits are unaccounted for.

Also in the DRC, the Democracy Program has been partnering with the Catholic Church’s Justice and Peace Commission to increase electoral processes’ transparency. The program also supported the Liberia Election Observation Network in preparing for elections there; trained and assisted an observation network for parliamentary by-elections in Myanmar; and trained citizens in Tunisia on using the ELMO computer system to collect and analyze observer data.

The Center sent a team to observe the first round of Liberia’s election in October and runoff in December, which resulted in a transfer of power from one democratically elected government to another for the first time in the lives of many Liberians.

The Center observed Kenya’s elections in August and initially praised those parts of the process that had been completed so far—voting and counting at polling stations—but noted that constituency tallying and national tabulation were not yet completed. President Uhuru Kenyatta was declared the winner, but his opponent Raila Odinga petitioned the Supreme Court, which annulled the process. A re-run election took place without Odinga. The Center’s postelection report criticized both main parties for confrontational tactics and attacks on the election commission and the court, and called for dialogue and reconciliation.

The Center partnered with the U.S. National Conference of State Legislatures to research regulations for election observers in every state; a report was issued in late 2016.

Clockwise from top left: Michael Namai operates a shoe stall in a market in Nairobi’s central business district. He was hoping for regime change. “The leadership style has not been beneficial to us,” he said.

Elizabeth Wangeri, 27, works temporary jobs here and there to make a living. She said her fondest hope was that the election would bring in leaders who could lower the unemployment rate. “This election is important because it’s going to change someone’s life somewhere,” she said.

Paul Ramtu, a sometime actor and former civil servant, waited to vote until the end of the day, when lines were short. He said he was looking forward to the future and was pleased to see international observers at the polls. “The whole world’s eyes are on Kenya,” he said.

Carl Ndugu, 31, a radio disc jockey and reporter, still vividly remembers the violent aftermath of the 2007 election. This time, he took part in a 100 Days of Peace social media campaign and tried to encourage peace and educate voters. “I’m doing responsible reporting,” he said. “We are not choosing candidates for people. We are explaining to people the kind of leaders we’re supposed to have.”
Abeer Pamuk, a young Syrian, was staying with her aunt in Lebanon, trying to wait out her country’s civil war, when she heard the University of Aleppo had been bombed. She feared her mother and brother might be among the 82 victims. Her family survived, but some friends did not.

“That was the tipping point for me,” she said. She decided to return to Syria and become a humanitarian, starting her on a path that eventually led to the Carter Center’s 2017 Human Rights Defenders Forum, where she shared her experiences with more than 70 other activists.

She told attendees about her work in Syria with SOS Children’s Villages, which helps children separated from their families. And she heard from other activists, many facing situations as dangerous as hers.

“When you are in Syria, you think you are alone trying to change the world, but being here, with all these people who are suffering from the same problems with extremism and radicalism and peacebuilding, gives you a lot of context,” she said.
The Carter Center held its 10th annual Human Rights Defenders Forum, titled “Freedom From Fear: Securing Rights in Challenging Times.” Eighty activists from 31 countries gathered to amplify their collective voice on threats to human rights, including the rights of women and girls. Topics included the rise of populist politicians and the shrinking space for civil society advocacy and programming. To close the conference, the Center’s Forum on Women, Religion, Violence, and Power hosted a live online event featuring President Jimmy Carter in conversation with Sen. Bernie Sanders. After the conference, defenders from Nigeria, Kenya, Afghanistan, Pakistan, and Russia met with U.S. lawmakers in Washington to advocate for greater support for civil society activists. In addition, the Center supported passage of the Women, Peace, and Security Act of 2017 by the U.S. Congress.


The Center’s Mobilizing Action for Women and Girls initiative, with its Senegalese partner, Tostan, presented two 10-day seminars to help religious and community leaders understand human rights and work to end human rights abuses of women and girls and promote equality and opportunity.

The Carter Center supported dialogue in Colombia that resulted in the signing of a peace agreement in November 2016. Both the Revolutionary Armed Forces of Colombia (FARC-EP) and the government requested that the Center monitor implementation of that accord. The Center monitored the separation of child soldiers from the FARC-EP, is assisting with implementation of Point Two of the accord (relates to political participation), and is working with the presidential advisor for human rights to build a national human rights information system.

In Nicaragua, the Center promoted citizen participation in democracy by holding a camp for young leaders to propose policies to respond to the needs of Nicaraguan youth. Program staff also held events to support national electoral observation efforts and the role of the media in elections.

The Center held a meeting of Friends of the Inter-American Democratic Charter, for which it serves as secretariat, and identified turmoil in Venezuela, implementation of the peace accord in Colombia, violence and insecurity in Mexico and Central America, crime in the Caribbean, and “the erosion of democratic institutions weakened by impunity, corruption, and transnational organized crime” as the most pressing challenges for the region. The Friends provided experts to prepare the anti-corruption agenda for the VIII Summit of the Americas in Lima, Peru.
In addition to its important ongoing efforts in Israel and Palestine, Syria, and Liberia, and in preventing and combating the rise of violent extremism in its many forms, the Conflict Resolution Program is working anew to help bring peace to Sudan, South Sudan, and Mali.

President Carter and The Carter Center have historically played a key part in Sudanese peace and democracy initiatives, including the Guinea worm cease-fire (1995), Nairobi accord (1999), the Comprehensive Peace Agreement process (2002–2005), and observation of votes that led to South Sudan’s independence. Currently, the Center hopes to catalyze internal negotiations, promote relief from sanctions, bring calm to communities, and facilitate dialogue with Sudan’s government.

The program also seeks to help resolve internal conflicts in Mali and South Sudan that threaten civilians directly through violence and indirectly through disruption of public health activities, including Carter Center programs.

In conjunction with these efforts, the Center has accepted an invitation to serve as the official Independent Observer of Mali’s 2015 Bamako Peace Agreement. The observer compiles detailed reports on how the parties are or are not implementing the agreement and offers recommendations on steps to improve compliance. This marks the first time a nongovernmental organization has been asked to play such a role.

One day Liberian Boimah Dorley found himself in a tough spot. A lender to which Dorley owed US$30 showed up at his door with a police officer. Dorley was in real danger of being arrested and jailed.

Victor Tuazama was walking home from his office in Kakata when he stumbled upon the scene. Lucky for Dorley, Tuazama works as a community justice advisor for the Carter Center-supported Catholic Justice and Peace Commission, mediating disputes and teaching people about their rights under the law.

“I said to the police officer, ‘From what I’ve heard, this has nothing to do with you.’ I asked him, ‘Will you let these guys work this out?’” said Tuazama.

The policeman was not happy and neither was the lender, but 10 minutes later everyone was seated around a wooden conference table in Tuazama’s office. And 45 minutes after that, a deal had been struck for the repayment of the debt.
A $30 Debt Nearly Cost a Man His Freedom

Boimah Dorley found himself in trouble when a lender came to collect—with a police officer in tow.
Mystery of the Hens

In Pasajcab, Guatemala, Violeta Jax Ixcoy helps her mother take care of six younger siblings and serves as president of the village’s women’s group. Every year, the area municipality sets money aside for women’s projects. Jax Ixcoy and her group asked for laying hens.

Months after their request, the chickens still hadn’t arrived, so the women asked Magdalena Leon Lux for help. Leon Lux is one of three Carter Center information liaisons in Guatemala, helping women get information from the government. Leon Lux helped the women file a request about the hens’ whereabouts. Several weeks later, the hens turned up — two for every family in the village. Pasajcab families now have more food on the table and can sell extra eggs.

