ANNUAL REPORT 2023
HONORING
JIMMY & ROSALYNN CARTER
MENTAL HEALTH
CAMP DAVID ACCORDS
NOBEL 2002
Carter Center co-founder and former First Lady Rosalynn Carter says hello to children in Tingoli, Ghana.

Carter Center co-founder and former U.S. President Jimmy Carter greets a boy in Kathmandu, Nepal.

Carter Center co-founder and former First Lady Rosalynn Carter says hello to children in Tingoli, Ghana.

Cover illustration by Nip Rogers
A woman sells snacks in Guatemala City. The Carter Center works in the country to assist women and young people in accessing government information.
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 85 countries.

KEY ACCOMPLISHMENTS
- Leading an eradication campaign that has reduced incidence of Guinea worm disease from an estimated 3.5 million human cases a year in 1986 to just 14 in 2023
- Observing 115 elections in 40 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 across 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 $380 million in cash, pledges, and in-kind gifts in 2022–2023. 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 275 employees at Atlanta headquarters and more than 3,300 in country offices around the world
Our Mission

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.
A mother and three children shop at a town in Imo state, Nigeria. The Carter Center is currently fighting three parasitic diseases in the country: river blindness, lymphatic filariasis, and schistosomiasis.
The last year brought profound changes for The Carter Center. We bade farewell to beloved co-founder Rosalynn Carter in November. Just a few weeks earlier, we celebrated co-founder and former U.S. President Jimmy Carter’s 99th birthday. (For Jason, of course, these events were personal. He celebrated his grandfather’s long life and his grandmother’s passing.)

As tributes for both President and Mrs. Carter poured in, we were again reminded of the impact their lives have had on people around the world—from leaders to everyday citizens. You celebrated them with us, for theirs is a legacy worth celebrating.

Through their many achievements, the Carters personify empathy in action, support for human rights, compassion for caregivers and people with mental illnesses, the pursuit of peace, defense of democracy, elimination of diseases, and so much more.

As President Bill Clinton said in 1999 when he awarded them the Presidential Medal of Freedom, “Jimmy and Rosalynn Carter have done more good things for more people in more places than any other couple on the face of the Earth.”

Now all of us—at The Carter Center and beyond—carry the torch they have passed to us.

At The Carter Center, we are moving forward boldly because Jimmy and Rosalynn Carter positioned us to do so. They created a strong organization that, while built upon its founders’ principles, is not dependent on their active involvement.

In 2023, the Center observed three elections, Mali eliminated trachoma as a public health problem, a new cohort of Rosalynn Carter journalism fellows started work, and 12 more cities joined the Center’s global Inform Women, Transform Lives project.

Great swaths of Nigeria and Uganda are now free of river blindness transmission; lymphatic filariasis is on its way out in the Dominican Republic and Haiti; and we are working to ensure honest, fair, and violence-free elections in the United States.

All the progress you will find in this report is inspired by Jimmy and Rosalynn Carter and made possible by your support. Our founders created this marvelous organization, and we know we can count on you to keep it charging into the future with the lofty goals they envisioned.
In November 2023, The Carter Center lost one of its founders, former U.S. First Lady Rosalynn Carter. The outpouring of tributes from national leaders and the public showed the profound impact Mrs. Carter had in the United States and around the world.

Just a few weeks earlier, on Oct. 1, 2023, the Center celebrated the 99th birthday of its other founder, former U.S. President Jimmy Carter. The Center received messages from people far and wide, praising his life of public service.

With this special section, we pay tribute to the incredible achievements of both Jimmy and Rosalynn Carter, as U.S. leaders and as founders of The Carter Center.
Jimmy Carter is known as a man of high principle, steadfast integrity, and deep religious faith who has dedicated his life to public service. As private citizen and public official he has pursued the causes of human rights, peace, and care for the least fortunate with passionate resolve and boundless energy.

Throughout his life, he repeatedly has placed what he believes to be right above personal and political considerations. Underneath his quiet voice and ready smile is a bulldog determination and an aversion to compromise on matters of principle.

**HUMBLE BEGINNINGS**

Jimmy Carter (James Earl Carter, Jr.) was born Oct. 1, 1924, in the small farming town of Plains, Georgia, and grew up in the nearby community of Archery. His father, James Earl Carter, Sr., was a farmer and businessman; his mother, Lillian Gordy Carter, a registered nurse.

He was educated in the public school of Plains, attended Georgia Southwestern College and the Georgia Institute of Technology, and received a B.S. degree from the United States Naval Academy in 1946. In the Navy he became a submariner, serving in both the Atlantic and Pacific fleets and rising to the rank of lieutenant. Chosen by Admiral Hyman Rickover for the nuclear submarine program, he was assigned to Schenectady, New York, where he took graduate work at Union College in reactor technology and nuclear physics and served as senior officer of the pre-commissioning crew of the Seawolf, the second nuclear submarine.

On July 7, 1946, he married Rosalyynn Smith of Plains. When his father died in 1953, he resigned his naval commission and returned with his family to Georgia. He took over the Carter farms, and he and Rosalyynn operated Carter’s Warehouse, a general-purpose seed and farm supply company in Plains. He quickly became a leader of the community, serving on county boards supervising education, the hospital authority, and the library. In 1962 he won election to the Georgia Senate. He lost his first gubernatorial campaign in 1966, but won the next election, becoming Georgia’s 76th governor on Jan. 12, 1971. He was the Democratic National Committee campaign chairman for the 1974 congressional and gubernatorial elections.

In 1928, the Carter family moved to a 350-acre farm in the tiny community of Archery, Georgia. A young Jimmy Carter is pictured here atop his Shetland pony.

At Jimmy Carter’s graduation from the Naval Academy on June 5, 1946, his mother, Miss Lillian, and his fiancée, Rosalyynn Smith, pin epaulets on Ensign Carter, with his father, Earl Carter, in the background.

Jimmy Carter became Georgia’s 76th governor on Jan. 12, 1971, tackling disorganization and waste in state government, improving race relations, opening state jobs to African Americans, achieving tax reform, and reforming the state prison system.
Former First Lady Rosalynn Carter’s marriage to Jimmy Carter took her from a rural farming community to the White House. Showing the world a new vision of the First Lady, Mrs. Carter was a working partner and trusted advisor to the president, a participant in foreign and domestic affairs, and an astute political strategist. Widely recognized as the nation’s foremost advocate for mental health, she was actively devoted to building a more caring society.

THE EARLY YEARS

She was born Eleanor Rosalynn Smith on August 18, 1927, in Plains, Georgia, daughter of Wilburn Edgar Smith, a farmer who also owned and operated the first auto shop in the county, and Frances Allethea Murray, a college graduate and homemaker. As a child, she was shaped by strong religious and family values and an early acceptance of hard work and responsibility.

In 1946, she married Jimmy Carter, who had just graduated from the U.S. Naval Academy. Mrs. Carter described her years as a Navy wife as a coming of age in which she developed the self-confidence to manage a household with three babies on her own while her husband worked and was often aboard ship.

After Carter left the Navy and returned home to run the family business, Rosalynn began working alongside her husband, keeping the books for the farms and the farm supply business. During Carter’s contentious 1962 race for the state Senate, she received her first taste of politics.

Though shy about public speaking, she became fully engaged in subsequent campaigns for his re-election and his bids for governor in 1966 and 1970. She campaigned full time on a separate schedule in the 1976 and 1980 presidential races.

As Georgia’s First Lady, Mrs. Carter led a passionate fight against the stigma of mental illnesses and worked to overhaul the state’s mental health care system. Her obligations in the governor’s mansion also called for entertaining visiting officials and diplomats, serving as liaison to civic groups, and using her influence as a public figure to advance immunizations of children and other charitable causes.
ONE POWERFUL PAIR

As equal partners, Jimmy and Rosalynn Carter achieved more than either could have done alone. Each achieved great things individually, but the dynamic combination of their talents, skills, and passions was a force multiplier.

Here is just a sample of their many accomplishments:

- In the White House, they worked to find solutions for the nation’s challenges. Mrs. Carter attended Cabinet meetings and advised President Carter on important policy issues. Both as governor of Georgia and as president, he named her to lead mental health reform efforts.
- They elevated the role of First Lady to a position of consequence. Mrs. Carter was the first presidential spouse to have an office in the White House, where she managed a staff and engaged in substantive matters.
- They fought for women’s rights. Mrs. Carter was a champion of the Equal Rights Amendment, and President Carter named a record number of women to Cabinet positions and federal judgeships.
- They engaged in diplomacy that promoted human rights, peace, and justice. President Carter deputized Mrs. Carter in 1977 to represent the United States on an unprecedented tour of Central and South American countries.
- In their post-presidency, they created The Carter Center and developed it into the effective

1600 PENNSYLVANIA AVENUE

While assuming the traditional demands of presidential wife and official White House hostess, Mrs. Carter worked tirelessly to create what she described as “a more caring society.” As a result of her singular tenacity and Southern gentleness, she was dubbed the “steel magnolia.”

Early in 1977, she became the honorary chair of the President’s Commission on Mental Health, holding hearings across the country, testifying before Congress, and spearheading passage of the Mental Health Systems Act of 1980.

She traveled extensively overseas, promoting both her own projects and the president’s policies. In a history-making trip to Latin America in 1977, she represented the U.S. government and visited with heads of state from seven Latin American countries. In Geneva, Switzerland, she became the first First Lady to address the World Health Organization.

Immunizing children against preventable disease was a special focus of Mrs. Carter’s throughout her entire public service career. As governors’ spouses, Mrs. Carter and Betty Bumpers of Arkansas worked together in their respective states to promote vaccinations.
organization it is today. For decades, both Carters were deeply involved in the overall direction and daily operation of the Center, which continues to carry out their vision for a better, healthier, more just world.

