annual report 2021.

CELEBRATING 40 YEARS

THE CARTER CENTER

A MESSAGE FROM
PRESIDENT JIMMY CARTER

When we founded The Carter Center in 1982, Rosalynn and I never dreamed that it would eventually embody such a vast array of global challenges in peace and health. Thank you for helping us create an enduring force for progress and a beacon of hope for the world’s most forgotten people.

Jimmy Carter

On the cover: A group of children from southwestern Niger run through their community. The Carter Center is fighting trachoma in five African countries.
of waging peace, fighting disease, and building hope.

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Children wait with their mothers outside a polling center in Valencia, Venezuela, where The Carter Center sent a small expert group to monitor November 2021 elections.
The Carter Center

at a glance.

OVERVIEW
The Carter Center was founded by former U.S. President Jimmy Carter and his wife, Rosalynn, in 1982. A nongovernmental organization, the Center has helped to advance peace and health in more than 80 countries.

KEY ACCOMPLISHMENTS
• Leading an eradication campaign that has reduced incidence of Guinea worm disease from an estimated 3.5 million human cases in 1986 to just 15 in 2021
• 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 tropical 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 in the United States and globally

DONATIONS
The Center received $292 million in cash, pledges, and in-kind gifts in 2020–2021. The Center is a 501(c)(3) charitable organization, financed by private donations from individuals, foundations, corporations, governments, 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 more than 3,100 in country offices around the world
In Léogâne, Haiti, Carter Center staff member Dr. Luccene Desir exits a vocational training center for people with lymphatic filariasis, a parasitic disease that can cause extreme swelling. Desir oversees the Center’s program to eliminate malaria and lymphatic filariasis from Haiti and the Dominican Republic.
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 vacancies, 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.
The Carter Center is celebrating the 40th anniversary of its founding in 1982. Enjoy this collection of highlights from four decades of work, benefiting millions of people around the world.

1980s

1. The Carter Center is founded at Emory University. 1982

2. Former First Lady Rosalynn Carter convenes the first Rosalynn Carter Symposium on Mental Health Policy. 1985

3. Carter Center begins leading the international campaign to eradicate Guinea worm disease. 1986

4. The 30-acre Carter Center campus opens in Atlanta. 1986

5. Partnership begins with the Sasakawa Africa Association, leading to dramatically improved grain production in 15 countries. 1986

6. The International Task Force for Disease Eradication is established at The Carter Center. 1988

7. The Carter Center conducts its first election observation, in Panama. 1989

8. Former U.S. President Jimmy Carter undertakes peace initiatives that lead to resumption of dialogue between North Korea and the United States, help Haiti avert a U.S.-led invasion, and produce a four-month cease-fire between Bosnian Muslims and Serbs in the former Yugoslavia. 1994

1990s
9. President Carter negotiates the “Guinea worm cease-fire” in Sudan, halting a civil war for nearly six months to allow health workers to treat diseases and provide vaccines and supplements. 1995

10. Facilitated by President Carter, a summit of presidents from the Great Lakes region of Africa examines how to begin the safe return of Rwandan refugees; stop the cycle of violence in Burundi; and promote peace, reconciliation, and justice in the region. 1995

11. Rosalynn Carter Fellowships for Mental Health Journalism are established. 1997


14. The Carter Center begins a long-term project to help villages in China conduct democratic elections. 1998

15. The Carter Center adds lymphatic filariasis, schistosomiasis, and trachoma to its portfolio of neglected tropical disease programs. 1998–99

16. The Center observes the first democratic elections ever held in Indonesia. 1999

17. President Carter and The Carter Center mediate a peace agreement between Sudan and Uganda. 1999

2000s

18. At Fidel Castro’s invitation, President and Mrs. Carter lead a visit to Cuba by a Carter Center delegation. 2002

19. President Carter is awarded the Nobel Peace Prize for a lifetime of peacemaking and humanitarian work, much of it through The Carter Center. 2002

20. The Carter Center brings to Atlanta human rights defenders from 41 nations for a historic conference. 2003

21. The Carter Center observes the Democratic Republic of the Congo’s first multiparty elections in 40 years. 2006
22. Rosalynn Carter testifies before Congress as it considers landmark mental health legislation. 2007

23. Colombia becomes the first country to eliminate river blindness with assistance from The Carter Center and its partners. 2007

24. The Carter Center initiates a cross-border plan to eliminate malaria and lymphatic filariasis in Haiti and the Dominican Republic. 2008

25. President Carter leads a study mission to the Middle East to support peace, democracy, and human rights in the region. 2008

26. During a private humanitarian mission to North Korea, President Carter gains the release of Aijalon Gomes, an American teacher who had been imprisoned for illegally entering the country. 2010

27. After 11 years of Carter Center assistance, Ghana meets the World Health Organization criteria to declare that the bacterial eye disease trachoma is no longer a public health problem. 2010

28. The Carter Center deploys 122 observers to monitor a referendum that leads to the establishment of the Republic of South Sudan as an independent nation. 2011

29. Transmission of river blindness is interrupted in the isolated desert region of Abu Hamad in Sudan, signaling the efficacy of mass drug administration. 2012

30. Nasarawa and Plateau states become the first states to stop transmission of lymphatic filariasis in Nigeria, Africa’s most endemic country, demonstrating that eradication of the disease is possible. 2013
31. The Carter Center reports 148 cases of Guinea worm disease, a dramatic decline from the 542 cases reported the previous year. 2013

32. The Carter Center, in partnership with Liberia’s government, exceeds its goal of training 150 mental health clinicians. 2015

33. President Carter leads a delegation observing the Center’s 100th election, in Guyana. 2015

34. The Carter Center and partner Palantir Technologies release a robust, real-time Syria conflict map to assist humanitarian groups. 2016

35. Carter Center’s health programs celebrate in Nigeria the distribution of 500 million doses of medication to combat five neglected tropical diseases in 14 countries in Africa and Latin America. 2016

36. The Carter Center releases a comprehensive report on the Democratic Republic of the Congo’s state-owned mining company, Gécamines, and its most important investment partners. 2017

37. The Carter Center is named the official Independent Observer of the 2015 peace agreement that ended the civil war in Mali. 2017

38. The Carter Center assesses a post-election audit in Georgia to help bolster confidence in the U.S. election results. 2020

39. Rosalynn Carter’s 50 years of mental health leadership is honored in a bipartisan U.S. House of Representatives resolution, followed by recognition from the World Health Organization the following year. 2020

40. At a summit organized by The Carter Center and attended by WHO Director-General Dr. Tedros A. Ghebreyesus, representatives of several countries pledge to devote all resources needed to halt Guinea worm disease. 2022
A woman sells maize flour in a Lubumbashi market in the Democratic Republic of the Congo. The Carter Center has been working in the country for more than a decade to bolster human rights and increase government transparency in the mining sector.
After 40 Years, It’s Not Easy, But It’s Worth It

If four decades of work has taught us anything, it’s that there are no quick solutions to big problems.

We may wish or hope or even believe that things will just work out on their own, or with only a little effort. Almost always, that is just not so.

Free and fair elections don’t just happen. The first election we observed, in Panama in 1989, turned out to be fraudulent and fraught with danger. Over the years, we have monitored 113 elections in 39 countries.

Tropical diseases don’t just go away. When we started working on Guinea worm disease in 1986, there were an estimated 3.5 million cases in 21 countries around the world. That number was brought down to just 15 cases in four countries in 2021, but challenges remain.

Since its founding in 1982, the Carter Center's achievements have required a lot of hard work over a very long term. Maintaining success requires commitment, patience, and a certain measure of stubbornness.

Some countries have needed us to come back to observe multiple elections while democracy slowly finds its footing and gains strength. We’ve monitored elections in Mozambique and Timor-Leste four times and several other countries three times.

Eliminating diseases like river blindness and lymphatic filariasis requires years of painstaking scientific study to back up repeated rounds of mass drug administration.

Challenges to freedom crop up in new places and in new forms all the time, and we must never grow weary of supporting human rights defenders.

But we are always in the arena, always pushing, always seeking to help create a healthier, more just world.

Our accomplishments also require consistent support, which you have continued to supply for 40 years. Without you, we can do nothing. With you, we can do almost anything.

