President Jimmy Carter and Mrs. Rosalynn Carter, co-founders of The Carter Center

Cover illustration by Nip Rogers
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 13 in 2022
- Observing 114 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 $289 million in cash, pledges, and in-kind gifts in 2021–2022. 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 250 employees at Atlanta headquarters and more than 3,000 in country offices around the world
A South Sudanese woman collects water for daily household use. The water will be filtered to prevent Guinea worm disease.
In the Democratic Republic of the Congo, Moises Ngoy (far right, pictured with some of his children) received training from The Carter Center that helped him and his neighbors negotiate with a mining company to provide community development. The Center and others pushed for a code change that requires this in communities affected by the lucrative mining industry.
The Carter Center is guided by the principles of our founders, Jimmy and Rosalynn Carter. Founded, in partnership with Emory University, on a fundamental commitment to human rights and the alleviation of human suffering, the Center seeks to prevent and resolve conflicts, enhance freedom and democracy, and improve health.

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

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

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

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

The Center is nonpartisan, and it seeks to work collaboratively with other organizations from the highest levels of government to local communities.
With support from The Carter Center, a young member of the indigenous Yanomami community in the Amazon Rainforest receives drug treatment for river blindness multiple times a year. The region is the last place in the Americas with active disease transmission.
Of course, this year we have all found ourselves reflecting on President Carter’s legacy. It is a time to look back on his accomplishments, leadership, and humanity, as well as the remarkable partnership he and Rosalynn have shared for 77 years.

To one of us, Jimmy Carter is a great humanitarian and respected leader; to the other, he is also a loving grandfather and lifelong guide. To both of us, he is an enduring source of inspiration.

Everything The Carter Center has achieved over the past four decades is attributable to the vision of our founders, who hired expert staff, set the guideposts, and led with incredible energy and integrity for so long: fostering human rights, fighting neglected tropical diseases, building up democracies, mainstreaming mental health, opening women’s access to information, resolving conflict, and so much more.

Both personally and professionally, they have shown us how to be caring, compassionate people practicing empathy and respect.

In his Nobel Peace Prize lecture, President Carter spoke of the people The Carter Center serves and their ability “to persevere under heartbreaking conditions.”

“I have come to admire their judgment and wisdom, their courage and faith, and their awesome accomplishments when given a chance to use their innate abilities,” he said.

That respect is why we only go where we are invited and why we insist that our partner countries retain ownership of the projects and programs we assist. Some 95% of the Carter Center’s 3,000 employees are not U.S. nationals.

The completion of river blindness treatment for 18.9 million Nigerians is Nigeria’s achievement. The elimination of Guinea worm disease in 17 endemic countries happened because of the diligence of people in those countries. The credit for peace in Colombia after a 50-year civil war goes to the factions who agreed to the truce. In each case, the Carter Center’s job was to assist and facilitate in the furtherance of peace, health, and hope.

Much remains to be done. Human rights are not universally protected. Gaps remain in mental health care. Guinea worm has not yet been eradicated. But Jimmy and Rosalynn Carter have shown us the way forward. In good faith and with grateful hearts, we will press ahead to accomplish even more.
A woman navigates Guatemala City with her baby in tow. The Carter Center has been working in Guatemala to help women access information about beneficial government services.
**DEMO CRACY PROGRAM**

The Carter Center observed a U.S. election for the first time, deploying nonpartisan observers to Fulton County, Georgia, for the 2022 midterm election and statewide for the risk-limiting audit that followed. The Center also observed poll worker training and the testing of voting equipment in Arizona. In addition, the Center promoted the cross-partisan Candidate Principles for Trusted Elections, focusing on civil campaigns, acceptance of results, and other democratic norms; it was signed by more than 130 candidates, 78 organizations, and more than 2,800 individuals. The Center observed parliamentary elections in Tunisia that were characterized by low turnout and public disillusionment. The Center also sent expert teams to assess planned municipal elections in the Palestinian territories’ West Bank, and for elections in Brazil, Kenya, Colombia, and the Philippines. The Center continued to support citizen observation groups in Liberia, Myanmar, and the Democratic Republic of the Congo, and organizations working on the participatory rights of women and youth in Zambia.

**CONFLICT RESOLUTION PROGRAM**

The Carter Center surveyed more than 1,000 Sudanese youth involved in civil society organizations, training 500 of them in priority areas to contribute to U.N.-facilitated negotiations. As the Independent Observer of Mali’s peace agreement, the Center has facilitated dialogue among stakeholders, and made recommendations to help overcome barriers to implementation of the agreement. Additionally, 40,000 people in Mali have received access to water, maternal care, and surgery due to efforts to build local partnerships and facilitate their operations in the area. The Center has worked in Syria to outline a step-by-step approach to improve conditions for citizens, while also mapping a comprehensive data set of unexploded ordnance. To combat geographic fragmentation, the Center brought together Palestinian youth from across Gaza, the West Bank, and East Jerusalem to develop joint initiatives around a unified Palestinian agenda. In Arizona, Georgia, Florida, and North Carolina, over 1,000 Americans collaborated in democracy resilience networks through organized public outreach, reaching an estimated 32 million Americans.
After observing more than 100 elections in 39 other countries since 1989, The Carter Center observed a U.S. election for the first time in 2022. The Fulton County, Georgia, Board of Elections and Registrations and a panel of the Georgia State Election Board invited the Center to observe the November general election in the county.

Observer training focused on polling place procedures, data collection methods, the roles and responsibilities of nonpartisan observers, and the observer code of conduct. The observers collected firsthand data on early voting and Election Day processes, as well as operations within the Fulton County election offices in Atlanta.

Based on its observations, the Center believes the county carried out a successful and fair election. As it always does after an observation mission, the Center made a series of recommendations for improving processes in future Fulton County votes. These included improved training for election workers and the establishment of more polling stations during early voting to reduce wait times.
In the Democratic Republic of the Congo, enterprising women are turning household waste into a valuable commodity—organic fertilizer. The wider community, located on the outskirts of the capital, Kinshasa, is benefiting: the organic soil keeps chemicals out of the ground, provides farmers with fertilizer for their crops, and allows women to sell the compost for money.

With a small grant from The Carter Center, the Celestine Mandungu Mananasi Foundation was able to expand this innovative project. In the Democratic Republic of the Congo, one of the ways the Center helps empower women is by providing small grants to organizations to fund short-term projects with potential long-term benefits.

For this project, women collect biodegradable waste, such as grasses and leftover vegetable pieces, and feed it into machinery that breaks the material down into compost. “We are putting that waste back into the soil for more productivity,” said Marie Muzinga Tungu.

Women who participate in the project can take the compost home for their own gardens. Others sell it for family income. “The machines are helping us a lot,” said Kukuy Bwiyi Mafi, a widowed young mother who makes her living selling compost. “I can take care of my children.”
The Carter Center continued to host round-tables around pressing issues such as Black Lives Matter, indigenous sovereignty, and the misuse of religion to perpetuate violence against women and girls. The Center engaged white evangelical churches and institutional leaders in a truth-seeking, listening, and telling project to move the needle on racial supremacy. The Center also began the India Policy initiative, working with U.S. policymakers and publishing several articles to support and strengthen the U.S.-India partnership. In the Democratic Republic of the Congo, The Carter Center partnered with civil society and government to strengthen women’s rights and representation in decision-making circles; improved protections for human rights defenders through direct support and policy advocacy; and equipped Congolese organizations to pursue government accountability through effective collaboration with international treaty bodies. Similarly, through extractive industries governance programming, the Center partnered with Congolese civil society to advance transparency and accountability in the extractive sector and to strengthen partners’ capacity to monitor, analyze, and report on mining projects, revenue streams, and corruption issues.

