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Children and teens from southwestern Niger wave in greeting. The Carter Center is fighting trachoma in the country.
A Guyanese voter holds up his ID. The Carter Center observed elections in the country in early March 2020.
The Carter Center is guided by the principles of our founders, Jimmy and Rosalynn Carter. Founded, in partnership with Emory University, on a fundamental commitment to human rights and the alleviation of human suffering, the Center seeks to prevent and resolve conflicts, enhance freedom and democracy, and improve health.

The Center believes that people can improve their own lives when provided with the necessary skills, knowledge, and access to resources.

The Center emphasizes action and measurable results in the lives of the people it seeks to help.

The Center values the courage to break new ground, fill vacuums, and address the most difficult problems in the most difficult situations.

The Center recognizes that solving difficult problems requires careful analysis, relentless persistence, and the recognition that failure is an acceptable risk.

The Center is nonpartisan, and it seeks to work collaboratively with other organizations from the highest levels of government to local communities.
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 human cases in 1986 to just 27 in 2020
• Observing 113 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 $355 million in cash, pledges, and in-kind gifts in 2019–2020. 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 230 employees at Atlanta headquarters and over 3,100 in field offices around the world
Lemlem Molla trains community volunteers to deliver river blindness treatments in northwestern Ethiopia.
A Carter Center liaison assisted this girl's Guatemalan community when their shipment of egg-laying hens did not arrive as expected.
A MESSAGE FROM
PRESIDENT JIMMY CARTER

Rosalynn and I were humbled by the outpouring of support for The Carter Center during this year of unprecedented global challenges in peace and health, and we look optimistically to the future. Thank you from the bottom of our hearts.

[Signature]

Former U.S. President Jimmy Carter and former First Lady Rosalynn Carter, co-founders of The Carter Center
HOPE IN THE FACE OF UNPRECEDENTED CHALLENGES

What a year 2020 was. International crises, rising authoritarianism, a much-needed racial reawakening, a contentious U.S. election—all underscored by a deadly pandemic. Yet as we write this message, COVID-19 vaccines are being widely distributed, and recovery is coming into focus.

Throughout the challenges of 2020, The Carter Center persevered with the resilience and optimism characteristic of our founders, Jimmy and Rosalynn Carter. Since 1982, the Center has persisted despite wars, natural disasters, and frightening infectious disease outbreaks. We were as prepared as any organization could be for 2020. Together with our many partners, we stayed focused on our primary mission of waging peace, fighting disease, and building hope.

Our flagship Guinea Worm Eradication Program remained 90 to 95% operational throughout the pandemic, with robust surveillance and interventions carried out by self-reliant communities.

After halting mass drug administration for neglected tropical diseases in April, we were able to restart our work in Sudan and South Sudan in July and on a large scale in Uganda in August—all while keeping everyone safe and following local protocols.

When travel restrictions prevented us from sending observers to monitor crucial elections in Myanmar, we used technology to remotely train Myanmar nationals to do the job. Similarly, we assisted with the exercise of democracy in Bolivia, Tunisia, Sierra Leone, and Guyana. And then, for the first time, we engaged in a national election process in the United States, creating accurate informational materials about voting and counting processes and helping to observe the largest vote audit in Georgia history.

We were able to take on all this (and more) because of you. Your ongoing donations, encouragement, and indomitable spirit sustained us, as they always have, through the most challenging year many of us have ever seen. Thank you for being there for us.
A Haitian boy takes medication to prevent the parasitic disease lymphatic filariasis.
At an unofficial camp for internally displaced people in Mali, two girls wash pots in a muddy river. The Carter Center is the Independent Observer for implementation of the country’s peace agreement.
PROGRAMS

PEACE

PROGRAMS
HOMEGROWN ELECTION EXPERTISE

Known around the world as an impartial election monitor, The Carter Center never worked on a U.S. election — until November 2020. With voting complications due to the global pandemic and the ever-quickening spread of misinformation, the Center aimed to give voters confidence in the election process.

One animated video assured citizens that their votes would count, no matter how their ballots were cast. Another video urged citizens to remain calm and have patience during the longer-than-usual counting process.

The Carter Center then deployed a team of monitors to observe Georgia’s audit of the presidential election, which constituted the largest hand tally of an election race in U.S. history. Over five days, the Center deployed 68 monitors to 24 counties, which accounted for more than 60% of votes cast and audited in the state.

Ongoing “Election Bites” conversations with experts in an online format continued long after the election, providing credible discourse on U.S. election reform and transparency.
DEMOCRACY PROGRAM

After observing more than 100 elections in 39 other countries, The Carter Center for the first time became involved in a U.S. election. In the weeks around the contentious U.S. presidential vote, the Center created and published two short animated videos to inform the public about the process and encourage patience and participation. It also produced a series of live webcasts featuring electoral experts and joined the Georgia Secretary of State’s Task Force on Safe, Secure, and Accessible Elections. After the vote, the Center deployed 68 observers across the state of Georgia to monitor a risk-limiting audit, which entailed a full manual tally of around 5 million ballots. Internationally, despite the COVID-19 pandemic, The Carter Center organized election missions in Bolivia, Côte d’Ivoire, Guyana, and Myanmar. The program also published a final report on the 2019 elections in Tunisia, contributed electoral reform dialogue in the Democratic Republic of the Congo, and hosted online events on electoral issues throughout the year. Finally, the Center continued to support civil society partners in the Democratic Republic of the Congo, Ecuador, Ethiopia, Honduras, Liberia, Myanmar, Tunisia, and Zambia and piloted new approaches for addressing digital threats to democracy.

CONFLICT RESOLUTION PROGRAM

In Sudan, following the revolution in 2019, The Carter Center supported the new government’s initiative to train young men and women on impartial monitoring of the country’s democratic transition and peace agreement with internal armed movements. In Mali, as the official Independent Observer of the 2015 peace agreement since 2018, the Center sought to identify issues hindering implementation and recommend steps to enhance the process. In both Sudan and Mali, the Center started an innovative effort at the local community level to use the provision of health services as a bridge to peace. In Syria, in addition to mapping the conflict and unexploded ordnance, the Center launched a major effort focusing on conflict transformation through leveraging Western sanctions relief against positive steps by the government and released four major research papers on the subject. In Israel and Palestine, the Center convened a series of virtual meetings
among young Palestinian and Israeli civil society leaders to focus on a rights-based approach to peacemaking. Finally, for the first time in the U.S., the Center worked with faith leaders to prevent political violence around the elections.

HUMAN RIGHTS

The Carter Center’s online Forum on Human Rights was an effective platform amid the COVID-19 pandemic. Conversations included protecting rights during a worldwide health crisis, police reform in the U.S., maintaining peace in Colombia, and countering the electoral impact of hate speech and disinformation. In the Democratic Republic of the Congo, the Center supported youth employing art to encourage use of COVID-19 protective measures and women’s rights organizations addressing issues exacerbated by the pandemic, such as domestic violence, access to income, and living in displacement camps. The Center also facilitated negotiations to ensure extractive industry profits are invested in local development and communities are protected from the negative impacts of mining operations. Under the Mobilizing Faith for Women and Girls Initiative, the Center activated its network of nearly 200 religious and traditional leaders in Nigeria and Ghana to respond to increasing incidents of domestic violence amid COVID-19 lockdowns. Ghana’s chief imam used social media and radio to encourage communities to provide safe spaces for women and girls. In Nigeria, our partners formed an interfaith platform to promote religious teachings that prohibit violence.

RULE OF LAW

The Rule of Law program works to advance accountability, transparency, and inclusive information and justice, all critical ingredients for building trust between governments and citizens and for improving lives, particularly of women and marginalized groups. In 2020, the Center selected 13 cities from around the world to participate in its Inform Women, Transform Lives campaign, a groundbreaking effort to increase awareness of women’s right to information and to support local governments to reach women with information on municipal services and social protection programs. Amid the COVID-19 crisis, more than 700 women in Bangladesh, Guatemala, and Liberia were assisted in requesting

In Sudan, a young poll worker prepares to hand ballots to voters and ink their fingers.
SUDAN’S FUTURE WATCHDOGS

Sudan is charting a new course for itself. After a 30-year period marked by civil war in Darfur and other areas of the country, Omar al-Bashir was forced from power in a revolution led largely by young women and men.

And now, they will become part of Sudan’s transition to peace and democracy.

The Carter Center has partnered with Sudan’s government to create an impartial and independent network of young citizen observers — defined as people under age 35 — who will help monitor political processes in the country. The goal is for these youth to become watchdogs and mediators in communities across all 18 Sudan states.

“It is the youth of Sudan who have achieved the change in Sudan,” Walaa El-Boushi, Sudan’s minister of youth and sports, said. Now the hope is to keep them involved as Sudan moves forward.
A FOCUS ON SOCIAL JUSTICE

Despite a 2016 peace agreement in Colombia, hundreds of social leaders in the country’s remote regions have been killed by paramilitary groups. But years before the agreement, with their government failing to protect them, one rural farming community — San José de Apartadó — looked for a way to protect itself and thus a neutral, nonviolent “peace community” was formed.

Through its Human Rights Program, The Carter Center hosted an online forum in April 2020 to examine how such communities can serve as a model for citizen protection and what people can do to help rural Colombians in their quest for peace.

The Center’s online Forum for Human Rights provides a space for panel discussions on a wide range of social justice issues, both in the United States and internationally. Systemic racism in U.S. policing, protection of human rights in a global pandemic, election challenges for Native Americans, and the Equal Rights Amendment were all featured topics in 2020.