Jason Carter
Chairman
Board of Trustees

Paige Alexander
Chief Executive Officer
peace programs.
Two girls chat in a town square in Yunnan Province, China. Carter Center programming aims for better collaboration between the United States and China.
Continuing its U.S.-focused programming launched around the 2020 elections, The Carter Center held five virtual events with the Baker Institute for Public Policy, focusing on key areas of potential election reform and completing a joint report with recommendations. The Center also published a report detailing key actors and methods involved in the spread of dis- and misinformation connected to the Jan. 6, 2021, Capitol insurrection. Looking toward the 2022 U.S. elections, the Center developed a candidate code of conduct for use in targeted races and completed initial research on possible domestic election observation programs in states including Michigan, Arizona, and New Mexico. Internationally, The Carter Center deployed limited election observation missions to Zambia and Venezuela, navigating the pandemic environment while assessing targeted electoral issues and providing recommendations for reform. In addition, the Center continued to support civil society partners in the Democratic Republic of the Congo, Liberia, Sudan, Tunisia, and Zambia. Finally, the Center expanded its approaches to addressing digital threats to democracy with projects in Ethiopia, Ecuador, Myanmar, and Honduras.

The Carter Center began contributing to preparations for the 2022 Summit of the Americas with a special meeting of the Organization of American States. In Colombia, The Carter Center continued its role of monitoring the implementation of the 2016 peace accords and collaborated with local partner Misión de Observación Electoral in analysis of the preparations for the 2022 elections. The Center worked with the Inter-American Dialogue on a political transition memo for the Biden administration’s consideration of the crisis in Nicaragua and joined the international outcry against political repression and unjust imprisonment of political opposition members. The Center accepted an invitation from Venezuela to send an electoral mission for the regional and municipal elections in November. The mission’s report documented noncompliance with international standards and made recommendations for changes to be considered for the 2024 presidential elections. The Carter Center also briefed the U.S. Congress, State Department, and National Security Agency senior director for Latin America.

Venezuelans wait to vote at a polling station in Caracas. The Carter Center conducted a limited election observation mission there in November 2021.
VENEZUELAN VOTERS WELCOME CARTER CENTER’S PRESENCE

Venezuela has been in a well-documented political crisis for several years, but people there were still happy to turn out to vote in municipal and regional elections in November 2021—and they were pleased to see a Carter Center expert mission team present. Expert missions are small delegations sent to assess limited aspects of elections.

“Thanks for coming and supporting our democracy here in Venezuela,” said a man waiting in line to vote. “Your presence here is very important because you can see that we are voting. We are exercising democracy here.”

Venezuelans understand the importance of expressing their will through the ballot box.

“It is easy to stay home and say this and that, but if I don’t exercise my right to vote as the constitution says, as a Venezuelan citizen, as a young citizen, then I feel that I shouldn’t complain or ask for changes,” one woman said. “This is why I’m here.”
YOUTH IN SUDAN LOOK TO THE FUTURE

In 2019, Sudanese youth took to the streets for protests and sit-ins that led to the ouster of the dictator who ruled their country for almost 30 years.

Now, despite a coup in the fall of 2021, The Carter Center is helping to ensure that young people continue to have a voice in determining Sudan’s future. In early 2021, the Center deployed young surveyors and data managers across the country to learn what youth think should be their government’s top priorities. Their findings indicate they are optimistic about the future and keen to support a transition to democracy.

The Center is now working to develop and train a youth citizen observer network. They will report on what’s happening in their local communities and whether the government and others are living up to their obligations.

Ben Spears, who helps run the project for the Center, said, “If young people feel engaged rather than sidelined, the country’s transition to democracy is much more likely to be a success.”
In Sudan, The Carter Center canvassed more than 7,000 youth to inform international and Sudanese government leadership about their views, cementing the Center’s emergence as a bridge for youth, increasingly important after the October 2021 coup. Seven publications on how sanctions can be used for conflict resolution proposed a step-by-step approach to Syria that is being accepted by others, and this work contributed to keeping Syria’s Bab-al Hawa border crossing open, avoiding a humanitarian crisis. As the Independent Observer of the 2015 Mali peace agreement, the Center provided analysis and recommendations that helped address and avoid impasses. Additionally, the Center brought stakeholders together to secure access into previously inaccessible areas in central Mali, resulting in a 90% reduction in violence, increased Guinea worm investigations, and health service provision. The Center supported Israeli and Palestinian civil society organizations on an equal rights-based approach to peacebuilding.

In Georgia, North Carolina, and Florida, the Center began building cross-partisan local networks to strengthen democratic norms and mitigate violence, including hosting forums with business, legal, religious, and business groups.

The Carter Center, through its Forum on Human Rights, hosted 10 roundtables on topics such as the impact of COVID-19, safeguarding elections, economic inequality, and an ongoing series on using art to achieve social justice. The Center convened the first Evangelical Round Table on Truth Telling and Racial Justice, which explored the role of evangelical institutions in slavery, Jim Crow, and current challenges. The Center is continuing to explore the feasibility of creating a secure data repository of threats and attacks on rights defenders to strengthen protection and mitigation strategies. The Center began a new initiative, I-Policy, aimed at educating U.S. policymakers on threats to democracy in India by amplifying the voices of Indian human rights defenders. In the Democratic Republic of the Congo, the Center advanced crucial programming with civil society, government, and private sector partners to promote human rights and good governance in the mining sector; advocate for women’s rights, representation, and economic stability; and bolster protections for human rights defenders.
Cities around the world participating in the Inform Women, Transform Lives campaign designed and painted murals to raise public awareness about the power of information.

The Carter Center’s Rule of Law Program works to advance accountability, transparency, information and justice to build trust in government and improve lives, particularly of women and other marginalized groups. In 2021, the Inform Women, Transform Lives campaign launched with 12 major cities working to increase awareness about women’s right to information and reach women with services. In Bangladesh, Guatemala, and Liberia, the program helped thousands of women access information to improve their lives, such as Guatemalan women receiving seeds to grow food, Bangladeshi women benefiting from government allowances, and Liberian women receiving college scholarships. Additionally, the program supported six new civil society partners in Liberia to provide community justice services; supported development of the first alternative dispute resolution policy; and increased 19,000 citizens’ understanding of the formal justice system. The program also raised awareness among 1,500 Liberian police officers and 340,000 citizens about new complaints and commendations mechanisms and expanded security sector accountability efforts to other Liberian agencies and Costa Rica.

The Carter Center continues to reach increasingly higher levels of public engagement on U.S.-China relations, helping to organize 50 webinars on the subject in 2021. With the launch of The Pulse, its survey of Chinese public opinion, and its U.S.-China Opinion Leader Profile Series, the Carter Center’s English-language website grew 95% in online viewership, and its Chinese-language website viewership remains strong with nearly 12 million unique visitors in 2021.
WOMEN’S KNOWLEDGE IS POWER

Information in the right hands has the power to transform lives. The fundamental right of access to information is critical for both governments and the people they serve and is particularly crucial for women. It provides for a more meaningful voice, enabling women to participate in public life, access public services, and make better decisions for themselves, their families, and their communities.

In 2021, The Carter Center teamed up with 12 international cities for a new campaign: Inform Women, Transform Lives. The cities came up with creative ways to raise awareness about the transformative power of information. They put up signs in transportation hubs. They designed and painted murals. They installed messages in parks and public squares. And they celebrated the many ways access to information can improve the lives of women and communities. And 7,000 people signed an online pledge to create a world where all people can access the information that could transform their lives.
health programs.
With the progress made by The Carter Center and its partners, these South Sudanese children may never know the suffering caused by Guinea worm disease. Just four cases of this parasitic disease were reported in South Sudan in 2021.
Only 15 human cases of Guinea worm disease were reported in 2021, a 48% decline from 2020, and the lowest annual case total since the program began. Chad reported eight cases; South Sudan reported four; Mali reported two; and Ethiopia reported one. There was a 46% decline in animal infections over the same period, with 863 reported in 2021. The sharp reductions are especially notable in light of the ongoing COVID-19 pandemic and significant security challenges in some endemic countries. While international health workers and researchers are vital to the success of the program, the day-to-day leadership and work of maintaining community awareness and education about Guinea worm, along with monitoring for infections, filtering drinking water, and protecting water sources from contamination, are largely the domain of community and family members.