“We really didn’t know what the right to access to information was until Magdalena came to our community,” Jax Ixcoy said.
The Global Access to Information Program advances women’s legal ability to receive and use government information. Carter Center studies have shown that in many countries, women are not able to access such information at the same level that men are. In Liberia, the program collaborated with local partners to provide Freedom of Information (FOI) training for 850 women leaders from 17 communities. In Guatemala, the program carried out awareness-raising activities and trained about 500 public servants. Carter Center liaisons in Liberia and Guatemala have helped women file more than 350 requests for information on issues such as education, land rights, and social services. In Bangladesh, the program partners with civil society partners in three target districts and the Information Commission to promote women’s right to information.

In Liberia, the program provided an intensive 32-hour capacity-building course to 130 government justice and security representatives and worked closely with civil society actors to increase awareness and their use of the FOI law.

The program expanded the application of its unique Implementation Assessment Tool, with assessments completed in nearly 30 government agencies in Guatemala, Sierra Leone, and Paraguay.

Finally, as the co-anchor for the Open Government Partnership’s access to information working group, the program continues to support ambitious commitments to advance access rights in 70 participating countries.

Shortly after the 2016 U.S. presidential election, Carter Center CEO Ambassador (ret.) Mary Ann Peters opened the fifth Carter Center Forum on U.S.-China relations in Suzhou, China. American and Chinese scholars at the meeting agreed that a constructive relationship between Beijing and Washington continues to be crucial for global peace and prosperity. The challenge is to identify common interests and common responsibilities. In response, the focus of the China Program in the past year was to advance Africa-China-U.S. consultation for peace and security in Africa.

In March 2017, the Council on Foreign Relations published the Carter Center’s findings on trilateral collaboration in Africa. A discussion of these findings at the United States Institute of Peace in Washington attracted more than 150 government officials, congressional aides, NGO representatives and diplomats.
In South Sudan, a woman checks her water filter for holes. Filtering all water used for drinking and cooking is key to preventing Guinea worm disease. In 2017, South Sudan reported no cases of the parasitic disease for the first time since The Carter Center began tracking cases.
Nigerian Adanku Ayina has spent the last five years in darkness. He lost his sight to the parasitic disease river blindness. “It bothers me a lot. I cannot even sleep,” he said. Fortunately, he is one of the last people of his village to suffer the consequences of the disease. After more than two decades of annual treatment supported by The Carter Center, river blindness transmission has been halted in Plateau state, where Ayina lives, and neighboring Nasarawa state. Ayina said he is glad to know that none of his 15 grandchildren will be burdened with the disease.
The Carter Center continues to track down the final cases of Guinea worm disease; there were 30 cases reported in 2017, occurring in isolated areas of Chad and Ethiopia. The cases were divided evenly, 15 in each country. This case count is provisional, based on figures provided by ministries of health in the endemic countries. When the eradication campaign began in 1986, there were about 3.5 million cases. A recent challenge to eradication has been the emergence of numerous Guinea worm infections in dogs, especially in Chad.

Carter Center staff helped Ethiopia respond to a small outbreak involving seasonal farm laborers. In Chad, intensified interventions are helping to reduce infections in dogs. Mali and South Sudan reported no cases in 2017.

While there was a slight increase in cases for 2017, the ministries of health of these four countries are to be commended for their persistence and skill in tracking down cases and rumors of cases, often in insecure areas. In 2016, Chad, Ethiopia, and South Sudan reported 25 cases.

All four countries launched campaigns to raise awareness about Guinea worm disease and the availability of cash rewards for information leading to confirmed cases.

The Carter Center works closely with the health ministries of nine countries to eliminate the transmission of river blindness, also known as onchocerciasis. The disease is caused by a parasitic worm and can be treated with mass distribution of the drug Mectizan®, donated by Merck & Co. Inc. (USA). Treatment is given once, twice, or four times a year. Four countries assisted by the Center—Ecuador, Colombia, Mexico, and Guatemala—have successfully eliminated the disease. In the Americas, transmission of river blindness continues only among the indigenous Yanomami people in a remote section of the Amazon rainforest bordering Venezuela and Brazil; elimination efforts continue there.

In Africa, the Center and the federal ministries of health are using the twice-per-year elimination treatment strategy in Ethiopia, Sudan, and Uganda. The Center is pushing hard in Nigeria, which bears as much as 40 percent of the world’s burden for the disease; mass treatments recently have been increased from once a year to twice in many Carter Center–assisted areas.
The Carter Center works with ministries of health in Ethiopia, Mali, Niger, South Sudan, Sudan, and Uganda to eliminate trachoma, the world’s leading infectious cause of blindness, as a public health problem.

The Center follows a four-pronged approach to halting the disease. The SAFE strategy involves surgery on in-turned eyelashes, antibiotics to stop infections, facial cleanliness to remove bacteria, and environmental improvement, such as latrines, to reduce the population of flies that spread the disease.

In May 2017, the Center helped implement the 18th Trachoma Week in Ethiopia, when 6 million people in East Amhara region were treated with the antibiotic Zithromax, donated by Pfizer, Inc., reaching 94 percent of the target population.

The Center assisted with more than 110,000 sight-saving surgeries in 2017 to correct trachomatous trichiasis, a painful and potentially blinding complication of trachoma.

Several program partners provided new funding in 2017: the Lions Clubs International Foundation, the Conrad N. Hilton Foundation, the Margaret A. Cargill Philanthropies, and the OPEC Fund for International Development.

The Carter Center assists the Nigeria Ministry of Health in providing health education and the donated drug praziquantel to treat schistosomiasis. Since its beginning in two states in 1999, the Center’s program has grown to include nine Nigerian states.

Schistosomiasis is a waterborne parasitic infection that damages internal organs. The most common symptoms are blood in urine or feces, liver enlargement, diarrhea, abdominal pain, weakness, and anemia.

The illness is contracted when a person has contact with contaminated water, often through daily activities such as bathing, washing laundry, fetching water, or swimming. The parasite can live for years in the veins near the bladder or intestines, laying thousands of eggs that tear and scar tissues.

Schistosomiasis is second only to malaria as the most economically ruinous parasitic disease in tropical countries. Nigeria is the most endemic country for schistosomiasis, with over 30 million children needing treatment. The Center assisted in 2.2 million schistosomiasis treatments in 2017, for a total of more than 21 million to date.
In Ethiopia, Fanta Michael had resigned herself to living life in pain, her sensitive and oozing eyes limiting her ability to handle even the simplest of tasks. Her eye problems were the result of the bacterial disease trachoma, which over time can cause a person’s eyelashes to turn inward and scrape against a person’s cornea with every blink. After some urging, Michael agreed to a free and simple eye surgery, supported by The Carter Center. Several months after the surgery, Michael no longer hid her face from visitors and said she feels ready for any kind of work, day or night.
Two Countries, Two Diseases, One Plan

The Carter Center works with the governments of Haiti and the Dominican Republic to eliminate two mosquito-borne tropical diseases—malaria and lymphatic filariasis—from their shared island in the Caribbean.
The Carter Center’s Hispaniola Initiative works with the ministries of health in Haiti and the Dominican Republic to eliminate malaria and lymphatic filariasis from the countries’ shared island of Hispaniola. 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 2008, The Carter Center has assisted both countries’ ministries of health by strengthening binational cooperation, providing technical assistance for elimination of both diseases, and helping to integrate activities between the countries’ malaria and lymphatic filariasis programs.

Significant progress against both diseases has been achieved: malaria cases have dropped by 74 percent since 2010, and only a few areas remain endemic for lymphatic filariasis. With sustained effort, the elimination goals for these diseases are within reach.

Clockwise from top left: Rosemarie Lubrenard, chief of an isolated locality in central Haiti, rallies her community to assist The Carter Center and other organizations. “These people are here to help us; it is our responsibility to help them,” she said. “Their success is our success.”

