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

While the program agenda may change, The Carter Center is guided by five principles:

• The Center emphasizes action and results. Based on careful research and analysis, it is prepared to take timely action on important and pressing issues.
• The Center does not duplicate the effective efforts of others.
• The Center addresses difficult problems and recognizes the possibility of failure as an acceptable risk.
• The Center is nonpartisan and acts as a neutral in dispute resolution activities.
• The Center believes that people can improve their lives when provided with the necessary skills, knowledge, and access to resources.

The Carter Center collaborates with other organizations, public or private, in carrying out its mission.
People everywhere share the same dream of a caring international community that prevents war and oppression. During the past two decades, as Rosalynn and I have travelled around the world for the work of the Carter Center, my concept of human rights has grown to include not only the right to live in peace, but also to adequate health care, shelter, food, and economic opportunity. With your support, we can make this broad-based concept of human rights a universally accepted foundation for peace and prosperity.

Jimmy Carter
A Message From Dr. John Hardman

The Carter Center’s work advances a broad-based vision of human rights. These rights include political and civil rights, such as freedom from oppression and the right to vote, as well as economic and social rights to adequate food, health care, and livelihoods. We strengthen human rights in 65 nations, giving people the tools they need to build hope for themselves and their communities.

In many parts of Africa and Latin America where the Center works, people lacking access to the right of basic health care suffer from diseases not commonly known in the developed world. This past year, we surpassed 50 million treatments of Mectizan® to prevent river blindness worldwide, and our goal is to eliminate this disease from Latin America during this decade. In Africa, the number of reported cases of Guinea worm disease dropped to 35,000 — compared to 3.5 million people victimized by this horrible scourge two decades ago. We are now accelerating eradication efforts in West Africa, the second most endemic region after Sudan.

In Venezuela, when a political crisis drove citizens to the streets in protests that turned violent, the government and opposition turned to The Carter Center as a neutral body to help them reach an agreement to respect political rights, including freedom of expression and the right to petition for elections to recall elected officials. The crisis in Venezuela — one of Latin America’s oldest democracies — undermines the confidence of many Latin Americans in the democratic political process and the promise that their governments will respond to their needs.

We also further advanced citizen participation in democratic practices in China by extending our agreement with the communist government for three more years. In addition to working at the village level, we now will help standardize electoral procedures of township and county elections and help train People’s Congress deputies in their governance roles once elected. Elections are giving villagers a taste of the right to self-determination, and our election observation efforts help protect that right.

Meanwhile, in Mozambique, Albania, and Mali, more steps were taken to ensure diverse groups would have a say in crafting national development policies, working side by side with their governments to shape wide-ranging and critical plans for the future.

While much progress has been made, much work remains. We hope you will join us at The Carter Center in strengthening basic human rights at home and abroad so all people one day will enjoy a future filled with peace, health, and hope.

Executive Director
The Carter Center
Participants at an Aug. 20 rally in Caracas, Venezuela, exercised their right to hold leaders accountable by delivering signatures asking for a recall referendum of the country’s president.
Serious concerns about Venezuela’s uncertain political climate in 1998 convinced The Carter Center to send an election observation team there that year. Four years later, tensions reached the boiling point when masses of government opponents took to the streets, and the military removed President Hugo Chavez from office in April 2002. The president was restored to office two days later after foreign governments condemned the coup.

Venezuelans soon turned to The Carter Center as a neutral organization, having established relationships with the government and members of the opposition as election observers in 1998 and 2000, when Chavez was re-elected to a six-year term.

“Our helping to ensure transparent elections from an impartial perspective led the government to seek our help with a national dialogue after the coup. We formed an alliance with the Organization of American States and the United Nations Development Programme to help Venezuelans overcome the crisis,” says Dr. Jennifer McCoy, director of the Center’s Americas Program. The Center hired Argentine mediator Francisco Diez to stay in Caracas to help the secretary-general of the OAS facilitate negotiations between the government and opposing groups.

Amid negotiations between the government and the opposition in late 2002, a million people — one-quarter of Caracas’ population — took to the streets in a two-month general strike, shutting down oil production and many other businesses. The strike, prompted by fears about the direction of the Chavez administration and frustration at the lack of progress at the negotiating table, was designed to force President Hugo Chavez’s resignation or a new election.

Matthew Hodes, sent to Caracas during the strike’s peak as the Center’s new Conflict Resolution Program director, considered this strike “very unconventional,” with strikers continuing to be paid by their employers, who were unhappy with Chavez’s reforms. The broad opposition included labor unions, the business community, political parties, elements of the Catholic Church, and even some senior military officers.

When discussions reached an impasse, President Carter, Dr. McCoy, and Hodes returned with some specific proposals to jump-start the talks.

“The proposals changed the debate,” Hodes says. “They gave the two sides something to focus on besides their own intractable positions. And they brought hope for progress.” Within days, the strike ended and the negotiations moved forward to an agreement last May that started the process toward a midterm recall election.

Although progress stalled, delaying an anticipated August referendum, many believe the Center’s presence helped to deter violence. “We have kept a light on the process. People feel better when someone’s watching the political maneuvering,” Hodes says.

To keep communications going, the Center introduced a “third side” project to identify people affected by the conflict willing to push for a peaceful resolution. Besides facilitating different levels of talks, the Center has collaborated with the United Nations Development Programme to hold peace-building seminars with civic groups and the media.

“We are slowly building a peacemakers’ network at different levels of society,” says Diez. “Elections alone cannot resolve the fundamental problems of a country. Various sectors must work to resolve differences among them and learn to coexist.”

The Carter Center is committed to continue working beyond the election process toward the reconciliation of all factions — to promote peace and the rights and well-being of all Venezuelans.
The Right to Hold Government Accountable

A pioneer in observing elections, the Americas Program witnessed great change in the Western Hemisphere as countries moved toward democracy and open economies. Now, more than a decade later, the citizens of some countries in Latin America and the Caribbean are losing faith in their leaders and a democratic way of life, and accountability of state institutions is eroding. To deepen the quality of democracy, the Americas Program is helping countries fight corruption by guaranteeing citizens’ access to information and strengthening systems of accountability among political parties and government agencies.

Freedom of information is a crucial element of people’s “right to know,” without which corruption can flourish undetected and unpunished. Having helped Jamaica with its access-to-information law, the Center last year began supporting efforts by the government and civil society in Bolivia to pass and enforce access-to-information legislation. The initiative can strengthen Bolivia’s democracy by giving the people information they need to monitor government actions and participate fully in the political process.

Jamaicans also turned to the Center on another front when electoral authorities invited the Center to observe the October 2002 parliamentary elections. The presence of observers helped to generate confidence in the electoral process, deterring violence that has plagued past elections.

Reducing the Influence of Money on Election Campaigns

In both rich and poor countries in the Americas, public trust in government has faltered due to campaign finance scandals throughout the Western Hemisphere. Citizens question whether elections really lead to accountable, responsive governments or whether politicians respond only to special interest groups that make campaign contributions. As part of its long-term project to improve democratic accountability in the Western Hemisphere, the Center’s Americas Program convened leaders to map concrete recommendations for laws requiring full disclosure of campaign finances.