The Carter Center works with ministries of health in Latin America and Africa to eliminate river blindness, a leading cause of preventable blindness worldwide. Provisionally in 2021, the program assisted with distribution of 25 million Mectizan® treatments (donated by Merck & Co, Inc., Kenilworth, N.J., USA).

In the Americas, where transmission persists only among 35,000 indigenous people living in the Amazon Rainforest, an airplane landing strip was constructed in the Siapa Valley, Venezuela, opening access to 16 communities. In Nigeria, the world’s most endemic country for river blindness, Plateau and Nasarawa became the country’s first two states to achieve transmission elimination, while Delta state met criteria to stop treatment and begin post-treatment surveillance, benefiting 7.5 million people collectively. Three districts with more than half a million people in Ethiopia also met criteria to stop treatment. In Uganda, the country closest to river blindness elimination in Africa, three areas completed post-treatment surveillance, meaning that 11 of the 17 formerly endemic foci have achieved elimination, and over 4.8 million people are now free of river blindness.
VILLAGE YOUTH LEAD GUINEA WORM FIGHT

The residents of a cluster of villages in remote western Ethiopia are doing everything they can to protect humans and animals from Guinea worm disease.

Even young people are getting into the act. Three villages in Gog woreda have a cadre of “youth ambassadors” who put on skits to educate other children and adults about Guinea worm disease and how to avoid it. Some of them go through the village daily inspecting dogs for signs and symptoms of Guinea worm infection and talking with their neighbors about the importance of keeping the animals tethered to help stop the spread of the disease and making sure they get enough exercise. One village has a fenced area where dogs can play without running the risk of contaminating water sources. On some weekends, the youths get together to build or repair doghouses for elderly residents.

Together with workers from the local government and The Carter Center, community members are heading the charge against Guinea worm disease.
IN SOUTH SUDAN, SURGEONS TRAVEL TO TREAT TRACHOMA

There is a constant need in South Sudan for surgeons to treat the advanced stages of trachoma, when scarring of the eyelid causes a person’s eyelashes to turn inward and painfully scratch the cornea. Untreated, it can lead to blindness.

The country has qualified surgeons, but they are found mostly in the capital city, Juba, not in the rural areas where most of the need exists. Through a new partnership that includes The Carter Center, surgeons based in Juba are recruited to travel to remote locations to conduct two-week surgical campaigns.

In two counties in Eastern Equatoria state in May and July 2021, 141 people received eyelid surgery, 90% of them women. Many patients walked for hours to reach the surgery sites. After their procedures, patients were provided food and a place to sleep for the night as they waited for their bandages to be removed the next day.

This arrangement is a double win as it delivers treatment to the people who need the sight-saving surgery and provides an opportunity for surgeons to maintain their skills and help their fellow citizens.
About 1.7 million children in Nigeria received the drug praziquantel (donated by Merck KGaA) to prevent schistosomiasis via school-based treatments in 2021. The Carter Center supports the Nigeria Federal Ministry of Health to control this parasitic infection. Schistosomiasis is spread via snails in freshwater where children swim or conduct household chores; the disease leads to anemia and stunted growth.

In 2021, The Carter Center assisted with more than 14,000 sight-saving eye surgeries in Ethiopia, Mali, Niger, South Sudan, and Sudan and distributed 15.2 million doses of Zithromax® (donated by Pfizer Inc). The vast majority of this work occurred in Ethiopia. In Mali, the Center conducted prevalence surveys in two districts, which showed that the disease elimination threshold had been achieved, leaving just two districts to meet the criteria for trachoma to be considered eliminated as a public health problem. Niger performed more than 2,800 eye surgeries despite continued reductions in cases of severe trachoma detected, insecurity, and COVID-19. In South Sudan, two impact surveys in Kapoeta South and Kapoeta East showed an 81% reduction in trachomatous inflammation-follicular prevalence. In Sudan, four trachoma surveillance surveys and one impact survey were conducted. All but one locality remained below the elimination threshold, meaning more than 1 million people no longer require mass drug administration for trachoma.
The Carter Center supports the ministries of health in Ethiopia and Nigeria to eliminate transmission of the debilitating parasitic disease lymphatic filariasis, which can cause severe swelling in a person's limbs. The Center distributes the drugs Mectizan® (donated by Merck & Co., Inc.) and albendazole (donated by GSK) to stop mosquitoes from transmitting the disease. Three districts in Ethiopia, with a population of about 260,000, met World Health Organization criteria to stop mass drug administration for lymphatic filariasis. About 1.4 million people nationwide no longer need drug treatment for the disease. Nigeria achieved similar success, with nearly 3 million people no longer needing drug treatment, bringing the total population protected to over 10 million in Carter Center-assisted areas of Nigeria.

GROUP HELPS WITH PHYSICAL CARE, MENTAL HEALING

The parasitic disease lymphatic filariasis does more than make people’s limbs irreversibly swell to huge proportions. It impacts all aspects of life.

“The disease has affected me in many ways,” says Mercedes Sola of the Dominican Republic, who has lived with the disease for 30 years. She said lymphatic filariasis stole her youth and impacted her ability to make a living. “I used to feel embarrassed when people stared at me,” she said.

A vital source of comfort for Sola is the Hope Club, a support group where people living with lymphatic filariasis can meet to share stories, tips for living, and encouragement. The group was created in conjunction with The Carter Center, which is working to eliminate lymphatic filariasis and malaria in the Dominican Republic and Haiti.

Despite the challenges of living with disfigurement, Sola maintains optimism for the future.

“God willing,” she said, “the Haitian people and the Dominicans will join together to dominate this disease.”
Mercedes Sola (seated) relies on the support of her family, including her husband (left), to deal with the effects of the parasitic disease lymphatic filariasis.
Stephanie Foo, who received a journalism fellowship from The Carter Center, has written a memoir about trauma. The fellowship provided resources for her work.
Stephanie Foo has been through some very bad times, but she’s determined to make her experience work for something good.

Foo, a recipient of a 2019–2020 Rosalynn Carter Fellowship for Mental Health Journalism, has written a bestselling book, “What My Bones Know,” about trauma and how it affects people, using herself as the prime example. She suffers from complex post-traumatic stress disorder, a form of PTSD that results from repetitive trauma rather than a single event.

“What I wanted when I was first diagnosed was to read a story—a personal, first-person story—from somebody else who had gone through this process before me,” Foo said.

She said access to other journalists and mental health experts available through the fellowship helped her pull the book together.

“The hope is that the book might be able to help alleviate some people’s suffering,” Foo added, “or, at the very least, show them that they’re not alone.”

The Carter Center aims to build resilient health systems by strengthening the countries’ ability to train a capable health workforce. The Center is working with the federal ministry of health in Sudan and formerly worked in Nigeria to improve the training of frontline health professionals who will focus on maternal and child health. Through these efforts, over 15,000 units of classroom equipment were distributed to health training institutions to enhance teaching and learning environments; over 1,000 faculty have been trained and are now better equipped to instruct nurses, midwives, and other health workers; and 16 training curricula have been revised and adapted to reflect international standards, national policies, and the local cultural and health needs of communities in Sudan and Nigeria. In total, these efforts have reached over 15,000 students, who will go on to improve the health of their patients in the communities where they work.

In 2021, The Carter Center continued to respond to mental health aspects of the coronavirus pandemic. A new partnership with the Center for Public Integrity will help journalists find compelling stories about why mental health care is not treated, funded, or available on parity with medical care, though federal legislation requires it to be. A collaboration with the University of New Mexico’s Project ECHO aims to improve continuing education and build a community of practice on behavioral health in Africa. A new partnership also underway with the Center for Global Health Innovation and Accenture, which is donating discovery and design services, focuses on creating digital tools to help decision-makers mobilize behavioral health resources during crises. To ensure access to treatment amid increasing demand, The Carter Center made Georgia and national policy recommendations to enforce behavioral health parity in public and private insurance coverage and supported school-based behavioral health to ensure every youth has access to affordable, culturally competent mental health care.
Women pound millet at a camp for internally displaced persons in Mopti, Mali. The Carter Center is observing the implementation of a 2015 peace agreement.
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 117,423 donors contributed $292 million in cash, pledges, and in-kind gifts in 2020–2021 to the Center’s peace and health programs.