The short documentary “In Enemy Territory” illustrates the plight of a rural community in Colombia. A Carter Center panel discussed their desire to stay peaceful.
information from their governments on such issues as health, education, and social benefits. The project reached thousands of women through information fairs, kiosks, and radio. In Liberia, the Center continued its efforts to improve access to justice for all people, particularly in rural areas. The Center provided legal assistance to citizens, trained traditional and community leaders on alternative dispute resolution, and enhanced awareness of domestic violence as a crime. Further, the program expanded the Liberia National Police’s accountability mechanisms, increasing transparency and trust.

**CHINA FOCUS**

The goal of the China Focus is to keep the U.S. and China continuously engaged. In addition to maintaining an online platform for stakeholders in both countries to access relevant information easily and centrally, The Carter Center organized several virtual events in 2020 to discuss how to repair the bilateral relationship to curtail confrontation and conflict. In October, the Center launched an online series to inform Chinese audiences of major political and social developments in the U.S. It also formed a task force to examine what role civil societies and nongovernmental organizations in both countries can play in stabilizing and improving U.S.-China relations. The task force will release annual reports chronicling major interactions between Washington, D.C., and Beijing.

**LATIN AMERICA AND CARIBBEAN FOCUS**

The Carter Center continued to support Colombia’s 2016 Peace Accords, working with the Office of the Inspector General to design a way to monitor compliance according to recommendations by international mechanisms for human rights. In Bolivia, given coronavirus-related risks, The Carter Center implemented a remote expert mission for the October national elections, working via virtual meetings to assess key parts of the electoral process, including online political advertising and disinformation. Two members of the mission were present for the elections and played a critical role in supporting Bolivian electoral authorities. In Honduras, The Carter Center collaborated with the National Democratic Institute on the creation of a Network for Democratic Equity in Honduras to monitor electoral procedures for the November 2021 general elections.
A Sudanese student listens to a presentation at the Omdurman Midwifery Training Center. In partnership with Sudan and Qatar, The Carter Center provided medical teaching equipment to the school.
GUINEA WORM ERADICATION PROGRAM

While the COVID-19 pandemic hampered or markedly changed many public health programs, the Guinea Worm Eradication Program remained up to 95% operational, largely because much of the day-to-day work of monitoring for Guinea worm infections, filtering drinking water, and protecting water sources from contamination is performed by community members, not foreign staff. Travel restrictions did limit the movements of international staff and researchers, but momentum toward the goal of eradication was maintained. The program reported 27 human cases for 2020, a 50% reduction from 2019. Twelve of the cases were reported in Chad; Ethiopia reported 11; and Angola, Cameroon, Mali, and South Sudan reported one case each. Infections in animals declined 20%. Chad reported 1,504 infections in dogs, 60 in domestic cats, and three in wild cats; Ethiopia reported eight infections in cats, four in baboons, and three in dogs; and Mali reported eight infected domestic dogs.

RIVER BLINDNESS ELIMINATION PROGRAM

After halting activities in early 2020 because of the COVID-19 pandemic, the river blindness program in Uganda was one of the first neglected tropical disease programs in the world to resume mass drug administration. Employing proper safety precautions, The Carter Center, with support from ELMA Philanthropies and USAID’s Act to End NTDs—East project, led by RTI International, assisted Uganda’s Ministry of Health in distributing 1.4 million Mectizan® treatments (donated by Merck & Co. Inc.) in August. A second round of treatments began in November. In Ethiopia, the Center launched mass drug administration in the Wudi Gemzu hot-spot area, while conducting risk assessments and planning for the safe resumption of drug distribution in the five regions supported by The Carter Center. Nigeria followed Uganda and Ethiopia in safely resuming treatments in November. In the Americas, where the last foci of transmission occur
SINGING HER PRAISES

Regina Natube makes disease eradication memorable. The South Sudanese woman created a song and dance to teach her community about symptoms and prevention of Guinea worm disease, a parasitic disease that culminates in long worms emerging through a sore in a person’s skin, causing immense pain. The Carter Center has been working to eradicate the disease since 1986.

The South Sudan Ministry of Health was so impressed with Natube that it created a position for her in its Guinea worm program, and now she travels around the country to train community volunteers. Her interest in the disease is personal: Years ago, she had at least 10 worms emerging from her body, and she said that experience motivates her to eliminate the disease from her country. In 2020, just one case of Guinea worm disease was reported in South Sudan.
deep in the Amazon Rainforest, treatments continued to be provided by teams offering essential integrated health care to hard-to-reach indigenous populations, while in Venezuela, treatment activities were postponed until the program created a safe resumption plan, which was finalized in October.

**TRACHOMA CONTROL PROGRAM**

In 2020, the Carter Center’s Trachoma Control Program assisted in 8,276 sight-saving eyelid surgeries in Ethiopia, Mali, Niger, South Sudan, and Sudan, of which 68.4% were performed on women. In April, due to COVID-19, the World Health Organization (WHO) issued guidance that limited programmatic activities at the community level. In response to the pandemic, the program adapted health education messaging to include COVID-19. In July, WHO issued guidelines to safely resume activities. The program implemented a risk assessment and mitigation tool, developed by partner organization Sightsavers, and developed new standard operating procedures for mass drug administration, case finding, surgical services provision, and health education delivery. As a result, in October, the program resumed most activities, including surgeries in Ethiopia, Mali, Niger, and Sudan; mass drug administration of Zithromax® (donated by Pfizer Inc) in South Sudan and Sudan; and surveys to assess disease prevalence in Ethiopia and Sudan.

**LYMPHATIC FILARIASIS ELIMINATION PROGRAM**

The Lymphatic Filariasis Elimination Program supports the ministries of health in Ethiopia and Nigeria to eliminate the debilitating parasitic disease lymphatic filariasis—also known as elephantiasis. The program suspended activities in early 2020 in compliance with World Health Organization COVID-19 prevention guidelines. Mass drug administration resumed in both countries in late 2020 after months of preparation, conducting risk assessments and preparing protocols to safely resume fieldwork.

**FIRST BACK TO THE FIGHT**

When the COVID-19 pandemic took hold around the world in early 2020, the World Health Organization advised that large-scale activities such as mass drug administration be halted. Such programs are used to provide drug treatment to entire communities, helping to inhibit a disease’s spread. Enter Uganda, an aggressive foe to river blindness, which is a parasitic eye disease spread by the bites of tiny black flies. When the country scaled up its fight against the disease in 2007, active transmission was occurring in 17 areas. By 2019, the country was down to just two. So as soon as the World Health Organization issued new safety guidelines in summer 2020, the Uganda team was ready to get back to work with drug distribution and health education. Volunteers from kinship groups went household to household wearing masks and using hand sanitizer. The Uganda river blindness program became one of the first public health programs in the world to resume interventions in August.
Following safety protocols, a community volunteer in Uganda prepares to give a child drug treatment. In Uganda, children under age 6 are not required to wear masks.
A COMMUNITY RALLIES

Maré Elhadj Illou has good neighbors.

The 21 households in her central Niger community all agreed to build household latrines after health workers trained by The Carter Center provided information on the relationship between flies and trachoma, an eye disease that can eventually cause blindness.

If Illou and her neighbors all built latrines, flies would have fewer places to breed, and their numbers would be reduced. And because flies transmit the bacteria that cause trachoma, fewer flies mean less trachoma.

Everyone set to work right away building latrines, except Illou. Her husband had recently died, and she was observing a traditional mourning period that precluded leaving her home or working. But her community rallied around her. Neighbors dug a latrine at her home in just three days, making hers one of the first households in the village to have one. Illou is grateful. “Cleanliness and hygiene are so important to health and happy living,” she said.
SCHISTOSOMIASIS

The Carter Center assists the Nigerian Federal Ministry of Health to control schistosomiasis, a parasitic disease that leads to anemia and stunted growth. The program distributes the drug praziquantel to children in schools. Drug distribution was suspended in 2020 because of school closures across the country. Treatments resumed in late 2020, with nearly 1 million children given medicine to prevent schistosomiasis.

HISPANIOLA INITIATIVE

The Carter Center’s Hispaniola Initiative works with the ministries of health in Haiti and the Dominican Republic to eliminate malaria and lymphatic filariasis from the countries’ shared island of Hispaniola. Malaria cases decreased 78% island-wide between 2010 and 2020. The reduction is greatest in Haiti, where approximately 18,000 cases (provisional) occurred in 2020—a 78% decrease from 2010. In 2020, The Carter Center worked with the Haitian Ministry of Health to create and disseminate integrated malaria and COVID-19 prevention messages. In the Dominican Republic, only 822 malaria cases were reported in 2020. Similar progress has been achieved against lymphatic filariasis (LF). In Haiti, three districts met criteria to stop mass drug administration for LF in 2020, meaning that 121 (86%) of the country’s 140 districts no longer need treatment. In 2020, The Carter Center assisted with the distribution of approximately 400,000 LF treatments, led training to expand clinical services for LF patients, and continued a pilot program of integrated mental health care for LF patients in collaboration with the Center’s Mental Health Program.

PUBLIC HEALTH TRAINING INITIATIVE

The Public Health Training Initiative aims to build resilient health systems by strengthening countries’ ability to train a capable health workforce. The Carter Center partners with the
50 YEARS OF MENTAL HEALTH LEADERSHIP

This year, The Carter Center marked 50 years of mental health leadership from former First Lady and Carter Center co-founder Rosalynn Carter.

Her activism began when Jimmy Carter was a candidate for governor of Georgia. Her passion and commitment fueled a mental health movement that will only grow stronger in the future.

On Dec. 15, 2020, the U.S. House of Representatives passed a bipartisan resolution honoring Mrs. Carter’s decades of work to improve mental health care and diminish the stigma against mental illnesses.

The House “expresses its profound gratitude, on behalf of the people of the United States, to Rosalynn Smith Carter for her lifetime of accomplishments and commitment on behalf of those affected by mental health disorders and substance use disorders,” the resolution said. It encouraged people to “follow Mrs. Carter’s example of putting compassion into action through a lifetime of service to humanity.”