Dominican Republic health worker Ani Esther Rapsant places a sticker over the door of a home in a farmworker settlement to signify that its residents have taken medication to prevent lymphatic filariasis.

Many agricultural laborers in the Dominican Republic have little or no access to health care—nor money to pay for it. Andrean Bon, 69, who cuts sugar cane for a living, has endured four years with an enlarged groin, a debilitating and painful condition caused by lymphatic filariasis.

Studies show mass drug administration is helping prevent malaria and lymphatic filariasis in Haiti. A finger-prick blood test showed that Gregory, 6, who lives with his family on a steep mountainside in Petionville, was free of both diseases.

LYMPHATIC FILARIASIS ELIMINATION PROGRAM

A partnership between Nigeria’s Federal Ministry of Health and The Carter Center has eliminated lymphatic filariasis as a public health problem in Plateau and Nasarawa states in central Nigeria. Researchers tested the blood of more than 14,000 children ages 6 and 7 in the two states and found zero infections, meeting a key threshold for disease elimination set by the World Health Organization.

Lymphatic filariasis is transmitted by mosquitoes and can cause extreme, irreversible swelling of extremities. Nigeria is the most endemic country in Africa for the parasitic disease and second in the world.

To tackle the disease across the two states, community-selected volunteers educated their neighbors and annually distributed two free medications—albendazole, donated by GSK, and Mectizan®, donated by Merck & Co. Inc. (USA).

In addition, The Carter Center assisted in the distribution and proper use of insecticide-treated bed nets to protect against the mosquitoes that carry both lymphatic filariasis and malaria.

The Center and its partners continue to work to eliminate lymphatic filariasis elsewhere in Nigeria, and in Ethiopia, Haiti, and the Dominican Republic.
In March 2017, Boffa Washington leads new graduates from a six-month mental health training program in an oath. Washington is an alumna of the program and now serves as co-faculty for two courses.

Boffa Washington was among the first graduates of the Carter Center’s mental health clinician program in Liberia several years ago. The program is part of the Center’s efforts to help create a sustainable mental health system in the country. Her training helped launch an impressive career: she went on to get a master’s degree in mental health in the United Kingdom, and now she is back in Liberia, working in the Ministry of Health’s department of mental health.
The Public Health Training Initiative is a joint effort between The Carter Center and the ministries of health in Sudan and Nigeria to increase the number of health care workers and professionals focused on improving maternal and child health and the quality of care they deliver. Key interventions include developing training curricula, building capacity of teaching faculty, enhancing learning environments, and strengthening monitoring and evaluation systems. The Center serves as the financial steward of the initiative and partners with Emory University, Georgia State University, University of Leeds, and other experts to provide in-country technical assistance.

In Nigeria, the initiative is moving forward with program implementation, monitoring, and evaluation activities. In August, the Qatar Fund for Development partnered with the Center and Sudan’s Federal Ministry of Health to provide financial and technical assistance to support programming over the next five years.

The Carter Center Mental Health Program significantly increased mental health services and capacity in Liberia in 2017. The Center provided technical support to the Liberia Ministry of Health to pass its first national law to protect and promote human rights of individuals living with mental illnesses. In partnership with the UBS Optimus Foundation, The Carter Center bolstered Liberia’s capacity to improve health and well-being of children by training 35 health and education professionals with specialized skills in child and adolescent mental health and establishing two school-based clinics. An additional four school-based clinics in Liberia are funded by the World Bank.

Wall Street Journal contributor and Rosalynn Carter Mental Health Journalism Fellow Andrea Petersen published a book in 2017 based on her fellowship project. Her book, “On Edge: A Journey Through Anxiety,” received widespread media coverage and was the theme of a panel discussion hosted at The Carter Center.

Together with Casey Family Programs, The Carter Center developed a pilot program to improve the functioning and evaluate the effectiveness of their joint Children in Need of Services initiative to divert children and adolescents away from the juvenile justice and child welfare systems.
In Liberia, a polling station worker examines the security seal from a ballot box during late 2017 elections, observed by The Carter Center.
THROPY
A MESSAGE ABOUT OUR DONORS

As a not-for-profit organization, The Carter Center can realize its mission to wage peace, fight disease, and build hope around the world only through generous support from individuals, foundations, corporations, and governments. More than 116,259 donors contributed $385 million in cash, pledges, and in-kind gifts in 2016–2017 to support the Center’s peace and health programs.

A new grant from Shriners Hospitals for Children® makes possible research in Haiti to determine the burden of lymphatic filariasis, a parasitic disease that causes irreversible swelling of limbs and genitals. Those with lymphatic filariasis suffer severe discomfort, infection, and discrimination. Often those affected will hide their symptoms or become socially isolated, making it difficult to find and treat cases. With the partnership of Shriners Hospitals for Children, The Carter Center is evaluating innovative approaches in data collection through surveys and interviews so that those with lymphatic filariasis can receive the treatment they so urgently need.

In Liberia, the U.S. Agency for International Development, Embassy of Sweden, and Natembea Foundation contributed valuable support for a Carter Center Access to Justice initiative working in eight of the country’s 15 counties. Throughout 2017, the program worked to expand civic education, train traditional leaders on effective mediation, and prevent electoral violence leading up to and following the October election. Government grants, foundation support, and individual gifts all make possible the work being done on the ground to raise democratic awareness and safety for citizens seeking peaceful resolution to local disputes.

In 2017, the MacArthur Foundation challenged nonprofit organizations from all over the world to design an ambitious solution to “a critical problem of our time” that would require the $100 million investment from MacArthur, called 100&Change. The Carter Center considered what it would take to eliminate River Blindness from Nigeria, one of the world’s most endemic countries, and make it the first country in Africa to eliminate this disease. Although the proposal was not ultimately chosen, The Carter Center is proud to have been selected as a semifinalist. Our work in Nigeria to tackle river blindness as well as lymphatic filariasis and schistosomiasis continues.

Individual donors play a significant role in the initiatives of the Center. “The Carter Center’s work on human rights, waging peace, and eliminating neglected diseases is essential and extraordinarily effective,” said Steve and Julie Maas, longtime Carter Center supporters from Southern California. “But beyond that, the Center stands as an affirmation that the well-being of everyone in the world is important, that everyone has value and everyone matters. We are proud to support The Carter Center and its ongoing efforts to create the kind of world we all should aspire to.”
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, 2016, through Aug. 31, 2017, 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.

**Volunteers**

Some **137 volunteers** in the Atlanta area donated **7,567 hours** of service in 2016–2017. 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**

Activists, scholars, and community leaders came together at the Carter Center’s annual Human Rights Defenders Forum in May 2017 to discuss some of the obstacles they face as governments in many countries clamp down on public debate. These are four of the more than 70 participants.