- They traveled to dozens of countries to observe elections and campaign against neglected tropical diseases. Both President and Mrs. Carter could be seen side by side watching voters exercise their rights, pressing heads of state to do right by their citizens, and visiting with marginalized people around the globe.

Together, Jimmy and Rosalynn Carter made a formidable team.

ON TO THE WHITE HOUSE

On Dec. 12, 1974, Jimmy Carter announced his candidacy for president of the United States. He won his party’s nomination on the first ballot at the 1976 Democratic National Convention and was elected president on Nov. 2, 1976.

Jimmy Carter served as president from Jan. 20, 1977, to Jan. 20, 1981. Significant foreign policy accomplishments of his administration included the Panama Canal treaties, the Camp David Accords, the treaty of peace between Egypt and Israel, the SALT II treaty with the Soviet Union, and the establishment of U.S. diplomatic relations with the People’s Republic of China. He championed human rights throughout the world.

On the domestic side, the administration’s achievements included a comprehensive energy program conducted by a new Department of Energy; deregulation in energy, transportation, communications, and finance; major educational programs under a new Department of Education; and major environmental protection legislation, including the Alaska National Interest Lands Conservation Act, which doubled the size of the national park system and tripled the wilderness areas.
THE CARTER CENTER AND BEYOND

In 1982, he became University Distinguished Professor at Emory University in Atlanta, Georgia, and with Rosalynn Carter founded The Carter Center. The nonpartisan and nonprofit Center addresses national and international issues of public policy. Carter Center staff and associates have joined with President Carter in efforts to resolve conflict, promote democracy, protect human rights, and prevent disease and other afflictions. The Center has spearheaded the international effort to eradicate Guinea worm disease, which is poised to be the second human disease in history to be eradicated.

The Carter Presidential Center was dedicated in October 1986 and includes the Jimmy Carter Library and Museum, administered by the National Archives. Also open to visitors is the Jimmy Carter National Historical Park in Plains, administered by the National Park Service.

For many years, President Carter taught Sunday school in the Maranatha Baptist Church of Plains. The Carters have three sons, one daughter, and 12 grandchildren (one deceased).

On Dec. 10, 2002, the Norwegian Nobel Committee awarded the Nobel Peace Prize for 2002 to Jimmy Carter “for his decades of untiring effort to find peaceful solutions to international conflicts, to advance democracy and human rights, and to promote economic and social development.”

In 2002, Jimmy Carter was awarded the Nobel Peace Prize. In his acceptance remarks in Oslo, Norway, President Carter said: “War may sometimes be a necessary evil. But no matter how necessary, it is always an evil, never a good.”
An Enduring Legacy

After what she called “involuntary retirement” to Plains in 1981, her working relationship with her husband expanded. In 1982, they together founded The Carter Center in Atlanta, a nongovernmental organization dedicated to improving the quality of life for people at home and in the developing world through programs to alleviate suffering and advance human rights.

As emissaries for the Center, the Carters circled the globe many times on nonpolitical campaigns to eradicate Guinea worm disease and other neglected tropical diseases, increase agricultural production in Africa, monitor elections in nascent democracies, urge greater compliance with international human rights standards, and resolve conflicts.

She established the Carter Center’s Mental Health Program to continue her work to combat stigma and discrimination against people with mental illnesses and promote improved mental health care in the United States and abroad.

In 1987, Mrs. Carter founded the Rosalynn Carter Institute for Caregivers at Georgia Southwestern State University to support those who selflessly care for others and build on her belief that “there are only four kinds of people in this world: those who have been caregivers, those who are currently caregivers, those who will be caregivers, and those who will need caregivers.”

Mrs. Carter died at home in Plains, Ga., on Nov. 19, 2023. Asked once how she would like to be remembered, she said, “I would like for people to think that I took advantage of the opportunities I had and did the best I could.”
A voter deposits her ballot during elections in Tunisia. The Carter Center has observed six elections in the country, beginning in 2011.
A DUBIOUS ELECTION IN SIERRA LEONE

The Center has played a role in all of Sierra Leone’s elections since 2002, when the country emerged from civil war. In June of last year, the Center returned to observe elections, but, unfortunately, transparency problems cast doubt on the credibility of the results.

On election day, Carter Center observers were able to watch voting at 119 polling stations in every district of the country. Voters waited patiently in long lines, and observers later monitored the slow but properly executed counting process. Carter Center representatives were the only observers present at the tabulation center in the capital, Freetown, where they saw Election Commission staff tampering with ballot boxes. “It’s highly unusual for The Carter Center to be eyewitness to such a serious infraction,” said the Center’s Nicholas Jahr.

As the tabulation process continued and irregularities mounted, the Center issued a series of statements calling for greater transparency and urging voters to remain patient while awaiting results. Ultimately, the ruling party candidate was declared the winner, but The Carter Center questions whether the will of the people was realized.
Democracy Program

The Carter Center observed elections in 2023 in Tunisia, Sierra Leone, Zimbabwe, and the Democratic Republic of the Congo (DRC) and sent an expert mission to Liberia. The Center also supported citizen observation efforts in DRC, Liberia, and Zimbabwe. Building on work aimed at advancing the participation of women and youth in Zambia, the Center hosted an inclusive democracy event in Lusaka to foster collaboration. At the event, the Center released a new edition of its Election Obligations and Standards manual, which provides a framework for assessing the democratic nature of elections, based on international standards rooted in human rights. The Center announced a partnership to promote transparent and trustworthy electoral processes in the U.S. The alliance aims to strengthen the core values of democracy and electoral integrity as defined in the Candidate Principles for Trusted Elections, a national, cross-partisan effort co-led by The Carter Center and the Gerald R. Ford Presidential Foundation and supported by over 70 organizations across the country.

Conflict Resolution Program

Following U.N. peacekeeping forces’ withdrawal, the Center completed its role as the Independent Observer of Mali’s peace agreement. The Peace Through Health initiative made significant strides in central Mali, implementing health initiatives and a mental health and psychosocial project that actively contributed to peacebuilding efforts. Despite a new war in Sudan, the Center continued the Youth Citizen Observer Network, which represents 7,000 youth groups and plays a key role for Sudanese and peace negotiators by serving as an educator, representative, and watchdog. In Israel-Palestine, the Center is supporting solutions to the crisis that began Oct. 7 and engaging youth on advocacy projects. In Syria, The Carter Center is marrying research and analysis with support to negotiations to foster political consensus on crucial issues such as using an innovative approach to map unexploded ordnance to inform solutions acceptable to all stakeholders. Stateside, the Center’s Democracy Resilience Networks in Arizona, Florida, Georgia, Michigan, North Carolina, and Wisconsin are expanding. Network members are facilitating cross-partisan events to combat community polarization and political violence.
Human Rights Program

The Carter Center continues to promote equal rights for all amid an overall erosion of human rights. In 2023, the Center advanced the rights of protected groups, especially frontline women environmental activists, by supporting indigenous women in attending well-being seminars and participating in COP28, a U.N. climate change conference. In the United States, the Center partnered with Black-owned businesses and historically Black colleges and universities (HBCUs) to address historical racial inequality and promote human rights. The Center worked alongside the U.N. Office for Human Rights to lay a foundation of domestic human rights principles. Globally, the Center continued to pursue a “just transition” in the Democratic Republic of the Congo by advocating for reform in the oil, gas, and minerals industries. The Human Rights House in Kinshasa provided small grants to women’s groups working to address threats to women’s rights. The Center’s Israel-Palestine team is funding grassroots human rights organizations in both Israel and Palestine to continue their essential work. The India Policy Initiative engaged with U.S. policymakers on critical domestic developments in India.

Latin America and Caribbean Focus

The Carter Center is a long-term supporter of the peace efforts in Colombia. In 2023, the Center undertook a project to support the Office of the High Commissioner for Peace in ongoing efforts to implement the 2016 Colombia Peace Accord and to provide a team of experts to advise the government’s current negotiations with armed groups in its Paz Total (Total Peace) policy. Negotiations between the government of Venezuela and the opposition Unitary Platform to determine electoral conditions for the 2024 presidential elections led to the Barbados Accord, which named The Carter Center as an invited independent electoral monitor, along with the United Nations and the European Union. A Carter Center team visited Venezuela in November to assess electoral conditions and preparations. In Nicaragua, the government released 222 political prisoners, who were flown to the U.S. without notice and without their families. The Carter Center joined other nongovernmental organizations to facilitate their sudden entry to the U.S. on humanitarian parole.
For farmer Dominic Hamanyanga, climate change is no political buzzword. He has seen its toll firsthand in his southern Zambia community of Gwembe.

"Climate change has affected our farming because of droughts, and sometimes there’s flooding," he said. "When there’s no rain, there is usually very high heat, and because of that all crops die out, and as a result you don’t have a harvest."

In between droughts, torrential rains wash away grasses, so there’s not enough food for people or livestock. Roads and bridges are ruined, disrupting school and commerce.

In the first project of its kind, The Carter Center is working with communities in Zambia to address drought, deforestation, and other aspects of climate change.

Community members are embracing the value of preserving forested land and planting new trees to replace ones that have been cut down for charcoal production. They are planting thousands of fruit trees that can help feed their families while stabilizing soil, providing shade, and absorbing carbon dioxide.