For three decades, The Carter Center has been a leader in the field of election observation. In partnership with the Electoral Institute for Sustainable Development in Africa and support from the United States Agency for International Development (USAID), the Center observed Côte d’Ivoire’s October 2020 presidential elections and prepared to observe the March 2021 legislative elections. Similarly, the United Kingdom’s Foreign, Commonwealth & Development Office and the Federal Republic of Germany contributed to the Center’s work with local partner Justice and Peace Congo to encourage reforms to the Democratic Republic of the Congo’s electoral system. Lastly, the Swedish International Development Cooperation Agency supported efforts to strengthen the Liberia Election Observation Network, a nonpartisan organization with a respected voice on election-related issues in the country.

The Carter Center is also a globally recognized leader in the effort to eradicate, eliminate, and better control neglected tropical diseases. The Center’s Onchocerciasis Elimination Program for the Americas coordinates a regional initiative to end onchocerciasis—commonly known as river blindness—transmission in the Americas. Since 2012, critical funding from USAID has supported teams to treat endemic communities, provided technical assistance, delivered comprehensive training, and developed practical tools and methods to scale innovations. USAID’s support has leveraged resources from local governments, contributing 40% of the overall resources needed to date, together with other complementary donor contributions. Over half a million people once at risk are now free of the threat of river blindness, 11 of 13 disease foci have eliminated transmission, and the World Health Organization has verified elimination of transmission in four of the region’s six endemic countries.

Lastly, the Center’s Educational Programs benefitted from key donor support for critical expansion. In August 2021, The Carter Center provided seed funding for a new initiative to compensate its interns for their outstanding contributions. The Coca-Cola Foundation and the George Family Foundation renewed their support, and, with the new initiative, the program is ready to help bridge the inequality and opportunity gaps for future leaders.

Individual donors play a significant role in the work of The Carter Center. “It has been our privilege to honor President and Mrs. Carter’s lifelong advocacy of human rights, democracy, and health by supporting the critical work of The Carter Center for nearly 25 years,” said Brent and Diane Slay of Grand Rapids, Michigan, members of the Center’s Ambassadors Circle and Legacy Circle. “Over that quarter of a century, we have found the Carter Center’s initiatives to be of paramount significance and increasingly important. The Center is a wonderful legacy of the Carters, and we plan to continue our support of this essential work.”
VOLUNTEERS

Some 77 volunteers in the Atlanta area donated 2,441 hours of service in 2020–2021. 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, 2020, through Aug. 31, 2021, 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.

A Yanomami boy who lives along the border of Venezuela and Brazil receives ongoing preventive treatment for the parasitic disease river blindness with support of The Carter Center.
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<td>Ms. Joanne G. Gimbel</td>
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<td>Global Health Council/Gates Award for Global Health</td>
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<td>The Ford Foundation</td>
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<td>Foreign, Commonwealth &amp; Development Office, United Kingdom</td>
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<td>Mr. and Mrs. Chris Hughes</td>
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<td>The Home Depot</td>
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<td>The John P. Hussman Foundation</td>
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<td>Mr. and Mrs. Terri Hussman</td>
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<td>Dr. John P. Hussman</td>
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<td>Mr. and Mrs. Terri Hussman</td>
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A couple dances in the street in Guatemala City. The Carter Center works in Guatemala to help women gain access to government information.
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Mr. and Mrs. Kevin R. Woolf
Ms. Norris Wootton and
Mr. David Shivers
Mrs. Sylvia Xeras
Mr. and Mrs. Daniel J. Yates
Mrs. Madonna Yates
Col. Mary H. Yeakel
Mr. Aaron Yeargent
Dr. Clarice M. Yentsch
Mr. Hai Tee Young
Mr. and Mrs. Timothy D. Zeak
Mr. C. N. Zeller
Mr. James R. Ziegler
Ms. Nancy J. Zinner
Marcia A. Fox

Allen E. Paulson
Lamar and Frances Plunkett
John and Betty Pope
James D. Robinson III
Hasib J. Sabbagh
Deen Day Sanders
Ryoichi Sasakawa
Walter H. and Phyllis J.
Shorenstein
Richard R. Swann
R. E. “Ted” Turner
Robert and Ann Utley
Edie and Lew Wasserman
Thomas J. Watson Jr.
Milton A. Wolf
Robert W. Woodruff
Tadao Yoshida
Erwin E. Zaban
In the Zinder region of Niger, two trichiasis surgeons take a break from performing sight-saving eye procedures necessitated by years of trachoma infections. With Carter Center support, community members do not pay for the treatment.
Independent Auditors’ Report

The Board of Trustees
The Carter Center, Inc.:  
We have audited the accompanying consolidated financial statements of The Carter Center, Inc., and its subsidiary (the Center), which comprise the consolidated statements of financial position as of August 31, 2021 and 2020, 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 Consolidated Financial Statements
Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

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

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

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

Opinion
In our opinion, the consolidated financial statements referred to above present fairly in all material respects the financial position of The Carter Center, Inc., and its subsidiary as of August 31, 2021 and 2020, 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.

KPMG LLP
Atlanta, Georgia
May 2, 2022
### CONSOLIDATED STATEMENTS OF FINANCIAL POSITION

**August 31, 2021 and 2020**

<table>
<thead>
<tr>
<th></th>
<th>2021</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$ 66,284,099</td>
<td>51,231,197</td>
</tr>
<tr>
<td>Accounts receivable:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Due from conditional agreements</td>
<td>5,891,939</td>
<td>8,277,909</td>
</tr>
<tr>
<td>Other</td>
<td>324,728</td>
<td>371,670</td>
</tr>
<tr>
<td>Total accounts receivable</td>
<td>6,216,667</td>
<td>8,649,579</td>
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<tr>
<td>Contributions receivable, net (note 3)</td>
<td>287,519</td>
<td>1,650,019</td>
</tr>
<tr>
<td>Inventory (notes 4, 9, and 15)</td>
<td>761,043</td>
<td>2,249,366</td>
</tr>
<tr>
<td>Investments (notes 5 and 7)</td>
<td>1,178,629,329</td>
<td>877,110,169</td>
</tr>
<tr>
<td>Property, plant, and equipment, net (note 6)</td>
<td>4,467,709</td>
<td>4,218,509</td>
</tr>
<tr>
<td>Artwork</td>
<td>2,435,365</td>
<td>2,428,615</td>
</tr>
<tr>
<td>Other assets</td>
<td>214,191</td>
<td>320,045</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>$1,259,295,922</td>
<td>947,857,499</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Liabilities and Net Assets</strong></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Liabilities:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>$ 8,044,561</td>
<td>7,774,144</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>4,790,884</td>
<td>7,424,532</td>
</tr>
<tr>
<td>Annuity obligations (note 7)</td>
<td>5,624,221</td>
<td>5,269,965</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td>18,459,666</td>
<td>20,468,641</td>
</tr>
<tr>
<td><strong>Net assets (note 11):</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Without donor restrictions</td>
<td>454,689,287</td>
<td>335,162,115</td>
</tr>
<tr>
<td>With donor restrictions</td>
<td>786,146,969</td>
<td>592,226,743</td>
</tr>
<tr>
<td><strong>Total net assets</strong></td>
<td>1,240,836,256</td>
<td>927,388,858</td>
</tr>
<tr>
<td><strong>Commitments and contingencies (notes 7, 8, and 16)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total liabilities and net assets</strong></td>
<td>$1,259,295,922</td>
<td>947,857,499</td>
</tr>
</tbody>
</table>