The Carter Center contributed to the ninth Summit of the Americas in Los Angeles with a discussion of democratic resilience featuring Chilean President Gabriel Boric. In Colombia, the Center undertook an expert mission for the presidential election. The newly elected Colombian government followed recommendations of the mission with an electoral reform legislative proposal. The Carter Center also continued its role in monitoring the implementation of the 2016 Colombia Peace Accord. In Brazil, the Center undertook an expert mission that focused on the electronic voting system that had been called into question by the president who was running for reelection. The Center engaged with the international community, peer nongovernmental organizations and the U.S. government, including the Department of State, the National Security Council and Congress, in strategy discussions about crises in Nicaragua and Venezuela.
The Rule of Law Program advances governance, builds trust, and transforms lives through enhanced accountability, greater transparency, and improved access to information and justice. In 2022, the Inform Women, Transform Lives campaign added 12 cities to its roster of partner communities. In total, 24 city partners work to increase awareness about women’s right to information and reach women with needed public services. Sustainability remains central to the Carter Center’s work in Bangladesh, Guatemala, and Liberia, where it has assisted local partners to address climate change, empower youth through social accountability, and broaden the reach of legal aid. Working with law enforcement in Costa Rica and Liberia, the Center helped governments reshape practices to increase women’s advancement in police services and improve civilian oversight.

The Carter Center continued to reach millions of internet users in 2022 and has established itself as a thought leader on U.S.-China relations and Chinese public opinion. It published the first survey of Chinese public opinion about the war in Ukraine, held more than 40 online events exploring key issues in bilateral relations, and published a report on the role of educational exchange in U.S.-China relations. Content published by the Center in 2022 was featured or cited in leading publications like Nature, Foreign Affairs, Foreign Policy, The Guardian, Bloomberg, and the South China Morning Post.
TORTILLAS AND TRANSFORMATION

When her husband died, Ana Veraliz and her daughters were left destitute. Veraliz tried selling eggs and other things door to door in her Guatemala City neighborhood, but then “I went into a kind of depression and stopped eating,” she said. She became severely malnourished, and the family’s situation grew desperate. One day, a friend suggested Veraliz go to a city-run women’s center, where she received free counseling and medical care. Through its Inform Women, Transform Lives project, The Carter Center has partnered with Guatemala City to promote the city’s women’s centers.

After receiving services, Veraliz slowly regained not only her body weight but also her self-respect and confidence, opening the door to profound change. Now she owns a thriving business making tortillas with her daughters. “I was thinking that everything’s over and there was nothing left,” she said. “But with the help, all this changed mentally. So here I am.” Since joining the Carter Center’s Inform Women, Transform Lives project, Guatemala City has seen a 200% increase in demand for certain services at its women’s centers.
Rakia Ado sits on an operating table in Niger with bandaged eyes after receiving surgery for the advanced stage of trachoma, a bacterial eye disease. The Carter Center is fighting in five African countries.
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 13 human cases of Guinea worm disease were reported in 2022, a 13% decline from the 15 cases reported in 2021, and the lowest annual case total since the program began. Chad reported six of the cases; South Sudan reported five; Ethiopia reported one; and the Central African Republic reported one. Reported animal infections also continue to decline, having fallen 66% since 2019. The Carter Center works with ministries of health to train and coordinate 30,000 volunteers in 8,000 communities to conduct surveillance, health education, case containment, filter distribution, and water treatments. In March 2022, high-level representatives of Angola, Cameroon, Chad, the Democratic Republic of the Congo, Ethiopia, Mali, South Sudan, and Sudan reaffirmed their commitment to accelerate progress by signing the Abu Dhabi Declaration on the Eradication of Guinea Worm Disease. Key commitments included enhanced advocacy for the provision of safe water and political leadership visits to endemic communities.

The Carter Center supports the Nigerian Federal Ministry of Health to control schistosomiasis, a parasitic disease spread via snails in freshwater where people swim or conduct household chores. The disease leads to anemia and urogenital complications. About 400,000 children in Nigeria received the drug praziquantel (donated by Merck KGaA) to prevent schistosomiasis via school-based treatments in 2022.
SOUTH SUDAN’S GUINEA WORM HUNTER

Makoy Samuel Yibi has visited—often on foot—virtually every village, town, and cattle camp in the vast unpaved nation of South Sudan. Determined, exacting, and not daunted by a long hike through hostile land, he runs the Ministry of Health’s Guinea worm program, and many consider him the “secret sauce” of South Sudan’s success in nearly eliminating the parasitic disease.

Makoy and the ministry have worked closely with The Carter Center since the war-torn mid-1990s to combat Guinea worm disease and trachoma. He became director of Southern Sudan’s program in 2006, five years before South Sudan won its independence. Human cases of Guinea worm disease have fallen from 118,000 in all of Sudan (mainly in the South) in 1996 to just five in South Sudan in 2022, a reduction of 99.99%.

He is characteristically humble about the strides made in the country. “This eradication campaign in South Sudan is not easy,” he has said. “It is only made possible by the really hard work of the teams on the ground.”
Cordelia Anude is one of 18.9 million Nigerians who no longer need to be treated for river blindness.

**NIGERIA’S TRIUMPH**

In its quest to eliminate river blindness, a parasitic disease that can cause unbearable itching and lead to permanent blindness, Nigeria is notching victories on a grand scale.

One prime measure of success is the number of people who no longer need preventive treatment. In December 2022, Nigeria announced it was halting river blindness treatment for 18.9 million people across four states. “The magnitude of Nigeria’s latest stop-treatment decision for river blindness is incredible,” said Gregory S. Noland, director of the Carter Center’s River Blindness Elimination Program. “It is the largest in the history of the global campaign. For perspective, prior to this decision, the 16-year cumulative stop-treatment total in 12 Carter Center-assisted countries was about 12.3 million.”

The Carter Center has assisted Nigeria’s program since 1995, and in 2022 laboratories supported by the Center processed 52,187 black flies and 12,718 blood samples to show that disease transmission was no longer occurring. This latest accomplishment follows the news from 2021 that Plateau and Nasarawa states—with more than 5 million people—were the first in Nigeria to have eliminated the disease.
In 2022, The Carter Center surpassed 500 million Mectizan® treatments (donated by Merck & Co, Inc., Rahway, N.J.) distributed to fight the parasitic disease river blindness. The Center also logged a record-breaking halt of treatments, the result of decades of work by ministry of health partners and affected communities. Areas covering over 20 million people met World Health Organization criteria for transmission interruption, including over a half million in Uganda, 1.3 million in Ethiopia, and 18.9 million in Nigeria—the largest stop-treatment decision in the history of the global campaign. In Uganda, three areas reached transmission elimination after successfully completing post-treatment surveillance, and another has reached suspected transmission interruption, meaning there are no longer any areas of ongoing transmission in Uganda.

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 transmission of the disease. Large portions of the two countries met World Health Organization criteria to stop mass drug administration for lymphatic filariasis in 2022: around 70,000 in Ethiopia and 11.6 million in Nigeria. With these successes, the total population protected against the disease in Carter Center-assisted areas is now over 24 million.
TRACHOMA CONTROL PROGRAM

In 2022, The Carter Center assisted Ethiopia, Mali, Niger, South Sudan, and Sudan in providing more than 33,000 sight-saving eye surgeries and in distributing about 10.3 million doses of tetracycline eye ointment and Zithromax®, donated by Pfizer. Most of these antibiotics were distributed in Ethiopia’s Amhara region, where 9.1 million people were treated. About 6.6 million people in Amhara no longer require treatment. In Mali, despite insecurity, the program completed the final surveys to demonstrate all districts in the country have achieved the required thresholds for eliminating trachoma as a public health problem.

In Niger, only 476 surgeries were performed, which demonstrates a declining need. In South Sudan, the biannual phase of the Enhancing the A in SAFE trial was conducted. (SAFE is the four-pronged approach to trachoma control, encompassing surgery, antibiotics, facial cleanliness, and environmental improvement.) This study, funded by the Bill & Melinda Gates Foundation, assesses the feasibility, cost, and community acceptance of more frequent than annual mass drug administration. In Sudan, four impact surveys were conducted in three states, indicating an 89% reduction of trachoma prevalence in several North Darfur areas.