The initiative has been effective. A local advocacy committee in Gwembe won a Zambian Governance Foundation grant to continue fighting climate change.
PEACE PROGRAMS

Rule of Law Program

In anticipation of the 2024 U.S. presidential campaign, The Carter Center encouraged members of the legal community to use their skills to strengthen U.S. democracy and the rule of law. Further expanding its work in the United States, the Center partnered with the Atlanta Policing Alternatives and Diversion Initiative to ensure that people in Georgia experiencing a mental health crisis or substance use disorder receive appropriate and effective treatment and support versus incarceration. The Center is also expanding its Advancing Women’s Right to Information initiative to six more districts in Bangladesh. Similarly, the Inform Women, Transform Lives project added 12 cities in 2023. Since 2021, 35 cities around the world have helped women gain access to government services. Carter Center CEO Paige Alexander gave a TED Talk this year about the campaign’s impact. In Costa Rica, The Carter Center assisted the Ministry of Public Security in developing a suite of tools to advance gender equality and equity in the police forces. Finally, after more than 15 years, the Center successfully concluded and transitioned its rule of law programming in Liberia to local government and civil society partners.

China Focus

A new installment in the Carter Center’s Finding Firmer Ground report series, released in February 2023, examined how technological advancements have increased distrust and uncertainty in U.S.-China relations. The Center also partnered with the 21st Century China Center at the University of California-San Diego to convene the eighth Carter Center Young Scholars Forum on U.S.-China Relations. The Carter Center continues to publish the U.S.-China Perception Monitor website (www.uscnpm.org), creating and curating up-to-date content on developments between the two superpowers.

MISSION: ASK QUESTIONS

When Regina N. Bee, a Carter Center youth information ambassador in Bong County, Liberia, told students at her local school that the country’s freedom of information law gave them the right to ask their principal about the status of their ID cards, the principal accused her of brainwashing them.

But instead of taking it personally, Bee was reassured that her work in educating youth about freedom of information was making an impact.

Bee was one of 16 students in a pilot program in Liberia, where the Center has been working on freedom of information issues since 2010.

“For me, this program brings about openness and makes people accountable to citizens,” Bee said.

For students, ID cards are required for reduced bus fare and admittance into programs. According to Bee, it took weeks for the principal to provide information about the cards after students made their request.

During the project, the youth ambassadors, along with the Center’s freedom of information facilitator, helped their peers and women in the community file 293 freedom of information requests with various government institutions and other organizations receiving public funds. The institutions responded to 105 of those requests.
Regina N. Bee helped community members file requests for government information during her tenure as a youth information ambassador.
The Carter Center partners with the governments of Brazil and Venezuela to treat river blindness among the indigenous Yanomami people who live in the Amazon rainforest.
A woman and two girls fetch household water from a well in Tarakoh village, Chad.

**TIRELESS TRACKING OF GUINEA WORM**

Carter Center staff can name every person in the world with a Guinea worm. In 2023, 14 people suffered from the parasitic infection that can cause disability and contribute to community poverty. As the Center inches closer to eradicating the disease, relentless surveillance and tracking by volunteers and staff in seven countries are required to reach the goal of zero cases of the disease.

For example, in 2023 in Chad, nine people were confirmed to have had a case of Guinea worm disease. Of those, six were children. Five of the nine were female. Three of the nine were farmers. Almost half lived in the same village.

Digging deeper, Carter Center staff note that the village with four cases currently lacks a safe source of drinking water, significant because the parasite breeds in stagnant pools of water and can be easily ingested by people and animals.

As the numbers of people and animals with Guinea worm disease dwindle, efforts to thoroughly investigate every single case ramp up so that infections can be contained, eventually leading to eradication and a brighter future for those in affected communities.
Guinea Worm Eradication Program

Only 14 human cases of Guinea worm disease were reported in 2023. The number is close to the lowest annual total of human cases ever reported, following 13 cases in 2022 and 15 cases in 2021. Nine of the cases in 2023 were reported in Chad, two in South Sudan, and one each in Cameroon, Central African Republic, and Mali. While infections in animals rose 4% in 2023, because of expanded surveillance in Angola and Cameroon, Chad reduced canine Guinea worm infections by 22%, its fourth consecutive year of progress.

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. Health workers meticulously investigate all rumors of potential cases, which are key to finding actual cases and infections. To further boost surveillance, all endemic countries offer cash rewards for reporting cases and animal infections. Community-based and innovative behavioral change and local mobilization are the key drivers of success.

River Blindness Elimination Program

Through decades of hard work, transmission of river blindness (onchocerciasis) has been eliminated in four of six formerly endemic countries in the Americas and in large swaths of four African countries with assistance from The Carter Center. In Brazil and Venezuela, the program continues to deliver treatments of Mectizan® (donated by Merck & Co., Inc., Rahway, N.J., USA) to around 38,000 indigenous people living deep in the Amazon Rainforest in the last known transmission area in the Americas. In 2023, seven districts in Uganda encompassing 1.1 million people met World Health Organization criteria to stop mass drug administration of Mectizan, while the Galabat area of Sudan confirmed transmission elimination for approximately 140,000 people after three years of post-treatment surveillance. In Nigeria, seven of nine Carter Center-assisted states have met stop-treatment criteria. The Carter Center laboratories in Nigeria and Ethiopia processed over 90,000 dried blood spot samples and 50,000 fly samples in 2023 to monitor progress toward disease elimination.
Trachoma Control Program

Despite the country’s longstanding security challenges, the World Health Organization validated Mali as having eliminated the painful, blinding eye disease trachoma as a public health problem in 2023. The Carter Center’s trachoma partnership with Mali began with a visit by former President Jimmy Carter in 1996. The Center continues to fight trachoma in some of the most insecure nations in Africa: Ethiopia, Niger, South Sudan, and Sudan. The Center partners with these countries and many other organizations to prevent trachoma through mass drug distribution, preventative surgical services, improved water and sanitation, and behavioral change education.

Schistosomiasis Program

The Carter Center assists the Nigerian Federal Ministry of Health to distribute medication to millions of schoolchildren to control schistosomiasis. Also known as snail fever, schistosomiasis causes urogenital and intestinal problems that can lead to organ dysfunction and anemia. Since 1999, the Center has assisted in over 30 million treatments, given by teachers or community drug distributors to prevent schistosomiasis and improve health in Nigeria.
REACHING SURGERY CAMPS TAKES GRIT

In South Sudan, a 15-minute surgical procedure can save a person’s sight. Reaching the people who perform that procedure is another matter.

In a country the size of Texas with only 250 miles of paved roads, people often travel long distances—frequently on foot—to reach eye surgery camps, where the painful and advanced stage of the bacterial eye disease trachoma can be corrected. The free camps are sponsored by The Carter Center.

Several years ago, one man walked 200 miles with his son, who needed the surgery, stopping along the way as he chased rumors of camps before finally reaching one at the right time. Another time, two men carried a parent in a wheelbarrow to receive surgery because the parent could not walk. In another example, a man and his pregnant wife walked for hours to reach a camp offered in a small dirt-floor church.

Center staff realized that some women were reluctant to get surgery because their child-rearing responsibilities made a night away from home—required post-surgery—impossible. The Center erected hospital tents and told women they could bring their children with them, everyone receiving meals and lodging overnight.

The impact: 2,201 people in South Sudan received free sight-saving surgery for trachoma in 2023.
Guerla Joseph lives with lymphatic filariasis, a parasitic disease that has caused permanent swelling in her right leg.
DERAILING A DEBILITATING DISEASE

Guerla Joseph’s right leg is a weight, in more ways than one. With her leg severely swollen from lymphedema, Joseph finds it hard to move around physically. Her condition has also exacted a mental toll. She said that other people in her Dominican Republic community of farmworkers sometimes look at her in a way she doesn’t like.

The underlying cause of the swelling in Joseph’s leg is lymphatic filariasis, a parasitic disease transmitted by mosquito bites. The Carter Center has been working with Haiti and the Dominican Republic since 2008 to eliminate lymphatic filariasis and malaria from their shared island.

The 49-year-old mother of six said the disease prevents her from working. “I do what I can do,” she said, “but I have difficulty moving around because of the leg.”

Although there’s no cure for Joseph, the Center’s work on the island is paying off. A recent blood-sample survey demonstrated that transmission of lymphatic filariasis has been eliminated as a public health problem from the Dominican Republic.

Joseph said she is glad to know that in the future, no one will have to worry. “It’s good that kids won’t get this disease,” she said.

LYMPHATIC FILARIASIS ELIMINATION PROGRAM

The Carter Center combats lymphatic filariasis in Ethiopia and Nigeria with medicine donated by Merck & Co., Inc., Rahway, N.J., USA (Mectizan®) and GSK (albendazole). Thanks to years of consistent high treatment coverage, seven districts encompassing 400,000 people in Ethiopia and 3.7 million people in 17 districts in Nigeria met World Health Organization criteria to stop treatment for lymphatic filariasis in 2023. Ninety percent of formerly endemic areas assisted by The Carter Center in Ethiopia and Nigeria now no longer need treatment for the disease. The Hispaniola Initiative section highlights additional work to eliminate lymphatic filariasis in the Dominican Republic and Haiti.

HISPANIOLA INITIATIVE

Surveys conducted in 2023 in Haiti confirmed that lymphatic filariasis, also known as elephantiasis, has been eliminated as a public health problem in the Nippes and Sud-Est regions of the country. A similar survey was launched in the eastern region of the Dominican Republic in late 2023, and results showed that no one sampled tested positive for the disease. Provisionally, 11,704 cases of malaria were reported in 2023 in Hispaniola—11,433 in Haiti and 271 in the Dominican Republic. This is a 19% decrease in total cases compared to 2022. In April 2023, on World Malaria Day, The Carter Center and the Dominican minister of health opened a new molecular surveillance laboratory to help the country improve diagnostic capacity to eliminate malaria and other infectious diseases in the country.
More than 40 years after the Khmer Rouge genocide in Cambodia, refugees and their children still suffer from the trauma. Journalist Soreath Hok, herself the daughter of Cambodian refugees, is shedding light on the issue of mental health within the Fresno, California, community of Cambodians.