After the conference, attendees called on their governments to implement partial public funding of campaigns and fully disclose election donations and expenditures. Other recommendations included enforcement of spending limits, sanctions for parties and candidates who break the rules, more equitable access to the media, and greater authority for campaign finance auditors.

“Access to information is essential to equal access to justice, preservation of human rights, accountable governments, and empowerment of the individual.”
— Jennifer McCoy, program director

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COUNCIL OF PRESIDENTS AND PRIME MINISTERS OF THE AMERICAS


MEMBERS

Jimmy Carter
Chairman of the Council, former President of the United States of America (1977-81)

Said Musa
Prime Minister of Belize (1999-present)

Pj. Patterson
Prime Minister of Jamaica (1992-present)

Raúl Alfonsín
Former President of Argentina (1983-89)

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Former President of Panama (1984-85)

Oscar Arias Sánchez
Former President of Costa Rica (1986-90)

Patricio Aylwin Azocar
Former President of Chile (1990-94)

Belisario Betancur
Former President of Colombia (1982-86)

Rafael Caldera
Former President of Venezuela (1969-74, 1994-99)

Armando Calderón Sol
Former President of El Salvador (1994-99)

Rodrigo Carazo
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Fernando Henrique Cardoso
Former President of Brazil (1995-2002)

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Former President of Guatemala (1986-90)

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Former President of Nicaragua (1990-96)

Joseph Clark
Former Prime Minister of Canada (1979-80)

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Former Prime Minister of St. Lucia (1987-96)

Leonel Fernández Reyna
Former President of Dominican Republic (1996-2000)

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Eduardo Frei
Former President of Chile (1994-2000)

Oswaldo Hurtado
Former President of Ecuador (1981-84)

Luis Alberto Lacalle
Former President of Uruguay (1989-94)

Jamil Mahuad Witt
Former President of Ecuador (1998-2000)

Carlos Saúl Menem
Former President of Argentina (1989-1999)

Alfonso López Michelsen
Former President of Colombia (1974-78)

Valentin Paniagua
Former President of Peru (2000-2001)

Andres Pastrana Arango
Former President of Colombia (1998-2002)

Carlos Andrés Pérez
Former President of Venezuela (1974-79, 1989-93)

Ernesto Pérez Balladares
Former President of Panama (1994-99)

Arthur Robinson
Former President and Prime Minister of Trinidad and Tobago (1997-present, 1986-1991)

Miguel Ángel Rodríguez
Former President of Costa Rica (1998-2002)

Lloyd Erskine Sandiford
Former Prime Minister of Barbados (1987-94)

Julio María Sanguinetti
Former President of Uruguay (1985-89, 1995-99)

Edward Seaga
Former Prime Minister of Jamaica (1980-88)

Juan Carlos Wasmosy
Former President of Paraguay (1993-98)

Ernesto Zedillo Ponce de León
Former President of Mexico (1994-2000)

EMERITUS MEMBERS

George Price
Former Prime Minister of Belize (1991-94, 1999-93)

IN MEMORIAM

Errol Barrow
Former Prime Minister of Barbados (1966-76, 1986-87)

Fernando Belaúnde Terry
Former President of Peru (1963-68, 1980-85)

Ramiro de León Carpio
Former President of Guatemala (1993-96)

Michael Manley
Former Prime Minister of Jamaica (1972-80, 1988-92)

Daniel Oduber
Former President of Costa Rica (1974-78)

Pierre Trudeau
Former Prime Minister of Canada (1968-79, 1980-84)

Carlos Roberto Reina
Former President of Honduras (1994-98)
Wars today cause the greatest violation of human rights—loss of lives, livelihoods, and communities. At the same time, deprivation of basic rights can provoke war. The Center’s Conflict Resolution Program attempts to break this cycle of despair by addressing the underlying causes of violent conflicts through negotiation and mediation of existing conflicts and by working to prevent armed conflict in volatile areas.

Freedom of religion, the right to self-governance, access to basic health care: These are a few of the issues fueling an 18-year civil war in Sudan, where the Center has worked for many years to advance peace and health. The Center fostered support for a revitalized peace process in 2002 between the government and the Sudan People’s Liberation Movement/Army in southern Sudan. More progress also was made between Sudan and Uganda under an agreement brokered in 1999 by President Carter and the Center. The countries have largely withdrawn support from each other’s rebel forces and have begun to restore full diplomatic relations.

“When people are deprived of essential freedoms or basic levels of social or economic development, their hopelessness and despair may lead to violence or armed conflict.”
— Matthew Hodes, program director

In the Western Hemisphere, the Center’s Conflict Resolution and Americas programs worked together in 2003 to find solutions to resolve the political crisis threatening Venezuela’s democracy and stability. The Center provided strategic advice to the secretary-general from the Organization of American States, and together the OAS and the Center are helping guide a referendum process on the nation’s leadership. A Center proposal to name a new electoral council to administer the process was

The Center sponsored a 25th anniversary reunion of participants in the 1978 Camp David accords between Egypt and Israel. President Carter, who brokered that historic agreement, led discussions on lessons learned applicable to today’s Middle East peace efforts.

In Sudan, the Center held conflict resolution workshops in February 2003, helping to generate new hope for peace.
 Forums Initiated to Advise on World’s Enduring Conflicts: Kashmir and Middle East

The Conflict Resolution Program convened its International Council for Conflict Resolution to focus its expertise on two of the world’s longstanding impasses: the dispute between India and Pakistan over Kashmir and the Israeli-Palestinian conflict.

The group concluded that both India and Pakistan must make concessions but should not proceed immediately into formal talks. Back-channel discussions should first address issues such as terrorism, potential benefits of peace, and the Kashmir people’s interests.

A report on the Middle East encouraged more activities to build “constituencies for peace” among Israelis and Palestinians and to build consensus in both communities for the concessions and social change that any peace agreement would entail.

 adopted, and an agreement between the government and the opposition was reached to assure respect for human rights, freedom of expression, and the right to petition to hold recall referenda of elected officials.

Realizing that elections—so important to democracy—sometimes worsen or may even cause conflict, the Center also has begun paying greater attention to mechanisms for resolving election-related disputes, observing and in some cases advising officials overseeing fractious elections.
democracies safeguard human rights by ensuring leaders are accountable to their constituents. They promote human dignity by affirming the equal worth of each person in decisions that affect them and their communities, and they empower individuals through meaningful elections, well-functioning legal systems, and influence on public policy decisions. The Center’s Democracy Program works worldwide in three principal ways to enhance citizens’ fundamental right to govern themselves: observing elections, promoting the rule of law, and strengthening the ability of citizens to participate in policy formation and monitor government performance.

In Nigeria last year, a Center pre-election observation mission urged political party leaders to build voter confidence in the process by collectively denouncing violence and advised the government to impose an election-day security plan. Center observers also assisted in Kenya, where a 33-year political hold by the ruling party was broken. The Electoral Commission of Kenya was praised for well-managed elections expressing the will of the people and advised to guarantee fairer media access and improve voter registration.