The World Health Organization recently presented Mrs. Carter with its Award for Global Health in recognition of her contributions to advancing health worldwide.

Thanks to Mrs. Carter’s activism, innumerable people with mental illnesses today have access to mental health care, insurance payments for it, and the freedom to live a life of dignity and self-worth.
federal and state ministries of health in Nigeria and Sudan to improve the training of frontline health professionals. Through these efforts, over 1,000 faculty have been trained and are now better equipped to instruct nurses, midwives, and other health workers; over 15,000 units of classroom equipment were distributed to health training institutions to enhance teaching and learning environments; and high-quality curricula reflecting local health needs and global standards are being used in institutions across Nigeria and Sudan. In 2020, the initiative worked with the Nigerian Federal Ministry of Health to transition the program to state-level ownership. The project in Nigeria is now being implemented by local stakeholders with minimal technical assistance from The Carter Center.

MENTAL HEALTH

In 2020, The Carter Center continued to strengthen mental health systems in Liberia and Haiti. Drawing on lessons learned during the 2014–15 Ebola crisis, the Center led the design and implementation of the mental health pillar of Liberia’s national COVID-19 response. The Center has also pressed to integrate mental health in primary health care delivery, particularly in maternal health and neglected tropical disease care. The Rosalynn Carter Fellowships for Mental Health Journalism adapted to virtually support journalists’ mental health amid global crises. The fellowship program selected a diverse fellow cohort; partnered with Reveal from the Center for Investigative Reporting to launch an investigative mental health fellowship; and collaborated with the Center’s Democracy Program to train journalists covering U.S. elections. Amid increasing demand for behavioral health treatment, the Center raised awareness and made policy recommendations in Georgia and nationally to advance parity for behavioral health coverage by public and private insurance. The Center supported access to school-based behavioral health services for children and adolescents in Georgia and honored Rosalynn Carter’s 50 years of advocacy to reduce stigma and raise the visibility of mental health issues, improving the lives of those with lived experience.
Liberian women use hand motions to dance while seated in a prayer tent. At the government’s request, The Carter Center assisted the country with COVID-19 prevention efforts and mental health support.
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 117,425 donors contributed $355 million in cash, pledges, and in-kind gifts in 2019–2020 to the Center’s peace and health programs.

The Carter Center’s work depends on vital support from individual, corporate, foundation, and government donors. One such donor, Global Affairs Canada, pledged $8.7 million CAD in support of a new project aimed at strengthening women’s voices and leadership in the Democratic Republic of the Congo. Launched in January 2019, the Women’s Voices and Leadership project is a five-year initiative (2019–2023) focused on capacity development and fostering collective action to empower women and girls throughout the Congo.

In addition to global human rights efforts, the Center fights neglected tropical diseases across Africa and Latin America. Beginning in 2000, Pfizer Inc has donated the antibiotic Zithromax® to assist the Center’s dissemination of over 200 million trachoma treatments. Additionally, since 1996, the Center has assisted in the distribution of over 425 million preventative treatments for river blindness through Merck & Co. Inc.’s (Kenilworth, N.J. USA) donation of the drug Mectizan®. Mectizan is also used, in tandem with GSK’s donation of albendazole, to treat lymphatic filariasis. Since 2000, the Center has assisted in over 150 million treatments for the disease. Further, with donations from Merck KGaA and Johnson & Johnson, the Center has assisted in millions of schistosomiasis and soil-transmitted helminth treatments. Whether these donations are received directly by The Carter Center or are given to the respective ministries of health, they are a fundamental pillar to the success of our programming.

In addition to drug donations, the global health care company Abbott has donated sophisticated molecular diagnostic lab equipment and supplies to the Carter Center’s efforts since 2013. The program’s success depends on having a fully equipped lab near the Center’s office in the Amhara region of Ethiopia. Beginning in 1999, Vestergaard’s LifeStraw has supported the Guinea Worm Eradication Program through its donations of pipe water filters. As the Center continues to address these neglected tropical diseases, we are grateful for our corporate donors for their ongoing and critical partnership.

In addition, individual donors play a significant role in the work of The Carter Center. “The more we learn about the work of The Carter Center, the more committed we are to making it a cornerstone of our annual giving,” said Chris and Barb Jones of Portland, Oregon, members of the Center’s Ambassadors Circle and Legacy Circle. “No other organization is as efficient and effective at addressing the challenges of fighting disease and promoting peace and democracy in the world today.”
A Guyanan street vendor and boy await customers. The Carter Center has monitored five elections in the country since 1992.

VOLUNTEERS
Some 94 VOLUNTEERS in the Atlanta area donated 3,860 HOURS of service in 2019–2020. Their energy and devotion help the Center achieve much more with the resources it receives from its financial contributors. We thank these volunteers for their support.

A NOTE TO DONORS
The Carter Center appreciates the support of its many donors. Although we are able to list only those gifts that totaled $1,000 or more from Sept. 1, 2019, through Aug. 31, 2020, 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.
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Gideon, right, and siblings Odinaka and Blessing stand outside their home in Enugu state, Nigeria. At their school, the children received drug treatment for schistosomiasis, a waterborne parasitic infection that damages internal organs. The program is administered with Carter Center assistance.
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A Liberian woman goes about her day in Monrovia. The Carter Center is assisting women in the country with accessing government information that could benefit them.
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Journalist Myriam Vidal Valero snapped this photo of a woman helping a child with his artwork at a Mexican shelter along the U.S. border. She and her reporting partner, Rodrigo Perez Ortega, received a fellowship from The Carter Center that allowed them to follow an evolving story of migrants at the border.
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The Carter Center and the
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support of the Carter Center
founders.
FINANCIAL INFORMATION
Nigerian Martin Sinyong attends a support group meeting for people with lymphatic filariasis, a parasitic disease that causes extreme swelling, especially in legs and genitalia. The Carter Center hosts the group at its office in Jos.
INDEPENDENT AUDITORS' REPORT
REPORT ON THE FINANCIAL STATEMENTS
We have audited the accompanying consolidated financial statements of The Carter Center, Inc. and its subsidiary (the Center), which comprise the consolidated statements of financial position as of August 31, 2020 and 2019, 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 and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States. 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, 2020 and 2019, 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.

Emphasis of Matter
As discussed in Note 2(e) to the consolidated financial statements, in fiscal year 2020, the Center adopted new accounting guidance in connection with its implementation of Accounting Standards Update (ASU) No. 2018-08, Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made. Our opinion is not modified with respect to this matter.

OTHER REPORTING REQUIRED BY GOVERNMENT AUDITING STANDARDS
In accordance with Government Auditing Standards, we have also issued our report dated April 30, 2021, on our consideration of the Center’s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Center’s internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards in considering the Center’s internal control over financial reporting and compliance.

Atlanta, Georgia
April 30, 2021

KPMG LLP
## CONSOLIDATED STATEMENTS OF FINANCIAL POSITION

August 31, 2020 and 2019

<table>
<thead>
<tr>
<th></th>
<th>2020</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$51,231,197</td>
<td>45,791,190</td>
</tr>
<tr>
<td>Accounts receivable:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Due from grant agreements</td>
<td>8,277,909</td>
<td>3,224,737</td>
</tr>
<tr>
<td>Other</td>
<td>371,670</td>
<td>953,055</td>
</tr>
<tr>
<td>Total accounts receivable</td>
<td>8,649,579</td>
<td>4,177,792</td>
</tr>
<tr>
<td>Contributions receivable, net (note 3)</td>
<td>1,650,019</td>
<td>3,163,448</td>
</tr>
<tr>
<td>Inventory (notes 4, 9, and 15)</td>
<td>2,249,366</td>
<td>7,558,523</td>
</tr>
<tr>
<td>Investments (notes 5 and 7)</td>
<td>877,110,169</td>
<td>790,258,610</td>
</tr>
<tr>
<td>Property, plant, and equipment, net (note 6)</td>
<td>4,218,509</td>
<td>4,591,071</td>
</tr>
<tr>
<td>Artwork</td>
<td>2,428,615</td>
<td>2,425,415</td>
</tr>
<tr>
<td>Other assets</td>
<td>320,045</td>
<td>37,501</td>
</tr>
<tr>
<td>Total assets</td>
<td>$947,857,499</td>
<td>858,003,550</td>
</tr>
</tbody>
</table>

| **Liabilities and Net Assets** |                 |             |
| Liabilities:                |                 |             |
| Accounts payable and accrued expenses | $7,774,144  | 7,643,038   |
| Deferred revenue             | 7,424,532     | 2,046,809   |
| Annuity obligations (note 7) | 5,269,965     | 5,321,752   |
| Total liabilities            | 20,468,641    | 15,011,599  |
| Net assets (note 11):        |                 |             |
| Without donor restrictions   | 335,162,115    | 300,681,066 |
| With donor restrictions      | 592,226,743    | 542,310,885 |
| Total net assets             | 927,388,858    | 842,991,951 |
| Commitments and contingencies (notes 7, 8, and 16) |                 |             |
| Total liabilities and net assets | $947,857,499  | 858,003,550 |

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

Year ended August 31, 2020 (with comparative totals for 2019)