Hok received a Rosalynn Carter Fellowship for Mental Health Journalism from The Carter Center to report on the issue in a five-part audio series.

“I was interested in exploring my culture of Cambodians and the refugees, and what they’re still dealing with,” she said. “There was a gap in mental health care for this group that has been in the U.S. for decades but hasn’t gotten help for the trauma they experienced.”

Reflecting on her fellowship year, Hok said she was
Mental Health Program

The Carter Center’s Mental Health Program lost its pioneering founder and greatest advocate with the passing of former First Lady Rosalynn Carter, whose priorities and legacy the Center carries forward. The Carter Center is currently working in three areas: global programs, public policy, and journalism. Mental health system strengthening continues in Liberia; the Center and United Methodist University established the nation’s first master’s program training mental health specialists and is preparing to begin work in Sierra Leone and Uganda. The Center awarded nine Rosalynn Carter Fellowships for Mental Health Journalism to U.S. journalists, started a fellowship in Ireland, initiated the award-winning Mental Health Parity Newsroom Collaborative, and released global guidelines for reporting on mental health. The Carter Center leads in monitoring the implementation of Georgia parity legislation and raising citizen awareness of the right to have insurance coverage for mental health and substance use disorders on par with other illnesses. Parity in payment for mental health services in schools and universal prevention remains a priority.

thankful for the opportunity to connect with the legacy of former First Lady Rosalynn Carter, whose vocal advocacy for Cambodian refugees several decades ago impacted Hok’s own journey. “I wouldn’t be here today if she had not had the compassion to recognize that there was this problem happening on the other side of the world.”
In December 2023, Congolese citizens line up to vote.
As a not-for-profit organization, The Carter Center can realize its mission only through generous support from individuals, foundations, corporations, and governments. More than 98,601 donors contributed $380 million in cash, pledges, and in-kind gifts in 2022–2023 to further the Center’s mission.

The Carter Center works with a broad and diverse range of supporters to prevent and resolve conflicts, enhance freedom and democracy, and improve health. While the focus of our work remains international, we have increased our footprint in the United States. Support from long-time partners has been integral to building and expanding our domestic work.

After seminal support to the Ethiopia Public Health Training Initiative, The David and Lucile Packard Foundation support for the Center’s democracy work in the United States has been integral to efforts to bolster democratic norms, strengthen trust in the U.S. electoral process, and work toward more transparent, peaceful, and trustworthy elections. The Packard Foundation support allows the Center to contribute its vast knowledge, expertise, and learning from monitoring 115 elections in 40 countries toward more inclusive democracy in the United States.

In 2023, the Arthur M. Blank Family Foundation invested in the Center’s frontline public policy and advocacy work, enabling progress in the accessibility of behavioral health services for individuals and families across the state of Georgia. Following the passage of the 2022 Mental Health Parity Act, the Blank Family Foundation’s grant supported the launch of the Mental Health Parity Awareness Campaign, which prioritized women, people of color, and underserved communities in Albany and Savannah. Results show a marked increase in public awareness of the right to mental health care and insurers’ legal obligation to cover mental health care on par with physical health care. After the campaign, women who were interested in mental health care but felt they could not access it or had not looked for it were much less likely to see insurance as an obstacle. Pre-campaign, 40% of these women cited insurance as a barrier, while post-campaign, just 10% said insurance was a barrier, a 75% drop.

Individuals play a significant role in the work of The Carter Center: “We have been supporters of President Jimmy Carter, Rosalynn Carter, and their Carter Center for over a decade. Their incredible spirit for creating a better world is inspiring,” said Joe and Sarah Kiani. “We want to support the work the Carter Center is doing to improve access to health care around the world, including the village-based health care delivery systems they have put into place in thousands of communities in Africa. They have been an advocate for patient safety and increased awareness of mental health challenges in our health care system. They took action out of kindness and led with love.”
A boy and his friend play outside in a neighborhood in eastern Dominican Republic. The Carter Center is working in the country to eliminate malaria and lymphatic filariasis.

**VOLUNTEERS**

Some **83 volunteers** in the Atlanta area donated **4,333 hours** of service in FY 2023. 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, 2022, through Aug. 31, 2023, 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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In Washington, D.C., parents attend a citywide event promoting family support programs. The Carter Center partnered with the city through the Inform Women, Transform Lives campaign.
With assistance from The Carter Center, a Nigerian child takes drug treatment to prevent schistosomiasis, a parasitic disease that damages internal organs.
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Jason Carter (center), chair of the Carter Center’s Board of Trustees and grandson of Jimmy and Rosalynn Carter, talks with members of the Climate Advocacy Team in Gwembe, Zambia, where some of the 4,500 seedling trees the community is planting to help fight climate change were on display.
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Mrs. Stefanie H. Stevenson
Mrs. Milton D. Stewart
Mr. Duke S. Stewart
Ms. Peggy H. Stibwell
Ms. Misty M. Stone
Ms. Erika Stone
Mr. Robert C. Storlie
Ms. Mary B. Strauss
Mrs. Joy Stukey
Mr. Thomas Stuttman
Mr. and Mrs. James C. Swander
Dr. Constance Swank
The Reverend Grace Swensen
Mr. Anthony Swinton
Mr. Mamadou Tall
Ms. Suzanne K. Taylor
Dr. Steven S. Taylor and
Dr. Rosemary A. Taylor
Ms. Nancy J. Taylor
Mrs. Renate Taylor
Dr. and Mrs. Alva W. Taylor
Ms. Jo Ellen Teasdale
Dr. Gail E. Thomas
Ms. Anne G. B. Thomas
Ms. Ellen M. Thompson
Ms. Gillann Thorddill
Mr. and Mrs. James F. Thorpe
Ms. Patricia Tidmarsh
Mr. and Mrs. Jon E. Tobiassen
Mr. Charles W. Tomlinson
Mr. and Mrs. Robert Tortorich
Mr. and Mrs. Paul J. Tracy
Ms. Dari Tritt
Mr. and Mrs. Michael D. Tveite
Ms. Charlene E. Twente
Mr. Lee Tyson
Mrs. Lisa U’Prichard
Mr. Jeffrey M. Ulmer
Ms. Robin Van Liew and
Ms. Azim S. Rawji
Mr. and Mrs. William T. VanCuren
Ms. Maria C. Vasquez
Ms. Connie Venturini
Mr. Roman J. Verostko
Mr. Ernest C. Vickroy
Mr. Pong Vilaysane
Ms. Andrea S. Waas
Ms. Barbara Wadkins
Mr. Rick Wagner
Mrs. Margaret M. Wagner
Mrs. Glenda B. Wallace
Mr. and Mrs. James A. Walter
Mr. and Mrs. M. Denton Ward
Mr. William R. Warwick
Mr. Arthur G. Wasserman
Ms. Nancy S. Watkins
Ms. Anne L. Watson
Dr. J. Dix Wayman
Mrs. Kenneth Webb
Mr. and Mrs. Leroy H. Webster
Ms. Karen Weddle
Mr. Brian Wegner and
Mrs. Cynthia Landes
Mr. Richard Weinberger and
Ms. Cynthia Timmer
Mr. and Mrs. Knight Wells
Ms. Sarah Wells
Mr. W. Hall Wendell Jr.
Ms. Gerrude Werner
Ms. Tammy Wert
Ms. Helen H. West
Dr. Stephen Wheeler and
Dr. Patricia Wheeler
Dr. Betty Jo White
Ms. Karen Whitlow
Mr. Brian F. Whitworth
Ms. Cheryl Wilfong
Mrs. Coralie C. Williams
Dr. Marilyn Williams
Mr. and Mrs. James C. Williams
Dr. John S. Willis and
Dr. Judith H. Willis
Ms. Bickley C. Wilson
Mr. John C. Wilson
Mr. and Mrs. Charles E. Wilson
Mr. Thomas D. Wilson and
Ms. Barbara Trofinoff
Ms. Patricia Wirrh
Ms. Gabriele E. Wohlauer
Mr. and Mrs. Griff Wolf
Mr. and Mrs. Jack Wolff
Ms. Mary E. Wolter
Mr. Rick Wood
Mr. Daniel Woodard
Mr. and Mrs. Kevin R. Woolf
Ms. Morris Woolton and
Mr. David Shivers
Mrs. Sylvia Xeras
Mr. and Mrs. Daniel J. Yates
Mrs. Madonna Yates
Col. Mary H. Yeakel
Mr. Aaron Yeargan
Dr. Clarece M. Yentsch
Mr. Hai Tee Young
Mr. and Mrs. Timothy D. Zeak
Mr. and Mrs. C. Nick Zeller
Mr. James R. Ziegler
Ms. Nancy J. Zinner
Armand Hammer
Sidney Harman and Jane Frank
Harman, Esq.
Governor and Mrs. W. Averell
Harriman
Jess Hay
Christopher B. and Patricia K.
Hemmeter
Philip M. and Ethel Kutznick
Mathilde and Arthur Krim
George P. Livanos
Frydun Manocherian
G. William Miller
Guy W. Millner
George P. and Cynthia Mitchell
Set Charles Momjian
David Packard
George and Thelma Paraskevaides
Allen E. Paulson
Lamar and Frances Plunkett
John and Betty Pope
James D. Robinson III
Hasib J. Sabbagh
Deen Day Sanders
Ryoichi Sasakawa
Walter H. and Phyllis J.
Shorenstein
Richard R. Swann
R. E. “Ted” Turner
Robert and Ann Utley
Edie and Lew Wasserman
Thomas J. Watson Jr.
Milton A. Wolf
Robert W. Woodruff
Tadao Yoshida
Erwin E. Zaban