In China, a project giving rural citizens a taste of grassroots democracy and a say in their community life will continue for another three years under an agreement with the Chinese Ministry of Civil Affairs. In addition, the China Village Elections Project, which has helped the ministry standardize elections procedures in some 700,000 villages, will work closely with the National People’s Congress to revise procedures for the direct elections of township and county People’s Congress deputies and train these deputies in their governance roles.

Moving Marginalized Populations in Guyana to the Mainstream in Policy-making

In emerging democracies, marginalized populations are often excluded from having a voice in determining public policy. Guyana is such an example. The country is deeply polarized along ethnic lines, and indigenous peoples, women, and youth have been left out of the power equation. The Democracy Program is working with these groups to increase their participation in governance. Subgrants from the Center to Guyanese nonprofit organizations are building their capacity to serve marginalized populations with new tools and knowledge to better participate in local and national policy decisions.

“People can protect their rights and improve their lives when empowered to exercise control over how they are governed.” — David Carroll, interim program director

Defending Human Rights

The Center gave voice to human rights concerns on several fronts worldwide last year: praising the inauguration of the International Criminal Court and appointment of the court’s first panel of judges and chief prosecutor; marking the anniversary of the United Nations Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment and urging governments to end these practices; assisting former First Lady Rosalynn Carter in her call to end executions of juveniles in Kentucky, Missouri, and Nevada; and holding public forums on reintegrating torture victims and the human rights implications of the war on terrorism.
The Democracy Program also assisted Guyana’s highest court to improve its efficiency, hampered by a backlog of criminal and civil cases. Twenty-four attorneys volunteered for training in mediation techniques. Litigants unwilling to wait for court review can elect to have their cases resolved through this process.

Center observers were present on Dec. 27, 2002, when Kenyans went to the polls to elect local government officials, Parliament, and a president.

The Democracy Program helps deepen democracy around the world: observing elections, strengthening civil society, promoting the rule of law, and protecting human rights.

Observers watch as villagers in Eryuan County, Yunnan province, China, vote to elect representatives of the People’s Congress.
In Mali, one of the poorest nations in the world, The Carter Center this year signed an agreement to help the country improve implementation of Mali’s poverty reduction strategy by strengthening donor coordination and helping to create the necessary national institutional capacity to manage aid more effectively.

“For a society to be truly free and able to achieve its full potential, the economic and social needs of its people need to be treated as no less a priority than civil and political liberties.”
— Edmund Cain, director

Global Development Initiative

People are Empowered to Set Development Agendas

On their nation’s Independence Day in June, Mozambique civil society representatives presented President Joaquim Chissano and opposition leader Alfonso Dhlakama with a long-term development vision for the country. Rivals during the country’s recent war, both embraced the vision as the path for Mozambique’s future development. Special guests at the ceremony were staff of the Center’s Global Development Initiative, who had been asked by the government, private sector, civil society, and international donors to assist with drafting the vision.

The Center helped diverse stakeholder groups engage in a constructive dialogue on a wide range of difficult policy choices, ensuring that diverse and often marginalized elements of civil society could claim ownership and support the ultimate proposal to decision-makers.

“Often donors place conditions on developing countries that they cannot meet or that do not address the countries’ priorities and needs,” Initiative Director Edmund Cain said. “The Carter Center is unique in fostering effective international partnerships and cooperation so countries remain in the driver’s seat of their own development.”

The initiative’s model for a national development strategy strengthens democracy and respect for human rights by reinforcing democratic institutions and supporting a more participatory, cooperative, and democratic culture. When citizens have a greater stake in formulating their country’s development agenda and feel it is their own, they view their democratic institutions with a greater sense of legitimacy. Government and civil society are empowered, and the international community’s focus shifts to providing an enabling environment to support a nation’s development.

In Mali, one of the poorest nations in the world, The Carter Center this year signed an agreement to help the country improve implementation of Mali’s poverty reduction strategy by strengthening donor coordination and helping to create the necessary national institutional capacity to manage aid more effectively.

“A Mozambican child presents a copy of Agenda 2025 to President Joaquim Chissano, marking a step in reconciling a country ravaged by war.

A Albanian leaders and civil society groups met in February 2003, renewing their support for the Center to facilitate the country’s long-term national development strategy.

Self-governance, and E
Leaders Discuss Strategies for Developing Countries

In August, President Carter was invited by World Bank President Jim Wolfensohn to meet with him, his senior staff, and the bank’s executive board. During the visit, President Carter called for more effective development policies and practices to address the greatest challenge the world faces today—the growing chasm between rich and poor.

He commended the bank for promoting poverty reduction strategies in the poorest countries but expressed doubt that these short-term strategies would succeed if they were not guided by longer-term policy goals supported by funding. Agriculture, health, and education, he noted, require long-range investments of 10 years or more. The lack of commitment to development in the long term, combined with rigid policies and procedures and a lack of coordination among donors, are major obstacles to development, he said.

Agreeing with President Carter, Wolfensohn committed the bank to a continued partnership with The Carter Center to find solutions to these problems.

Albania’s prime minister and chief opposition leader renewed their support in early 2003 for the Center’s work to facilitate unprecedented efforts between government and citizen groups to forge consensus on the nation’s long-term development strategy. The World Bank singled out the Center’s efforts as a significant contribution to the strategy process.

In Guyana, President Bharrat Jagdeo and opposition leader Robert Corbin agreed to put the country’s draft National Development Strategy on the agenda of the next session of Parliament. The Global Development Initiative, which facilitated the drafting of the strategy, expects to continue advising on the strategy’s ultimate implementation.
In Focus: Battling Guinea Worm

Many national Guinea worm programs design their own cloth. This design from Sudan is worn by workers and volunteers to raise awareness of efforts to eradicate the disease.
Moving slowly through a flooded canal between bends in the Nile River in Sudan, in water up to his neck, a 60-year-old man carries a bundle on his head. Besides provisions for his trip, the bundle contains packs of cloth water filters. He’s taking them to a remote village, where they’ll be used to filter out Guinea worm larvae from drinking water. He’ll wade through this vast stretch of water for eight grueling hours.

Along a Ghana bush trail, a young woman seven months pregnant walks for several miles between villages to deliver replacement water filters and check if other Red Cross women volunteers have new Guinea worm cases to report.

This is how the final battles to eradicate the world’s last 2 percent of Guinea worm disease cases are being waged — by dedicated, warriorlike individuals who have seen enough needless suffering and have come to believe they can put an end to it. The Carter Center, leaders in the 17-year-old fight to rid the world of this crippling disease, helped make believers out of these intrepid health care workers.

The Sudanese canal walker, now in his late 60s, is Carter Center field consultant Abdelgadir El Sid. He helped to root out the world’s last case of smallpox. Nothing would give him more satisfaction than being part of eradicating a second disease in his lifetime.

“The most difficult part of my job is just getting to remote endemic villages,” El Sid says. “Sometimes you have to sleep in the forest on the way, get people to help pull your boat, and hope you can find someone to feed you during your journey.

“The trip when I had to wade and swim through the canal took eight days. The day I had to leave my boat behind and wade was hard because there was nowhere to rest — the whole day.