Clockwise from top left: Yulia Gorbunova, Russia; Sister Denise Mbuilu, Democratic Republic of Congo; Musa Mahmodi, Afghanistan; and Rubina Bhatti, Pakistan.
Anonymous (11)
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Nigerian Sama’illa Simon (right) has lived with a severely swollen leg due to lymphatic filariasis for many years. Carter Center staff member John Umaru introduced him to others with the disease and showed him how to take care of his leg. Simon lives with family members, including his mother, Talatu (pictured).
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Myanmar’s Nov. 8, 2015, elections saw the nation take another step toward democracy after nearly 50 years of brutal military rule. More than 60 Carter Center observers fanned out across the country on election day. Here, a woman looks for her name on the voter list.
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Jude Musa, 13, and his friend Miracle stand on the bank of the river where they enjoy swimming in central Nigeria. Through distribution assisted by The Carter Center, the boys take the medication praziquantel to help prevent schistosomiasis, a parasitic disease.
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Dr. Susan Zimicki
Dr. Phyllis Arn Zimmer
Ms. Marilyn R. Zitterkopf
Ms. Marilyn R. Yester
Dr. and Mrs. Arthur Zrimsek

Former U.S. President Jimmy Carter participates in the Carter Center’s annual Human Rights Defenders Forum in May.
Anonymous (41)
Mr. and Mrs. W. Randall Abney
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Ms. Edith E. Holiday and
Mr. Terrence B. Adamson
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Mrs. Mae Woods Bell
Mr. Robert N. Bell and
Ms. Celia R. Denov
Ms. Michelle Benash and
Mr. Kris Krohn
Ms. Cindy Benson
Ms. Diane Bergen
Ms. Mary Ellen Bernhardt
Ms. Sylvia Bernstein
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Ms. Stephanie Biziwski
Mr. and Mrs. William G. G. Blakney
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Mrs. Loretta Bober
Ms. Esther Borg
Dr. Amy R. Bosov and
Dr. Terence Ellen
Mrs. Patricia B. Bourland
Mr. and Mrs. William D. Bowers
Mrs. Laura Boyd
Mr. and Mrs. Albert Boysen
Ms. Olivia H. Bozik
Ms. Susan E. Brandt
Ms. Bonnie D. Briscoe
Ms. Lee Britton Henkel
Ms. Angela Brown
Ms. Ella L. Brown
Mr. and Mrs. J. Chris Brown
Ms. Kathryn Brown
Ms. Mary Lord Brown
Dr. Calvin Browne and
Ms. Janet Hines
Dr. William T. Browne and
Dr. Evelyn W. Browne
Ms. Millicent Bruce
Ms. Barbara A. Bruner
Ms. Mary T. Buchanan
Mr. Mike R. Budzik and
Ms. Sarah A. Tacoma
Ms. Virginia M. Bukowski
Ms. Luvella C. Burnett
Mr. Kenneth H. Burrows
Mr. and Mrs. Henry L. Burton
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Ms. Nora B. Arnold
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Ms. Judith Carter
Ms. Susanne Carter
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Ms. Sheila M. Fye
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Ms. Rita Beamish
Mr. Stuart W. Couch
Mrs. Irene M. Covey
Ms. Ann Cox
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Ms. Nancy P. Dudley
Dr. Kathleen Duersken and
Mr. Kevin Finnegan
Drs. Bruce E. Duke and
Janice Duke
Mr. Kenneth P. Dutter
Mr. and Mrs. Donald C. Dybeck
Ms. Paula Dyer-Garrett
Dr. Brad Dyke
Ms. Marilyn Eaton
Mr. Gabriel H. Ebersole
Ms. Jane Moretz Edmens
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Mrs. Jarl R. Engberg
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Ms. Gay M. Ervin
Mr. and Mrs. Thomas N. Evans
Mr. Robert V. Evers
Marjorie A. Farley
Mr. and Mrs. George Fee
Dr. and Mrs. Ricardo A. Fernandez
Dr. and Mrs. Robert E. Finnigan
Mr. and Mrs. James R. FitzHugh
Ms. Elizabeth Flanagan
Ms. Nayan A. Fleener
Ms. Yvette I. Fleming
Mrs. Eli M. Fletcher
Mr. and Mrs. John M. Folsom
Mr. Guy Formichella
David A. Fox
Marcia A. Fox
Ms. Margaret J. Francka
The Honorable Arvonne S. Fraser
Colombians from a riverside village walk to the water. The Carter Center is helping to implement the recent peace accord in the country, which brought an end to a 50-year civil war.
Members of the Legacy Circle provide support through their estate and financial planning.

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

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Dr. Marilyn Williams  
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Deen Day Sanders  
Ryoichi Sasakawa  
Walter H. and Phyllis J. Shorenstein  
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R. E. “Ted” Turner  
Robert and Ann Urley  
Edie and Lew Wasserman  
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Tadao Yoshida  
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Mrs. Milton D. Stewart  
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Ms. Erika Stone  
Ms. Misty M. Stone  
Mr. Robert C. Storlie  
Ms. Beverly M. Stoy  
Ms. Mary B. Strauss  
Mrs. Irene Stuart  
Ms. Maynard F. Stukey  
Mr. Thomas Stuttman  
Mr. and Mrs. James C. Swaner  
Dr. Constance Swank  
Mrs. M. Thomas Swantner  
The Rev. Grace Swensen and Dr. Richard D. Swensen  
Mr. Anthony Swinton  
Mr. Mamadou Tall  
Mr. Edward Tarte  
Dr. and Mrs. Alva W. Taylor  
Ms. Nancy J. Taylor  
Mrs. Elyseo Taylor  
Dr. Steven S. Taylor  
Ms. Suzanne K. Taylor  
Ms. Jo Ellen Teasdale  
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Dr. Gail E. Thomas  
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Mr. Charles W. Tomlinson  
Ms. Barbara Torode  
Mr. and Mrs. Robert Tortorich  
Mr. and Mrs. Paul J. Tracy  
Miss Louise Tucker  
Mr. and Mrs. Michael D. Tveite  
Ms. Charlene E. Twente  
Mr. Carter B. Tyler  
Mr. Lee Tyson  
Dr. David U’Prichard  
Mrs. Lisa U’Prichard  
Mr. Arthur E. Ulrich  
Mr. Jeffrey M. Ulmer  
Ms. Maria C. Vasquez  
Ms. Connie Venturini  
Mr. Roman J. Verostko  
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Mr. James R. Ziegler  
Ms. Nancy Zinner  

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Stella Chibueze pauses during her rounds to provide drug treatment to prevent river blindness in Imo state, southern Nigeria. She is a longtime volunteer for the Carter Center’s program.
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, 2017 and 2016, 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, 2017 and 2016, 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
August 31, 2018
## CONSOLIDATED STATEMENTS OF FINANCIAL POSITION

### August 31, 2017 and 2016

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
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<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$33,924,847</td>
<td>48,673,553</td>
</tr>
<tr>
<td>Accounts receivable:</td>
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<td></td>
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<tr>
<td>Due from federal government</td>
<td>4,180,826</td>
<td>4,512,313</td>
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<tr>
<td>Other</td>
<td>498,308</td>
<td>432,733</td>
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<tr>
<td>Total accounts receivable</td>
<td>4,679,134</td>
<td>4,945,046</td>
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<tr>
<td>Contributions receivable, net (note 3)</td>
<td>25,392,879</td>
<td>33,243,270</td>
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<tr>
<td>Inventory (notes 4, 9, and 14)</td>
<td>6,532,168</td>
<td>3,722,630</td>
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<tr>
<td>Investments (notes 5 and 7)</td>
<td>719,008,992</td>
<td>639,246,581</td>
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<tr>
<td>Property, plant, and equipment, net (note 6)</td>
<td>4,741,246</td>
<td>5,091,731</td>
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<tr>
<td>Artwork</td>
<td>2,405,765</td>
<td>2,312,165</td>
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<tr>
<td>Other assets</td>
<td>277,504</td>
<td>142,409</td>
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<tr>
<td><strong>Total assets</strong></td>
<td><strong>$796,962,535</strong></td>
<td><strong>737,377,385</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Liabilities and Net Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liabilities:</td>
<td></td>
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<tr>
<td>Accounts payable and accrued expenses</td>
<td>$7,554,024</td>
<td>7,917,004</td>
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<tr>
<td>Deferred revenue</td>
<td>9,224,116</td>
<td>8,000,880</td>
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<tr>
<td>Annuity obligations (note 7)</td>
<td>5,793,427</td>
<td>5,962,437</td>
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<tr>
<td><strong>Total liabilities</strong></td>
<td><strong>22,571,567</strong></td>
<td><strong>21,880,321</strong></td>
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<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net assets (note 11):</td>
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</tr>
<tr>
<td>Unrestricted</td>
<td>277,935,459</td>
<td>253,747,507</td>
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<tr>
<td>Temporarily restricted</td>
<td>336,490,283</td>
<td>303,231,872</td>
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<tr>
<td>Permanently restricted</td>
<td>159,965,226</td>
<td>158,517,685</td>
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<tr>
<td><strong>Total net assets</strong></td>
<td><strong>774,390,968</strong></td>
<td><strong>715,497,064</strong></td>
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<table>
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<tr>
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<th>2016</th>
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<tbody>
<tr>
<td>Commitments and contingencies (notes 7, 8, and 15)</td>
<td></td>
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<tr>
<td><strong>Total liabilities and net assets</strong></td>
<td><strong>$796,962,535</strong></td>
<td><strong>737,377,385</strong></td>
</tr>
</tbody>
</table>