The Carter Center and the
Jimmy Carter Library and
Museum were built in large
measure thanks to the early
leadership and financial
support of the Carter Center
founders.
Children play a game during a break in their school day in Kidal, Mali. The Carter Center has finished its tenure as Independent Observer of the country’s peace process.
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 Aug. 31, 2023 and 2022, 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 Aug. 31, 2023 and 2022, 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
### CONSOLIDATED STATEMENTS OF FINANCIAL POSITION

August 31, 2023 and 2022

<table>
<thead>
<tr>
<th>Assets</th>
<th>2023</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>$74,117,222</td>
<td>75,452,534</td>
</tr>
<tr>
<td>Accounts receivable:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Due from conditional agreements</td>
<td>16,494,168</td>
<td>8,787,185</td>
</tr>
<tr>
<td>Other</td>
<td>376,995</td>
<td>272,740</td>
</tr>
<tr>
<td>Total accounts receivable</td>
<td>16,871,163</td>
<td>9,059,925</td>
</tr>
<tr>
<td>Contributions receivable, net (note 3)</td>
<td>510,351</td>
<td>230,163</td>
</tr>
<tr>
<td>Inventory (notes 4, 9, and 15)</td>
<td>6,331,911</td>
<td>4,387,783</td>
</tr>
<tr>
<td>Operating lease right-of-use assets (note 8)</td>
<td>780,337</td>
<td>—</td>
</tr>
<tr>
<td>Investments (notes 5, 7, and 10)</td>
<td>1,053,658,214</td>
<td>1,058,873,553</td>
</tr>
<tr>
<td>Property, plant, and equipment, net (note 6)</td>
<td>4,988,913</td>
<td>4,923,280</td>
</tr>
<tr>
<td>Artwork</td>
<td>2,436,465</td>
<td>2,435,365</td>
</tr>
<tr>
<td>Other assets</td>
<td>401,565</td>
<td>33,286</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td><strong>$1,160,096,141</strong></td>
<td><strong>1,155,395,889</strong></td>
</tr>
</tbody>
</table>

| Liabilities and Net Assets | | |
| Liabilities: | | |
| Accounts payable and accrued expenses | $11,350,439 | 9,932,820 |
| Lease liabilities (note 8) | 780,337 | — |
| Deferred revenue | 7,300,146 | 6,111,603 |
| Annuity obligations (note 7) | 6,249,963 | 6,204,467 |
| **Total liabilities** | **25,680,885** | **22,248,890** |
| Net assets (note 11): | | |
| Without donor restrictions | 421,297,749 | 423,491,324 |
| With donor restrictions | 713,117,507 | 709,655,675 |
| **Total net assets** | **1,134,415,256** | **1,133,146,999** |

| Commitments and contingencies (notes 7, 8, and 16) | | |
| Total liabilities and net assets | $1,160,096,141 | 1,155,395,889 |

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

Year ended August 31, 2023 (with comparative totals for 2022)

<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>2023</td>
<td>2022</td>
<td></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>$ 37,336,091</td>
<td>—</td>
<td>37,336,091</td>
</tr>
<tr>
<td>Programs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>—</td>
<td>56,244,502</td>
<td>56,244,502</td>
</tr>
<tr>
<td>Peace</td>
<td>—</td>
<td>19,930,381</td>
<td>19,930,381</td>
</tr>
<tr>
<td>Cross-program</td>
<td>—</td>
<td>218,299</td>
<td>218,299</td>
</tr>
<tr>
<td>In-kind gifts (note 9):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>—</td>
<td>265,344,619</td>
<td>265,344,619</td>
</tr>
<tr>
<td>Endowment</td>
<td>—</td>
<td>761,913</td>
<td>761,913</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total contributions and grants</td>
<td>37,336,091</td>
<td>342,499,714</td>
<td>379,835,805</td>
</tr>
<tr>
<td>Endowment fund earnings</td>
<td>13,668,196</td>
<td>24,094,217</td>
<td>37,762,413</td>
</tr>
<tr>
<td>Appreciation of endowment investments, net</td>
<td>(1,867,622)</td>
<td>(3,988,508)</td>
<td>(5,856,130)</td>
</tr>
<tr>
<td>Facilities use income</td>
<td>298,790</td>
<td>—</td>
<td>298,790</td>
</tr>
<tr>
<td>Interest and investment income</td>
<td>1,429,387</td>
<td>142,256</td>
<td>1,571,643</td>
</tr>
<tr>
<td>Net assets released from restrictions:</td>
<td>339,357,891</td>
<td>(339,357,891)</td>
<td>—</td>
</tr>
<tr>
<td>Health</td>
<td>19,567,120</td>
<td>(19,567,120)</td>
<td>—</td>
</tr>
<tr>
<td>Cross-program</td>
<td>360,836</td>
<td>(360,836)</td>
<td>—</td>
</tr>
<tr>
<td>Total revenue and support</td>
<td>410,150,689</td>
<td>3,461,832</td>
<td>413,612,521</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>349,226,880</td>
<td>—</td>
<td>349,226,880</td>
</tr>
<tr>
<td>Peace</td>
<td>35,492,107</td>
<td>—</td>
<td>35,492,107</td>
</tr>
<tr>
<td>Cross-program</td>
<td>807,977</td>
<td>—</td>
<td>807,977</td>
</tr>
<tr>
<td>Fundraising</td>
<td>12,368,890</td>
<td>—</td>
<td>12,368,890</td>
</tr>
<tr>
<td>General and administrative</td>
<td>14,448,410</td>
<td>—</td>
<td>14,448,410</td>
</tr>
<tr>
<td>Total expenses</td>
<td>412,344,264</td>
<td>—</td>
<td>412,344,264</td>
</tr>
<tr>
<td>Change in net assets</td>
<td>(2,193,575)</td>
<td>3,461,832</td>
<td>1,268,257</td>
</tr>
<tr>
<td>Net assets at beginning of year</td>
<td>423,491,324</td>
<td>709,655,675</td>
<td>1,133,146,999</td>
</tr>
<tr>
<td>Net assets at end of year</td>
<td>$421,297,749</td>
<td>713,117,507</td>
<td>1,134,415,256</td>
</tr>
</tbody>
</table>

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

Year ended August 31, 2022

<table>
<thead>
<tr>
<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>
</tr>
<tr>
<td>Contributions and grants:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating</td>
<td>$ 44,139,241</td>
<td>44,139,241</td>
</tr>
<tr>
<td>Programs:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>–</td>
<td>39,935,489</td>
</tr>
<tr>
<td>Peace</td>
<td>–</td>
<td>10,635,582</td>
</tr>
<tr>
<td>Cross-program</td>
<td>–</td>
<td>192,618</td>
</tr>
<tr>
<td>In-kind gifts (note 9):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>–</td>
<td>193,676,160</td>
</tr>
<tr>
<td>Endowment</td>
<td>–</td>
<td>309,185</td>
</tr>
<tr>
<td>Total contributions and grants</td>
<td>44,139,241</td>
<td>244,749,034</td>
</tr>
<tr>
<td>Endowment fund earnings</td>
<td>13,180,421</td>
<td>23,230,237</td>
</tr>
<tr>
<td>Appreciation of endowment investments, net</td>
<td>(44,187,191)</td>
<td>(75,817,149)</td>
</tr>
<tr>
<td>Facilities use income</td>
<td>252,509</td>
<td></td>
</tr>
<tr>
<td>Interest and investment income</td>
<td>31,566</td>
<td></td>
</tr>
<tr>
<td>Total revenue and support</td>
<td>282,069,962</td>
<td>(76,491,294)</td>
</tr>
</tbody>
</table>

| **Expenses:**             |                         |       |
| Program:                  |                         |       |
| Health                    | 261,125,289             | 261,125,289 |
| Peace                     | 26,900,511              | 26,900,511 |
| Cross-program             | 1,843,904               | 1,843,904 |
| Fundraising               | 11,610,169              | 11,610,169 |
| General and administrative| 11,788,052              | 11,788,052 |
| Total expenses            | 313,267,925             | 313,267,925 |
| Change in net assets      | (31,197,963)            | (76,491,294) | (107,689,257) |
| Net assets at beginning of year | 454,689,287             | 786,146,969 | 1,240,836,256 |
| Net assets at end of year | $423,491,324             | 709,655,675 | 1,133,146,999 |

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

### Year ended August 31, 2023 (With comparative totals for 2022)

<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-</td>
</tr>
<tr>
<td>Salaries and benefits</td>
<td>$27,381,133</td>
<td>13,694,736</td>
<td>268,277</td>
</tr>
<tr>
<td>Consulting</td>
<td>7,694,720</td>
<td>7,760,526</td>
<td>357,046</td>
</tr>
<tr>
<td>Communications</td>
<td>4,232,919</td>
<td>686,234</td>
<td>3,324</td>
</tr>
<tr>
<td>Services</td>
<td>2,950,443</td>
<td>932,666</td>
<td>5,273</td>
</tr>
<tr>
<td>Office and equipment</td>
<td>11,820,910</td>
<td>1,115,033</td>
<td>14,143</td>
</tr>
<tr>
<td>Vehicles</td>
<td>5,491,880</td>
<td>499,301</td>
<td>27</td>
</tr>
<tr>
<td>Travel/meetings</td>
<td>21,026,913</td>
<td>4,360,217</td>
<td>25,327</td>
</tr>
<tr>
<td>Interventions (note 2(l))</td>
<td>263,649,627</td>
<td>38,613</td>
<td>—</td>
</tr>
<tr>
<td>Other</td>
<td>1,499,418</td>
<td>620,953</td>
<td>3,640</td>
</tr>
<tr>
<td>Grants</td>
<td>2,867,953</td>
<td>5,336,120</td>
<td>100,000</td>
</tr>
</tbody>
</table>