HISPANIOLA INITIATIVE

The Carter Center’s Hispaniola Initiative works with the ministries of health in Haiti and the Dominican Republic to eliminate malaria and lymphatic filariasis from the countries’ shared island. In March 2022, the Pan American Health Organization officially approved the halt of mass drug administration for lymphatic filariasis in a subdistrict of Léogâne, Haiti, benefiting about 37,000 people. The Carter Center also launched a confirmatory elimination mapping survey for lymphatic filariasis in the Dominican Republic. Provisionally, 13,318 cases of malaria were reported in 2022 in Hispaniola—12,983 in Haiti and 335 in the Dominican Republic. This change represents a 21.6% increase in cases compared to 2021.
FROM SCHOOLS TO COMMUNITIES

At a large, bustling school in Gondar province in Ethiopia’s Amhara region, energetic children eagerly line up to do something that in other contexts seems mundane: thoroughly wash their faces. What the pupils have learned, through training supported by The Carter Center, is that a clean face means much more than a nice appearance. It helps keep them free of trachoma, a potentially blinding infectious eye disease.

Keeping faces washed is part of a four-pronged approach for trachoma control, endorsed by the World Health Organization. The SAFE strategy includes surgery for advanced cases, antibiotics to halt infection, facial cleanliness to keep away the flies that transmit the disease, and environmental improvement, which entails building latrines to control fly populations.

The take-home message for the students: Flies are attracted to dirty faces; clean faces keep the flies away. The schoolchildren can take this message home to their parents and relatives, spreading healthy practices throughout communities and across generations.

With instruction from their teacher, schoolchildren in Ethiopia learn how a clean face helps to prevent trachoma, an eye disease.
Lela Precious Dolo was named a Mental Health Champion by The Carter Center.

A STUDENT’S PASSION: BETTER HEALTH IN LIBERIA

The loss of her brother to a treatable infection drives 23-year-old Lela Precious Dolo. A medical student in Monrovia, Liberia, Dolo is a co-creator and manager of a project called Help a Mother and New-born in Liberia, which seeks to reduce maternal and infant mortality by providing training, awareness, and resources for health facility staff, traditional midwives, women, and adolescents in Liberia’s Margibi County. Dolo has studied and worked in Ghana and Switzerland in addition to Liberia.

In 2022, The Carter Center named Dolo one of nine Mental Health Champions, a new initiative in which Liberians are educated about the national mental health care burden, how to advocate for better policies, and available interventions and treatments. The initiative follows more than a decade of collaboration between The Carter Center and the government of Liberia—collaborating to elevate mental health as a national priority, decrease stigma, and increase access to services.
Since 2014, The Carter Center has partnered with the government of Sudan on the Sudan Public Health Training Initiative. The initiative supports medical institutions by increasing the number of well-trained health workers who can meet the maternal and child health needs of communities throughout Sudan. Through the initiative, state-run health science training institutions, nursing schools, midwifery schools, and health extension programs received new laboratory equipment, textbooks, computers, classroom materials, and curricula to enhance the teaching and learning environment of both the faculty and the professionals training to work directly with women and children. The Carter Center transferred full leadership of the program to Sudan’s Ministry of Health in December 2022. Since its inception, the initiative has trained over 1,000 health sciences faculty and distributed 10,000 learning materials, including information technology, laboratory equipment, and reference books. It also provided updated curricula for community health workers, midwives, medical assistants, anesthesia assistants, operation theater scrubs, and public health environmental officers.

The Carter Center combines the power of accurate and effective mental health reporting with the Center’s expertise in advancing evidence-based public policy. In February 2022, The Carter Center launched the Mental Health Parity Newsroom Collaborative in partnership with newsrooms in six states, the Center for Public Integrity, and the Shorenstein Center on Media, Politics and Public Policy. This partnership led to increased reporting about inequities in mental health care, which will help advocacy organizations galvanize stakeholders and build coalitions to push for legislation that requires insurance companies to cover mental health in the same way as physical health. Under a school-based behavioral health initiative in Georgia, staff developed tools needed by communities, including a brief on prevention programming for communities and philanthropy. The Carter Center formed a collaborative to monitor the implementation of the Georgia Mental Health Parity Act, focusing on the payment of youth services. The Center elevated its leadership in global behavioral health system strengthening, securing funding for innovative and integrated health system interventions.
In Mopti, Mali, a child, woman, and man travel by motorbike. The Carter Center has served as the Independent Observer of Mali’s peace agreement since 2018.
As a not-for-profit organization, The Carter Center can realize its mission only through generous support from individuals, foundations, corporations, and governments. Some 107,334 donors contributed $289 million in cash, pledges, and in-kind gifts in 2021–2022 to the Center’s peace and health programs.

The Carter Center has a longstanding history of fighting disease and waging peace around the world. Today, the Center works in unstable areas in Sudan to address peace and health issues in tandem, conducting research, convening stakeholders, and overseeing programming to simultaneously fight disease and support sustainable peace. In 2022, the Center partnered with the United Nations Peacebuilding Fund to start the Youth Citizen Observer Network across Sudan. The Reaching the Last Mile Fund, housed within The END Fund, provided critical support for expanded river blindness and lymphatic filariasis intervention efforts in the country, including efforts to facilitate exchanges between factions and the government of Sudan to gain access to insecure, endemic areas. The LUI Che Woo Prize Limited supplied one-time support for the Sudan Public Health Training Initiative’s transition to the Sudanese Ministry of Health. Peacekeeping and global health are inextricably entwined, and The Carter Center is grateful to our partners assisting with our peace and health work in Sudan.

In addition to its cross-programmatic work in Sudan, the Center’s emerging strategic plan places an emphasis on new initiatives across the peace and health programs. The Carter Center has begun integrating health systems strengthening activities into its current programming to address neglected tropical diseases, improve mental health, and increase and support the health workforce. With funding from the Skoll Foundation, the Center worked to strengthen the government of Pakistan’s health systems through the reorganization of its National Institute of Health, the establishment of a board of governors to oversee the institute, and the creation of additional centers for disease control and health.

As part of another strategic growth initiative, the Center is addressing digital threats to democracy, including monitoring disinformation, hate speech, and related online activities intended to suppress political participation or undermine confidence in the electoral process. The Carter Center is partnering with Meta (formerly Facebook, Inc.) to improve and further integrate online information monitoring activities into its election observation missions and its local partners’ missions. The Center is grateful to its many partners for their ongoing and critical support.

“We met in 1979 in Washington, D.C., while working for the Carter administration,” said Kathleen and Paul Johnson of Seattle, Washington, members of the Center’s Ambassadors Circle and Legacy Circle. “The core principles that mean the most to us—human rights, peace, racial equity, and justice—were backed by the Carter administration and continue to be championed through The Carter Center today. We are pleased and proud to financially support The Carter Center. Our investment makes us feel happy for what we can accomplish with like-minded people now, and a bit more hopeful for the future.”
VOLUNTEERS

Some 76 volunteers in the Atlanta area donated 4,300 hours of service in FY 2022. 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, 2021, through Aug. 31, 2022, we are grateful for each gift that helps to support the vital work of The Carter Center. Every effort has been made for accuracy. Should there be any omission or error, we apologize and ask that it be brought to our attention.
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A mural in Atlanta publicizes the city’s 311 phone number, which provides access to nonemergency city services. Atlanta is a partner of the Center’s Inform Women, Transform Lives campaign.
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FINANCIAL INFORMATION
Independent Auditors’ Report

The Board of Trustees
The Carter Center, Inc.

Opinion

We have audited the 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, 2022 and 2021, 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.

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the financial position of the Center as of August 31, 2022 and 2021, and the changes in its net assets and its cash flows for the years then ended in accordance with U.S. generally accepted accounting principles.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors’ Responsibilities for the Audit of the Consolidated Financial Statements section of our report. We are required to be independent of the Center and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with U.S. generally accepted accounting principles, and for 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.

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Center’s ability to continue as a going concern for one year after the date that the consolidated financial statements are available to be issued.

Auditors’ Responsibilities for the Audit of the Consolidated Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors’ report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the consolidated financial statements.