See accompanying notes to consolidated financial statements.
### Revenue and support

#### Contributions and grants:

<table>
<thead>
<tr>
<th>Description</th>
<th>Unrestricted</th>
<th>Temporarily restricted</th>
<th>Permanently restricted</th>
<th>Totals</th>
</tr>
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<tbody>
<tr>
<td>Operating: Health</td>
<td>$29,672,832</td>
<td>—</td>
<td>—</td>
<td>29,672,832</td>
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<tr>
<td>Programs:</td>
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<tr>
<td>Health</td>
<td>12,079,836</td>
<td>32,462,089</td>
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<td>44,541,925</td>
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<tr>
<td>Peace</td>
<td>10,603,137</td>
<td>2,574,681</td>
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<td>13,177,818</td>
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<tr>
<td>Cross-program</td>
<td>—</td>
<td>37,704</td>
<td>—</td>
<td>37,704</td>
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<tr>
<td>Time-restricted</td>
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<td>—</td>
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<td>Health</td>
<td>—</td>
<td>294,877,857</td>
<td>—</td>
<td>294,877,857</td>
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<tr>
<td>Peace</td>
<td>—</td>
<td>707,155</td>
<td>—</td>
<td>707,155</td>
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<tr>
<td>Operating</td>
<td>539,650</td>
<td>—</td>
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<td>539,650</td>
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<tr>
<td>Endowment</td>
<td>—</td>
<td>92,674</td>
<td>—</td>
<td>92,674</td>
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Total contributions and grants:

<table>
<thead>
<tr>
<th>Description</th>
<th>2017</th>
<th>2016</th>
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<tr>
<td>Total contributions and grants</td>
<td>354,002,482</td>
<td>306,555,985</td>
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<tr>
<td>Endowment fund earnings</td>
<td>29,637,472</td>
<td>26,828,758</td>
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### Expenses

#### Program:

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<th>Description</th>
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<th>2016</th>
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<td>Health</td>
<td>351,874,252</td>
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<td>Peace</td>
<td>22,716,649</td>
<td>18,658,137</td>
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<td>Cross-program</td>
<td>1,091,636</td>
<td>746,220</td>
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<tr>
<td>Fundraising</td>
<td>11,130,968</td>
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<tr>
<td>General and administrative</td>
<td>9,210,184</td>
<td>8,482,601</td>
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</tbody>
</table>

Total expenses:

<table>
<thead>
<tr>
<th>Description</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total expenses</td>
<td>396,023,689</td>
<td>328,267,015</td>
</tr>
</tbody>
</table>

### Change in net assets

<table>
<thead>
<tr>
<th>Description</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in net assets</td>
<td>58,893,904</td>
<td>9,379,303</td>
</tr>
</tbody>
</table>

### Net assets

<table>
<thead>
<tr>
<th>Description</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net assets at beginning of year</td>
<td>277,935,459</td>
<td>715,497,064</td>
</tr>
<tr>
<td>Net assets at end of year</td>
<td>336,490,283</td>
<td>774,390,968</td>
</tr>
</tbody>
</table>

See accompanying notes to consolidated financial statements.
## CONSOLIDATED STATEMENT OF ACTIVITIES

### Year ended August 31, 2016

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted</th>
<th>Temporarily restricted</th>
<th>Permanently restricted</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue and support</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contributions and grants:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating</td>
<td>$ 28,618,705</td>
<td>—</td>
<td>—</td>
<td>28,618,705</td>
</tr>
<tr>
<td>Programs:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>14,156,648</td>
<td>31,154,418</td>
<td>—</td>
<td>45,311,066</td>
</tr>
<tr>
<td>Peace</td>
<td>8,957,596</td>
<td>2,164,471</td>
<td>—</td>
<td>11,122,067</td>
</tr>
<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>
<td></td>
<td></td>
<td></td>
</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><strong>Total contributions and grants</strong></td>
<td>322,044,876</td>
<td>240,031,573</td>
<td>14,467,049</td>
<td>318,887,712</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><strong>Net assets released from restrictions:</strong></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><strong>Total revenue and support</strong></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><strong>Total expenses</strong></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.
### Year ended August 31, 2017 (with comparative totals for 2016)

<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>$16,057,729</td>
<td>9,214,805</td>
<td>257,743</td>
</tr>
<tr>
<td>Consulting</td>
<td>6,801,985</td>
<td>2,920,829</td>
<td>46,089</td>
</tr>
<tr>
<td>Communications</td>
<td>1,560,620</td>
<td>460,239</td>
<td>6,693</td>
</tr>
<tr>
<td>Services</td>
<td>582,910</td>
<td>1,370,251</td>
<td>4,914</td>
</tr>
<tr>
<td>Office and equipment</td>
<td>2,389,557</td>
<td>910,011</td>
<td>411,912</td>
</tr>
<tr>
<td>Vehicles</td>
<td>3,286,013</td>
<td>427,583</td>
<td>29</td>
</tr>
<tr>
<td>Travel/meetings</td>
<td>17,467,285</td>
<td>5,045,480</td>
<td>118,525</td>
</tr>
<tr>
<td>Interventions (note 2(k))</td>
<td>295,273,772</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Other</td>
<td>1,018,327</td>
<td>338,014</td>
<td>7,272</td>
</tr>
<tr>
<td>Grants</td>
<td>6,853,898</td>
<td>1,568,132</td>
<td>210,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$351,292,096</td>
<td>22,255,344</td>
<td>1,063,177</td>
</tr>
<tr>
<td>Common area and depreciation</td>
<td>582,156</td>
<td>461,305</td>
<td>28,459</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td>$351,874,252</td>
<td>22,716,649</td>
<td>1,091,636</td>
</tr>
</tbody>
</table>

See accompanying notes to consolidated financial statements.

### Year ended August 31, 2016

<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>—</td>
<td>—</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>1,085,242</td>
<td>225,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$289,886,858</td>
<td>18,178,384</td>
<td>713,711</td>
</tr>
</tbody>
</table>

See accompanying notes to consolidated financial statements.
## CONSOLIDATED STATEMENTS OF CASH FLOWS

### Years ended August 31, 2017 and 2016

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</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>$ 58,893,904</td>
<td>(9,379,303)</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>686,614</td>
<td>953,159</td>
</tr>
<tr>
<td>(Appreciation) depreciation of endowment investments, net</td>
<td>(39,726,296)</td>
<td>14,997,577</td>
</tr>
<tr>
<td>Donated artwork</td>
<td>(93,600)</td>
<td>(8,200)</td>
</tr>
<tr>
<td>Permanently restricted contributions</td>
<td>(1,447,451)</td>
<td>(14,467,049)</td>
</tr>
<tr>
<td>Net change in inventory balances due to noncash contributions and distributions</td>
<td>(2,809,538)</td>
<td>29,470,967</td>
</tr>
<tr>
<td>Changes in operating assets and liabilities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>265,912</td>
<td>(933,217)</td>
</tr>
<tr>
<td>Contributions receivable, net of permanently restricted</td>
<td>7,725,196</td>
<td>(5,315,744)</td>
</tr>
<tr>
<td>Other assets</td>
<td>(135,095)</td>
<td>171,028</td>
</tr>
<tr>
<td>Accounts payable and accrued expenses, deferred revenue, and annuity obligations</td>
<td>2,054,211</td>
<td>8,128,305</td>
</tr>
<tr>
<td>Net cash provided by operating activities</td>
<td>25,413,857</td>
<td>23,617,523</td>
</tr>
</tbody>
</table>