Common area and depreciation  
610,964  
447,708  
30,920  
528,022  
873,540  
2,491,154  
2,248,852

Total expenses  
$349,226,880  
35,492,107  
807,977  
12,368,890  
14,448,410  
412,344,264  
313,267,925

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

Years ended August 31, 2023 and 2022

<table>
<thead>
<tr>
<th></th>
<th>2023</th>
<th>2022</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>$1,268,257</td>
<td>(107,689,257)</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>834,626</td>
<td>755,972</td>
</tr>
<tr>
<td>Appreciation of endowment investments, net</td>
<td>5,845,650</td>
<td>120,004,340</td>
</tr>
<tr>
<td>Appreciation of non-endowment investments, net</td>
<td>(23,554)</td>
<td>(32,866)</td>
</tr>
<tr>
<td>Donated artwork</td>
<td>(1,100)</td>
<td>–</td>
</tr>
<tr>
<td>Contributions restricted in perpetuity, net</td>
<td>(761,913)</td>
<td>(309,185)</td>
</tr>
<tr>
<td>Net change in inventory balances due to noncash contributions and distributions</td>
<td>(1,944,128)</td>
<td>(3,626,740)</td>
</tr>
<tr>
<td>Changes in operating assets and liabilities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>(7,811,238)</td>
<td>(2,843,258)</td>
</tr>
<tr>
<td>Contributions receivable, net of donor endowment</td>
<td>(280,188)</td>
<td>57,356</td>
</tr>
<tr>
<td>Other assets</td>
<td>(368,279)</td>
<td>180,905</td>
</tr>
<tr>
<td>Accounts payable and accrued expenses, deferred revenue, and annuity obligations</td>
<td>3,482,426</td>
<td>4,760,920</td>
</tr>
<tr>
<td>Net cash provided by operating activities</td>
<td>240,559</td>
<td>11,258,187</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>(900,259)</td>
<td>(1,138,794)</td>
</tr>
<tr>
<td>Endowment fund earnings</td>
<td>(37,762,413)</td>
<td>(36,410,658)</td>
</tr>
<tr>
<td>Purchase of investments</td>
<td>(672,656)</td>
<td>(1,488,025)</td>
</tr>
<tr>
<td>Sale of investments</td>
<td>37,843,608</td>
<td>37,402,972</td>
</tr>
<tr>
<td>Net cash used in investing activities</td>
<td>(1,491,720)</td>
<td>(1,634,505)</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>761,913</td>
<td>309,185</td>
</tr>
<tr>
<td>Payments on annuities and trusts</td>
<td>(846,064)</td>
<td>(764,432)</td>
</tr>
<tr>
<td>Net cash used in financing activities</td>
<td>(84,151)</td>
<td>(455,247)</td>
</tr>
<tr>
<td>Net change in cash and cash equivalents</td>
<td>(1,335,312)</td>
<td>9,168,435</td>
</tr>
<tr>
<td>Cash and cash equivalents at beginning of year</td>
<td>75,452,534</td>
<td>66,284,099</td>
</tr>
<tr>
<td>Cash and cash equivalents at end of year</td>
<td>$74,117,222</td>
<td>75,452,534</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>$104,779</td>
<td>72,749</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 Oct. 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 (as of Aug. 31, 2023), the president of Emory University, 10 members appointed by Emory University’s board of trustees, and 11 members appointed by President Carter and those trustees not appointed by Emory University’s board of trustees (Carter Center class of the Center’s trustees). Additionally, Emory University’s board of trustees has the authority to approve amendments to the Center’s articles of incorporation and bylaws. Carter Center of Emory University (CCEU) (an affiliate of CCCI) is a department of Emory University that was established to assist with the operations of the Center’s programs. The financial data for CCEU is not included in these consolidated financial statements as it is considered part of the Emory University reporting entity.

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.

F. In-Kind Gifts
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.

Donated materials and supplies, 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 policies.

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, 2023 and 2022.

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. **Leases**  
In February 2016, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2016-02, *Financial Accounting for Leases*, together with its subsequent related amendments in 2018 and 2019, collectively referred to as FASB Accounting Standards Codification (ASC) Topic 842, Leases (Topic 842). The Center adopted Topic 842 as of Sept. 1, 2022 ("transition date"), using the modified retrospective approach and as a result did not adjust the comparative period financial information or make the disclosures for periods before the transition date. The Center elected the package of practical expedients to not reassess prior conclusions related to contracts containing leases, lease classification, lease term, and initial direct costs, as well as not to separate nonlease components from lease components and instead account for each as a single lease component for all classes of its assets.

As a result of adopting Topic 842, the Center recognized operating lease right-of-use (ROU) assets and corresponding liabilities of $767,888 as of Sept. 1, 2022. The adoption of Topic 842 resulted in no material impact to the Center’s statements of activities or cash flows.

Refer to note 8 for further discussion on the Center’s leases.

K. **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 life is extraordinarily long, are not subject to depreciation.

L. **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>

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

For the years ended August 31, 2023 and 2022, the Center received £0 GBP ($0) and £450,000 GBP ($583,651), respectively, from the United Kingdom Foreign, Commonwealth and Development Office (FCDO) in support of the Center’s Citizen Observer Engagement and Advocacy project in the DRC.

For the years ended August 31, 2023 and 2022, the Center received €200,000 Euros ($209,840) and €200,000 Euros ($225,464), respectively, from Ireland’s Department of Foreign Affairs Civil Society Fund to support Promoting and Protecting Women’s Right of Access to Information in West Africa.

For the years ended August 31, 2023 and 2022, the Swiss Confederation contributed $0 and $121,918, respectively, to support Civil Society Organization engagement in inclusive and credible elections in Tunisia. For the years ended August 31, 2023 and 2022, the Swiss Confederation contributed $0 and $200,000, respectively, to support Monitoring Digital Threats on Social Media in Myanmar.

N. **Tax Status**  
The Center and CCCI have received determination letters from the Internal Revenue Service (IRS) dated Dec. 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 FASB 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.

**O. 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.

**CONTRIBUTIONS RECEIVABLE**

Contributions receivable consist of the following at August 31, 2023 and 2022:

<table>
<thead>
<tr>
<th></th>
<th>2023</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>With donor restrictions:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endowment</td>
<td>$199,323</td>
<td>199,323</td>
</tr>
<tr>
<td>Health</td>
<td>225,508</td>
<td>30,840</td>
</tr>
<tr>
<td>Peace</td>
<td>29,286</td>
<td>–</td>
</tr>
<tr>
<td>Cross-program</td>
<td>56,234</td>
<td>–</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$510,351</strong></td>
<td><strong>230,163</strong></td>
</tr>
</tbody>
</table>

The anticipated receipts of these receivables are as follows at August 31, 2023 and 2022:

<table>
<thead>
<tr>
<th></th>
<th>2023</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than one year</td>
<td>$455,508</td>
<td>230,163</td>
</tr>
<tr>
<td>One to five years</td>
<td>60,000</td>
<td>–</td>
</tr>
<tr>
<td>More than five years</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Less unamortized discount</td>
<td>(5,157)</td>
<td>–</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$510,351</strong></td>
<td><strong>230,163</strong></td>
</tr>
</tbody>
</table>

Contributions to be received after one year are discounted at an appropriate discount rate commensurate with the risks involved. Amortization of discounts is recorded as additional contribution revenue in accordance with donor-imposed restrictions on the contributions. In the opinion of the Center’s management, all contributions receivable recorded at August 31, 2023 and 2022, are deemed fully collectible.

**INVENTORY**

Inventory was comprised of Zithromax medication in the amount of $2,857,738 and $4,387,783 as of August 31, 2023 and 2022, respectively. Inventory also included Mectizan medication as of August 31, 2023 and 2022, in the amount of $3,474,173 and $0, respectively.