In performing an audit in accordance with GAAS, we:

• Exercise professional judgment and maintain professional skepticism throughout the audit.
• Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements.
• Obtain an understanding of internal control relevant to the audit 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 Center’s internal control. Accordingly, no such opinion is expressed.
• Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the consolidated financial statements.
• Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Center’s ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Atlanta, Georgia
May 5, 2023
## CONSOLIDATED STATEMENTS OF FINANCIAL POSITION

August 31, 2022 and 2021

<table>
<thead>
<tr>
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<th>2022</th>
<th>2021</th>
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<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
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<tr>
<td>Cash and cash equivalents</td>
<td>$75,452,534</td>
<td>66,284,099</td>
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<tr>
<td>Accounts receivable:</td>
<td></td>
<td></td>
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<tr>
<td>Due from conditional agreements</td>
<td>8,787,185</td>
<td>5,891,939</td>
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<tr>
<td>Other</td>
<td>272,740</td>
<td>324,728</td>
</tr>
<tr>
<td>Total accounts receivable</td>
<td>9,059,925</td>
<td>6,216,667</td>
</tr>
<tr>
<td>Contributions receivable, net (note 3)</td>
<td>230,163</td>
<td>287,519</td>
</tr>
<tr>
<td>Inventory (notes 4, 9, and 15)</td>
<td>4,387,783</td>
<td>761,043</td>
</tr>
<tr>
<td>Investments (notes 5 and 7)</td>
<td>1,058,873,553</td>
<td>1,178,629,329</td>
</tr>
<tr>
<td>Property, plant, and equipment, net (note 6)</td>
<td>4,923,280</td>
<td>4,467,709</td>
</tr>
<tr>
<td>Artwork</td>
<td>2,435,365</td>
<td>2,435,365</td>
</tr>
<tr>
<td>Other assets</td>
<td>33,286</td>
<td>214,191</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>$1,155,395,889</td>
<td>1,259,295,922</td>
</tr>
</tbody>
</table>

| **Liabilities and Net Assets** |            |            |
| Liabilities:                |            |            |
| Accounts payable and accrued expenses | $9,932,820 | 8,044,561 |
| Deferred revenue            | 6,111,603  | 4,790,884  |
| Annuity obligations (note 7) | 6,204,467  | 5,624,221  |
| **Total liabilities**       | 22,248,890 | 18,459,666 |
| Net assets (note 11):       |            |            |
| Without donor restrictions  | 423,491,324 | 454,689,287 |
| With donor restrictions     | 709,655,675 | 786,146,969 |
| **Total net assets**        | 1,133,146,999 | 1,240,836,256 |
| Commitments and contingencies (notes 7, 8, and 16) | – | – |
| **Total liabilities and net assets** | $1,155,395,889 | 1,259,295,922 |

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

Year ended August 31, 2022 (with comparative totals for 2021)

<table>
<thead>
<tr>
<th></th>
<th>Without donor restrictions</th>
<th>With donor restrictions</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2022</td>
<td>2021</td>
<td>2022</td>
</tr>
<tr>
<td><strong>Revenue and support</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contributions and grants:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating</td>
<td>$ 44,139,241</td>
<td>—</td>
<td>44,139,241</td>
</tr>
<tr>
<td>Program</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>—</td>
<td>39,935,489</td>
<td>39,935,489</td>
</tr>
<tr>
<td>Peace</td>
<td>—</td>
<td>10,635,582</td>
<td>10,635,582</td>
</tr>
<tr>
<td>Cross-program</td>
<td>—</td>
<td>192,618</td>
<td>192,618</td>
</tr>
<tr>
<td>In-kind gifts (note 9):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>—</td>
<td>193,676,160</td>
<td>193,676,160</td>
</tr>
<tr>
<td>Peace</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Endowment</td>
<td>—</td>
<td>309,185</td>
<td>309,185</td>
</tr>
<tr>
<td>Total contributions and grants</td>
<td>44,139,241</td>
<td>244,749,034</td>
<td>288,888,275</td>
</tr>
<tr>
<td>Endowment fund earnings</td>
<td>13,180,421</td>
<td>23,230,237</td>
<td>36,410,658</td>
</tr>
<tr>
<td>Appreciation of endowment investments, net</td>
<td>(44,187,191)</td>
<td>(75,817,149)</td>
<td>(120,004,340)</td>
</tr>
<tr>
<td>Facilities use income</td>
<td>252,509</td>
<td>—</td>
<td>252,509</td>
</tr>
<tr>
<td>Interest and investment income</td>
<td>31,566</td>
<td>—</td>
<td>31,566</td>
</tr>
<tr>
<td>Net assets released from restrictions:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>251,788,694</td>
<td>(251,788,694)</td>
<td>—</td>
</tr>
<tr>
<td>Peace</td>
<td>16,190,835</td>
<td>(16,190,835)</td>
<td>—</td>
</tr>
<tr>
<td>Cross-program</td>
<td>673,887</td>
<td>(673,887)</td>
<td>—</td>
</tr>
<tr>
<td>Total revenue and support</td>
<td>282,069,962</td>
<td>(76,491,294)</td>
<td>205,578,668</td>
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</tbody>
</table>

## Expenses

Program:

<table>
<thead>
<tr>
<th></th>
<th>Without donor restrictions</th>
<th>With donor restrictions</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2022</td>
<td>2021</td>
<td>2022</td>
</tr>
<tr>
<td>Program</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>261,125,289</td>
<td>—</td>
<td>261,125,289</td>
</tr>
<tr>
<td>Peace</td>
<td>26,900,511</td>
<td>—</td>
<td>26,900,511</td>
</tr>
<tr>
<td>Cross-program</td>
<td>1,843,904</td>
<td>—</td>
<td>1,843,904</td>
</tr>
<tr>
<td>Fundraising</td>
<td>11,610,169</td>
<td>—</td>
<td>11,610,169</td>
</tr>
<tr>
<td>General and administrative</td>
<td>11,788,052</td>
<td>—</td>
<td>11,788,052</td>
</tr>
<tr>
<td>Total expenses</td>
<td>313,267,925</td>
<td>—</td>
<td>313,267,925</td>
</tr>
<tr>
<td>Change in net assets</td>
<td>(31,197,963)</td>
<td>(76,491,294)</td>
<td>(107,689,257)</td>
</tr>
<tr>
<td>Net assets at beginning of year</td>
<td>454,689,287</td>
<td>786,146,969</td>
<td>1,240,836,256</td>
</tr>
<tr>
<td>Net assets at end of year</td>
<td>$423,491,324</td>
<td>709,655,675</td>
<td>1,240,836,256</td>
</tr>
</tbody>
</table>