<table>
<thead>
<tr>
<th>Without donor restrictions</th>
<th>With donor restrictions</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue and support</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contributions and grants:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating</td>
<td>$ 30,746,390</td>
<td>30,746,390</td>
</tr>
<tr>
<td>Programs:</td>
<td></td>
<td>34,347,587</td>
</tr>
<tr>
<td>Health</td>
<td>3,887,186</td>
<td>52,067,081</td>
</tr>
<tr>
<td>Peace</td>
<td>1,475,361</td>
<td>12,494,600</td>
</tr>
<tr>
<td>Cross-program</td>
<td></td>
<td>142,297</td>
</tr>
<tr>
<td>In-kind gifts (note 9):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>—</td>
<td>259,784,881</td>
</tr>
<tr>
<td>Operating</td>
<td>—</td>
<td>83,419</td>
</tr>
<tr>
<td>Endowment</td>
<td>—</td>
<td>83,962</td>
</tr>
<tr>
<td>Total contributions and grants</td>
<td>36,108,937</td>
<td>319,238,927</td>
</tr>
<tr>
<td>Endowment fund earnings</td>
<td>12,203,719</td>
<td>34,215,421</td>
</tr>
<tr>
<td>Appreciation of endowment investments, net</td>
<td>236,315</td>
<td>19,866,614</td>
</tr>
<tr>
<td>Facilities use income</td>
<td>165,068</td>
<td>109,958</td>
</tr>
<tr>
<td>Interest and investment income</td>
<td>2,867</td>
<td></td>
</tr>
<tr>
<td>Total expenses</td>
<td>374,977,858</td>
<td>236,664,045</td>
</tr>
<tr>
<td>Net assets released from restrictions:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>322,316,891</td>
<td>—</td>
</tr>
<tr>
<td>Peace</td>
<td>13,285,885</td>
<td>—</td>
</tr>
<tr>
<td>Cross-program</td>
<td>235,766</td>
<td>—</td>
</tr>
<tr>
<td>Total revenue and support</td>
<td>409,458,907</td>
<td>459,374,765</td>
</tr>
</tbody>
</table>

### Expenses

<table>
<thead>
<tr>
<th></th>
<th>Without donor restrictions</th>
<th>With donor restrictions</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program:</td>
<td>332,120,018</td>
<td>189,289,549</td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>21,596,904</td>
<td>25,479,577</td>
<td></td>
</tr>
<tr>
<td>Peace</td>
<td>372,475</td>
<td>851,190</td>
<td></td>
</tr>
<tr>
<td>Fundraising</td>
<td>10,435,333</td>
<td>11,247,831</td>
<td></td>
</tr>
<tr>
<td>General and administrative</td>
<td>10,453,128</td>
<td>9,795,898</td>
<td></td>
</tr>
<tr>
<td>Total expenses</td>
<td>374,977,858</td>
<td>236,664,045</td>
<td></td>
</tr>
<tr>
<td>Change in net assets</td>
<td>34,481,049</td>
<td>28,443,366</td>
<td></td>
</tr>
<tr>
<td>Net assets at beginning of year</td>
<td>300,681,066</td>
<td>814,548,585</td>
<td></td>
</tr>
<tr>
<td>Net assets at end of year</td>
<td>$335,162,115</td>
<td>842,991,951</td>
<td></td>
</tr>
</tbody>
</table>

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

Year ended August 31, 2019

<table>
<thead>
<tr>
<th>Revenue and support</th>
<th>Without donor restrictions</th>
<th>With donor restrictions</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions and grants:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating</td>
<td>$34,347,587</td>
<td>—</td>
<td>34,347,587</td>
</tr>
<tr>
<td>Programs:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>17,600,101</td>
<td>25,972,990</td>
<td>43,573,091</td>
</tr>
<tr>
<td>Peace</td>
<td>13,445,087</td>
<td>3,804,510</td>
<td>17,249,597</td>
</tr>
<tr>
<td>Cross-program</td>
<td>—</td>
<td>142,297</td>
<td>142,297</td>
</tr>
<tr>
<td>In-kind gifts (note 9):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>—</td>
<td>116,066,345</td>
<td>116,066,345</td>
</tr>
<tr>
<td>Operating</td>
<td>83,419</td>
<td>—</td>
<td>83,419</td>
</tr>
<tr>
<td>Endowment</td>
<td>—</td>
<td>139,675</td>
<td>139,675</td>
</tr>
<tr>
<td>Total contributions and grants</td>
<td>65,476,194</td>
<td>146,125,817</td>
<td>211,602,011</td>
</tr>
<tr>
<td>Endowment fund earnings</td>
<td>12,142,782</td>
<td>21,031,371</td>
<td>33,174,153</td>
</tr>
<tr>
<td>Appreciation of endowment investments, net</td>
<td>7,398,735</td>
<td>12,467,879</td>
<td>19,866,614</td>
</tr>
<tr>
<td>Facilities use income</td>
<td>354,675</td>
<td>—</td>
<td>354,675</td>
</tr>
<tr>
<td>Interest and investment income</td>
<td>99,466</td>
<td>10,492</td>
<td>109,958</td>
</tr>
<tr>
<td>Net assets released from restrictions:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>166,220,706</td>
<td>(166,220,706)</td>
<td>—</td>
</tr>
<tr>
<td>Peace</td>
<td>3,547,658</td>
<td>(3,547,658)</td>
<td>—</td>
</tr>
<tr>
<td>Cross-program</td>
<td>197,333</td>
<td>(197,333)</td>
<td>—</td>
</tr>
<tr>
<td>Time restricted</td>
<td>105,942</td>
<td>(105,942)</td>
<td>—</td>
</tr>
<tr>
<td>Total revenue and support</td>
<td>255,543,491</td>
<td>9,563,920</td>
<td>265,107,411</td>
</tr>
</tbody>
</table>

### Expenses

<table>
<thead>
<tr>
<th>Program:</th>
<th>Without donor restrictions</th>
<th>With donor restrictions</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>189,289,549</td>
<td>—</td>
<td>189,289,549</td>
</tr>
<tr>
<td>Peace</td>
<td>25,479,577</td>
<td>—</td>
<td>25,479,577</td>
</tr>
<tr>
<td>Cross-program</td>
<td>851,190</td>
<td>—</td>
<td>851,190</td>
</tr>
<tr>
<td>Fundraising</td>
<td>11,247,831</td>
<td>—</td>
<td>11,247,831</td>
</tr>
<tr>
<td>General and administrative</td>
<td>9,795,898</td>
<td>—</td>
<td>9,795,898</td>
</tr>
<tr>
<td>Total expenses</td>
<td>236,664,045</td>
<td>—</td>
<td>236,664,045</td>
</tr>
<tr>
<td>Change in net assets</td>
<td>18,879,446</td>
<td>9,563,920</td>
<td>28,443,366</td>
</tr>
<tr>
<td>Net assets at beginning of year</td>
<td>281,801,620</td>
<td>532,746,965</td>
<td>814,548,585</td>
</tr>
<tr>
<td>Net assets at end of year</td>
<td>$300,681,066</td>
<td>542,310,885</td>
<td>842,991,951</td>
</tr>
</tbody>
</table>

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

**Year ended August 31, 2019**

<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>$ 24,135,836</td>
<td>9,969,435</td>
<td>222,529</td>
</tr>
<tr>
<td>Consulting</td>
<td>6,148,364</td>
<td>3,691,678</td>
<td>41,440</td>
</tr>
<tr>
<td>Communications</td>
<td>1,883,180</td>
<td>399,890</td>
<td>5,191</td>
</tr>
<tr>
<td>Services</td>
<td>390,239</td>
<td>537,120</td>
<td>7,542</td>
</tr>
<tr>
<td>Office and equipment</td>
<td>2,344,319</td>
<td>871,260</td>
<td>15,154</td>
</tr>
<tr>
<td>Vehicles</td>
<td>4,396,751</td>
<td>380,176</td>
<td>21</td>
</tr>
<tr>
<td>Travel/meetings</td>
<td>15,324,859</td>
<td>3,030,147</td>
<td>15,081</td>
</tr>
<tr>
<td>Interventions (note 2(k))</td>
<td>269,148,039</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Other</td>
<td>860,475</td>
<td>120,191</td>
<td>2,716</td>
</tr>
<tr>
<td>Grants</td>
<td>6,936,760</td>
<td>2,193,098</td>
<td>34,906</td>
</tr>
<tr>
<td></td>
<td><strong>331,568,822</strong></td>
<td><strong>21,192,995</strong></td>
<td><strong>344,580</strong></td>
</tr>
</tbody>
</table>

**Common area and depreciation**

|                      | 551,196          | 403,909             | 27,895        | 476,369     | 788,085                    | 2,247,454 |

**Total expenses**

|                      | **$332,120,018** | **21,596,904**      | **372,475**   | **10,435,333** | **10,453,128**              | **374,977,858** |

See accompanying notes to consolidated financial statements.

**CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES**

**Year ended August 31, 2020 (With comparative totals for 2019)**

<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>$ 24,135,836</td>
<td>9,969,435</td>
<td>222,529</td>
</tr>
<tr>
<td>Consulting</td>
<td>6,148,364</td>
<td>3,691,678</td>
<td>41,440</td>
</tr>
<tr>
<td>Communications</td>
<td>1,883,180</td>
<td>399,890</td>
<td>5,191</td>
</tr>
<tr>
<td>Services</td>
<td>390,239</td>
<td>537,120</td>
<td>7,542</td>
</tr>
<tr>
<td>Office and equipment</td>
<td>2,344,319</td>
<td>871,260</td>
<td>15,154</td>
</tr>
<tr>
<td>Vehicles</td>
<td>4,396,751</td>
<td>380,176</td>
<td>21</td>
</tr>
<tr>
<td>Travel/meetings</td>
<td>15,324,859</td>
<td>3,030,147</td>
<td>15,081</td>
</tr>
<tr>
<td>Interventions (note 2(k))</td>
<td>269,148,039</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Other</td>
<td>860,475</td>
<td>120,191</td>
<td>2,716</td>
</tr>
<tr>
<td>Grants</td>
<td>6,936,760</td>
<td>2,193,098</td>
<td>34,906</td>
</tr>
<tr>
<td></td>
<td><strong>331,568,822</strong></td>
<td><strong>21,192,995</strong></td>
<td><strong>344,580</strong></td>
</tr>
</tbody>
</table>