### Cash flows from investing activities

|                              |                |                |
| Purchase of property and equipment, net of related payables | (329,497)      | (433,094)      |
| Purchase of investments     | (47,193,524)   | (39,299,836)   |
| Sale of investments         | 6,472,611      | 5,299,889      |
| Net cash used in investing activities | (41,050,410)   | (34,433,041)   |

### Cash flows from financing activities

|                              | 2017           | 2016           |
| Permanently restricted contributions | 1,572,646      | 14,467,049     |
| Annuity payments               | (684,799)      | —              |
| Net cash provided by financing activities | 887,847       | 14,467,049     |
| Net change in cash and cash equivalents | (14,748,706) | 3,651,531      |
| Cash and cash equivalents at beginning of year | 48,673,553    | 45,022,022     |
| Cash and cash equivalents at end of year | $ 33,924,847 | 48,673,553     |

### Supplemental disclosure

Property, plant, and equipment additions totaling $49,799 and $43,167 were included in accounts payable and accrued expenses at August 31, 2017 and 2016, 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, Asian, and Latin American countries as needed to fulfill its programmatic objectives.

The board of trustees of CCI consists of President Carter and Mrs. Carter, the president of Emory University, 9 members appointed by Emory University’s board of trustees, and 10 members appointed by President Carter and those trustees not appointed by Emory University’s board of trustees (Carter Center class of CCI trustees). Additionally, Emory University’s board of trustees has the authority to approve amendments to CCI’s articles of incorporation and bylaws. 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 (see note 5) are stated at fair value as determined by the manager, Emory University. Emory University’s pooled investments in securities (the Fund) 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 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, 2017 and 2016.

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 years ended August 31, 2017 and 2016, CCI received 666,241 GBP ($849,144) and 676,418 GBP ($967,945), respectively, in support of CCI’s project Electoral Observation in the Democratic Republic of Congo from the United Kingdom Department for International Development (DFID). DIFD also contributed 238,341 GBP ($300,704) and 279,759 GBP ($401,791) in support of Building Civil Society Capacity to Improve Industrial Mining Revenue Governance in the Democratic Republic of Congo for the years ended August 31, 2017 and 2016, respectively. In addition, the Norwegian Peacebuilding Resource Center contributed 600,000 NOK ($71,872) during 2017 in support of Syria Transition Planning.

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. 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 Congo and $157,000 in support of Support for the Peace Process and Political Transition in Syria. Finally, for the year ended August 31, 2016, CCI received 1,000,000 NOK ($114,157) from the Norwegian Ministry of Foreign Affairs in support of CCI’s project International Election Observation Mission in Tunisia.

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, fair value of 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. Recently Issued Accounting Standards
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) (ASU 2016-02). 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). 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, 2017 and 2016:

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temporarily restricted:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>$19,298,916</td>
<td>24,242,633</td>
</tr>
<tr>
<td>Peace</td>
<td>—</td>
<td>20,000</td>
</tr>
<tr>
<td>Cross-program</td>
<td>148,200</td>
<td>246,414</td>
</tr>
<tr>
<td>Time-restricted</td>
<td>5,000</td>
<td>2,918,655</td>
</tr>
<tr>
<td>Permanently restricted:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endowment</td>
<td>5,940,763</td>
<td>5,815,568</td>
</tr>
<tr>
<td></td>
<td>$25,392,879</td>
<td>33,243,270</td>
</tr>
</tbody>
</table>

The anticipated receipts of these receivables are as follows at August 31, 2017 and 2016:

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than one year</td>
<td>$9,564,097</td>
<td>17,128,738</td>
</tr>
<tr>
<td>One to five years</td>
<td>10,672,388</td>
<td>11,088,228</td>
</tr>
<tr>
<td>More than five years</td>
<td>8,000,000</td>
<td>8,000,000</td>
</tr>
<tr>
<td>Less unamortized discount</td>
<td>(2,843,606)</td>
<td>(2,973,696)</td>
</tr>
<tr>
<td></td>
<td>$25,392,879</td>
<td>33,243,270</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 2017 were discounted using interest rates approximating fair value at the date of the gift at rates ranging from 0.95% to 1.68%. In the opinion of CCI’s management, all contributions receivable recorded at August 31, 2017 and 2016, are deemed fully collectible.

4 Inventory

Inventory at August 31, 2017 and 2016, is comprised of:

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mectizan</td>
<td>$1,278,748</td>
<td>2,966,400</td>
</tr>
<tr>
<td>Zithromax</td>
<td>5,253,420</td>
<td>695,430</td>
</tr>
<tr>
<td>Praziquantel</td>
<td>—</td>
<td>60,800</td>
</tr>
<tr>
<td></td>
<td>$6,532,168</td>
<td>3,722,630</td>
</tr>
</tbody>
</table>

5 Investments

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

As of August 31, 2017 and 2016, respectively, CCI’s investment in the pooled investment fund totaled $708,399,782 and $628,832,615, representing approximately 10.7% and 10.6% of the pool at each of these dates. The composition of said pooled investments held at Emory University is as follows (in thousands):

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-term investments and cash equivalents</td>
<td>$403,569</td>
<td>301,320</td>
</tr>
<tr>
<td>Investments in securities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Global equity securities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>U.S. equity securities</td>
<td>434,227</td>
<td>357,601</td>
</tr>
<tr>
<td>Non-U.S. equity securities</td>
<td>140,524</td>
<td>167,598</td>
</tr>
<tr>
<td>Fixed income securities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>U.S. government securities</td>
<td>258,365</td>
<td>224,315</td>
</tr>
<tr>
<td>Domestic bonds and long-term notes</td>
<td>167,867</td>
<td>51,596</td>
</tr>
<tr>
<td>International bonds and long-term notes</td>
<td>51,507</td>
<td>8,556</td>
</tr>
<tr>
<td>Investments in private securities</td>
<td>16,287</td>
<td>14,765</td>
</tr>
<tr>
<td>Commingled funds—equity</td>
<td>639,331</td>
<td>552,448</td>
</tr>
<tr>
<td>Commingled funds—fixed income</td>
<td>209,155</td>
<td>287,285</td>
</tr>
<tr>
<td>Investments in funds:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hedged strategies</td>
<td>2,251,918</td>
<td>2,175,228</td>
</tr>
<tr>
<td>Private market investments</td>
<td>1,230,637</td>
<td>1,024,840</td>
</tr>
<tr>
<td>Real estate partnerships</td>
<td>281,339</td>
<td>326,398</td>
</tr>
<tr>
<td>Natural resources</td>
<td>518,985</td>
<td>457,034</td>
</tr>
<tr>
<td>Derivatives</td>
<td>(10,644)</td>
<td>192</td>
</tr>
<tr>
<td></td>
<td>$6,593,067</td>
<td>5,949,176</td>
</tr>
</tbody>
</table>

Emory University is subject to limitations and restrictions on its ability to redeem or sell certain of the investments included in its pooled investment fund. Such restrictions vary by investment type and range from required notice periods (generally 30 to 180 days after initial lock-up periods) to specified terms at inception (generally 10 years). While there are no stated limits relative to CCI withdrawals of its investment in Emory University’s pooled investment fund, the timing and availability of future redemptions may be impacted by these restrictions.
CCI’s investments also include assets invested for its charitable gift annuities and charitable remainder trusts. These investments are presented in the accompanying consolidated statements of financial position at their fair values.