**INVESTMENTS**

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

<table>
<thead>
<tr>
<th>Fair value</th>
<th>2023</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pooled investments held at Emory University</td>
<td>$1,041,971,736</td>
<td>1,047,539,542</td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>151,616</td>
<td>393,138</td>
</tr>
<tr>
<td>Fixed-income securities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Government and agency securities</td>
<td>373,772</td>
<td>–</td>
</tr>
<tr>
<td>Domestic mutual funds</td>
<td>3,321,592</td>
<td>3,741,181</td>
</tr>
<tr>
<td>Domestic stocks</td>
<td>7,748,498</td>
<td>7,109,229</td>
</tr>
<tr>
<td>Domestic mutual funds</td>
<td>91,000</td>
<td>90,463</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$1,053,658,214</strong></td>
<td><strong>1,058,873,553</strong></td>
</tr>
</tbody>
</table>

75
As of August 31, 2023 and 2022, respectively, the Center’s investment in the pooled investment fund totaled $1,041,971,736 and $1,047,539,542, representing approximately 10.46% and 10.70% 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>Description</th>
<th>2023</th>
<th>2022</th>
<th>2023</th>
<th>2022</th>
<th>Estimated useful lives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-term investments</td>
<td>$636,418</td>
<td>388,330</td>
<td>$636,732</td>
<td>636,732</td>
<td>N/A</td>
</tr>
<tr>
<td>Public equity</td>
<td>3,461,058</td>
<td>3,538,101</td>
<td>17,580,412</td>
<td>17,580,412</td>
<td>30 years</td>
</tr>
<tr>
<td>Absolute return/fixed income</td>
<td>1,318,519</td>
<td>1,181,574</td>
<td>3,451,877</td>
<td>3,123,015</td>
<td>15 years</td>
</tr>
<tr>
<td>Private equity/venture capital</td>
<td>3,651,408</td>
<td>3,726,232</td>
<td>1,481,341</td>
<td>741,364</td>
<td>5 years</td>
</tr>
<tr>
<td>Real assets</td>
<td>845,881</td>
<td>949,996</td>
<td>498,603</td>
<td>11,695</td>
<td>3 years</td>
</tr>
<tr>
<td>Derivative instruments</td>
<td>49,843</td>
<td>11,695</td>
<td>24,866,928</td>
<td>23,966,669</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$9,963,127</td>
<td>9,795,928</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Emory University is subject to limitations and restrictions on its ability to redeem or sell certain of the investments included in its pooled investment fund. Such restrictions vary by investment type and range from required notice periods (generally 30 to 180 days after initial lockup periods) to specified terms at inception (generally 10 years).

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 multi-year distribution schedule in line with the duration of the long-term investment portfolio, as agreed upon by both the Center and Emory University.

Depreciation expense totaled $834,626 and $755,972 during 2023 and 2022, respectively.

The Center is a beneficiary under several types of split-interest agreements, primarily charitable gift annuities. Under these agreements, the Center acts as trustee of assets received from donors and remits to the donor or other designee a fixed amount for a specified period of time, normally until the death of the donor or other designee. Assets related to charitable gift annuities are recorded at their fair values when received, and an annuity payment liability is recognized at the present value of future cash flows expected to be paid to the donor or other designee. At the time of the gift, the Center recognizes contribution revenue for the remainder interest in an amount equal to the difference between the fair value of the assets received and the annuity liability. Discount rates and actuarial assumptions used to determine the annuity liability are typically based on factors, such as applicable federal interest rates and life income beneficiary life expectancies, as determined by mortality tables published by the IRS. The changes in the value of these agreements are included in
operating contributions and grants in the accompanying consolidated statements of activities.

Certain states have restrictions on investment allocations. Management of the Center believes it has complied with any known restrictions in states in which it has received charitable gifts subject to such restrictions.

The fair value of the assets related to split-interest agreements is included in investments in the accompanying consolidated statements of financial position and totaled $11,686,478 and $11,334,011 at August 31, 2023 and 2022, respectively. The annuity liability related to these agreements is $6,249,963 and $6,204,467 at August 31, 2023 and 2022, respectively. The net contribution revenue (loss) reported for split interest agreements as a component of contributions and grants revenue and support totaled $306,971 and ($3,083,801) for the years ended August 31, 2023 and 2022, respectively.

**LEASES**

(8) (Policy applicable beginning September 1, 2022.) The Center is a lessee in several noncancelable operating leases, primarily for office space and small equipment. The Center determines if an arrangement contains a lease at contract inception. If an arrangement is determined to contain a lease, the Center recognizes an ROU asset and lease liability at the lease commencement date. The Center’s operating leases expire over the next four years. These leases generally contain renewal options for periods negotiable between the parties upon notice to renew. Because the Center is not reasonably certain to exercise these renewal options, the options are not considered in determining the lease term, and associated potential option payments are excluded from lease payments. The Center’s leases generally do not include termination options for either party to the lease or restrictive financial or other covenants. Payments due under the lease contracts include fixed payments plus variable payments on some of the office space leases. For office space leases, variable payments include payments for the Center’s proportionate share of the building’s property taxes, insurance, and common area maintenance. The Center has elected to discount its lease liabilities using its incremental borrowing rate.

The lease term for all of the Center’s leases includes the noncancellable period of the lease plus any additional periods covered by the Center’s option to extend (or not to terminate) the lease that the Center is reasonably certain to exercise. The Center has elected not to recognize ROU assets and lease liabilities for leases with terms of 12 months or less.

Lease payments included in the measurement of the lease liability are comprised of fixed payments and variable lease payments. Variable lease payments associated with the Center’s leases are recognized when the event, activity, or circumstance in the lease agreement on which those payments are assessed occurs. Variable lease payments for operating leases are presented as operating expense in the Center’s consolidated statements of activities.

Topic 842 requires a lessee to discount its unpaid lease payments using the interest rate implicit in the lease, or if that rate cannot be readily determined, its incremental borrowing rate. Generally, the Center cannot determine the interest rate implicit in the lease because it does not have access to the lessor’s estimated residual value or the amount of the lessor’s deferred initial direct costs. Therefore, the Center uses the incremental borrowing rate as the discount rate for leases which is adjusted for lease term.

The ROU asset is initially measured at cost, which comprises the initial amount of the lease liability adjusted for lease payments made at or before the lease commencement date, plus any initial direct costs incurred less any lease incentives received. For operating leases, the ROU asset is subsequently measured throughout the lease term at the carrying amount of the lease liability, plus initial direct costs, plus (minus) any prepaid (accrued) lease payments, less the unamortized balance of lease incentives received. Lease expense for lease payments is recognized on a straight-line basis over the lease term.

ROU assets for operating leases are periodically reduced by impairment losses. The Center uses the long lived assets impairment guidance in ASC Subtopic 360-10, Property, Plant, and Equipment – Overall, to determine whether an ROU asset is impaired, and if so, the amount of the impairment loss to recognize.

The Center monitors for events or changes in circumstances that require a reassessment of leases. When a reassessment results in the remeasurement of a lease liability, a corresponding adjustment is made to the carrying amount of the corresponding ROU asset unless doing so would reduce the carrying amount of the ROU asset to an amount less than zero. In that case, the amount of the adjustment that would result in a negative ROU asset balance is recorded in profit or loss.
Operating lease cost included in the office and equipment line item on the accompanying consolidated statements of functional expenses were $1,544,091 and $1,660,053, respectively, for the years ended August 31, 2023 and 2022.

Amounts reported in the accompanying consolidated statement of financial position as of August 31, 2023, were as follows:

Maturities of lease liabilities under noncancellable leases as of August 31, 2023, are as follows:

<table>
<thead>
<tr>
<th>Year</th>
<th>Lease Payments</th>
</tr>
</thead>
<tbody>
<tr>
<td>2024</td>
<td>$346,963</td>
</tr>
<tr>
<td>2025</td>
<td>250,612</td>
</tr>
<tr>
<td>2026</td>
<td>211,971</td>
</tr>
<tr>
<td>Thereafter</td>
<td>—</td>
</tr>
</tbody>
</table>

Total undiscounted lease payments 809,546
Less imputed interest (29,209)
Total lease liabilities $780,337
Weighted-average remaining lease term-operating leases 2.7 years

Lessor
The Center leases space to various entities under noncancellable 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. For operating leases, the lease liability is measured at the present value of the unpaid lease payments at the lease commencement date.

Donations of medication were received primarily from two pharmaceutical companies for the years ended August 31, 2023 and 2022. 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 gifts in-kind are utilized in the year of receipt with the exception relating to the balance of medical inventory disclosed in note 4.

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.

### FAIR VALUE OF FINANCIAL INSTRUMENTS

**Health:**

<table>
<thead>
<tr>
<th></th>
<th>2023</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication</td>
<td>$264,420,613</td>
<td>193,380,832</td>
</tr>
<tr>
<td>Other</td>
<td>924,006</td>
<td>295,328</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$265,344,619</strong></td>
<td><strong>193,676,160</strong></td>
</tr>
</tbody>
</table>
**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, 2023 and 2022, there were $280,188 and $0 current year gifts included in contributions receivable.

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, 2023:

<table>
<thead>
<tr>
<th>Assets:</th>
<th>Level 1</th>
<th>NAV</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>$74,268,838</td>
<td>—</td>
<td>74,268,838</td>
</tr>
<tr>
<td>Fixed-income securities:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic mutual funds</td>
<td>3,321,592</td>
<td>—</td>
<td>3,321,592</td>
</tr>
<tr>
<td>Government and agency securities</td>
<td>373,772</td>
<td>—</td>
<td>373,772</td>
</tr>
<tr>
<td>Equities:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic stocks</td>
<td>7,748,498</td>
<td>—</td>
<td>7,748,498</td>
</tr>
<tr>
<td>Domestic mutual funds</td>
<td>91,000</td>
<td>—</td>
<td>91,000</td>
</tr>
<tr>
<td>Interest in Emory University pooled endowment fund</td>
<td>—</td>
<td>1,041,971,736</td>
<td>1,041,971,736</td>
</tr>
<tr>
<td>Total</td>
<td>$85,803,700</td>
<td>1,041,971,736</td>
<td>1,127,775,436</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, 2022:

<table>
<thead>
<tr>
<th>Assets:</th>
<th>Level 1</th>
<th>NAV</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>$75,845,672</td>
<td>—</td>
<td>75,845,672</td>
</tr>
<tr>
<td>Fixed-income securities:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic mutual funds</td>
<td>3,741,181</td>
<td>—</td>
<td>3,741,181</td>
</tr>
<tr>
<td>Equities:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic stocks</td>
<td>7,109,229</td>
<td>—</td>
<td>7,109,229</td>
</tr>
<tr>
<td>Domestic mutual funds</td>
<td>90,463</td>
<td>—</td>
<td>90,463</td>
</tr>
<tr>
<td>Interest in Emory University pooled endowment fund</td>
<td>—</td>
<td>1,047,539,542</td>
<td>1,047,539,542</td>
</tr>
<tr>
<td>Total</td>
<td>$86,786,545</td>
<td>1,047,539,542</td>
<td>1,134,326,087</td>
</tr>
</tbody>
</table>
Of the donor-restricted endowment net assets noted above, $166.0 million and $165.2 million as of August 31, 2023 and 2022, respectively, represent donor-restricted endowment corpus. The remaining $509.0 million and $513.0 million as of August 31, 2023 and 2022, respectively, represent appreciation and reinvested earnings related to the donor-restricted corpus but for which the Center’s management and board have full discretion to use within the donor-stipulated purpose, if any, as noted above.