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

Year ended August 31, 2021

<table>
<thead>
<tr>
<th></th>
<th>Without donor restrictions</th>
<th>With donor restrictions</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue and support</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contributions and grants:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating</td>
<td>$ 37,827,527</td>
<td>—</td>
<td>37,827,527</td>
</tr>
<tr>
<td>Programs:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>—</td>
<td>35,573,733</td>
<td>35,573,733</td>
</tr>
<tr>
<td>Peace</td>
<td>—</td>
<td>13,873,866</td>
<td>13,873,866</td>
</tr>
<tr>
<td>Cross-program</td>
<td>—</td>
<td>328,810</td>
<td>328,810</td>
</tr>
<tr>
<td>In-kind gifts (note 9):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>—</td>
<td>204,335,299</td>
<td>204,335,299</td>
</tr>
<tr>
<td>Peace</td>
<td>—</td>
<td>115,000</td>
<td>115,000</td>
</tr>
<tr>
<td>Endowment</td>
<td>—</td>
<td>32,593</td>
<td>32,593</td>
</tr>
<tr>
<td>Total contributions and grants</td>
<td>37,827,527</td>
<td>254,259,301</td>
<td>292,086,828</td>
</tr>
<tr>
<td>Endowment fund earnings</td>
<td>12,698,652</td>
<td>22,378,343</td>
<td>35,076,995</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>
</tr>
<tr>
<td>Facilities use income</td>
<td>115,397</td>
<td>—</td>
<td>115,397</td>
</tr>
<tr>
<td>Interest and investment income</td>
<td>2,546</td>
<td>3,562</td>
<td>6,108</td>
</tr>
<tr>
<td>Net assets released from restrictions:</td>
<td>260,593,340</td>
<td>(260,593,340)</td>
<td>—</td>
</tr>
<tr>
<td>Health</td>
<td>14,842,941</td>
<td>(14,842,941)</td>
<td>—</td>
</tr>
<tr>
<td>Cross-program</td>
<td>397,639</td>
<td>(397,639)</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>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>270,061,266</td>
<td>—</td>
<td>270,061,266</td>
</tr>
<tr>
<td>Peace</td>
<td>23,272,069</td>
<td>—</td>
<td>23,272,069</td>
</tr>
<tr>
<td>Cross-program</td>
<td>571,419</td>
<td>—</td>
<td>571,419</td>
</tr>
<tr>
<td>Fundraising</td>
<td>9,955,592</td>
<td>—</td>
<td>9,955,592</td>
</tr>
<tr>
<td>General and administrative</td>
<td>10,776,042</td>
<td>—</td>
<td>10,776,042</td>
</tr>
<tr>
<td>Total expenses</td>
<td>314,636,388</td>
<td>—</td>
<td>314,636,388</td>
</tr>
<tr>
<td>Change in net assets</td>
<td>119,527,172</td>
<td>193,920,226</td>
<td>313,447,398</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>
</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>
</tr>
</tbody>
</table>

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

**Year ended August 31, 2022** (with comparative totals for 2021)

<table>
<thead>
<tr>
<th></th>
<th>Program expenses</th>
<th>Supporting expenses</th>
<th>Total</th>
<th>2022</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Health</td>
<td>Peace</td>
<td>Cross-program</td>
<td>Fundraising</td>
<td>General and administrative</td>
</tr>
<tr>
<td>Salaries and benefits</td>
<td>$25,163,228</td>
<td>12,271,525</td>
<td>226,777</td>
<td>4,757,418</td>
<td>6,109,799</td>
</tr>
<tr>
<td>Consulting</td>
<td>7,431,564</td>
<td>5,096,448</td>
<td>429,708</td>
<td>422,726</td>
<td>2,017,790</td>
</tr>
<tr>
<td>Communications</td>
<td>2,863,071</td>
<td>898,857</td>
<td>4,550</td>
<td>2,549,798</td>
<td>232,575</td>
</tr>
<tr>
<td>Services</td>
<td>252,997</td>
<td>807,028</td>
<td>2,508</td>
<td>1,822,813</td>
<td>487,319</td>
</tr>
<tr>
<td>Office and equipment</td>
<td>3,046,108</td>
<td>1,166,654</td>
<td>34,097</td>
<td>168,671</td>
<td>729,754</td>
</tr>
<tr>
<td>Vehicles</td>
<td>3,918,949</td>
<td>458,738</td>
<td>22</td>
<td>368</td>
<td>609</td>
</tr>
<tr>
<td>Travel/meetings</td>
<td>16,677,506</td>
<td>2,630,142</td>
<td>9,106</td>
<td>1,034,685</td>
<td>141,797</td>
</tr>
<tr>
<td>Interventions (note 2(k))</td>
<td>197,241,072</td>
<td></td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Other</td>
<td>1,321,847</td>
<td>406,321</td>
<td>3,753</td>
<td>377,025</td>
<td>1,279,834</td>
</tr>
<tr>
<td>Grants</td>
<td>2,657,408</td>
<td>2,760,638</td>
<td>1,105,470</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Common area and depreciation</td>
<td>551,539</td>
<td>404,160</td>
<td>27,913</td>
<td>476,665</td>
<td>788,575</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td>$260,573,750</td>
<td>26,496,351</td>
<td>1,815,991</td>
<td>11,133,504</td>
<td>10,999,477</td>
</tr>
</tbody>
</table>

See accompanying notes to consolidated financial statements.

### CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES

**Year ended August 31, 2021**

<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><strong>Common area and depreciation</strong></td>
<td>521,960</td>
<td>382,485</td>
<td>26,416</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td>$270,061,266</td>
<td>23,272,069</td>
<td>571,419</td>
</tr>
</tbody>
</table>

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

Years ended August 31, 2022 and 2021

<table>
<thead>
<tr>
<th>Section</th>
<th>2022</th>
<th>2021</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>$(107,689,257)</td>
<td>313,447,398</td>
</tr>
<tr>
<td>Adjustments to reconcile change in net assets to net cash provided by operating activities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation</td>
<td>755,972</td>
<td>666,632</td>
</tr>
<tr>
<td>Appreciation of endowment investments, net</td>
<td>120,004,340</td>
<td>(300,711,231)</td>
</tr>
<tr>
<td>Appreciation of non-endowment investments, net</td>
<td>(32,866)</td>
<td>(87,227)</td>
</tr>
<tr>
<td>Donated artwork</td>
<td>—</td>
<td>(6,750)</td>
</tr>
<tr>
<td>Contributions restricted in perpetuity, net</td>
<td>(309,185)</td>
<td>(84,494)</td>
</tr>
<tr>
<td>Net change in inventory balances due to noncash contributions and distributions</td>
<td>(3,626,740)</td>
<td>1,488,323</td>
</tr>
<tr>
<td>Changes in operating assets and liabilities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>(2,843,258)</td>
<td>2,432,912</td>
</tr>
<tr>
<td>Contributions receivable, net of donor endowment</td>
<td>57,356</td>
<td>1,362,500</td>
</tr>
<tr>
<td>Other assets</td>
<td>180,905</td>
<td>105,854</td>
</tr>
<tr>
<td>Accounts payable and accrued expenses, deferred revenue, and annuity obligations</td>
<td>4,760,920</td>
<td>(638,305)</td>
</tr>
<tr>
<td>Net cash provided by operating activities</td>
<td>11,258,187</td>
<td>17,975,612</td>
</tr>
<tr>
<td><strong>Cash flows from investing activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purchase of property and equipment, net of related payables</td>
<td>(1,138,794)</td>
<td>(915,832)</td>
</tr>
<tr>
<td>Endowment fund earnings</td>
<td>(36,410,658)</td>
<td>(35,076,995)</td>
</tr>
<tr>
<td>Purchase of investments</td>
<td>(1,488,025)</td>
<td>(1,706,978)</td>
</tr>
<tr>
<td>Sale of investments</td>
<td>37,402,972</td>
<td>35,426,896</td>
</tr>
<tr>
<td>Net cash used in investing activities</td>
<td>(1,634,505)</td>
<td>(2,272,909)</td>
</tr>
<tr>
<td><strong>Cash flows from financing activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contributions restricted in perpetuity, net</td>
<td>309,185</td>
<td>84,494</td>
</tr>
<tr>
<td>Payments on annuities and trusts</td>
<td>(764,432)</td>
<td>(734,295)</td>
</tr>
<tr>
<td>Net cash used in financing activities</td>
<td>(455,247)</td>
<td>(649,801)</td>
</tr>
<tr>
<td>Net change in cash and cash equivalents</td>
<td>9,168,435</td>
<td>15,052,902</td>
</tr>
<tr>
<td>Cash and cash equivalents at beginning of year</td>
<td>66,284,099</td>
<td>51,231,197</td>
</tr>
<tr>
<td>Cash and cash equivalents at end of year</td>
<td>$ 75,452,534</td>
<td>66,284,099</td>
</tr>
<tr>
<td>Supplemental disclosures for cash flow information:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Noncash investing activity—purchases of property and equipment in accounts payable</td>
<td>$ 72,749</td>
<td>—</td>
</tr>
</tbody>
</table>

See accompanying notes to consolidated financial statements.
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 CCI) 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.

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

Contributions received are recognized as revenue when underlying assets or a donor’s unconditional promise to give is received. 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.