<table>
<thead>
<tr>
<th></th>
<th>Fair value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2017</td>
</tr>
<tr>
<td>Pooled investments held at Emory</td>
<td>$708,399,782</td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>587,126</td>
</tr>
<tr>
<td>Fixed income securities:</td>
<td></td>
</tr>
<tr>
<td>Domestic mutual funds</td>
<td>3,560,388</td>
</tr>
<tr>
<td>Equities:</td>
<td></td>
</tr>
<tr>
<td>Domestic stocks</td>
<td>4,876,150</td>
</tr>
<tr>
<td>Domestic mutual funds</td>
<td>675,687</td>
</tr>
<tr>
<td>International mutual funds</td>
<td>909,859</td>
</tr>
<tr>
<td></td>
<td>$719,008,992</td>
</tr>
</tbody>
</table>

6 PROPERTY, PLANT, AND EQUIPMENT

The components of property, plant, and equipment at August 31, 2017 and 2016, are as follows:

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
<th>Estimated useful lives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land</td>
<td>$ 636,732</td>
<td>636,732</td>
<td>N/A</td>
</tr>
<tr>
<td>Buildings</td>
<td>17,216,712</td>
<td>17,216,712</td>
<td>30 years</td>
</tr>
<tr>
<td>Building improves</td>
<td>2,210,597</td>
<td>2,205,562</td>
<td>15 years</td>
</tr>
<tr>
<td>Grounds and land improvements</td>
<td>185,823</td>
<td>194,658</td>
<td>10 years</td>
</tr>
<tr>
<td>Furniture and fixtures</td>
<td>886,242</td>
<td>759,444</td>
<td>10 years</td>
</tr>
<tr>
<td>Office equipment</td>
<td>486,866</td>
<td>438,255</td>
<td>5 years</td>
</tr>
<tr>
<td>Computer equipment</td>
<td>232,795</td>
<td>260,541</td>
<td>3 years</td>
</tr>
<tr>
<td></td>
<td>21,855,767</td>
<td>21,711,904</td>
<td></td>
</tr>
</tbody>
</table>

Depreciation expense totaled $686,614 and $953,159 during 2017 and 2016, 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 they have 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 $10,609,210 and $10,413,966 at August 31, 2017 and 2016, respectively. The annuity liability related to these agreements is $5,793,427 and $5,962,437 at August 31, 2017 and 2016, respectively. The net contribution revenue reported for split-interest agreements totaled $714,960 and $55,873 during the years ended August 31, 2017 and 2016, 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, 2017 and 2016, are as follows:

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication</td>
<td>$294,736,010</td>
<td>202,533,012</td>
</tr>
<tr>
<td>Other</td>
<td>141,847</td>
<td>244,539</td>
</tr>
<tr>
<td></td>
<td>294,877,857</td>
<td>202,777,551</td>
</tr>
<tr>
<td>Peace:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vehicles</td>
<td>—</td>
<td>199,414</td>
</tr>
<tr>
<td>Web hosting</td>
<td>707,155</td>
<td>707,155</td>
</tr>
<tr>
<td></td>
<td>707,155</td>
<td>906,569</td>
</tr>
<tr>
<td>Operating:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Art</td>
<td>258,650</td>
<td>—</td>
</tr>
<tr>
<td>Transportation</td>
<td>281,000</td>
<td>125,000</td>
</tr>
<tr>
<td></td>
<td>539,650</td>
<td>125,000</td>
</tr>
<tr>
<td></td>
<td>$296,124,662</td>
<td>203,809,120</td>
</tr>
</tbody>
</table>

Donations of medication were received primarily from two pharmaceutical companies during the years ended August 31, 2017 and 2016.

10 FAIR VALUE OF FINANCIAL INSTRUMENTS

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

Level 1 — Valuations based on unadjusted quoted market prices for identical assets or liabilities in active markets.

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

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

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

Contributions receivable for current year gifts are initially measured at fair value in the year the receivable is recorded based on the present value of future cash flows discounted at a rate commensurate with risks involved, which is an application of the income approach. Current year gifts included in contributions receivable reflected at fair value at August 31, 2017 and 2016, were approximately $4,686,000 and $11,185,000, 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 which 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, 2017 and 2016, 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, 2017:

<table>
<thead>
<tr>
<th></th>
<th>Level 1</th>
<th>NAV</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$34,511,973</td>
<td>—</td>
<td>34,511,973</td>
</tr>
<tr>
<td>Fixed income securities:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic mutual funds</td>
<td>3,560,388</td>
<td>—</td>
<td>3,560,388</td>
</tr>
<tr>
<td>Equities:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic stocks</td>
<td>4,876,150</td>
<td>—</td>
<td>4,876,150</td>
</tr>
<tr>
<td>Domestic mutual funds</td>
<td>675,687</td>
<td>—</td>
<td>675,687</td>
</tr>
<tr>
<td>International mutual funds</td>
<td>909,859</td>
<td>—</td>
<td>909,859</td>
</tr>
<tr>
<td>Interest in Emory University pooled endowment fund</td>
<td>—</td>
<td>708,399,782</td>
<td>708,399,782</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$44,534,057</td>
<td>708,399,782</td>
<td>752,933,839</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, 2016:

<table>
<thead>
<tr>
<th></th>
<th>Level 1</th>
<th>NAV</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<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><strong>Total</strong></td>
<td>$59,087,519</td>
<td>628,832,615</td>
<td>687,920,134</td>
</tr>
</tbody>
</table>
### 11 Net Assets

#### A. Unrestricted

As of August 31, 2017 and 2016, unrestricted net assets are as follows:

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undesignated</td>
<td>$10,333,704</td>
<td>$11,923,602</td>
</tr>
<tr>
<td>Designated for:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endowment investment</td>
<td>$262,969,343</td>
<td>$237,098,395</td>
</tr>
<tr>
<td>Program funds</td>
<td>4,132,412</td>
<td>4,225,510</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>$277,935,459</strong></td>
<td><strong>$253,747,507</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, 2017 and 2016, temporarily restricted net assets are available for the following purposes:

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>$38,245,413</td>
<td>$43,411,636</td>
</tr>
<tr>
<td>Peace</td>
<td>626,186</td>
<td>1,482,709</td>
</tr>
<tr>
<td>Cross-program</td>
<td>925,169</td>
<td>1,327,893</td>
</tr>
<tr>
<td>Time-restricted endowment funds</td>
<td>296,688,515</td>
<td>254,090,979</td>
</tr>
<tr>
<td>Time-restricted contributions</td>
<td>5,000</td>
<td>2,918,655</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$336,490,283</strong></td>
<td><strong>$303,231,872</strong></td>
</tr>
</tbody>
</table>

#### C. Permanently Restricted

Permanently restricted net assets totaling $159,965,226 and $158,517,685 at August 31, 2017 and 2016, respectively, are required by donors to be invested in perpetuity, and the income from these assets is expendable to support activities of CCI.

### 12 Endowment Funds

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

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

CCI has interpreted UPMIFA, as adopted by the State of Georgia, as providing among other things, expanded spending flexibility by allowing, subject to a standard of prudence, spending from an endowment without regard to the book value of the corpus of the fund. As a result of this interpretation, CCI classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund.