**Common area and depreciation**

|                      | 551,196          | 403,909             | 27,895        | 476,369     | 788,085                    | 2,247,454 |

**Total expenses**

|                      | **$332,120,018** | **21,596,904**      | **372,475**   | **10,435,333** | **10,453,128**              | **374,977,858** |

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

Years ended August 31, 2020 and 2019

<table>
<thead>
<tr>
<th>Cash flows from operating activities</th>
<th>2020</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in net assets</td>
<td>$84,396,907</td>
<td>28,443,366</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>676,025</td>
<td>658,805</td>
</tr>
<tr>
<td>Appreciation of endowment investments, net</td>
<td>(69,407,230)</td>
<td>(19,866,614)</td>
</tr>
<tr>
<td>Appreciation of non-endowment investments, net</td>
<td>(64,044)</td>
<td>(32,033)</td>
</tr>
<tr>
<td>Donated artwork</td>
<td>3,200</td>
<td>6,750</td>
</tr>
<tr>
<td>Contributions restricted for long-term investment</td>
<td>(83,962)</td>
<td>(139,675)</td>
</tr>
<tr>
<td>Net change in inventory balances due to noncash contributions and distributions</td>
<td>5,309,157</td>
<td>1,588,127</td>
</tr>
<tr>
<td>Changes in operating assets and liabilities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>(4,471,787)</td>
<td>(460,292)</td>
</tr>
<tr>
<td>Contributions receivable, net of donor endowment</td>
<td>1,513,429</td>
<td>5,575,896</td>
</tr>
<tr>
<td>Other assets</td>
<td>(282,544)</td>
<td>198,102</td>
</tr>
<tr>
<td>Accounts payable and accrued expenses, deferred revenue, and annuity obligations</td>
<td>6,408,532</td>
<td>1,235,562</td>
</tr>
</tbody>
</table>

Net cash provided by operating activities | 23,991,283 | 17,194,498 |

| Cash flows from investing activities |          |            |
| Purchase of property and equipment, net of related payables | 303,463  | (320,488)  |
| Endowment fund earnings               | (34,215,421) | (33,174,153) |
| Purchase of investments               | 441,410   | (8,248,304) |
| Sale of investments                   | 17,014,369| 39,604,823  |

Net cash used in investing activities | (17,945,925) | (2,138,122) |

| Cash flows from financing activities |          |            |
| Contributions restricted for long-term investment | 83,962   | 8,139,675   |
| Payments on annuities and trusts        | (689,313) | (690,354)   |

Net cash (used in) provided by financing activities | (605,351) | 7,449,321   |

Net change in cash and cash equivalents | 5,440,007 | 22,505,697  |

Cash and cash equivalents at beginning of year | 45,791,190 | 23,285,493  |

Cash and cash equivalents at end of year | $51,231,197 | 45,791,190  |

See accompanying notes to consolidated financial statements.
The Carter Center, Inc. (the Center), 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.

The Center operates programmatically under two main action areas: Peace and Health. The Center 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. The Center operates field offices in various African, Asian, and Latin American countries, as needed, to fulfill its programmatic objectives.

The board of trustees (the Board) of the Center consists of President Carter and Mrs. Carter, the president of Emory University, nine members appointed by Emory University's board of trustees, and 10 members appointed by President Carter and those trustees not appointed by Emory University's board of trustees (Carter Center class of the Center's trustees). Additionally, Emory University's board of trustees has the authority to approve amendments to the Center's articles of incorporation and bylaws. Carter Center of Emory University (CCEU) (an affiliate of CCCI) is a department of Emory University that was established to assist with the operations of the Center'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.

A. Basis of Accounting
The consolidated financial statements of the Center have been prepared on the accrual basis of accounting in conformity with U.S. generally accepted accounting principles.

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

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

Net assets without donor restrictions—Net assets that are not subject to donor imposed stipulations.

Net assets with donor restrictions—Net assets subject to donor imposed stipulations that may or will be met either by actions of the Center and/or the passage of time.

D. Cash and Cash Equivalents
The Center’s cash and cash equivalents represent liquid financial instruments with an original maturity of three months or less that are not invested as part of the investment assets. These amounts, carried at cost, approximate fair value.

E. Contributions
Effective September 1, 2019, the Center adopted Accounting Standards Update (ASU) 2018-08, Clarifying the Scope and Accounting Guidance for Contributions Received and Contributions Made, which clarifies whether grants (or similar transactions) should be accounted for as contributions or exchange transactions and whether contributions are conditional or unconditional. The Center evaluated all grant awards and amendments in effect after this date. The standard was adopted on a modified prospective basis and there were no resultant changes to the opening balance of net assets. Under ASU 2018-08, contributions and grants accounted for as a contribution are conditional if the agreement includes both a donor-imposed barrier that must be overcome and a right of return or
release of funds. The adoption of ASU 2018-08 only impacts revenue that was not recognized at the date of adoption.

Contributions received, including unconditional promises to give, are recognized as revenue when assets or a donor’s unconditional commitment is received. Conditional contributions are recognized as revenue once the conditions are met.

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.

Contributions are considered to be available for use without restriction 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 support that increases net assets with donor restrictions.

Contributed property and equipment is recorded at fair value at the date of donation. If donors stipulate how the assets must be used, the contributions are recorded as support with donor restrictions. In the absence of such stipulations, contributions of property and equipment are recorded as support without donor restrictions.

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 at the date of donation. 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 medication used by the Center to treat diseases that are the subject of the Center’s health programs. 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 investment fund (the Fund) (note 5) are stated at fair value as determined by the manager, Emory University. Emory University’s pooled investments in securities and listed funds are valued using quoted prices in active markets, if available; otherwise, if the market is inactive, fair value is determined by Emory University in accordance with its valuation policy.

Investments in alternative investment fund structures held in the Fund are valued by Emory University using 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) Emory University does not currently have plans to sell the investment for an amount different from NAV.

All other investments are stated at fair value based on quoted market prices. Investment return, including net realized and unrealized gains or losses, is recognized when earned and reported in the consolidated statement of activities.

The values of the investments in the pooled endowment fund determined by Emory University are evaluated by management of the Center who has concluded that such values are reasonable estimates of fair value at August 31, 2020 and 2019.

Investments are exposed to several risks, which may include (but are not limited to) interest rate, liquidity, currency, market, and credit risks. Emory University attempts to manage these risks through diversification, ongoing due diligence of fund managers, and monitoring of economic conditions, though it is at least 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 the Center’s consolidated financial statements.

I. Property, Plant, and Equipment
Property, plant, and equipment are stated at cost at the date of acquisition or at fair value at the 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**
The Center 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 the Center’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 the Center’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. Expenses attributable to more than one functional expense category and the basis for allocation is as follows:

<table>
<thead>
<tr>
<th>Expense</th>
<th>Allocation basis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depreciation</td>
<td>Square footage</td>
</tr>
<tr>
<td>IT department</td>
<td>Estimates of time and costs of specific technology utilized</td>
</tr>
</tbody>
</table>

**L. Federal and Other Government Grants**
Federal and other government grant revenue is recognized as revenue and support without donor restrictions to the extent that the Center incurs actual expenditures under program agreements with federal or other government agencies. Amounts recorded as accounts receivable due from the federal government are for program grant expenses incurred in advance of the reimbursement of funds. Funds received in advance of program grant expenses are recorded as deferred revenue in the consolidated statements of financial position.

For the year ended August 31, 2019, the Center received 4,078,835 GBP ($5,191,352), in support of the Center’s project, Electoral Observation in the Democratic Republic of Congo from the United Kingdom Department for International Development (DFID). DFID also contributed 331,336 GBP ($424,010) during 2019 in support of Building Civil Society Capacity to Improve Industrial Mining Revenue Governance in the Democratic Republic of Congo. Finally, DFID contributed 7,599,756 GBP ($9,610,772) and 6,250,000 GBP ($7,908,053) for the years ended August 31, 2020 and 2019, respectively, in support of Guinea Worm Eradication Program.

For the years ended August 31, 2020 and 2019, Irish Aid contributed 200,000 Euros ($218,596) and 200,000 Euros ($224,576), respectively, to support Advancing Women’s Right of Access to Information in Liberia.

For the year ended August 31, 2020, the Norwegian Ministry of Foreign Affairs contributed 1,000,000 Norwegian Kroner ($94,219) to support Monitoring Elections in Guyana.

For the year ended August 31, 2020, the Swiss Confederation contributed $99,973 to support Monitoring Digital Threats on Social Media in Myanmar.

**M. Tax Status**
The Center 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.

The Center applies Financial Accounting Standards Board (FASB) Accounting Standards Codification Topic 740, Income Taxes (ASC 740), which addresses the accounting for uncertainty in income tax positions. ASC 740 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 the consolidated financial statements requires management to make a number of estimates and assumptions relating to the reported amounts of assets and liabilities, 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 fair value of inventory; fair values of investments without readily determinable fair value; and obligations under split-interest agreements. Actual results could differ from those estimates.

O. Recently Issued Accounting Standards

In May 2014, the FASB issued 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 Center adopted ASU 2014-09 effective September 1, 2019. The adoption of ASU 2014-09 did not have a material impact on the 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. The Center adopted ASU 2016-01 effective September 1, 2019. The adoption of ASU 2016-01 did not have a material impact on the consolidated financial statements.

In November 2019, the FASB issued ASU No. 2016-18, Statement of Cash Flows (Topic 230): Restricted Cash—a Consensus of the FASB Emerging Issues Task Force (ASU 2016-18). The amendments in ASU 2016-18 require that a statement of cash flows explain the change during the period in the total of cash, cash equivalents, and amounts generally described as restricted cash or restricted cash equivalents. Therefore, amounts generally described as restricted cash and restricted cash equivalents should be included with cash and cash equivalents when reconciling the beginning-of-period and end-of-period total amounts shown on the statement of cash flows. The amendments in this ASU do not provide a definition of restricted cash or restricted cash equivalents. The Center adopted this standard in fiscal year 2020. The Center’s adoption of this ASU did not have a material impact on the consolidated financial statements.