“Actually, the water wasn’t the worst part,” he reflects. “I had to avoid rebel fighters, who might shoot you for no reason.”

The Carter Center makes it easier for him to do his job, he says. “When I want to do something, The Carter Center doesn’t take one or two weeks to get approval like some organizations. We get things done more quickly.”

Twenty-year-old Damou Akou, now a mother and still working in the Guinea Worm Eradication Program, is part of a corps of 6,200 Red Cross women volunteers in Ghana.

“These women have become the critical missing key to our program,” contends Nwando Diallo, the Center’s technical adviser for that country. “It’s the women who fetch the water and look after their children’s drinking and activity around the water supply,” Nwando explains. “So they are better able to detect cases. Our surveillance has improved dramatically. It’s resulted in reporting of more cases, but that’s good. If you can’t detect, you can’t contain.”

Adds Red Cross supervisor Zanib Adam, “I am so much more encouraged now that we have all these people educating others in the villages — all the women and the support they are getting from the village chiefs and elders.”

Support for the program keeps Damou motivated and helps her deal with occasional complaints from her husband and brothers when her Guinea worm work keeps her from helping on the farm. Even with a baby to care for, she states vehemently, “I don’t want to stop doing this work now, not until we get rid of Guinea worm completely.”
To accelerate the pace of Guinea worm eradication, The Carter Center this year focused on those areas accounting for most of the remaining cases: Sudan and eight West African countries. The Center has led a 17-year effort, reducing the number of Guinea worm cases by more than 98 percent—from 3.5 million to fewer than 35,000—and seven of the original 20 endemic countries already are free of the disease.

"With an even stronger public health focus, we can end this needless suffering for the people of Africa forever," said President Carter.

Eradicating Guinea worm disease will make it the first disease to be conquered without a vaccine or treatment.

Fighting on the final frontier of this painfully crippling disease is challenging. More than three-fourths of all remaining cases occur in Sudan, Africa's largest country geographically. Ending that country's long civil war, so that health care workers can gain access to the more than 2,500 currently inaccessible endemic villages, is key to progress. Moreover, infected people fleeing the civil war have carried the disease to several neighboring countries.

"The need to address this public health problem is being used as a diplomatic tool in Sudan, and diplomacy is urgently needed to facilitate public health work in that war-torn country," said Dr. Ernesto Ruiz-Tiben, program director.

In the West African countries of Ghana, Mali, Nigeria, and Togo, the number of cases has been reduced dramatically since eradication efforts began. Ghana struggled to regain momentum in 2003, after improved case detection uncovered more cases than were evident in 2002. Ghana is now poised to achieve
Students Help Fight Disease

Medical students from four Norwegian universities knocked on doors, staged concerts and shows, and set up "teddy bear hospitals" to raise money to help The Carter Center eradicate Guinea worm disease in Sudan. As a result of their efforts, medical kits and supplies were purchased for the program.

INTERNATIONAL TASK FORCE FOR DISEASE ERADICATION

Notable scientists and organizations come together in this Carter Center task force to evaluate the potential for eradicating infectious diseases. The task force met from 1988 to 1992 and was reconvened in 2001 with support from the Bill & Melinda Gates Foundation. It reviews progress in disease eradication, reviews the status of selected diseases, and recommends opportunities for eradication or better control of diseases such as Guinea worm disease, river blindness, lymphatic filariasis, schistosomiasis, and measles.

Sir George Alleyne, M.D., F.R.C.P.
Director Emeritus, Pan-American Health Organization

Julie Gerberding, M.D., M.P.H.
Director, Centers for Disease Control and Prevention

Robert Hecht, Ph.D.
Acting Director and Sector Manager, Health, Nutrition and Population
The World Bank

David L. Heymann, M.D.
Representative of the Director-General for Polio Eradication
World Health Organization

Donald R. Hopkins, M.D., M.P.H.
Task Force Chair
Associate Executive Director, The Carter Center

Adetokunbo Lucas, M.D.
Professor of International Health, Nigeria

David Molyneux, Ph.D., M.A.
Director, Lymphatic Filariasis Support Centre
Liverpool School of Tropical Medicine

Mark L. Rosenberg, M.D., M.P.H.
Executive Director, Task Force for Child Survival and Development

Harrison Spencer, M.D., M.P.H., D.T.M.&H.
President and CEO, Association of Schools of Public Health

Pascal Villeneuve, M.D., M.Sc.
Chief of Health, UNICEF

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

Yoichi Yamagata, Ph.D., M.Sc.
Senior Adviser, Institute of International Cooperation
Japan International Cooperation Agency

President Carter raised the issue of human rights and proved that the most powerful force in the world is moral authority.”

— Dr. Lee Jong-wook, director-general, World Health Organization

Damou A kou, a Red Cross coach in East Gonja, a district in the northern region of Ghana, teaches others to filter drinking water as well as filtering her own.

Students Help Fight Disease

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early 18 million people currently are infected with onchocerciasis, a disease that is preventable with the drug Mectizan®. Commonly called river blindness, it is spread by small river-breeding flies whose bite releases worms that damage eyesight and often cause blindness.

Last year, the Carter Center’s River Blindness Program helped deliver its 50 millionth dose of Mectizan since the program began in 1996. With its partners Lions Clubs International Foundation, the Centers for Disease Control and Prevention, Merck & Co. Inc., and national programs in endemic countries, the Center has facilitated the delivery of more doses of Mectizan than any other nongovernmental organization. Merck & Co. Inc. donates as much of the medication as required for as long as needed.

In Africa, The Carter Center works in five countries in which an annual dose of Mectizan can allow people to maintain their sight, giving adults the ability to work, harvest crops, and care for children — and children the opportunity to receive an education. As the first nongovernmental organization to assist onchocerciasis control efforts in Ethiopia, the Center’s staff there set an ambitious goal of 1.1 million treatments in 2003. Consultants from Uganda, one of the Center’s oldest and most successful river blindness projects, helped provide guidance.

In the Americas, where the disease is less entrenched, the goal is to eradicate river blindness by the end of this decade. At least 85 percent of the at-risk population must be treated with Mectizan twice a year, and the Center leads the regional effort to eradicate river blindness from the six affected countries in the Americas: Brazil, Colombia, Ecuador, Guatemala, Mexico, and Venezuela.

Nigeria Studies Show Success
Recent studies conducted in six Nigerian villages added support to the practice of administering the drug Mectizan to prevent onchocerciasis infection.

Studies showed that visual impairment among treated villagers was reduced by 94 percent — from 16.5 percent of the population to 1 percent — since treatment began in 1994. Impairment was measured by the ability to identify the number of fingers shown from three meters away. Similar reductions were noted in the prevalence of nodules and skin rashes caused by the disease.

Indicating that the disease is coming under control in two other Nigerian states, data gathered there suggest that the rate of onchocerciasis transmission declined 75 percent.
Trachoma is the world’s leading cause of preventable blindness. A bacterial infection, it spreads easily from person to person, and repeated infection can lead to abrasion of the eye’s cornea and irreversible blindness. The Carter Center’s program works with ministries of health in six African countries to help control this terrible disease through improvements in personal and environmental hygiene, antibiotic treatment, and surgery.