The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by CCI in a manner consistent with the standard of prudence prescribed in UPMIFA.
In accordance with UPMIFA, CCI considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

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

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

A. Return Objectives and Risk Parameters

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

B. Strategies Employed for Achieving Objectives

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

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

CCI follows Emory University's total return endowment spending policy that establishes the maximum amount of endowment investment return available to support current operating and capital needs. The maximum distribution of endowment income in 2017 and 2016 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, 2017:

<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</td>
<td>296,688,515</td>
<td></td>
<td>159,965,226</td>
<td>456,653,741</td>
</tr>
<tr>
<td>Board-designated</td>
<td>262,969,343</td>
<td></td>
<td></td>
<td>262,969,343</td>
</tr>
<tr>
<td>Total funds</td>
<td><strong>$262,969,343</strong></td>
<td><strong>296,688,515</strong></td>
<td><strong>159,965,226</strong></td>
<td><strong>719,623,084</strong></td>
</tr>
</tbody>
</table>

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</td>
<td>254,090,979</td>
<td></td>
<td>158,517,685</td>
<td>412,608,664</td>
</tr>
<tr>
<td>Board-designated</td>
<td>237,098,395</td>
<td></td>
<td></td>
<td>237,098,395</td>
</tr>
<tr>
<td>Total funds</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>

Changes in endowment funds for the year ended August 31, 2017, 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, 2016</td>
<td>$237,098,395</td>
<td>254,090,979</td>
<td>158,517,685</td>
<td>649,707,059</td>
</tr>
<tr>
<td>Contributions</td>
<td>583,572</td>
<td></td>
<td>1,447,541</td>
<td>2,031,113</td>
</tr>
<tr>
<td>Investment return:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endowment fund earnings</td>
<td>11,067,888</td>
<td>18,569,584</td>
<td></td>
<td>29,637,472</td>
</tr>
<tr>
<td>Appreciation of endowment investments, net</td>
<td>14,709,048</td>
<td>25,017,248</td>
<td></td>
<td>39,726,296</td>
</tr>
<tr>
<td>Total investment return</td>
<td>25,776,936</td>
<td>43,586,832</td>
<td></td>
<td>69,363,768</td>
</tr>
<tr>
<td>Appropriation of endowment assets for expenditure</td>
<td>(489,560)</td>
<td>(989,296)</td>
<td></td>
<td>(1,478,856)</td>
</tr>
<tr>
<td>Endowment funds, August 31, 2017</td>
<td><strong>$262,969,343</strong></td>
<td><strong>296,688,515</strong></td>
<td><strong>159,965,226</strong></td>
<td><strong>719,623,084</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>14,467,049</td>
<td>17,076,680</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>Total investment return</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>Endowment funds, August 31, 2016</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>
13 RELATED-PARTY TRANSACTIONS

Emory University provides certain administrative functions to CCI, including, but not limited to, payroll administration, investment management, information technology, and legal services. CCI paid Emory University $589,740 and $569,792 during the years ended August 31, 2017 and 2016, respectively, for the provision of these services.

Emory University made unrestricted contributions to CCI of $713,091 and $690,980, respectively, during the years ended August 31, 2017 and 2016. In addition, CCEU made unrestricted contributions to CCI, primarily related to endowment earnings at CCEU, of $443,230 and $429,471 during the years ended August 31, 2017 and 2016, respectively.

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

14 THE CARTER CENTER COLLABORATIVE, INC. (CCCI)

CCI received donations of in-kind goods for the benefit of CCI totaling $294,736,010 and $202,533,012, respectively, during the years ended August 31, 2017 and 2016, that are included in the accompanying consolidated statements of activities. Expenses totaling $290,486,472 and $233,443,979 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, 2017 and 2016, respectively. Inventory related to these goods for CCCI totaled $6,532,168 and $3,722,630 as of August 31, 2017 and 2016, respectively, and is included in the accompanying consolidated statements of financial position.

15 COMMITMENTS AND CONTINGENCIES

Federal Financial Assistance

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

16 SUBSEQUENT EVENTS

CCI evaluated events subsequent to August 31, 2017 and through August 31, 2018, 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.
An Ethiopian woman enjoys an educational skit during the launch ceremony for Trachoma Week, in which community health teams blanket half of the Amhara region to provide preventive treatment for trachoma, a bacterial eye disease.
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

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

North America
1 Canada
2 Mexico
3 United States

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
Perhaps the greatest lesson University of Florida graduate Aniqa Borachi learned from her Carter Center internship is to raise her expectations.

Borachi was accepted for an internship with the Democracy Program, which was preparing to observe the presidential election in Liberia. Two weeks before the vote, she was surprised to be invited to join the team in Monrovia.

“I never thought I would be given the opportunity to travel to Liberia and participate in a historic election for that country,” she said.

“At the polling stations, we talked to many people and heard stories about waking up at 4 in the morning or lining up the night before to be one of the first people in line at the polling station and their passion to be a part of the democratic process.”

Borachi said her Carter Center experience changed her expectations for herself. She’s now mulling a career in international law or civil rights.

“This internship gave me a lot more autonomy than my previous internships,” she said. “I was allowed to make some decisions that seemed pretty important, and that has given me a lot more confidence in my own abilities.”

During the 2016-17 year, The Carter Center welcomed 139 interns and graduate assistants, representing 27 countries and speaking 41 languages. A total of 3,082 individuals have participated in the program.
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.

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

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Director, Department of Control of Neglected Tropical Diseases
World Health Organization

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Professor of Public Health, Epidemiology and HIV/AIDS
University of the West Indies

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Special Advisor, Guinea Worm Eradication
The Carter Center

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Senior Program Officer, 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

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

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

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

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

Laurence (Larry) Slutsker, M.D., M.P.H.
Program Leader, Malaria and Neglected Tropical Diseases
PATH

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

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

Nicola Ardit 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

Catalina Botero Marino
Former Special Rapporteur for Freedom of Expression for Inter-American Human Rights Commission

Humberto de la Calle
Former Vice President of Colombia

Santiago Canton
Former Director of RKF Partners for Human Rights for Robert F. Kennedy Center for Justice and Human Rights

Dante Caputo
Former Foreign Minister of Argentina

Fernando Henrique Cardoso
Former President of Brazil

Jimmy Carter
Former President of the United States of America

Jose Castañeda
Former Minister of Foreign Affairs of Mexico

Joe Clark
Former Prime Minister of Canada

Santiago Corcuera
U.N. Rapporteur and Chair for Working Group on Enforced or Involuntary Disappearances

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Chair Emeritus, Canadian Foundation for the Americas

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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

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John Maisto
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John Manley
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Carlos Mesa
Former President of Bolivia

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

Andrés Pastrana
Former President of Colombia

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

Sergio Ramirez
Former Vice President of Nicaragua

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

Bruno Stagno
Former Foreign Minister of Costa Rica

Eduardo Stein
Former Vice President of Guatemala

Martin Torrijos
Former President of Panama

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

Joaquin Villalobos
Founder of the Farabundo Martí National Liberation Front, Signatory of the Peace Agreements of El Salvador in 1992
Chaired by former First Lady Rosalynn Carter, the Mental Health Task Force focuses on mental health policy issues. It develops initiatives to reduce stigma and discrimination against people with mental illnesses; seeks equity for mental health care comparable to other health care; advances prevention, promotion, and early intervention services for young children and their families; and works to increase public awareness and stimulate actions about mental health issues.

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Staff Psychiatrist, Jackson Park Hospital Family Medicine Clinic
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Depuy Associate Director for Science, National Center on Birth Defects and Developmental Disabilities, U.S. Centers for Disease Control and Prevention
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President, The S. Engelhard Center; Trustee, The Charles Engelhard Foundation

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Katie Hawkins-Gaar
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Assistant Professor, Universidad de la Sabana, Colombia
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Schoolchildren in Nigeria’s Plateau state celebrate a break in their studies as health workers test some of their peers for evidence of lymphatic filariasis, a debilitating parasitic disease. The Carter Center team found none.