In February 2016, the FASB issued ASU No. 2016-02, Leases (Topic 842) (ASU 2016-02). 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, Leases. The accounting applied by a lessor under ASU 2016-02 is largely unchanged from that applied under ASC Topic 840. In June 2020, the FASB issued ASU No. 2020-05 Leases (Topic 842), which delayed the effective date for this standard to fiscal years beginning after December 15, 2021. The Center plans to adopt ASU 2020-05 during the fiscal year ending August 31, 2023. The Center has not yet determined the impact of the new standard on its current policies but does not expect the adoption to have a material impact on the consolidated financial statements.

In March 2019, the FASB issued ASU No. 2019-03, Non-for-Profit Entities (Topic 958)—Updating the Definition of Collections (ASU 2019-03). The amendments in ASU 2019-03 modify the definition of the term collections and require that a collection-holding entity disclose its policy for the use of proceeds from when collection items are deaccessioned (i.e., removed from a collection). If a collection-holding entity has a policy that allows proceeds from deaccessioned collection items to be used for direct care, the ASU requires that the collection-holding entity disclose its definition of direct care. The ASU is effective for annual financial statements issued for fiscal years beginning after December 15, 2019. The Center has not yet determined the impact of the new standard on its current policies.

The FASB issued ASU 2020-07 Not-for-Profit Entities (Topic 958) on Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets, which requires organizations to present contributed nonfinancial assets as a separate line item in the statement of activities, apart from cash and other financial assets. Organizations will also be required to disclose various
information related to contributed nonfinancial assets. The ASU should be applied on retrospective basis and is effective for fiscal years beginning after June 15, 2021. The Center has not yet determined the impact of the new standard on its financial statements.

P. COVID-19

The novel coronavirus (COVID-19) global pandemic has affected many of the countries in which the Center operates. Starting in March 2020, interruptions in business and government operations in these countries have impacted the Center’s planned programming to varying degrees based on the nature of each program. Travel has been severely limited both internationally and within each country.

The Center has taken strong measures to protect its staff, program partners and beneficiaries from the effects of COVID-19, including office closures, required social distancing, adherence to local government requirements, and other general health and safety measures.

Institutional donors have played an important role by granting the Center increased flexibility with their awards through time extensions and budget adjustments. These adjustments, along with additional internal resources, have allowed the Center to maintain its programmatic footprint to continue providing services and be in position to resume full capacity when it is safe to do so.

While COVID-19 related closures and limitations on movement, both globally and in the U.S., are expected to be temporary, the potential continued spread of COVID-19 and its impact on social interaction, economic activity and financial markets may adversely affect the Center’s operations and financial position.

Contributions receivable consist of the following at August 31, 2020 and 2019:

<table>
<thead>
<tr>
<th></th>
<th>2020</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>With donor restrictions:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endowment</td>
<td>$199,323</td>
<td>199,323</td>
</tr>
<tr>
<td>Health</td>
<td>1,450,696</td>
<td>2,914,125</td>
</tr>
<tr>
<td>Cross-program</td>
<td>—</td>
<td>50,000</td>
</tr>
<tr>
<td></td>
<td>$1,650,019</td>
<td>3,163,448</td>
</tr>
</tbody>
</table>

The anticipated receipts of these receivables are as follows at August 31, 2020 and 2019:

<table>
<thead>
<tr>
<th></th>
<th>2020</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than one year</td>
<td>$1,650,019</td>
<td>1,787,902</td>
</tr>
<tr>
<td>One to five years</td>
<td>—</td>
<td>1,400,000</td>
</tr>
<tr>
<td>More than five years</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Less unamortized discount</td>
<td>—</td>
<td>(24,454)</td>
</tr>
<tr>
<td></td>
<td>$1,650,019</td>
<td>3,163,448</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. In the opinion of the Center’s management, all contributions receivable recorded at August 31, 2020 and 2019, are deemed fully collectible.

Inventory was comprised of contributed Zithromax medication in the amount of $2,249,366 and $7,558,523 as of August 31, 2020 and 2019, respectively.
INVESTMENTS

The Center invests the majority of its investments in a pooled investment fund managed and held in trust by Emory University. The Center’s investments also include assets invested for its charitable gift annuities and charitable remainder trusts. These investments are presented in the accompanying consolidated statements of financial position at their fair values.

<table>
<thead>
<tr>
<th>Fair value</th>
<th>2020</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pooled investments held at Emory University</td>
<td>$866,140,055</td>
<td>780,191,924</td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>219,421</td>
<td>60,468</td>
</tr>
<tr>
<td>Fixed-income securities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic mutual funds</td>
<td>4,326,418</td>
<td>3,688,578</td>
</tr>
<tr>
<td>Equities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic stocks</td>
<td>6,320,964</td>
<td>4,795,497</td>
</tr>
<tr>
<td>Domestic mutual funds</td>
<td>103,311</td>
<td>666,433</td>
</tr>
<tr>
<td>International mutual funds</td>
<td>—</td>
<td>855,710</td>
</tr>
<tr>
<td>Total</td>
<td>$877,110,169</td>
<td>790,258,610</td>
</tr>
</tbody>
</table>

As of August 31, 2020, and 2019, respectively, the Center’s investment in the Emory University pooled investment fund totaled $866,140,055 and $780,191,924, representing approximately 11.1% and 11.0% of the pool at each of these dates. The composition of total pooled investments held at Emory University as of August 31, 2020 and 2019, is as follows (in thousands):

<table>
<thead>
<tr>
<th>2020</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-term investments and cash equivalents</td>
<td>$349,199</td>
</tr>
<tr>
<td>Public equity</td>
<td>3,555,706</td>
</tr>
<tr>
<td>Absolute return/fixed income</td>
<td>1,063,652</td>
</tr>
<tr>
<td>Private equity/venture capital</td>
<td>2,148,955</td>
</tr>
<tr>
<td>Real assets</td>
<td>646,793</td>
</tr>
<tr>
<td>Derivative instruments</td>
<td>2,890</td>
</tr>
<tr>
<td>Total</td>
<td>$7,769,195</td>
</tr>
</tbody>
</table>

Based on Emory University’s investment policy statement, investments classified as public equity include global equity securities and commingled funds—equity, as well as alternative investments pursuing such strategies. Absolute return/fixed income investments are comprised of fixed-income securities and commingled funds—fixed income, along with alternative investments pursuing similar credit or opportunistic strategies. Private equity/venture capital includes investments in the private markets, as well as investments in private securities. Real assets include those investments in natural resources and real estate partnerships.

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

PROPERTY, PLANT, AND EQUIPMENT

The components of property, plant, and equipment at August 31, 2020 and 2019, are as follows:

<table>
<thead>
<tr>
<th>2020</th>
<th>2019</th>
<th>Estimated useful lives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land</td>
<td>$636,732</td>
<td>636,732</td>
</tr>
<tr>
<td>Buildings</td>
<td>17,580,412</td>
<td>17,580,412</td>
</tr>
<tr>
<td>Building improvements</td>
<td>2,158,927</td>
<td>2,235,406</td>
</tr>
<tr>
<td>Grounds and land improvements</td>
<td>2,148,955</td>
<td>1,786,839</td>
</tr>
<tr>
<td>Furniture and fixtures</td>
<td>18,652</td>
<td>981,141</td>
</tr>
<tr>
<td>Office equipment</td>
<td>420,627</td>
<td>403,376</td>
</tr>
<tr>
<td>Computer equipment</td>
<td>260,875</td>
<td>154,464</td>
</tr>
<tr>
<td>Total</td>
<td>22,220,737</td>
<td>22,162,793</td>
</tr>
<tr>
<td>Less accumulated depreciation</td>
<td>(18,002,228)</td>
<td>(17,571,722)</td>
</tr>
<tr>
<td>Total</td>
<td>$4,218,509</td>
<td>4,591,071</td>
</tr>
</tbody>
</table>

Depreciation expense totaled $676,025 and $658,805 during 2020 and 2019, respectively.
SPLIT-INTEREST AGREEMENTS

The Center is a beneficiary under several types of split-interest agreements, primarily charitable gift annuities. Under these agreements, the Center 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, the Center 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 the Center believes it has complied with any known restrictions in states in which it has received charitable gifts subject to such restrictions.

The fair value of the assets related to split-interest agreements is included in investments in the accompanying consolidated statements of financial position and totaled $10,970,114 and $10,066,686 at August 31, 2020 and 2019, respectively. The annuity liability related to these agreements is $5,269,965 and $5,321,752 at August 31, 2020 and 2019, respectively. The net change reported for split-interest agreements within operating contributions and grants totaled $1,003,097 and $(104,249) during the years ended August 31, 2020 and 2019, respectively.

LEASES

The Center leases space to various entities under noncancelable operating leases with various terms. The Center leases to CCEU approximately 20% of the Center's space under a lease for a term of 99 years, with a rental payment of $1 per year. A business agreement with the Center's caterer has no annual rent; rather, the Center 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.

IN-KIND GIFTS

The components of in-kind gifts, donated goods, and services for the years ended August 31, 2020 and 2019, are as follows:

<table>
<thead>
<tr>
<th></th>
<th>2020</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication</td>
<td>$259,367,121</td>
<td>115,830,917</td>
</tr>
<tr>
<td>Other</td>
<td>417,760</td>
<td>235,428</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>259,784,881</strong></td>
<td><strong>116,066,345</strong></td>
</tr>
<tr>
<td>Operating:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td>—</td>
<td>83,419</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>259,784,881</strong></td>
<td><strong>116,149,764</strong></td>
</tr>
</tbody>
</table>

Donations of medication were received primarily from two pharmaceutical companies during the years ended August 31, 2020 and 2019.