Ethiopia probably has the greatest burden of blinding trachoma in the world, and the Amhara region has Ethiopia’s highest reported levels of the disease. The Carter Center works closely with the Amhara Regional Health Bureau and local Lions Clubs to fight trachoma through innovative programs such as the school health initiative, which involves more than 7,000 students in projects designed to increase facial cleanliness and reduce flies in their communities.

In Ghana, radio broadcasts are one of the most effective ways to reach African villagers, and trachoma messages are regularly broadcast to many villages. Yet Carter Center-supported research showed that even villagers who learned health jingles did not necessarily understand the key behavioral changes necessary for preventing trachoma. So the program helped create trachoma radio listening clubs. Mr. Eric Dumakor, the Center’s trachoma program officer in Ghana, explained, “We train volunteers in each club to help move the community from hearing to understanding what they must do to beat trachoma.” Now Ghana’s radio listening clubs are growing to cover more villages and additional health messages.

“The Carter Center strategically helped Ghana’s national Trachoma Control Program become more effective and efficient,” said Dr. James Zingeser, technical director, Trachoma Control Program. “In helping move villagers from repeating radio slogans to actually understanding key health messages— and then helping them to incorporate those messages into their daily lives— the Center is stepping in to close a crucial gap in ending blinding trachoma. Lessons from our Ghana experience will be shared with other countries, and the impact will be multiplied.”
The challenge seems daunting: ridding the world of hideously disfiguring lymphatic filariasis, which now affects 120 million people in 73 countries in Africa, Asia, the Western Pacific, and Latin America.

However, the prospects are encouraging: Lymphatic filariasis is one of only six diseases believed to be eradicable, because its transmission cycle can be broken with available drugs and public education. As more people are treated and fewer are infected, the risk that mosquitoes can transmit it to others is reduced.

The Carter Center chose to work in Nigeria, a country with the world’s third highest number of lymphatic filariasis cases. The Center assists the ministry of health in two states with a total population of nearly 4 million people. Treatments have increased in each of the past three years to include coverage of the entire population in both states last year. People are educated about transmission through brochures, posters, and radio and television messages.

The program, the only lymphatic filariasis treatment program in the country, seeks to demonstrate how easily lymphatic filariasis and other diseases can be treated in tandem with the widespread river blindness program, thereby potentially interrupting transmission in much of Africa. A recent study revealed five times fewer lymphatic filariasis-infected mosquitoes in the treated areas than four years earlier and half as many people infected.

Success is Community-Based

Young girls learn from a village volunteer that mosquitoes transmit disease. Preventive measures, such as the use of bed nets or curtains sprayed with insecticide, can help curb transmission.

Lymphatic filariasis, or elephantiasis, is a debilitating and deforming disease caused by infection from a parasitic worm that lives in the victim’s lymphatic system.
Schistosomiasis Control Program

Future of Nigerian Children Brightens

Children in the Nigerian states of Nasarawa and Plateau live in an environment in which they’re vulnerable to disease. But through Carter Center-assisted programs, they receive medicine for the severely debilitating disease urinary schistosomiasis, and many also receive preventive treatment for two other frightening diseases: lymphatic filariasis and river blindness.

School-age children are the most commonly infected by schistosomiasis. They also tend to be the main disseminators of the disease. Until they are educated about hygiene, they excrete their urine or feces in or near water where people bathe, swim, and wash clothes, discharging the parasite that perpetuates the disease. This waterborne parasite penetrates the skin and lays thousands of spiny eggs that tear tissues of the intestine, liver, bladder, and lungs.

Schistosomiasis can be treated safely and effectively with the oral drug praziquantel. The disease, also known as snail fever, has been recognized since the time of the Egyptian pharaohs.

The Center’s assistance to Nigeria’s River Blindness and Lymphatic Filariasis programs also includes Nasarawa and Plateau states, enabling community health workers to share resources and lessons learned. As many as 200,000 children treated in the two states last year now have a much greater chance of growing normally without damage to vital organs.

A young Nigerian boy takes praziquantel. One annual dose can prevent urinary schistosomiasis.
Agriculture Program

African Farmers Plant Seeds for the Future

The success of the Carter Center’s Agriculture Program helped convince a new consortium of African heads of state this year to give greater priority to agriculture in stimulating the continent’s development. The organization, called the New Partnership for Africa’s Development, shares the values of the Center and its partner, the Sasakawa Africa Association, envisioning growth that will enable Africa to feed its own people and become an agricultural exporter by 2015. The organization also seeks to integrate small farmers into the economy.

“Africans now consume 29 percent fewer calories daily than do others, and child mortality is extremely high,” said Dr. Donald Hopkins, associate executive director, health programs. “Our program has completed 1 million test plots that demonstrate improved cultivation techniques to small-scale farmers, many of them women. We’re helping to address the most basic human right — the right to sustain life by eating.”

Since 1986, the Center has assisted 15 sub-Saharan African countries. For much of that time, the program has made the use of quality protein maize, which improves growth in infants and livestock, a priority. This year, a quality protein maize coordinator was assigned to increase program efforts. Already, QPM accounts for 48 percent of the maize or corn harvested in Ghana, and within five years, acreage devoted to QPM is expected to double. In countries where white maize is preferred, the program has encouraged a public-private partnership to develop a variety enhanced with beta carotene as a strategy for reducing vitamin A deficiency.

Recent, unpublished results of community nutrition studies of infants in Ghana found infants fed quality protein maize had stunting reduced by 50 percent, morbidity reduced by 50 percent, and mortality reduced by three times.

Women farmers, such as the woman hoeing in a field in Ghana, as well as men, form co-ops to help finance and market their crops. The group shown is a savings and loan cooperative.
the drought that ravaged Ethiopia in 2002 sent more than 800 faculty and senior health science students being trained under the Carter Center’s Ethiopia Public Health Training Initiative into the most affected areas to help combat illnesses from lack of food and water. Up to 3.4 million rural Ethiopians benefited from the effort.

The students, who study at universities in Nazareth, Gondar, Dilla, Alemaya, and Jimma, will become public health practitioners, using a curriculum developed by Ethiopians for Ethiopia’s needs under the Center’s guidance. In turn, the practitioners will run 500 new health centers in rural Ethiopia and train and supervise community health workers.

“The quick response to the drought is a classic example of learning by doing,” said Dr. Joyce Murray, program director. “Ethiopians are making a real difference in the lives of people in their own country.” In addition to attending to health needs during the current crisis, students are teaching drought-stricken communities coping strategies such as ways to obtain clean water, build latrines, rehabilitate the environment, and prevent malnutrition, malaria, diarrhea, parasites, meningitis, and trachoma.

A unique aspect of the initiative is Ethiopian ownership of the process.