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 and grants are conditional if the donor agreement includes both a donor-imposed barrier that
must be overcome and a right of return of funds (or a release of an obligation to transfer funds). Conditional contributions are recognized as revenue once the donor-imposed barrier is overcome (typically qualifying expenses being incurred) or when right of return of the contribution to the donor no longer exists, as specified in the terms and conditions of the donor agreement.

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, are provided by individuals possessing those skills, and would typically need to 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, 2022 and 2021.

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 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, to the extent that its estimated useful is extraordinarily long, 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 are 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 year ended August 31, 2022, the Center received 450,000 GBP ($583,651) 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, 2022 and 2021, Irish Aid contributed 200,000 Euros ($225,464) and 200,000 Euros ($242,376), 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.

For the years ended August 31, 2022 and 2021, the Swiss Confederation contributed $121,918 and $73,975, respectively, to support Civil Society Organization engagement in inclusive and credible elections in Tunisia. For the years ended August 31, 2022 and 2021, the Swiss Confederation also contributed $200,000 and $150,000, respectively, to support Monitoring Digital Threats on Social Media in Myanmar.

M. Tax Status
The Center and CCCI have received determination letters from the Internal Revenue Service (IRS) dated December 16, 1991, and March 22, 2007, respectively, 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 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 2016-02 during the fiscal year ending August 31, 2023. The Center has not yet determined the impact of the new standard on its current policies but does not expect the adoption to have a material impact on the consolidated financial statements.

In March 2019, the FASB issued ASU No. 2019-03, 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 retrospective basis and is effective for the Center’s fiscal year ended August 31, 2022. The Center’s accompanying 2022 and 2021 consolidated financial statements and notes include the presentation and disclosure elements required by the ASU.

P. COVID-19
During 2020, a novel strain of coronavirus (COVID-19) surfaced, the subsequent spread of which around the world and in the U.S. has caused significant volatility in the global financial markets, including those in the U.S. There is continued uncertainty as to the breadth and duration of this pandemic and the resultant market disruption. Mandates from state and local authorities have required periodic temporary closure and/or limited operations of certain schools, businesses, and other facilities and organizations. While such closures and limitations on movement, both globally and in the U.S., have largely been lifted, the potential continued spread of COVID-19 and its impact on social interaction, economic activity, and financial markets may adversely affect the Center’s operations and financial position.
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></th>
<th>2022</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pooled investments held at Emory University</td>
<td>$1,047,539,542</td>
<td>1,164,791,763</td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>393,138</td>
<td>244,016</td>
</tr>
<tr>
<td>Fixed-income securities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic mutual funds</td>
<td>3,741,181</td>
<td>4,445,017</td>
</tr>
<tr>
<td>Equities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic stocks</td>
<td>7,109,229</td>
<td>9,038,108</td>
</tr>
<tr>
<td>Domestic mutual funds</td>
<td>90,463</td>
<td>110,425</td>
</tr>
<tr>
<td><strong>$1,058,873,553</strong></td>
<td><strong>1,178,629,329</strong></td>
<td></td>
</tr>
</tbody>
</table>

As of August 31, 2022, and 2021, respectively, the Center’s investment in the pooled investment fund totaled $1,047,539,542 and $1,164,791,763, representing approximately 10.7% and 10.9% 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></th>
<th>2022</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-term investments and cash equivalents</td>
<td>$388,330</td>
<td>657,046</td>
</tr>
<tr>
<td>Public equity</td>
<td>3,538,101</td>
<td>4,542,068</td>
</tr>
<tr>
<td>Absolute return/fixed income</td>
<td>1,181,574</td>
<td>942,591</td>
</tr>
<tr>
<td>Private equity/venture capital</td>
<td>3,726,232</td>
<td>3,723,724</td>
</tr>
<tr>
<td>Real assets</td>
<td>949,996</td>
<td>826,654</td>
</tr>
<tr>
<td>Derivative instruments</td>
<td>11,695</td>
<td>42,045</td>
</tr>
<tr>
<td><strong>$9,795,928</strong></td>
<td><strong>10,734,128</strong></td>
<td></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, 2022 and 2021, are deemed fully collectible.

INVENTORY

Inventory was composed of Zithromax medication in the amount of $4,387,783 and $761,043 as of August 31, 2022 and 2021, respectively.

Notes to Consolidated Financial Statements
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 center and Emory University entered into a Memorandum of Understanding (MOU) during September 2020 which sets forth mutual expectations regarding the management by Emory University of the Center’s assets held in trust in the pooled investment fund. The MOU provides that the Center is permitted partial withdrawals of up to 10% per year (inclusive of regular spending payouts), with 30 days’ written notice prior to a calendar quarter or fiscal year end. A full withdrawal request by the Center requires at least one year’s written notice and is subject to a multiyear distribution schedule in line with the duration of the long-term investment portfolio, as agreed upon by both the Center and Emory University.

PROPERTY, PLANT, AND EQUIPMENT

The components of property, plant, and equipment at August 31, 2022 and 2021, are as follows:

<table>
<thead>
<tr>
<th></th>
<th>2022</th>
<th>2021</th>
<th>Estimated useful lives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land</td>
<td>$636,732</td>
<td>$636,732</td>
<td>N/A</td>
</tr>
<tr>
<td>Buildings</td>
<td>17,580,412</td>
<td>17,580,412</td>
<td>30 years</td>
</tr>
<tr>
<td>Building improvements</td>
<td>3,123,015</td>
<td>2,716,234</td>
<td>15 years</td>
</tr>
<tr>
<td>Grounds and land</td>
<td>198,243</td>
<td>192,884</td>
<td>10 years</td>
</tr>
<tr>
<td>improvements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Furniture and fixtures</td>
<td>1,233,613</td>
<td>1,061,522</td>
<td>10 years</td>
</tr>
<tr>
<td>Office equipment</td>
<td>741,364</td>
<td>271,457</td>
<td>5 years</td>
</tr>
<tr>
<td>Computer equipment</td>
<td>453,290</td>
<td>311,507</td>
<td>3 years</td>
</tr>
<tr>
<td></td>
<td>23,966,669</td>
<td>22,770,748</td>
<td></td>
</tr>
</tbody>
</table>

Depreciation expense totaled $755,972 and $666,632 during 2022 and 2021, 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, 2022 and 2021, are as follows:

<table>
<thead>
<tr>
<th></th>
<th>2022</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication</td>
<td>$193,380,832</td>
<td>203,860,578</td>
</tr>
<tr>
<td>Other</td>
<td>295,328</td>
<td>474,721</td>
</tr>
<tr>
<td></td>
<td><strong>193,676,160</strong></td>
<td><strong>204,335,299</strong></td>
</tr>
<tr>
<td>Peace:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>—</td>
<td>115,000</td>
</tr>
<tr>
<td></td>
<td><strong>193,676,160</strong></td>
<td><strong>204,450,299</strong></td>
</tr>
</tbody>
</table>

Donations of medication were received primarily from two pharmaceutical companies for the years ended August 31, 2022 and 2021. These donations are subject to donor-imposed restrictions as to location of distribution and were used in the Center’s River Blindness and Trachoma programs in sub-Saharan Africa. 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 considering the U.S. as the most advantageous market; and fair-value indicators provided by donors, if any.

All in-kind gifts are utilized in the year of receipt with the exception relating to the balance of medical inventory disclosed in note 4.