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

**Year ended August 31, 2021 (with comparative totals for 2020)**

<table>
<thead>
<tr>
<th>Revenue and support: Contributions and grants:</th>
<th>Without donor restrictions</th>
<th>With donor restrictions</th>
<th>Totals 2021</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating</td>
<td>$ 37,827,527</td>
<td>—</td>
<td>37,827,527</td>
<td>30,746,390</td>
</tr>
<tr>
<td>Programs:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>—</td>
<td>35,573,733</td>
<td>35,573,733</td>
<td>52,067,081</td>
</tr>
<tr>
<td>Peace</td>
<td>—</td>
<td>13,873,866</td>
<td>13,873,866</td>
<td>12,494,600</td>
</tr>
<tr>
<td>Cross-program</td>
<td>—</td>
<td>328,810</td>
<td>328,810</td>
<td>170,950</td>
</tr>
<tr>
<td>In-kind gifts (note 9):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>—</td>
<td>204,335,299</td>
<td>204,335,299</td>
<td>259,784,881</td>
</tr>
<tr>
<td>Peace</td>
<td>—</td>
<td>115,000</td>
<td>115,000</td>
<td>—</td>
</tr>
<tr>
<td>Endowment</td>
<td>—</td>
<td>32,593</td>
<td>32,593</td>
<td>83,962</td>
</tr>
<tr>
<td>Total contributions and grants</td>
<td>37,827,527</td>
<td>254,259,301</td>
<td>292,086,828</td>
<td>355,347,864</td>
</tr>
<tr>
<td>Endowment fund earnings</td>
<td>12,698,652</td>
<td>22,378,343</td>
<td>35,076,995</td>
<td>34,215,421</td>
</tr>
<tr>
<td>Appreciation of endowment investments, net</td>
<td>107,685,518</td>
<td>193,112,940</td>
<td>300,798,458</td>
<td>69,407,230</td>
</tr>
<tr>
<td>Facilities use income</td>
<td>115,397</td>
<td>—</td>
<td>115,397</td>
<td>236,315</td>
</tr>
<tr>
<td>Interest and investment income</td>
<td>2,546</td>
<td>3,562</td>
<td>6,108</td>
<td>167,935</td>
</tr>
<tr>
<td>Net assets released from restrictions:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>260,593,340</td>
<td>(260,593,340)</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Peace</td>
<td>14,842,941</td>
<td>(14,842,941)</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Cross-program</td>
<td>397,639</td>
<td>(397,639)</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Total revenue and support</td>
<td>434,163,560</td>
<td>193,920,226</td>
<td>628,083,786</td>
<td>459,374,765</td>
</tr>
</tbody>
</table>

### Expenses:

**Program:***

<table>
<thead>
<tr>
<th></th>
<th>Without donor restrictions</th>
<th>With donor restrictions</th>
<th>Totals 2021</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>270,061,266</td>
<td>—</td>
<td>270,061,266</td>
<td>332,120,018</td>
</tr>
<tr>
<td>Peace</td>
<td>23,272,069</td>
<td>—</td>
<td>23,272,069</td>
<td>21,596,904</td>
</tr>
<tr>
<td>Cross-program</td>
<td>571,419</td>
<td>—</td>
<td>571,419</td>
<td>372,475</td>
</tr>
<tr>
<td>Fundraising</td>
<td>9,955,592</td>
<td>—</td>
<td>9,955,592</td>
<td>10,435,333</td>
</tr>
<tr>
<td>General and administrative</td>
<td>10,776,042</td>
<td>—</td>
<td>10,776,042</td>
<td>10,453,128</td>
</tr>
<tr>
<td>Total expenses</td>
<td>314,636,388</td>
<td>—</td>
<td>314,636,388</td>
<td>374,977,858</td>
</tr>
<tr>
<td>Change in net assets</td>
<td>119,527,172</td>
<td>193,920,226</td>
<td>313,447,398</td>
<td>84,396,907</td>
</tr>
<tr>
<td>Net assets at beginning of year</td>
<td>335,162,115</td>
<td>592,226,743</td>
<td>927,388,858</td>
<td>842,991,951</td>
</tr>
<tr>
<td>Net assets at end of year</td>
<td>$454,689,287</td>
<td>786,146,969</td>
<td>1,240,836,256</td>
<td>927,388,858</td>
</tr>
</tbody>
</table>

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

Year ended August 31, 2020

<table>
<thead>
<tr>
<th></th>
<th>Without donor restrictions</th>
<th>With donor restrictions</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue and support:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Contributions and grants:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating</td>
<td>$ 30,746,390</td>
<td>—</td>
<td>30,746,390</td>
</tr>
<tr>
<td>Programs:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>3,887,186</td>
<td>48,179,895</td>
<td>52,067,081</td>
</tr>
<tr>
<td>Peace</td>
<td>1,475,361</td>
<td>11,019,239</td>
<td>12,494,600</td>
</tr>
<tr>
<td>Cross program</td>
<td>—</td>
<td>170,950</td>
<td>170,950</td>
</tr>
<tr>
<td><strong>In-kind goods and services:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>—</td>
<td>259,784,881</td>
<td>259,784,881</td>
</tr>
<tr>
<td>Endowment</td>
<td>83,962</td>
<td></td>
<td>83,962</td>
</tr>
<tr>
<td><strong>Total revenues and support:</strong></td>
<td>36,108,937</td>
<td>219,238,927</td>
<td>355,347,864</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</td>
<td>24,906,326</td>
<td>46,500,904</td>
<td>69,407,230</td>
</tr>
<tr>
<td>Facilities use income</td>
<td>236,315</td>
<td></td>
<td>236,315</td>
</tr>
<tr>
<td>Interest and investment income</td>
<td>165,068</td>
<td>2,867</td>
<td>167,935</td>
</tr>
<tr>
<td><strong>Net assets released from restrictions:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>322,316,891</td>
<td>(322,316,891)</td>
<td>—</td>
</tr>
<tr>
<td>Peace</td>
<td>13,285,885</td>
<td>(13,285,885)</td>
<td>—</td>
</tr>
<tr>
<td>Cross program</td>
<td>235,766</td>
<td>(235,766)</td>
<td>—</td>
</tr>
<tr>
<td>Operations</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td><strong>Total revenues and support:</strong></td>
<td>409,458,907</td>
<td>49,915,858</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>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>332,120,018</td>
<td>—</td>
<td>332,120,018</td>
</tr>
<tr>
<td>Peace</td>
<td>21,596,904</td>
<td>—</td>
<td>21,596,904</td>
</tr>
<tr>
<td>Cross program</td>
<td>372,475</td>
<td>—</td>
<td>372,475</td>
</tr>
<tr>
<td>Fundraising office</td>
<td>10,435,333</td>
<td>—</td>
<td>10,435,333</td>
</tr>
<tr>
<td>General and administrative</td>
<td>10,453,128</td>
<td>—</td>
<td>10,453,128</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td>374,977,858</td>
<td>—</td>
<td>374,977,858</td>
</tr>
<tr>
<td>Change in net assets</td>
<td>34,481,049</td>
<td>49,915,858</td>
<td>84,396,907</td>
</tr>
<tr>
<td>Net assets at beginning of year</td>
<td>300,681,066</td>
<td>542,310,885</td>
<td>842,991,951</td>
</tr>
<tr>
<td>Net assets at end of year</td>
<td>$335,162,115</td>
<td>592,226,743</td>
<td>927,388,858</td>
</tr>
</tbody>
</table>

See accompanying notes to consolidated financial statements.
<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>$23,341,825</td>
<td>10,666,365</td>
<td>220,349</td>
</tr>
<tr>
<td>Consulting</td>
<td>6,324,601</td>
<td>5,086,580</td>
<td>58,557</td>
</tr>
<tr>
<td>Communications</td>
<td>2,865,186</td>
<td>596,455</td>
<td>3,177</td>
</tr>
<tr>
<td>Services</td>
<td>205,835</td>
<td>629,028</td>
<td>7,607</td>
</tr>
<tr>
<td>Office and equipment</td>
<td>2,530,663</td>
<td>924,705</td>
<td>2,157</td>
</tr>
<tr>
<td>Vehicles</td>
<td>4,654,024</td>
<td>331,942</td>
<td>17</td>
</tr>
<tr>
<td>Travel/meetings</td>
<td>15,133,744</td>
<td>1,611,528</td>
<td>98</td>
</tr>
<tr>
<td>Interventions (note 2(k))</td>
<td>211,817,490</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Other</td>
<td>1,154,082</td>
<td>150,648</td>
<td>3,041</td>
</tr>
<tr>
<td>Grants</td>
<td>1,511,856</td>
<td>2,892,333</td>
<td>250,000</td>
</tr>
<tr>
<td>Common area and depreciation</td>
<td>521,960</td>
<td>382,485</td>
<td>26,416</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td><strong>$270,061,266</strong></td>
<td><strong>23,272,069</strong></td>
<td><strong>571,419</strong></td>
</tr>
</tbody>
</table>