The Ethiopia Public Health Training Initiative emerged from discussions between President Carter and Ethiopian Prime Minister Zenawi in 1992 about the need to train health center staff for the entire country. The initiative continues to expand the production and distribution of teaching modules, training manuals, case studies, and lecture notes critical to a country whose citizens speak more than 87 languages. This year, the learning environment at the institutions was strengthened by the addition of textbooks; journals; laboratory, audio-visual, and office equipment; and Internet service. Two additional schools have petitioned the Ministry of Education to join the initiative.

More than 30 instructional modules, with topics such as pneumonia, malaria, measles, and immunization, address life-threatening diseases, long-term health, and disease prevention activities. A module on severe mental illness will be published in 2004.

Nursing students at Addis Ababa University compile health data at a washing health center in the drought-affected Afar region of Ethiopia in May 2003.
The Carter Center’s Mental Health Program has seen notable progress in its efforts to bring parity to the rights of people with mental illnesses, expanding into new areas of public policy and new parts of the world.

“We’ve been getting the word out that mental illnesses can be treated and almost everyone suffering from mental illnesses can live more normal lives,” said former First Lady Rosalynn Carter. “We want to reduce stigma and discrimination and increase public awareness worldwide.”

With broad backing, both houses of the U.S. Congress last year introduced legislation calling for medical insurance plans to provide parity in coverage for mental health needs with those of other illnesses. Most countries still lack legislation to protect the human rights of those who have mental illnesses, Mrs. Carter noted, ensuring the need to fight discrimination of the mentally ill in employment and housing, guarantee that they do not lose their legal rights when hospitalized, and assure access to proper treatment.

The program awarded its 2003-2004 annual fellowships to eight journalists, including two from New Zealand, committed to fair media coverage that decreases incorrect and stereotypical information about mental health issues. “Informed journalists can have a positive impact on public understanding of mental health issues,” said Dr. Thom Bornemann, director, Mental Health Program. “They influence their peers and stimulate discussion among the general public, and an informed public can reduce stigma and discrimination.” Now in its seventh year, past fellows have included Emmy award and Pulitzer Prize nominees.

The Eighteenth Annual Rosalynn Carter Symposium on Mental Health Policy in November 2002 examined the mental health needs of the United States in the wake of the events of Sept. 11, 2001, and emphasized that mental health concerns must be an integral part of all crisis response preparations.

The Center also lent support to a project to help fund mental health services in Eastern Europe, Russia, and the newly independent states of that region. Inhumane treatment in some of those countries’ psychiatric hospitals causes 40 percent of patients to die of malnutrition within their first year of stay. In an effort to avert a disastrous collapse of such services, two international groups, the Geneva Initiative on Psychiatry and Respect International, joined together to present their program at an international summit at The Carter Center.

“While few would dispute the human right to adequate health care, millions suffer without mental health treatment.”
- Dr. Thomas Bornemann, program director

Mrs. Carter and former New York City Mayor Rudolph Giuliani, keynote speaker at the Eighteenth Annual Rosalynn Carter Symposium on Mental Health Policy, speak about the need for mental health services during a large-scale crisis.
Improve, and works to increase public awareness and stimulate actions about mental health issues.

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Symposium Addresses
Emergency Preparedness

A year after the terrorist attacks of Sept. 11, 2001, nearly 200 health professionals and public officials met at The Carter Center to discuss ways to improve community response to mental health needs of people affected by such traumatic events. Among those gathered at the Rosalynn Carter Symposium on Mental Health Policy was former New York City Mayor Rudolph Giuliani.

“Bringing together experts in mental health is a very big contribution to the security of this country,” he said.

Participants outlined strategies that should be pursued by all levels of government in the event of a catastrophe. Specific recommendations included developing criteria for psychological first aid; guidance to sensitize the media on reporting; and guidelines to help parents, teachers, and health care providers recognize trauma symptoms in children and adults.
The Carter Center internship program has provided a rich and rewarding complement to classroom experience for more than 1,800 interns for more than 20 years. The program has gained an international reputation for nurturing skills, knowledge, and commitment that shape participants' educations and careers. This year’s classes came from 17 countries and 54 colleges and universities.

During three 15-week sessions each year, undergraduate juniors and seniors and graduate and professional students are matched with program staff who serve as supervisors and mentors during the internship and beyond. Interns commonly support research projects, monitoring conflicts and human rights concerns worldwide and providing important logistical backing for activities such as conferences and overseas missions. Graduate assistants often research and write conceptual papers to help shape the design of Carter Center projects.

“The intern program not only provides important support to our work, it is an investment in the next generation who will continue to build better lives for the world’s most disadvantaged people,” said Peter Mather, program director.

Interns participate in lectures, discussions, workshops, and a host of other programs designed to supplement their everyday work at the Center.

This year’s interns spoke Arabic, Afrikaans, Bulgarian, Chinese, Czech, Dutch, Farsi, French, German, Gujarati, Hebrew, Hindi, Italian, Japanese, Kannada, Mandarin, Portuguese, Russian, Sinhalese, Slovak, Thai, Turkmen, and Urdu.

Carter Center interns from around the world enhance academic study with practical experience. These men and women worked in Public Information, the Americas Program, and the Democracy Program in 2003.
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In fiscal year 2002-03, more than 150,000 donors contributed a total of more than $117 million to The Carter Center in cash, pledges, and in-kind gifts. These supporters included the United States and other governments, foundations, individuals, corporations, and international organizations.

The U.S. government has been an important partner of the Center’s peace and health work for many years. Most recently, the U.S. Agency for International Development pledged $1.75 million to the Ethiopia Public Health Training Initiative’s work for drought relief and provided more than $900,000 to election observation and democracy-building activities in Africa and Latin America. In addition, the U.S. Department of State provided major support for the China Village Elections Project.

The Canadian International Development Agency of the government of Canada has committed more than $2 million this year to the effort to eradicate Guinea worm disease, as well as supporting democracy activities in Jamaica. The government of Denmark’s gift of $700,000 to fight Guinea worm disease brings its total support of the Center to more than $4.8 million since 1991.

The Ford Foundation has committed more than $4 million to the Center’s programs since 1983. The foundation recently granted $600,000 to the Conflict Resolution Program in support of conflict-within-borders work.

The Brodie family has been an important partner in the Center’s work. Donald and Barbara Brodie and their family foundation, The Willow Springs Foundation, began supporting the Center in 1990 through the direct mail program and later became Ambassadors Circle members. Donald and Barbara’s children — Jenny Stoddard, Charles Kent Brodie, Sara and Russell Foszcz of The Full Circle Foundation — and niece, Elizabeth Liebman, have become donors as well. According to Donald Brodie, “Our involvement in the Center not only makes us donors but also family members of a global community. We are pleased to see our children and niece join with this larger family of people that are committed to improving the world.”

Janet Sawyer of Port Charlotte, Fla., supports the Center through a planned gift. She is a Legacy Circle member who has established a charitable gift annuity that allows her a stream of income while providing for the Center’s future. Says Ms. Sawyer, “The security of an annuity is important to me, but it also makes my heart happy to be a part of the unparalleled work of the Center to ease suffering for all people.”