FAIR VALUE OF FINANCIAL INSTRUMENTS

The Center’s estimates of fair value for financial 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 valuations 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 the Center’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, 2020 and 2019, were approximately $0 and $322,000, respectively, and are classified as Level 3 within the fair-value hierarchy.

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

Net asset value (NAV) was used as a practical expedient estimate of fair value relative to the Center’s interest in the Emory University pooled endowment fund. NAV, in many instances, may not equal fair value that would be determined pursuant to ASC Topic 820. There are no redemption restrictions on the Center with respect to its pooled investments held at Emory University. Investments that are valued using the practical expedient, as described above, are labeled as NAV and are not categorized within the fair-value hierarchy. The Center does not hold any investments that would be categorized as Level 2 or 3 investments as of August 31, 2020 and 2019, respectively.

The following table summarizes the valuation of the Center’s financial instruments, which are recorded at fair value, by the ASC Topic 820 fair-value hierarchy levels as of August 31, 2020:

<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>$51,231,197</td>
<td>—</td>
<td>51,231,197</td>
</tr>
<tr>
<td>Investments:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>219,421</td>
<td>—</td>
<td>219,421</td>
</tr>
<tr>
<td>Fixed-income securities:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic mutual funds</td>
<td>4,326,418</td>
<td>—</td>
<td>4,326,418</td>
</tr>
<tr>
<td>Equities:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic stocks</td>
<td>6,320,964</td>
<td>—</td>
<td>6,320,964</td>
</tr>
<tr>
<td>Domestic mutual funds</td>
<td>103,311</td>
<td>—</td>
<td>103,311</td>
</tr>
<tr>
<td>Interest in Emory University pooled endowment fund</td>
<td>—</td>
<td>866,140,055</td>
<td>866,140,055</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$62,201,311</td>
<td>866,140,055</td>
<td>928,341,366</td>
</tr>
</tbody>
</table>
The following table summarizes the valuation of the Center's financial instruments, which are recorded at fair value, by the ASC Topic 820 fair-value hierarchy levels as of August 31, 2019:

<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>$45,791,190</td>
<td>—</td>
<td>45,791,190</td>
</tr>
<tr>
<td><strong>Investments:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>60,468</td>
<td>—</td>
<td>60,468</td>
</tr>
<tr>
<td>Fixed-income securities:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic mutual funds</td>
<td>3,688,578</td>
<td>—</td>
<td>3,688,578</td>
</tr>
<tr>
<td><strong>Equities:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic stocks</td>
<td>4,795,497</td>
<td>—</td>
<td>4,795,497</td>
</tr>
<tr>
<td>Domestic mutual funds</td>
<td>666,433</td>
<td>—</td>
<td>666,433</td>
</tr>
<tr>
<td>International mutual funds</td>
<td>855,710</td>
<td>—</td>
<td>855,710</td>
</tr>
<tr>
<td>Interest in Emory University pooled endowment fund</td>
<td>—</td>
<td>780,191,924</td>
<td>780,191,924</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$55,857,876</td>
<td>780,191,924</td>
<td>836,049,800</td>
</tr>
</tbody>
</table>

**B. Net Assets With Donor Restrictions**

As of August 31, 2020 and 2019, net assets with donor restrictions are available for the following purposes:

<table>
<thead>
<tr>
<th>Donor-restricted for specified purposes:</th>
<th>2020</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>$14,286,514</td>
<td>17,127,208</td>
</tr>
<tr>
<td>Peace</td>
<td>1,002,950</td>
<td>1,574,857</td>
</tr>
<tr>
<td>Cross-program</td>
<td>15,940,119</td>
<td>831,628</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>31,229,583</td>
<td>19,533,693</td>
</tr>
</tbody>
</table>

Donor-restricted endowments subject to spending policy and appropriation, to support the following purposes:

<table>
<thead>
<tr>
<th>Donor-restricted endowments</th>
<th>2020</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>16,984,633</td>
<td>15,641,445</td>
</tr>
<tr>
<td>Peace</td>
<td>2,457,017</td>
<td>2,279,759</td>
</tr>
<tr>
<td>Cross-program</td>
<td>367,299</td>
<td>340,094</td>
</tr>
<tr>
<td>General activities</td>
<td>541,188,211</td>
<td>504,515,894</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>560,997,160</td>
<td>522,777,192</td>
</tr>
<tr>
<td></td>
<td>$592,226,743</td>
<td>542,310,885</td>
</tr>
</tbody>
</table>

Net assets without donor restrictions include funds internally designated for endowment investment and program funding. These amounts are classified as net assets without donor restrictions due to the lack of explicit donor stipulations that restrict their use. Unrealized gains or losses on internally designated endowment funds are classified as changes in net assets without restrictions.

Of the donor-restricted endowment net assets noted above, $164.9 million as of August 31, 2020 and 2019, respectively, represent donor-restricted endowment corpus. The remaining $396.1 million and $357.9 million
as of August 31, 2020 and 2019, respectively, represent appreciation and reinvested earnings related to the donor-restricted corpus but for which the Center’s management and board have full discretion to use within the donor-stipulated purpose, if any, as noted above.

The Center’s endowment funds consist of individual donor-restricted endowment funds and funds designated by 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.

A. Interpretation of Relevant Law
The Center has interpreted the Uniform Prudent Management of Institutional Funds Act (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, the Center classifies as net assets with donor restrictions (a) the original value of gifts donated to the endowment, (b) the original value of subsequent gifts to the endowment, and (c) accumulations to the endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund.

In accordance with UPMIFA, the Center 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 the Center 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 the Center
- The investment policies of the Center.

The Center invests its endowment assets in a pooled investment fund managed by Emory University. The 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.

B. Return Objectives and Risk Parameters
The Center 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 Emory University’s board of trustees, the endowment assets are invested within risk tolerances of Emory University to provide an expected total return in excess of spending and inflation over the long term.

C. Strategies Employed for Achieving Objectives
To satisfy its long-term return objectives, the Center 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 public equity, absolute return/fixed income, private equity/venture capital, real assets, and derivative instruments to achieve its long-term return objectives within a prudent risk framework.

D. Spending Policy and How the Investment Objectives Relate to Spending Policy
The Center 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 Center considered the expected return on its endowment, including the effect of inflation in setting the annual appropriation amount. Accordingly, the Center 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, 2020:

<table>
<thead>
<tr>
<th></th>
<th>Without donor restrictions</th>
<th>With donor restrictions</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board-designated endowment funds</td>
<td>312,079,961</td>
<td>—</td>
<td>312,079,961</td>
</tr>
<tr>
<td><strong>Total funds</strong></td>
<td><strong>$312,079,961</strong></td>
<td><strong>560,997,160</strong></td>
<td><strong>873,077,121</strong></td>
</tr>
</tbody>
</table>

Endowment funds consist of the following as of August 31, 2019:

<table>
<thead>
<tr>
<th></th>
<th>Without donor restrictions</th>
<th>With donor restrictions</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donor-restricted endowment funds</td>
<td>$—</td>
<td>522,777,192</td>
<td>522,777,192</td>
</tr>
<tr>
<td>Board-designated endowment funds</td>
<td>279,612,167</td>
<td>—</td>
<td>279,612,167</td>
</tr>
<tr>
<td><strong>Total funds</strong></td>
<td><strong>$279,612,167</strong></td>
<td><strong>522,777,192</strong></td>
<td><strong>802,389,359</strong></td>
</tr>
</tbody>
</table>

There were no underwater endowment funds during the fiscal years ended August 31, 2020 or 2019.

Changes in endowment funds for the year ended August 31, 2020, are as follows:

<table>
<thead>
<tr>
<th></th>
<th>Without donor restrictions</th>
<th>With donor restrictions</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endowment funds, August 31, 2019</td>
<td>$279,612,167</td>
<td>522,777,192</td>
<td>802,389,359</td>
</tr>
<tr>
<td>Contributions</td>
<td>379,593</td>
<td>83,962</td>
<td>463,555</td>
</tr>
<tr>
<td><strong>Investment return:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endowment fund earnings</td>
<td>12,203,719</td>
<td>22,011,702</td>
<td>34,215,421</td>
</tr>
<tr>
<td>Appreciation of endowment investments, net</td>
<td>24,906,326</td>
<td>44,500,904</td>
<td>69,407,230</td>
</tr>
<tr>
<td><strong>Total investment return</strong></td>
<td>37,110,045</td>
<td>66,512,606</td>
<td>103,622,651</td>
</tr>
<tr>
<td>Appropriation of endowment assets for expenditure</td>
<td>(5,021,844)</td>
<td>(28,376,600)</td>
<td>(33,398,444)</td>
</tr>
<tr>
<td>Endowment funds, August 31, 2020</td>
<td><strong>$312,079,961</strong></td>
<td><strong>560,997,160</strong></td>
<td><strong>873,077,121</strong></td>
</tr>
</tbody>
</table>

Changes in endowment funds for the year ended August 31, 2019, are as follows:

<table>
<thead>
<tr>
<th></th>
<th>Without donor restrictions</th>
<th>With donor restrictions</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endowment funds, August 31, 2018</td>
<td>$274,456,965</td>
<td>497,431,956</td>
<td>771,888,921</td>
</tr>
<tr>
<td>Contributions</td>
<td>111,769</td>
<td>139,675</td>
<td>251,444</td>
</tr>
<tr>
<td><strong>Investment return:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endowment fund earnings</td>
<td>12,142,782</td>
<td>21,031,371</td>
<td>33,174,153</td>
</tr>
<tr>
<td>Appreciation of endowment investments, net</td>
<td>7,398,735</td>
<td>12,467,879</td>
<td>19,866,614</td>
</tr>
<tr>
<td><strong>Total investment return</strong></td>
<td>19,541,517</td>
<td>33,499,250</td>
<td>53,040,767</td>
</tr>
<tr>
<td>Appropriation of endowment assets for expenditure</td>
<td>(14,498,084)</td>
<td>(8,293,689)</td>
<td>(22,791,773)</td>
</tr>
<tr>
<td>Endowment funds, August 31, 2019</td>
<td><strong>$279,612,167</strong></td>
<td><strong>560,997,160</strong></td>
<td><strong>873,077,121</strong></td>
</tr>
</tbody>
</table>
LIQUIDITY AND AVAILABILITY OF FINANCIAL ASSETS