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

Years ended August 31, 2021 and 2020

<table>
<thead>
<tr>
<th></th>
<th>2021</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash flows from operating activities:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change in net assets</td>
<td>$313,447,398</td>
<td>84,396,907</td>
</tr>
<tr>
<td><strong>Adjustments to reconcile change in net assets to net cash provided by operating activities:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation</td>
<td>666,632</td>
<td>676,025</td>
</tr>
<tr>
<td>Appreciation of endowment investments, net</td>
<td>(300,711,231)</td>
<td>(69,407,230)</td>
</tr>
<tr>
<td>Appreciation of non-endowment investments, net</td>
<td>(87,227)</td>
<td>(64,044)</td>
</tr>
<tr>
<td>Donated artwork</td>
<td>(6,750)</td>
<td>(3,200)</td>
</tr>
<tr>
<td>Contributions restricted in perpetuity, net</td>
<td>(84,494)</td>
<td>(83,962)</td>
</tr>
<tr>
<td>Net change in inventory balances due to noncash contributions and distributions</td>
<td>1,488,323</td>
<td>5,309,157</td>
</tr>
<tr>
<td><strong>Changes in operating assets and liabilities:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>2,432,912</td>
<td>(4,471,787)</td>
</tr>
<tr>
<td>Contributions receivable, net of donor endowment</td>
<td>1,362,500</td>
<td>1,513,429</td>
</tr>
<tr>
<td>Other assets</td>
<td>105,854</td>
<td>(282,544)</td>
</tr>
<tr>
<td>Accounts payable and accrued expenses, deferred revenue, and annuity obligations</td>
<td>(638,305)</td>
<td>6,408,532</td>
</tr>
<tr>
<td><strong>Net cash provided by operating activities</strong></td>
<td>17,975,612</td>
<td>23,991,283</td>
</tr>
</tbody>
</table>

| **Cash flows from investing activities:** |          |          |
| Purchase of property and equipment, net of related payables | (915,832) | (303,463) |
| Endowment fund earnings          | (35,076,995) | (34,215,421) |
| Purchase of investments          | (1,706,978) | (441,410) |
| Sale of investments              | 35,426,896 | 17,014,369 |
| **Net cash used in investing activities** | (2,272,909) | (17,945,925) |

| **Cash flows from financing activities:** |          |          |
| Contributions restricted in perpetuity, net | 84,494 | 83,962 |
| Payments on annuities and trusts       | (734,295) | (689,313) |
| **Net cash used in financing activities** | (649,801) | (605,351) |
| **Net change in cash and cash equivalents** | 15,052,902 | 5,440,007 |
| Cash and cash equivalents at beginning of year | 51,231,197 | 45,791,190 |
| Cash and cash equivalents at end of year | $66,284,099 | 51,231,197 |

See accompanying notes to consolidated financial statements.
1 ORGANIZATION AND OPERATION

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, 10 members appointed by Emory University’s board of trustees, and 11 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.

2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND OTHER MATTERS

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 or when right of return of the contribution to the donor no longer exists is received. Conditional contributions are recognized as revenue once qualifying expenses are incurred or when right of return of the contribution to the donor no longer exists, as specified in the terms and conditions of the agreements.

The Center has elected the simultaneous release policy available under ASU No. 2018-08, which allows a not-for-profit organization to recognize a restricted contribution directly in net assets without donor restrictions if the restriction is met in the same period that the revenue is recognized.

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 long 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. 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 be 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, 2021 and 2020.

Investments are exposed to several risks, such as interest rate, currency, market, and credit risks. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the Center’s consolidated financial statements.
The Fund may hold investments denominated in currencies other than the U.S. dollar. Thus, there is exposure to currency risk because the value of the investments denominated in other currencies may fluctuate due to changes in currency exchange rates. This can have an effect on the reported value of these assets.

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

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

### I. Property, Plant, and Equipment

Property, plant, and equipment are stated at cost at 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

The Center receives funding under grants and agreements from U.S. and other government agencies. These funds are generally considered nonreciprocal transactions and are subject to donor conditions and restrictions which are typically met by incurring qualifying expenses for a program. The Center is entitled to the funds once the conditions have been met.

For the years ended August 31, 2021 and 2020, the Center received 1,725,244 GBP ($2,338,123) and 7,599,756 GBP ($9,610,772), respectively, from the United Kingdom Foreign Commonwealth & Development Office (FCDO), the agency formed by the September 2020 merger of the Department for International Development (DFID) and the Foreign Commonwealth Office (FCO), in support of the Center’s Guinea Worm Eradication Program.

For the years ended August 31, 2021 and 2020, Irish Aid contributed 200,000 euros ($242,376) and 200,000 euros ($218,596), respectively, to the Center to support Advancing Women’s Right of Access to Information in Liberia.

For the year ended August 31, 2021, the Center received 87,764 euros ($103,414) from Irish Aid to support the Monitoring Digital Threats on Social Media in Liberia Initiative. Irish Aid also contributed 198,304 euros ($239,726) to the Center for the year ended August 31, 2021 to support Expanding Advancement of the Right of Access to Information for Women in Liberia. No amounts were received from Irish Aid to support these initiatives in 2020.

For the years ended August 31, 2021 and 2020, the Norwegian Ministry of Foreign Affairs contributed $0 and 1,000,000 Norwegian Kroner ($94,219), respectively, to support Monitoring Elections in Guyana.

For the years ended August 31, 2021 and 2020, the Swiss Confederation contributed $73,975 and $179,955, respectively, to support Civil Society Organization engagement in inclusive and credible elections in Tunisia. For the years ended August 31, 2021 and 2020, the Swiss Confederation contributed $0 and $99,973,
respectively, 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 (ASC) Topic 740, Income Taxes (ASC 740), which addresses the accounting for uncertainty in income tax positions. It also provides guidance on when tax positions are recognized in an entity’s financial statements and how the values of these positions are determined. There is currently no impact on the consolidated financial statements as a result of ASC 740.

N. Use of Estimates

The preparation of 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 Accounting Standards Update (ASU) No. 2014-09, Revenue from Contracts with Customers (ASU 2014-09), which requires an entity to recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. An entity also should disclose sufficient quantitative and qualitative information to enable users of financial statements to understand the nature, amount, timing, and uncertainty of revenue and cash flows arising from contracts with customers. The Center adopted ASU 2014-09 effective September 1, 2019. The adoption 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 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, Revenue from Contracts with Customers (Topic 606) and Leases (Topic 842): Effective Dates for Certain Entities, which delayed the effective date for this standard to fiscal years beginning after December 15, 2021. The Center plans to adopt ASU 2021-05 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 Statement of Financial Position.

In March 2019, the FASB issued ASU No. 2019-03, Not-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’s implementation of the provisions of ASU 2019-03 during 2021 did not have a material impact on the Center’s consolidated financial statements.

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, and disaggregate into different categories of the nonfinancial assets. For each category, the qualitative information is required, and whether the contributed nonfinancial asset was monetized or utilized during the reporting period. For utilized assets, the description of programs and other activities and donor imposed restrictions on the use of assets need to be disclosed. The policy about monetizing rather than utilizing nonfinancial assets, valuation techniques, and principal markets used to arrive at a fair value measure at initial recognition also need to be disclosed. The term “nonfinancial asset” includes fixed assets (land, building, equipment) or utilities, materials, supplies, intangible assets, services, and unconditional promises of these assets. The update should be applied on a retrospective basis and is effective for the Center’s fiscal year ending August 31, 2022. The Center has not yet determined the impact of the new standard on its financial statements.

P. COVID-19

The novel coronavirus (COVID-19) 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.

3 CONTRIBUTIONS RECEIVABLE

Contributions receivable consist of the following at August 31, 2021 and 2020:

<table>
<thead>
<tr>
<th></th>
<th>2021</th>
<th>2020</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>88,196</td>
<td>1,450,696</td>
</tr>
<tr>
<td></td>
<td>$287,519</td>
<td>1,650,019</td>
</tr>
</tbody>
</table>

The anticipated receipts of these receivables are as follows at August 31, 2021 and 2020:

<table>
<thead>
<tr>
<th></th>
<th>2021</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than one year</td>
<td>$287,519</td>
<td>1,650,019</td>
</tr>
<tr>
<td>One to five years</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>More than five years</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Less unamortized discount</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td></td>
<td>$287,519</td>
<td>1,650,019</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, 2021 and 2020, are deemed fully collectible.