Through the generosity and commitment of these donor partners and many others, The Carter Center continues to wage peace, fight disease, and build hope around the world.
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The H. Susanne and Robert L. Sirotek Foundation
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<td>Dr. Wallace N. Hyde and Ambassador Jeanette Hyde</td>
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THE CARTER CENTER

FINANCIAL STATEMENTS
AUGUST 31, 2003 AND 2002

With Independent Auditors’ Report Thereon
We have audited the accompanying statements of financial position of The Carter Center Inc. as of August 31, 2003 and 2002, and the related statements of activities, functional expenses, and cash flows for the years then ended. These financial statements are the responsibility of the management of The Carter Center Inc. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the 2003 and 2002 financial statements referred to above present fairly, in all material respects, the financial position of The Carter Center Inc. as of August 31, 2003 and 2002, and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

KPMG LLP

October 24, 2003
## Assets
Cash and cash equivalents, including restricted cash of $11,359,291 and $10,914,492 in 2003 and 2002, respectively

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>$41,682,135</td>
<td>34,348,032</td>
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### Accounts receivable:

<table>
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<tr>
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<th>2003</th>
<th>2002</th>
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</thead>
<tbody>
<tr>
<td>Due from Federal government</td>
<td>1,082,756</td>
<td>629,630</td>
</tr>
<tr>
<td>Other</td>
<td>205,423</td>
<td>396,730</td>
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<tr>
<td>Total accounts receivable</td>
<td>1,288,179</td>
<td>1,026,360</td>
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</tbody>
</table>

### Contributions receivable, net (note 3)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2002</th>
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</thead>
<tbody>
<tr>
<td>Contributions receivable, net</td>
<td>17,910,002</td>
<td>11,117,293</td>
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</table>

### Inventory (note 8)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2002</th>
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</thead>
<tbody>
<tr>
<td>Inventory</td>
<td>16,511,887</td>
<td>9,197,916</td>
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</tbody>
</table>

### Investments (note 5)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2002</th>
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</thead>
<tbody>
<tr>
<td>Investments</td>
<td>150,302,267</td>
<td>133,205,209</td>
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</table>

### Property, plant, and equipment, net (note 4)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2002</th>
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</thead>
<tbody>
<tr>
<td>Property, plant, and equipment</td>
<td>11,274,370</td>
<td>11,719,997</td>
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</table>

### Artwork

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Artwork</td>
<td>1,893,750</td>
<td>1,772,550</td>
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### Other assets

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2002</th>
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</thead>
<tbody>
<tr>
<td>Other assets</td>
<td>36,892</td>
<td>46,893</td>
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</tbody>
</table>

### Total assets

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total assets</td>
<td>$240,899,482</td>
<td>202,434,250</td>
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</table>

## Liabilities and Net Assets

### Accounts payable and accrued expenses (note 6)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable and accrued</td>
<td>$2,910,865</td>
<td>2,675,096</td>
</tr>
</tbody>
</table>

### Net assets (note 10):

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrestricted</td>
<td>104,046,304</td>
<td>92,943,045</td>
</tr>
<tr>
<td>Temporarily restricted</td>
<td>28,157,463</td>
<td>19,897,224</td>
</tr>
<tr>
<td>Permanently restricted</td>
<td>105,784,850</td>
<td>86,918,885</td>
</tr>
<tr>
<td>Total net assets</td>
<td>237,988,617</td>
<td>199,759,154</td>
</tr>
</tbody>
</table>

### Total liabilities and net assets

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total liabilities and net assets</td>
<td>$240,899,482</td>
<td>202,434,250</td>
</tr>
</tbody>
</table>

See accompanying notes to financial statements.
Revenue and support:
Contributions and grants:
Operating $ 22,516,133 — — 22,516,133 19,945,368
Programs:
  Health 4,259,800 12,616,779 — 16,876,579 9,017,109
  Peace 2,116,905 2,911,402 — 5,028,307 4,938,409
  Cross-program — 30,640 — 30,640 45,840
In-kind goods (note 9):
  Health — 53,865,402 — 53,865,402 43,226,041
  Peace ———— — 33,450
  Endowment — — 18,865,965 18,865,965 4,775,633
Total contributions and grants 28,892,838 69,424,223 18,865,965 117,183,026 81,981,850
Endowment fund earnings 10,130,958 — — 10,130,958 8,696,822
Depreciation of restricted endowment investments, net (8,127,785) — — (8,127,785) (16,979,917)
Facilities use income 404,808 — — 404,808 497,710
Interest and investment income 342,803 41,485 — 384,288 597,112
Net assets released from restrictions:
  Health 58,210,674 (58,210,674) — — —
  Peace 2,810,853 (2,810,853) — — —
  Cross-program 183,942 (183,942) — — —
Total revenue and support 92,849,091 8,260,239 18,865,965 119,975,295 74,793,577

Expenses:
Program:
  Health 63,308,566 — — 63,308,566 65,694,468
  Peace 5,409,899 — — 5,409,899 6,126,320
  Cross-program 761,732 — — 761,732 345,772
Fund-raising 7,416,625 — — 7,416,625 7,907,250
General and administrative 4,849,010 — — 4,849,010 4,648,994
Total expenses 81,745,832 — — 81,745,832 84,722,804
Change in net assets 11,103,259 8,260,239 18,865,965 38,229,463 (9,929,227)
Net assets at beginning of year 92,943,045 19,897,224 86,918,885 199,759,154 209,688,381
Net assets at end of year $104,046,304 28,157,463 105,784,850 237,988,617 199,759,154

See accompanying notes to financial statements.
## Revenue and Support:

**Contributions and Grants:**

<table>
<thead>
<tr>
<th>Category</th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>Permanently Restricted</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operating</strong></td>
<td>$19,891,242</td>
<td>54,126</td>
<td>—</td>
<td>19,945,368</td>
</tr>
<tr>
<td><strong>Programs:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td>2,080,526</td>
<td>6,936,583</td>
<td>—</td>
<td>9,017,109</td>
</tr>
<tr>
<td><strong>Peace</strong></td>
<td>3,272,544</td>
<td>1,665,865</td>
<td>—</td>
<td>4,938,409</td>
</tr>
<tr>
<td><strong>Cross-program</strong></td>
<td>—</td>
<td>45,840</td>
<td>—</td>
<td>45,840</td>
</tr>
<tr>
<td><strong>In-kind goods (note 9):</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td>—</td>
<td>43,226,041</td>
<td>—</td>
<td>43,226,041</td>
</tr>
<tr>
<td><strong>Peace</strong></td>
<td>—</td>
<td>33,450</td>
<td>—</td>
<td>33,450</td>
</tr>
<tr>
<td><strong>Endowment</strong></td>
<td>—</td>
<td>—</td>
<td>4,775,633</td>
<td>4,775,633</td>
</tr>
<tr>
<td><strong>Total contributions and grants</strong></td>
<td>25,244,312</td>
<td>51,961,905</td>
<td>4,775,633</td>
<td>81,981,850</td>
</tr>
</tbody>
</table>