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, 2022 and 2021, 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, 2022 and 2021, 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, 2022:

<table>
<thead>
<tr>
<th>Level 1</th>
<th>NAV</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assets:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$75,845,672</td>
<td>–</td>
</tr>
<tr>
<td>Fixed-income securities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic mutual funds</td>
<td>3,741,181</td>
<td>–</td>
</tr>
<tr>
<td>Equities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic stocks</td>
<td>7,109,229</td>
<td>–</td>
</tr>
<tr>
<td>Domestic mutual funds</td>
<td>90,463</td>
<td>–</td>
</tr>
<tr>
<td>Interest in Emory University pooled endowment fund</td>
<td>–</td>
<td>1,047,539,542</td>
</tr>
<tr>
<td>Total</td>
<td>$86,786,545</td>
<td>1,047,539,542</td>
</tr>
</tbody>
</table>

The following table summarizes the valuation of the Center’s financial instruments, which are recorded at fair value by the ASC Topic 820 fair-value hierarchy levels as of August 31, 2021:

<table>
<thead>
<tr>
<th>Level 1</th>
<th>NAV</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assets:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$66,528,115</td>
<td>–</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>–</td>
</tr>
<tr>
<td>Equities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic stocks</td>
<td>9,038,108</td>
<td>–</td>
</tr>
<tr>
<td>Domestic mutual funds</td>
<td>110,425</td>
<td>–</td>
</tr>
<tr>
<td>Interest in Emory University pooled endowment fund</td>
<td>–</td>
<td>1,164,791,763</td>
</tr>
<tr>
<td>Total</td>
<td>$80,121,665</td>
<td>1,164,791,763</td>
</tr>
</tbody>
</table>
Of the donor-restricted endowment net assets noted above, $165.2 million and $164.9 million as of August 31, 2022 and 2021, respectively, represent donor-restricted endowment corpus. The remaining $513.0 million and $588.8 million as of August 31, 2022 and 2021, 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.

**NET ASSETS**

**A. Net Assets Without Donor Restrictions**

As of August 31, 2022 and 2021, net assets without donor restrictions are as follows:

<table>
<thead>
<tr>
<th></th>
<th>2022</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undesignated</td>
<td>$46,466,338</td>
<td>$34,166,313</td>
</tr>
<tr>
<td>Board-designated for:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endowment investment,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>subject to spending</td>
<td>$377,024,986</td>
<td>$420,522,974</td>
</tr>
<tr>
<td>and appropriation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$423,491,324</td>
<td>$454,689,287</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.

**B. Net Assets With Donor Restrictions**

As of August 31, 2022 and 2021, net assets with donor restrictions are available for the following purposes:

<table>
<thead>
<tr>
<th></th>
<th>2022</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donor-restricted for specified purposes:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>$7,289,000</td>
<td>10,061,935</td>
</tr>
<tr>
<td>Peace</td>
<td>612,543</td>
<td>1,812,933</td>
</tr>
<tr>
<td>Cross-program</td>
<td>23,507,730</td>
<td>20,517,735</td>
</tr>
<tr>
<td></td>
<td>31,409,273</td>
<td>32,392,603</td>
</tr>
<tr>
<td>Donor-restricted endowments subject to spending policy and appropriation, to support the following purposes:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>20,496,911</td>
<td>22,798,610</td>
</tr>
<tr>
<td>Peace</td>
<td>2,917,276</td>
<td>3,254,261</td>
</tr>
<tr>
<td>Cross-program</td>
<td>2,776,147</td>
<td>488,144</td>
</tr>
<tr>
<td>General activities</td>
<td>652,056,068</td>
<td>727,213,351</td>
</tr>
<tr>
<td></td>
<td>678,246,402</td>
<td>753,754,366</td>
</tr>
<tr>
<td></td>
<td>$709,655,675</td>
<td>786,146,969</td>
</tr>
</tbody>
</table>

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 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, 2022:

<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>$377,024,986</td>
<td>678,246,402</td>
</tr>
<tr>
<td>Board-designated endowment funds</td>
<td>678,246,402</td>
<td>—</td>
</tr>
<tr>
<td>Total funds</td>
<td>$377,024,986</td>
<td>678,246,402</td>
</tr>
</tbody>
</table>

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

There were no underwater endowment funds during the years ended August 31, 2022 or 2021.
Changes in endowment funds for the year ended August 31, 2022, are as follows:

<table>
<thead>
<tr>
<th></th>
<th>Without donor restrictions</th>
<th>With donor restrictions</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endowment funds, August 31, 2021</td>
<td>$420,522,974</td>
<td>753,754,366</td>
<td>1,174,277,340</td>
</tr>
<tr>
<td>Contributions</td>
<td>689,203</td>
<td>309,185</td>
<td>998,388</td>
</tr>
<tr>
<td>Investment return:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endowment fund earnings</td>
<td>13,180,421</td>
<td>23,230,237</td>
<td>36,410,658</td>
</tr>
<tr>
<td>Appreciation of endowment investments, net</td>
<td>(44,187,191)</td>
<td>(75,817,149)</td>
<td>(120,004,340)</td>
</tr>
<tr>
<td>Total investment return</td>
<td>(31,006,770)</td>
<td>(52,586,912)</td>
<td>(83,593,682)</td>
</tr>
<tr>
<td>Appropriation of endowment assets for expenditure</td>
<td>(13,180,421)</td>
<td>(23,230,237)</td>
<td>(36,410,658)</td>
</tr>
<tr>
<td>Endowment funds, August 31, 2022</td>
<td>$377,024,986</td>
<td>678,246,402</td>
<td>1,055,271,388</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Without donor restrictions</th>
<th>With donor restrictions</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endowment funds, August 31, 2020</td>
<td>$312,079,961</td>
<td>560,997,160</td>
<td>873,077,121</td>
</tr>
<tr>
<td>Contributions</td>
<td>757,495</td>
<td>32,593</td>
<td>790,088</td>
</tr>
<tr>
<td>Investment return:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endowment fund earnings</td>
<td>12,698,652</td>
<td>22,378,343</td>
<td>35,076,995</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>
</tr>
<tr>
<td>Total investment return</td>
<td>120,384,170</td>
<td>215,491,283</td>
<td>335,875,453</td>
</tr>
<tr>
<td>Appropriation of endowment assets for expenditure</td>
<td>(12,698,652)</td>
<td>(22,766,670)</td>
<td>(35,465,322)</td>
</tr>
<tr>
<td>Endowment funds, August 31, 2021</td>
<td>$420,522,974</td>
<td>753,754,366</td>
<td>1,174,277,340</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, 2022 and 2021, are as follows:

<table>
<thead>
<tr>
<th></th>
<th>2022</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total assets</td>
<td>$1,155,395,889</td>
<td>1,259,295,922</td>
</tr>
<tr>
<td>Less:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net assets with donor restrictions for specified purpose, net of inventory</td>
<td>(27,021,490)</td>
<td>(31,631,560)</td>
</tr>
<tr>
<td>Donor-restricted and board-designated endowment funds</td>
<td>(1,055,271,388)</td>
<td>(1,174,277,340)</td>
</tr>
<tr>
<td>Inventory</td>
<td>(4,387,783)</td>
<td>(761,043)</td>
</tr>
<tr>
<td>Property, plant, and equipment</td>
<td>(4,923,280)</td>
<td>(4,467,709)</td>
</tr>
<tr>
<td>Artwork</td>
<td>(2,435,365)</td>
<td>(2,435,365)</td>
</tr>
<tr>
<td>Other assets</td>
<td>(33,286)</td>
<td>(214,191)</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>(6,111,603)</td>
<td>(4,790,884)</td>
</tr>
<tr>
<td>Annuity obligations</td>
<td>(6,204,467)</td>
<td>(5,624,221)</td>
</tr>
<tr>
<td></td>
<td>$ 49,007,227</td>
<td>35,093,609</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.

**THE CARTER CENTER COLLABORATIVE, INC. (CCCI)**

CCCI received donations of in-kind goods for the benefit of the Center totaling $193,380,832 and $203,860,578 for the years ended August 31, 2022 and 2021, respectively, that are included in the accompanying consolidated statements of activities. Expenses totaling $189,901,562 and $205,348,901 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, 2022 and 2021, respectively. Inventory related to these goods for CCCI totaled $4,387,783 and $761,043 as of August 31, 2022 and 2021, 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 statement of financial position date through May 5, 2023, the date on which the consolidated financial statements were available to be issued, and determined that there are none requiring adjustment or disclosure in the accompanying consolidated financial statements and related notes.

Emory University made unrestricted contributions to the Center of $779,989 and $753,904, respectively, for the years ended August 31, 2022 and 2021. In addition, CCEU made unrestricted contributions to CCI, primarily related to endowment earnings at CCEU, of $484,791 and $468,592 for the years ended August 31, 2022 and 2021, respectively.