4 INVENTORY

Inventory was comprised of Zithromax medication in the amount of $761,043 and $2,249,366 as of August 31, 2021 and 2020, 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>2021</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pooled investments held at Emory University</td>
<td>$1,164,791,763</td>
<td>866,140,055</td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>244,016</td>
<td>219,421</td>
</tr>
<tr>
<td>Fixed-income securities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic mutual funds</td>
<td>4,445,017</td>
<td>4,326,418</td>
</tr>
<tr>
<td>Equities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic stocks</td>
<td>9,038,108</td>
<td>6,320,964</td>
</tr>
<tr>
<td>Domestic mutual funds</td>
<td>110,425</td>
<td>103,311</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$1,178,629,329</td>
<td>877,110,169</td>
</tr>
</tbody>
</table>

As of August 31, 2021, and 2020, respectively, the Center’s investment in the pooled investment fund totaled $1,164,791,763 and $866,140,055, representing approximately 10.9% and 11.1% of the pool at each of these dates. The composition of total pooled investments held at Emory University is as follows (in thousands):

<table>
<thead>
<tr>
<th>2021</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-term investments and cash equivalents</td>
<td>$657,046</td>
</tr>
<tr>
<td>Public equity</td>
<td>4,542,068</td>
</tr>
<tr>
<td>Absolute return/fixed income</td>
<td>942,591</td>
</tr>
<tr>
<td>Private equity/venture capital</td>
<td>3,723,724</td>
</tr>
<tr>
<td>Real assets</td>
<td>826,654</td>
</tr>
<tr>
<td>Derivative instruments</td>
<td>42,045</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$10,734,128</td>
</tr>
</tbody>
</table>

PROPERTY, PLANT, AND EQUIPMENT

The components of property, plant, and equipment at August 31, 2021 and 2020, are as follows:

<table>
<thead>
<tr>
<th></th>
<th>2021</th>
<th>2020</th>
<th>Estimated useful lives</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Land</td>
<td>$636,732</td>
<td>636,732</td>
<td>N/A</td>
</tr>
<tr>
<td>Buildings</td>
<td>17,580,412</td>
<td>17,580,412</td>
<td>30 years</td>
</tr>
<tr>
<td>Building improvements</td>
<td>2,716,234</td>
<td>2,158,527</td>
<td>15 years</td>
</tr>
<tr>
<td>Grounds and land improvements</td>
<td>192,884</td>
<td>205,446</td>
<td>10 years</td>
</tr>
<tr>
<td>Furniture and fixtures</td>
<td>1,061,522</td>
<td>958,118</td>
<td>10 years</td>
</tr>
<tr>
<td>Office equipment</td>
<td>271,457</td>
<td>420,627</td>
<td>5 years</td>
</tr>
<tr>
<td>Computer equipment</td>
<td>311,507</td>
<td>260,875</td>
<td>3 years</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>22,770,748</td>
<td>22,220,737</td>
<td></td>
</tr>
<tr>
<td>Less accumulated depreciation</td>
<td>(18,303,039)</td>
<td>(18,022,228)</td>
<td></td>
</tr>
<tr>
<td><strong>Net carrying amount</strong></td>
<td>$4,467,709</td>
<td>4,218,509</td>
<td></td>
</tr>
</tbody>
</table>
Depreciation expense totaled $666,632 and $676,025 during 2021 and 2020, 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 $13,837,566 and $10,970,114 at August 31, 2021 and 2020, respectively. The annuity liability related to these agreements is $5,624,221 and $5,269,965 at August 31, 2021 and 2020, respectively. The net contribution revenue reported for split-interest agreements totaled $2,510,089 and $1,003,097 for the years ended August 31, 2021 and 2020, 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, 2021 and 2020, are as follows:

<table>
<thead>
<tr>
<th></th>
<th>2021</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication</td>
<td>$203,860,578</td>
<td>259,367,121</td>
</tr>
<tr>
<td>Other</td>
<td>474,721</td>
<td>417,760</td>
</tr>
<tr>
<td></td>
<td>204,335,299</td>
<td>259,784,881</td>
</tr>
<tr>
<td>Peace:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>115,000</td>
<td>—</td>
</tr>
<tr>
<td></td>
<td><strong>$204,450,299</strong></td>
<td><strong>259,784,881</strong></td>
</tr>
</tbody>
</table>

Donations of medication were received primarily from two pharmaceutical companies for the years ended August 31, 2021 and 2020. Such donations are recorded at estimated fair value at the date of the gift. Estimates of fair value are based primarily on analyzing observable market data associated with branded, wholesale, and generic pricing; geographic factors; and fair value indicators provided by donors, if any.

**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. At August 31, 2021 and 2020, there were no current-year gifts included in contributions receivable.

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

NAV was used as a practical expedient estimate of fair value relative to 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 3 investments as of August 31, 2021 and 2020, 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, 2021:

<table>
<thead>
<tr>
<th>Assets:</th>
<th>Level 1</th>
<th>NAV</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>$66,528,115</td>
<td>—</td>
<td>66,528,115</td>
</tr>
<tr>
<td>Fixed-income securities:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic mutual funds</td>
<td>4,445,017</td>
<td>—</td>
<td>4,445,017</td>
</tr>
<tr>
<td>Equities:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic stocks</td>
<td>9,038,108</td>
<td>—</td>
<td>9,038,108</td>
</tr>
<tr>
<td>Domestic mutual funds</td>
<td>110,425</td>
<td>—</td>
<td>110,425</td>
</tr>
<tr>
<td>Interest in Emory University pooled endowment fund</td>
<td>—</td>
<td>1,164,791,763</td>
<td>1,164,791,763</td>
</tr>
<tr>
<td>Total</td>
<td>$80,121,665</td>
<td>1,164,791,763</td>
<td>1,244,913,428</td>
</tr>
</tbody>
</table>

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. At August 31, 2021 and 2020, there were no current-year gifts included in contributions receivable.

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

NAV was used as a practical expedient estimate of fair value relative to 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 3 investments as of August 31, 2021 and 2020, 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>Assets:</th>
<th>Level 1</th>
<th>NAV</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>$51,450,618</td>
<td>—</td>
<td>51,450,618</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>Total</td>
<td>$62,201,311</td>
<td>866,140,055</td>
<td>928,341,366</td>
</tr>
</tbody>
</table>

**B. Net Assets with Donor Restrictions**

As of August 31, 2021 and 2020, net assets with donor restrictions are available for the following purposes:

<table>
<thead>
<tr>
<th>Donor-restricted for specified purposes:</th>
<th>2021</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>$10,061,935</td>
<td>14,286,514</td>
</tr>
<tr>
<td>Peace</td>
<td>1,812,933</td>
<td>1,002,950</td>
</tr>
<tr>
<td>Cross-program</td>
<td>20,517,735</td>
<td>15,940,119</td>
</tr>
<tr>
<td>Total</td>
<td>32,392,603</td>
<td>31,229,583</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 subject to spending policy and appropriation:</th>
<th>2021</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>22,798,610</td>
<td>16,984,633</td>
</tr>
<tr>
<td>Peace</td>
<td>3,254,261</td>
<td>2,457,017</td>
</tr>
<tr>
<td>Cross-program</td>
<td>488,144</td>
<td>367,299</td>
</tr>
<tr>
<td>General activities</td>
<td>727,213,351</td>
<td>541,188,211</td>
</tr>
<tr>
<td>Total</td>
<td>753,754,366</td>
<td>560,997,160</td>
</tr>
<tr>
<td>$786,146,969</td>
<td>592,226,743</td>
<td></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 both August 31, 2021 and 2020, represent donor-restricted endowment corpus. The remaining $588.8 million and $396.1 million as
of August 31, 2021 and 2020, 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.