The Center’s financial assets available for general expenditure within one year of August 31, 2020 and 2019, are as follows:

<table>
<thead>
<tr>
<th></th>
<th>2020</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total assets</td>
<td>$947,857,499</td>
<td>858,003,550</td>
</tr>
<tr>
<td>Less:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net assets with donor restrictions for specified purpose, net of endowment and inventory</td>
<td>(28,980,217)</td>
<td>(11,975,170)</td>
</tr>
<tr>
<td>Donor-restricted and board-designated endowment funds</td>
<td>(873,077,121)</td>
<td>(802,389,359)</td>
</tr>
<tr>
<td>Inventory</td>
<td>(2,249,366)</td>
<td>(7,558,523)</td>
</tr>
<tr>
<td>Property and equipment</td>
<td>(4,218,509)</td>
<td>(4,591,071)</td>
</tr>
<tr>
<td>Artwork</td>
<td>(2,428,615)</td>
<td>(2,425,415)</td>
</tr>
<tr>
<td>Other assets</td>
<td>(320,045)</td>
<td>(37,501)</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>(7,424,532)</td>
<td>(2,046,809)</td>
</tr>
<tr>
<td>Annuity obligations</td>
<td>(5,269,965)</td>
<td>(5,321,752)</td>
</tr>
<tr>
<td><strong>$23,889,129</strong></td>
<td><strong>21,657,950</strong></td>
<td></td>
</tr>
</tbody>
</table>

The primary sources of liquidity for the Center are cash accounts at headquarters and in the field. The Center structures its financial assets to be available as its general expenditures, liabilities, and other obligations come due. In the event of unanticipated liquidity needs, the Center’s board of trustees may consider utilizing a portion of the Center’s endowment classified as without donor restrictions.

RELATED-PARTY TRANSACTIONS

Emory University provides certain administrative functions to the Center, including, but not limited to, payroll administration, investment management, information technology, and legal services. The Center paid Emory University $638,557 and $622,980 during the years ended August 31, 2020 and 2019, respectively, for the provision of these services.

Emory University made unrestricted contributions to the Center of $753,911 and $740,064, respectively, during the years ended August 31, 2020 and 2019. In addition, CCEU made unrestricted contributions to CCCI, primarily related to endowment earnings at CCEU, of $468,592 and $459,987 during the years ended August 31, 2020 and 2019, respectively.

THE CARTER CENTER COLLABORATIVE, INC. (CCCI)

CCCI received donations of in-kind goods for the benefit of the Center totaling $259,367,121 and $115,830,917, respectively, during the years ended August 31, 2020 and 2019, that are included in the accompanying consolidated statements of activities. Expenses totaling $264,676,278 and $117,445,704 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, 2020 and 2019, respectively. Inventory related to these goods for CCCI totaled $2,249,366 and $7,558,523 as of August 31, 2020 and 2019, respectively, and is included in the accompanying consolidated statements of financial position.

COMMITMENTS AND CONTINGENCIES

Federal Financial Assistance

Federally funded programs are routinely subject to special audits that could result in claims against the resources of the Center. 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 the Center.

SUBSEQUENT EVENTS

The Center has evaluated subsequent events from the financial reporting date through April 30, 2021, the date at which the consolidated financial statements were available to be issued. There were no additional matters requiring disclosure as of this date.
Jacob Banza Mpiana, who lives in Katanga, the mining capital of the Democratic Republic of the Congo, once had his family's land seized by the Chemaf mining company. The Carter Center is working to increase transparency and accountability in the country’s lucrative mining industry.
OUR COMMUNITY
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

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

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

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

**Europe**
26. Albania
27. Bosnia and Herzegovina
28. Estonia
29. Romania
30. Russia
The Carter Center sponsors a competitive internship program, bringing to Atlanta college students and recent graduates from universities around the world each semester. Interns and graduate assistants play a vital role in helping The Carter Center accomplish its peace and health initiatives, and interns serve in many capacities around the Center. In turn, The Carter Center provides a substantive learning experience that serves as a basis for interns to explore their career options and to develop professional skills. The 2019–2020 class of interns and graduate assistants numbered 111 students and recent graduates from 11 countries who spoke 31 languages. Over its history, The Carter Center has had 3,501 interns.
FRIENDS OF THE INTER-AMERICAN DEMOCRATIC CHARTER

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

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

J. Peter Figueroa, Ph.D.
Professor of Public Health, Epidemiology and HIV/AIDS
University of the West Indies

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

Kashf Ijaz, M.D., M.P.H.
Vice President for Health Programs
The Carter Center

Fernando Lavadenz, M.D., M.P.H.
Senior Health Specialist
Health, Nutrition, and Population
The World Bank

Mwelecele Malecela, Ph.D., M.Sc.
Director, Department of Control of Neglected Tropical Diseases
World Health Organization

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

Ana Morice, M.D., M.Sc., M.P.H.
Independent Consultant

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

W. William Schluter, M.D., M.S.P.H.
Director, Global Immunization Division
U.S. Centers for Disease Control and Prevention

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

Jordan Tappero, M.D., M.P.H.
Senior Program Officer, Neglected Tropical Diseases
Bill & Melinda Gates Foundation

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Professor of Immunology and Infectious Diseases
Harvard School of Public Health
Director of Harvard Malaria Initiative

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César Gaviria
Former President of Colombia

John Graham
Chair Emeritus, Canadian Foundation for the Americas

Osvaldo Hurtado
Former President of Ecuador

Torquato Jardim
Former Justice of the Superior Electoral Tribunal of Brazil

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

Luis Alberto Lacalle
Former President of Uruguay

Samuel Lewis
Former Vice President of Panama

Jennie K. Lincoln
(Executive Secretary)
Senior Advisor for Latin America and the Caribbean, The Carter Center

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

John Manley
Former Minister of Foreign Affairs of Canada

Diego Abente Brun
Former Minister of Justice and Labor of Paraguay

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

Nicolas Ardito Barletta
Former President of Panama

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

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

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

Humberto de la Calle
Former Vice President of Colombia

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

Fernando Henrique Cardoso
Former President of Brazil

Jimmy Carter
Former President of the United States of America

Jorge Castañeda
Former Minister of Foreign Affairs of Mexico

Joe Clark
Former Prime Minister of Canada

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

Alejandro Foxley
Former Minister of Foreign Affairs of Chile

Enrique García
Former Executive President of the Development Bank of Latin America

Diego García-Sayán
Former Foreign Minister of Peru

César Gaviria
Former President of Colombia

John Graham
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John Manley
Former Minister of Foreign Affairs of Canada

Carlos Mesa
Former President of Bolivia

Andrés Pastrana
Former President of Colombia

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

Sergio Ramírez
Former Vice President of Nicaragua

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

Bruno Stagno
Former Foreign Minister of Costa Rica

Eduardo Stein
Former Vice President of Guatemala

Martín Torrijos
Former President of Panama

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

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

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William R. Beardslee, M.D.
Director, Baer Prevention Initiatives, Boston Children’s Hospital
Pamela Collins, M.D., M.P.H.
Professor of Psychiatry and Behavioral Sciences, University of Washington
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Etheleen Iron Cloud-Two Dogs, M.S.
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Partner, Nelson, Mullins, Riley and Scarborough, LLP
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Professor and Chief Psychologist, Department of Psychiatry and Behavioral Sciences, Emory University
Jennifer Olsen, D.Ph., M.P.H.
Executive Director, Rosalynn Carter Institute for Caregivers
Ruth Perou, Ph.D.
Behavioral Scientist, National Center on Birth Defects and Developmental Disabilities, U.S. Centers for Disease Control and Prevention
Sally Engelhard Pingree
President, The S. Engelhard Center; Trustee, The Charles Engelhard Foundation
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Director, Office of Behavioral Health Equity, SAMHSA

THE CARTER CENTER MENTAL HEALTH TASK FORCE

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

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Carter Center Mental Health Task Force Liaison
Caroline S. Claus-Ehlers, Ph.D.
Associate Professor, Rutgers University
Benjamin G. Druss, M.D., M.P.H.
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Deputy Director, SAMHSA-HRSA, Center for Integrated Health Solutions
Katie Hawkins-Gaar
Digital Innovations Faculty, Foyner
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Arlene Morgan
Assistant Dean, School of Media and Communication, Temple University

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Clinical Psychologist, Founder, Managing Director, The LightHouse Arabia, United Arab Emirates

Iman Ben Chaibah
Founder, Sail Magazine and Publishing, United Arab Emirates
Nick Bradshaw
Director of Partnerships and Outreach, World Innovation Summit for Health, Qatar
Dr. Victor Manuel Garcia Perdomo
Professor of the Communication School, Universidad de La Sabana, Colombia
Yahira R Guzmán-Sabogal
Professor of Psychiatry, Faculty of Medicine, Universidad de La Sabana, Colombia
Leonard Stall
Chairman, Touchline, United Arab Emirates
Dr. Justin Thomas
Associate Professor of Psychology, Zayed University, United Arab Emirates

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The stars shine bright over this village in South Sudan, where The Carter Center is fighting Guinea worm disease. The country reported just one human case of the disease in 2020.