**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 $690,156 during both the years ended August 31, 2022 and 2021, respectively, for the provision of these services.
A Tunisian man votes in parliamentary elections. The Carter Center monitored the voting and a runoff, suggesting ways to stop democratic backsliding 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

North America
1 Canada
2 Mexico
3 United States

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

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

Europe
26 Albania
27 Bosnia and Herzegovina
28 Estonia
29 Romania
30 Russia
Senior Staff

Paige Alexander
Chief Executive Officer

Peace Programs
Barbara Smith, M.S.
Vice President, Peace Programs
Victoria Ayer, J.D.
Director, Rule of Law Program
David Carroll, Ph.D.
Director, Democracy Program
Stacia George, M.A.
Director, Conflict Resolution Program
Susan Marx, MSt., M.A.
Director, Human Rights Program

Cross-Program
P. Craig Withers Jr., M.H.A., M.B.A.
Vice President, Overseas Operations

Health Programs
Kashef Ijaz, M.D., M.P.H.
Vice President, Health Programs
Eve H. Byrd, D.N.P., M.P.H.
Director, Mental Health Program
Kelly Callahan, M.P.H.
Director, Trachoma Control Program
William H. Foege, M.D., M.P.H.
Senior Fellow, Health Policy
Gregory Noland, Ph.D., M.P.H.
Director, River Blindness, Lymphatic Filariasis, Schistosomiasis, and Malaria
Adam Weiss, M.P.H.
Director, Guinea Worm Eradication Program

Operations
Christopher D. Brown, CPA
Vice President, Finance; Treasurer
Sabrina Burnett, M.P.A.
Director, People, Operations, and Programs
Matthew De Galan
Vice President, Communications
Nicole Kruse
Vice President, Development

Educational Programs
Lauren S. Kent-Delany, M.S.
Director, Educational Programs

Research
Steven H. Hochman, Ph.D.
Director, Research; Faculty Assistant to President Carter

Office of Jimmy and Rosalynn Carter
Lauren L. Gay
Special Assistant to Jimmy Carter
Beth M. Davis
Special Assistant, Presidential Scheduling; Chief of Staff
Melissa M. Montgomery
Special Assistant to Rosalynn Carter

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. Over its history, The Carter Center has had 3,636 interns from 109 countries and 658 universities who spoke 174 languages.

As part of her job duties, Carter Center intern Kennedy Gooden films the dedication ceremony of the Peace Bell tower newly installed on the Carter Center grounds. Gooden was a graduate student from Georgia State University.
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.

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

Fatima Barry, Ph.D.
Health Specialist
Health, Nutrition, and Population
The World Bank

Simon Bland
Chief Executive Officer
Global Institute for Disease Elimination

Ibrahim Socé Fall, Dr.Med., Ph.D.
Director, Department of Control of Neglected Tropical Diseases
World Health Organization

J. Peter Figuerioa, 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

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

Kim Lindblade, Ph.D.
PMI Insights Technical Director, Malaria and Neglected Tropical Diseases
PATH

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 Schuler, M.D., M.S.P.H.
Country Director, China
U.S. Centers for Disease Control and Prevention

Faisal Sultan, M.D.
Chief Executive Officer
Shaukat Khanum Memorial Cancer Hospital and Research Center

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

Nicolás Ardito Barletta
Former President of Panama

Carlos Avala 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 Cantón
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

Luís Alberto Lacalle
Former President of Uruguay

Samuel Lewis
Former Vice President of Panama

Jennie K. Lincoln
(Employment 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

Sergio Ramírez
Former Vice President of Nicaragua

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

Bruno Stagno
Former Foreign Minister of Costa Rica

Eduardo Stein
Former Vice President of Guatemala

Martín Torrijos
Former President of Panama

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

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

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

Rosa Gil, D.S.W.
President and Chief Executive Officer, Comunilife Inc.
W. Rodney Hammond, Ph.D.
Director (Retired), Division of Violence Prevention, Centers for Disease Control and Prevention
Erthleen Iron Cloud-Two Dogs, M.S.
Program Director, Mental Health Project, Oglala Sioux Tribe
Nadine J. Kaslow, Ph.D., ABPP
Professor and Chief Psychologist, Department of Psychiatry and Behavioral Sciences, Emory University
Jennifer Olsen, D.Ph., M.P.H.
Executive Director, Rosalynn Carter Institute for Caregivers

Ruth Perou, Ph.D.
Deputy Associate Director, National Center on Birth Defects and Developmental Disabilities, U.S. Centers for Disease Control and Prevention
Sally Engelhard Pingree
President, The Engelhard Center; Trustee, The Charles Engelhard Foundation
Shekhar Saxena, M.D., FRCPsych., D.A.B., M.R.C.
Professor of Global Mental Health, Harvard T.H. Chan School of Public Health
Leslie Scallet, J.D.
Vice President (Retired), The Lewin Group
Joel Slack
President, Slack Consulting

Ex-Officio
Thomas H. Bornemann, Ed.D.
Former Director, Carter Center Mental Health Program
Kathryn Cade, M.B.A.
Vice Chair, Carter Center Board of Trustees
Gregory L. Frichione, M.D.
Associate Chief of Psychiatry, Massachusetts General Hospital
Larke Huang, Ph.D.
Senior Advisor (Retired), Office of the Administrator, SAMHSA

International Advisors
Sultana Afedhal
CEO, The World Innovation Summit for Health (WISH), an initiative of Qatar Foundation
Victor M. García
Assistant Professor and Academic Researcher, Universidad de la Sabana, Colombia
Yahirra Rossini Guzmán Sabogal
Head of Mental Health, Universidad de la Sabana, Colombia
Nick March
Assistant Editor in Chief, The National Newspaper, Abu Dhabi
The Board of Councilors is a leadership advisory group that promotes understanding of and support for the Carter Center’s mission. Members attend quarterly presentations and act as advocates for the Center. This list reflects membership from Sept. 1, 2021, to Aug. 31, 2022.

**Chair**
Mary S. Moore
Founder and CEO
The Cook’s Warehouse

**Vice Chair**
Laura Turner Seydel
Captain Planet Foundation

**Life Members**
Miles Alexander
Kirkpatrick Townsend & Stockton

H. Inman Allen
Ivan Allen Company

Tricia Allen
Claire “Yum” Arnold
Leapfrog Services

W. Frank Barron Jr.

Frank J. Belatti
EquiCorp Partners

Paula Lawton Bevington
Bevington Advisors

Elizabeth K. Blake
Arthur M. Blank
The Arthur M. Blank Family Foundation

Charles M. Brewer
Las Carolinas Holding Company

Martha Finn Brooks
Director, Bombardier, Jabil Circuit, Constellium, and CARE USA

Kenneth G. Byers Jr.
Byers Engineering Company

President Jimmy Carter

Rosalynn Carter

Dan T. Cathy
Chick-fil-A

Robert B. Colgin
The Social List of Atlanta, Georgia

Shan Cooper
Atlanta Committee for Progress

Ann Wilson Cramer
Coxe Curry & Associates

A. W. “Bill” Dahlberg

F. T. “Tread” Davis Jr.
Dentons US

Walter W. Driver Jr.
Goldman Sachs & Co.

L. Reade Fahs
National Vision

J. Rex Fuqua
Fuqua Capital Corporation

E. Alex Gregory
YKK Corporation of America

John B. Hardman, M.D.

Laura Hardman

Philip J. Hickey Jr.

Robert M. Holder Jr.
The RMH Group

W. Thomas Johnson

Ingrid Saunders Jones

James R. Lientz Jr.

Dennis P. Lockhart

James R. Margard

Robert H. McKinney

Dorothy B. “Dot” Padgett

Shayn Reddy
BlueLinx Corporation

Gerald A. Rosenthal
Rosenthal, Levy, Simon, & Sosa

Dr. Lauren Speeth
The Elfenworks Foundation

Robert E. Turner III
Turner Enterprises

Robert A. Yellowlees

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