ENDOWMENT FUNDS

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, 2021:

<table>
<thead>
<tr>
<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>753,754,366</td>
</tr>
<tr>
<td>Board-designated endowment funds</td>
<td>420,522,974</td>
<td>—</td>
</tr>
<tr>
<td><strong>Total funds</strong></td>
<td><strong>$420,522,974</strong></td>
<td><strong>753,754,366</strong></td>
</tr>
</tbody>
</table>

Endowment funds consist of the following as of August 31, 2020:

<table>
<thead>
<tr>
<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>
</tr>
<tr>
<td><strong>Total funds</strong></td>
<td><strong>$312,079,961</strong></td>
<td><strong>560,997,160</strong></td>
</tr>
</tbody>
</table>

There were no underwater endowment funds during the fiscal year ended August 31, 2021, or 2020.

Changes in endowment funds for the year ended August 31, 2021, are as follows:

<table>
<thead>
<tr>
<th>Without donor restrictions</th>
<th>With donor restrictions</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endowment funds, August 31, 2020</td>
<td>$312,079,961</td>
<td>560,997,160</td>
</tr>
<tr>
<td>Contributions</td>
<td>757,495</td>
<td>32,593</td>
</tr>
<tr>
<td>Investment return:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endowment fund earnings</td>
<td>12,698,652</td>
<td>22,378,343</td>
</tr>
<tr>
<td>Appreciation of endowment investments, net</td>
<td>107,685,518</td>
<td>193,112,940</td>
</tr>
<tr>
<td><strong>Total investment return</strong></td>
<td><strong>120,384,170</strong></td>
<td><strong>215,491,283</strong></td>
</tr>
<tr>
<td>Appropriation of endowment assets for expenditure</td>
<td>(12,698,652)</td>
<td>(22,766,670)</td>
</tr>
<tr>
<td><strong>Endowment funds, August 31, 2021</strong></td>
<td><strong>$420,522,974</strong></td>
<td><strong>753,754,366</strong></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<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>
</tr>
<tr>
<td>Contributions</td>
<td>379,593</td>
<td>83,962</td>
</tr>
<tr>
<td>Investment return:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endowment fund earnings</td>
<td>12,203,719</td>
<td>22,011,702</td>
</tr>
<tr>
<td>Appreciation of endowment investments, net</td>
<td>24,906,326</td>
<td>44,500,904</td>
</tr>
<tr>
<td><strong>Total investment return</strong></td>
<td><strong>37,110,045</strong></td>
<td><strong>66,512,606</strong></td>
</tr>
<tr>
<td>Appropriation of endowment assets for expenditure</td>
<td>(5,021,844)</td>
<td>(28,376,600)</td>
</tr>
<tr>
<td><strong>Endowment funds, August 31, 2020</strong></td>
<td><strong>$312,079,961</strong></td>
<td><strong>560,997,160</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, 2021 and 2020, are as follows:

<table>
<thead>
<tr>
<th></th>
<th>2021</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total assets</td>
<td>$1,259,295,922</td>
<td>$947,857,499</td>
</tr>
<tr>
<td>Less:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net assets with donor restrictions for specified purpose, net of inventory</td>
<td>(31,631,560)</td>
<td>(28,980,217)</td>
</tr>
<tr>
<td>Donor-restricted and board-designated endowment funds</td>
<td>(1,174,277,340)</td>
<td>(873,077,121)</td>
</tr>
<tr>
<td>Inventory</td>
<td>(761,043)</td>
<td>(2,249,366)</td>
</tr>
<tr>
<td>Property and equipment</td>
<td>(4,467,709)</td>
<td>(4,218,509)</td>
</tr>
<tr>
<td>Artwork</td>
<td>(2,435,365)</td>
<td>(2,428,615)</td>
</tr>
<tr>
<td>Other assets</td>
<td>(214,191)</td>
<td>(320,045)</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>(4,790,884)</td>
<td>(7,424,532)</td>
</tr>
<tr>
<td>Annuity obligations</td>
<td>(5,624,221)</td>
<td>(5,269,965)</td>
</tr>
<tr>
<td><strong>$</strong></td>
<td><strong>35,093,609</strong></td>
<td><strong>23,889,129</strong></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 turn to the portion of the Center’s endowment classified as without donor restrictions for consideration.

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 during both the years ended August 31, 2021 and 2020, respectively, for the provision of these services.

Emory University made unrestricted contributions to the Center of $753,904 and $753,911, respectively, for the years ended August 31, 2021 and 2020. In addition, CCEU made unrestricted contributions to CCI, primarily related to endowment earnings at CCEU, of $468,592 during each of the years ended August 31, 2021 and 2020, respectively.

THE CARTER CENTER COLLABORATIVE, INC. (CCCI)

CCCI received donations of in-kind goods for the benefit of the Center totaling $203,860,578 and $259,367,121, respectively, for the years ended August 31, 2021 and 2020, that are included in the accompanying consolidated statements of activities. Expenses totaling $205,348,901 and $264,676,278 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, 2021 and 2020, respectively. Inventory related to these goods for CCCI totaled $761,043 and $2,249,366 as of August 31, 2021 and 2020, 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 consolidated balance sheet date through May 2, 2022, the date on which the consolidated financial statements were available to be issued. There were no additional matters requiring disclosure as of this date.
Two women pause in Kathmandu Durbar Square in Nepal. After monitoring several elections in the country, The Carter Center continues to monitor ongoing political instability there.
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

**Caribbean and Central America**
1. Belize
2. Costa Rica
3. Cuba
4. Dominican Republic
5. El Salvador
6. Guatemala
7. Haiti
8. Honduras
9. Jamaica
10. Nicaragua
11. Panama
12. Paraguay
13. Peru
14. Suriname
15. Argentina
16. Bolivia
17. Brazil
18. Chile
19. Colombia
20. Ecuador
21. Guyana
22. Paraguay
23. Peru
24. Suriname
25. Venezuela

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

**Europe**
26. Albania
27. Bosnia and Herzegovina
28. Estonia
29. Romania
30. Russia

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

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 2020–2021 class of interns and graduate assistants numbered 110 students and recent graduates from 10 countries who spoke 27 languages. Over its history, The Carter Center has had 3,545 interns.

Bernardo Pinto, intern for the Democracy Program, addresses the Carter Center Board of Councilors in January 2022. He said the Center inspired him to study international affairs at the Georgia Institute of Technology and pursue a career in diplomacy.
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.

Kashif Ijaz, M.D., M.P.H. (Chair)  
Vice President for Health Programs  
The Carter Center

Gautam Biswas, M.D.  
Acting Director, Department of Control of Neglected Tropical Diseases  
World Health Organization

Simon Bland  
Chief Executive Officer  
Global Institute for Disease Elimination

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

Patrick Lammie, Ph.D.  
Director, Neglected Tropical Diseases Support Center  
The Task Force for Global Health

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

Ephrem T. Lemango, M.D., M.A.  
Principal Advisor and Chief of Immunizations  
UNICEF

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

Ana Morice Trejos, M.D., M.Sc., M.P.H.  
Pediatrician/Epidemiologist  
Independent Consultant

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

Faisal Sultan, M.D.  
Special Assistant to the Prime Minister on Health, Ministry of National Health Services Regulations and Coordination  
Government of Pakistan

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

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

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  
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

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 Ramirez  
Former Vice President of Nicaragua

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

Bruno Stagno  
Former Foreign Minister of Costa Rica

Eduardo Stein  
Former Vice President of Guatemala

Martín Torrijos  
Former President of Panama

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

Joaquín Villalobos  
Founder of the Farabundo Martí National Liberation Front, Signatory of the Peace Agreements of El Salvador in 1992

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.

The Friends of the Inter-American Democratic Charter

The Carter Center

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

Rosalynn Carter, Chair
Renato D. Alarcon, M.D., M.P.H.
Professor of Psychiatry, Emeritus, Mayo Clinic
William R. Beardslee, M.D.
Director (Retired), Baer Prevention Initiatives, Boston Children’s Hospital
Pamela Collins, M.D., M.P.H.
Professor of Psychiatry and Behavioral Sciences, University of Washington
Benjamin G. Druss, M.D., M.P.H.
Rosalynn Carter Endowed Chair in Mental Health, Rollins School of Public Health, Emory University
Mary Jane England, M.D.
Professor, Boston University School of Public Health

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