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

A. Interpretation of Relevant Law
The Center has interpreted the Uniform Prudent Management of Institutional Funds Act (UPMIFA), as adopted by the State of Georgia, as providing, among other things, expanded spending flexibility by allowing, subject to a standard of prudence, spending from an endowment without regard to the book value of the corpus of the fund. As a result of this interpretation, the Center classifies as net assets (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

### NET ASSETS

#### A. Net Assets without Donor Restrictions
As of August 31, 2023 and 2022, net assets without donor restrictions are as follows:

<table>
<thead>
<tr>
<th></th>
<th>2023</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undesignated</td>
<td>$46,078,889</td>
<td>$46,466,338</td>
</tr>
<tr>
<td>Board-designated for:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endowment investment, subject to spending policy and appropriation</td>
<td>375,218,860</td>
<td>377,024,986</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$421,297,749</strong></td>
<td><strong>$423,491,324</strong></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, 2023 and 2022, net assets with donor restrictions are available for the following purposes:

<table>
<thead>
<tr>
<th></th>
<th>2023</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donor-restricted for specified purposes:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>$13,123,730</td>
<td>7,289,000</td>
</tr>
<tr>
<td>Peace</td>
<td>1,083,808</td>
<td>612,543</td>
</tr>
<tr>
<td>Cross-program</td>
<td>23,890,162</td>
<td>23,507,730</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>38,097,700</strong></td>
<td><strong>31,409,273</strong></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>2023</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>20,365,281</td>
<td>20,496,911</td>
</tr>
<tr>
<td>Peace</td>
<td>2,884,735</td>
<td>2,917,276</td>
</tr>
<tr>
<td>Cross-program</td>
<td>3,748,662</td>
<td>2,776,147</td>
</tr>
<tr>
<td>General activities</td>
<td>648,021,129</td>
<td>652,056,068</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>675,019,807</strong></td>
<td><strong>678,246,402</strong></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$713,117,507</strong></td>
<td><strong>709,655,675</strong></td>
</tr>
</tbody>
</table>
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, 2023:

<table>
<thead>
<tr>
<th></th>
<th>Without donor restrictions</th>
<th>With donor restrictions</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donor-restricted endowment funds</td>
<td>$</td>
<td>675,019,807</td>
<td>675,019,807</td>
</tr>
<tr>
<td>Board-designated endowment funds</td>
<td>375,218,860</td>
<td></td>
<td>375,218,860</td>
</tr>
<tr>
<td>Total funds</td>
<td>$375,218,860</td>
<td>675,019,807</td>
<td>1,050,238,667</td>
</tr>
</tbody>
</table>

Endowment funds consist of the following as of August 31, 2022:

<table>
<thead>
<tr>
<th></th>
<th>Without donor restrictions</th>
<th>With donor restrictions</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donor-restricted endowment funds</td>
<td>$</td>
<td>678,246,402</td>
<td>678,246,402</td>
</tr>
<tr>
<td>Board-designated endowment funds</td>
<td>377,024,986</td>
<td></td>
<td>377,024,986</td>
</tr>
<tr>
<td>Total funds</td>
<td>$377,024,986</td>
<td>678,246,402</td>
<td>1,055,271,388</td>
</tr>
</tbody>
</table>
There were no underwater endowment funds during the years ended August 31, 2023 or 2022.

Changes in endowment funds for the year ended August 31, 2023, 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, 2022</td>
<td>$377,024,986</td>
<td>678,246,402</td>
<td>1,055,271,388</td>
</tr>
<tr>
<td>Contributions</td>
<td>61,496</td>
<td>761,913</td>
<td>823,409</td>
</tr>
<tr>
<td>Investment return:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endowment fund earnings</td>
<td>13,668,196</td>
<td>24,094,217</td>
<td>37,762,413</td>
</tr>
<tr>
<td>Appreciation of endowment investments, net</td>
<td>(1,867,622)</td>
<td>(3,988,508)</td>
<td>(5,856,130)</td>
</tr>
<tr>
<td>Total investment return</td>
<td>11,800,574</td>
<td>20,105,709</td>
<td>31,906,283</td>
</tr>
<tr>
<td>Appropriation of endowment assets for expenditure</td>
<td>(13,668,196)</td>
<td>(24,094,217)</td>
<td>(37,762,413)</td>
</tr>
<tr>
<td>Endowment funds, August 31, 2023</td>
<td>$375,218,860</td>
<td>675,019,807</td>
<td>1,050,238,667</td>
</tr>
</tbody>
</table>

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>
Emory University made unrestricted contributions to the Center of $805,075 and $779,989, respectively, for the years ended August 31, 2023 and 2022. In addition, CCEU made unrestricted contributions to CCI, primarily related to endowment earnings at CCEU, of $500,390 and $484,791 for the years ended August 31, 2023 and 2022, respectively.

CCCI received donations of in-kind goods for the benefit of the Center totaling $264,420,613 and $193,380,832 for the years ended August 31, 2023 and 2022, respectively, that are included in the accompanying consolidated statements of activities. Expenses totaling $262,329,014 and $189,901,562 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, 2023 and 2022, respectively. Inventory related to these goods for CCCI totaled $6,331,911 and $4,387,783 as of August 31, 2023 and 2022, respectively, and is included in the accompanying consolidated statements of financial position.

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.

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, 2023 and 2022, respectively, for the provision of these services.

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.

The Center has evaluated subsequent events from the consolidated statement of financial position date through April 2, 2024, 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 footnotes.
OUR COMMUNITY
Marie Muzinga Tungu recycles green waste into organic fertilizer thanks to a small Carter Center program grant to an organization outside of Kinshasa, Democratic Republic of the Congo.
Since its founding in 1982, The Carter Center has undertaken peace and health initiatives in more than 80 countries worldwide. These are the countries where the Center has had a presence, past and present.

**Legend**
- Peace Programs
- Health Programs
- Peace and Health Programs
- No Activity

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

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

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

**South America**
15 Argentina
16 Bolivia
17 Brazil
18 Chile
19 Colombia
20 Ecuador
21 Guyana
22 Paraguay
23 Peru
24 Suriname
25 Venezuela
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 3,697 interns from 109 countries and 659 universities who spoke 174 languages.
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, river blindness, lymphatic filariasis, schistosomiasis, malaria, and measles.

Kashef Ijaz, M.D., M.P.H. (Chair)
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The Carter Center

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Health Specialist
Health, Nutrition, and Population
The World Bank

Simon Bland
Chief Executive Officer
Global Institute for Disease Elimination

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World Health Organization

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University of the West Indies

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The Task Force for Global Health

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Independent Consultant

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Bill & Melinda Gates Foundation

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Harvard School of Public Health

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Former Minister of Justice and Labor of Paraguay

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

Nicolás Ardito Barletta
Former President of Panama

Carlos Añez 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

Luis Alberto Lacalle
Former President of Uruguay

Samuel Lewis
Former Vice President of Panama

Jennie K. Lincoln
(Elective 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

The Friends of the Inter-American Democratic Charter comprises former presidents, prime ministers, and cabinet ministers from the Western Hemisphere who seek to increase the visibility of the tenets of the charter and to prevent democratic tensions from erupting into crises.
Previously chaired by former First Lady Rosalynn Carter, the Mental Health Task Force advises the Carter Center Mental Health Program on global and domestic work to decrease discriminatory behaviors resulting from stigma, advance evidence-based behavioral health policy initiatives, and improve access to mental health promotion, substance abuse prevention, treatment, and supports for all.

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Program Director, Mental Health Project, Oglala Sioux Tribe

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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

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President, The S. Engelhard Center; Trustee, The Charles Engelhard Foundation

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Professor of Global Mental Health, Harvard T.H. Chan School of Public Health

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Vice President (Retired), The Lewin Group

Joel Slack
President, Slack Consulting

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Iman Ben Chaibah
Founder, Sail Magazine and Publishing

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Headline Programme Leader Ireland

Leonard Stall
Philanthropist; Chairman, Touchline

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Jimmie Briggs
Principal, Skoll Foundation; Contributing Writer, Vanity Fair

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Rosalynn Carter Endowed Chair in Mental Health, Rollins School of Public Health, Emory University

Katie Hawkins-Gaar
Freelance Journalist and Consultant

Kortni Alston Lemon, Ph.D., M.B.A.
Department Chair and Associate Professor for the Department of Communication, Art, and Design, Gardner-Webb University

Bill Lichtenstein
President, Lichtenstein Creative Media

Tori Murden McClure, M.Div., J.D., M.F.A.
President, Spalding University

Bob Meyers
President Emeritus, National Press Foundation

Kathryn Cade, M.B.A.
Vice Chair, Carter Center Board of Trustees

Gregory L. Fricchione, M.D.
Associate Chief of Psychiatry, Massachusetts General Hospital

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

Jimena Briggs
Principal, Skoll Foundation; Contributing Writer, Vanity Fair

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