**Endowment fund earnings** | 8,696,822 | — | — | 8,696,822 |

**Depreciation of restricted endowment investments, net** | (16,979,917) | — | — | (16,979,917) |

**Facilities use income** | 497,710 | — | — | 497,710 |

**Interest and investment income** | 500,474 | 96,638 | — | 597,112 |

**Net assets released from restrictions:**

<table>
<thead>
<tr>
<th>Category</th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>Permanently Restricted</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health</strong></td>
<td>64,627,116</td>
<td>(64,627,116)</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td><strong>Peace</strong></td>
<td>3,117,046</td>
<td>(3,117,046)</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td><strong>Cross-program</strong></td>
<td>17,629</td>
<td>(17,629)</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td><strong>Operating</strong></td>
<td>68,016</td>
<td>(68,016)</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>85,789,208</td>
<td>(15,771,264)</td>
<td>4,775,633</td>
<td>74,793,577</td>
</tr>
</tbody>
</table>

## Expenses:

**Program:**

<table>
<thead>
<tr>
<th>Category</th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>Permanently Restricted</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health</strong></td>
<td>65,694,468</td>
<td>—</td>
<td>—</td>
<td>65,694,468</td>
</tr>
<tr>
<td><strong>Peace</strong></td>
<td>6,126,320</td>
<td>—</td>
<td>—</td>
<td>6,126,320</td>
</tr>
<tr>
<td><strong>Cross-program</strong></td>
<td>345,772</td>
<td>—</td>
<td>—</td>
<td>345,772</td>
</tr>
<tr>
<td><strong>Fund-raising</strong></td>
<td>7,907,250</td>
<td>—</td>
<td>—</td>
<td>7,907,250</td>
</tr>
<tr>
<td><strong>General and administrative</strong></td>
<td>4,648,994</td>
<td>—</td>
<td>—</td>
<td>4,648,994</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td>84,722,804</td>
<td>—</td>
<td>—</td>
<td>84,722,804</td>
</tr>
</tbody>
</table>

**Change in net assets** | 1,066,404 | (15,771,264) | 4,775,633 | (9,929,227) |

**Net assets at beginning of year** | 91,876,641 | 35,668,488 | 82,143,252 | 209,688,381 |

**Net assets at end of year** | $92,943,045 | 19,897,224 | 86,918,885 | 199,759,154 |

See accompanying notes to financial statements.
Cash flows from operating activities:

Change in net assets $38,229,463 (9,929,227)

Adjustments to reconcile change in net assets to net cash provided by operating activities:

Depreciation 1,039,086 1,030,956
Depreciation in fair value of endowment investments 8,127,785 16,979,917
Donated artwork (121,200) (84,350)
Contributions restricted for long-term investment (18,865,965) (4,775,633)

Changes in operating assets and liabilities:

Accounts receivable (261,819) (368,594)
Contributions receivable (6,792,709) 7,160,730
Inventory (7,313,971) 5,536,907
Other assets 10,001 370,660
Accounts payable and accrued expenses 220,975 403,052

Total adjustments (23,957,817) 26,253,645
Net cash provided by operating activities 14,271,646 16,324,418

Cash flows from investing activities:

Purchase of property and equipment, net of related payables (578,665) (328,569)
Purchase of investments (25,224,843) (15,996,421)
Net cash used in investing activities (25,803,508) (16,324,990)

Cash flows from financing activities:

Proceeds from contributions restricted for:
Investment in endowment 18,865,965 4,775,633

Net increase in cash and cash equivalents 7,334,103 4,775,061
Cash and cash equivalents at beginning of year 34,348,032 29,572,971
Cash and cash equivalents at end of year $41,682,135 34,348,032

Supplemental disclosure:

Property and equipment additions totaling $14,794 were accrued as accounts payable at August 31, 2003.

See accompanying notes to financial statements.
### Statement of Functional Expenses

<table>
<thead>
<tr>
<th>Program expenses</th>
<th>Health</th>
<th>Peace</th>
<th>Cross-program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>$4,731,072</td>
<td>2,432,186</td>
<td>171,952</td>
</tr>
<tr>
<td>Consulting</td>
<td>1,097,625</td>
<td>690,433</td>
<td>32,755</td>
</tr>
<tr>
<td>Communications</td>
<td>490,960</td>
<td>212,586</td>
<td>6,737</td>
</tr>
<tr>
<td>Services</td>
<td>129,652</td>
<td>102,995</td>
<td>19,421</td>
</tr>
<tr>
<td>Office and equipment</td>
<td>608,027</td>
<td>158,406</td>
<td>4,511</td>
</tr>
<tr>
<td>Vehicles</td>
<td>1,164,310</td>
<td>6,059</td>
<td>155</td>
</tr>
<tr>
<td>Travel/meetings</td>
<td>1,706,689</td>
<td>1,198,579</td>
<td>58,999</td>
</tr>
<tr>
<td>Interventions</td>
<td>48,200,441</td>
<td>24,307</td>
<td>—</td>
</tr>
<tr>
<td>Other</td>
<td>324,972</td>
<td>19,310</td>
<td>—</td>
</tr>
<tr>
<td>Grants</td>
<td>4,543,636</td>
<td>193,489</td>
<td>436,547</td>
</tr>
<tr>
<td>Common area and depreciation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total expenses</td>
<td>$62,997,384</td>
<td>5,038,350</td>
<td>731,077</td>
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<tr>
<td></td>
<td>311,182</td>
<td>371,549</td>
<td>30,655</td>
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<tr>
<td></td>
<td>$63,308,566</td>
<td>5,409,899</td>
<td>761,732</td>
</tr>
</tbody>
</table>

See accompanying notes to financial statements.

---

### Statement of Functional Expenses

<table>
<thead>
<tr>
<th>Program expenses</th>
<th>Health</th>
<th>Peace</th>
<th>Cross-program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>$4,698,954</td>
<td>2,569,872</td>
<td>173,494</td>
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<tr>
<td>Consulting</td>
<td>1,018,887</td>
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<td>20,661</td>
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<tr>
<td>Communications</td>
<td>586,059</td>
<td>282,427</td>
<td>60,885</td>
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<tr>
<td>Services</td>
<td>150,520</td>
<td>71,930</td>
<td>—</td>
</tr>
<tr>
<td>Office and equipment</td>
<td>654,952</td>
<td>151,604</td>
<td>6,366</td>
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<tr>
<td>Vehicles</td>
<td>1,611,344</td>
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<td>41</td>
</tr>
<tr>
<td>Travel/meetings</td>
<td>1,685,475</td>
<td>1,764,652</td>
<td>53,027</td>
</tr>
<tr>
<td>Interventions</td>
<td>49,692,093</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Other</td>
<td>288,300</td>
<td>45,064</td>
<td>—</td>
</tr>
<tr>
<td>Grants</td>
<td>4,990,114</td>
<td>146,471</td>
<td>—</td>
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<tr>
<td>Common area and depreciation</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Total expenses</td>
<td>$65,376,698</td>
<td>5,746,428</td>
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</tr>
<tr>
<td></td>
<td>317,770</td>
<td>379,892</td>
<td>31,298</td>
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<tr>
<td></td>
<td>$65,694,468</td>
<td>6,126,320</td>
<td>345,772</td>
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</table>

See accompanying notes to financial statements.
### Year ended August 31, 2003 (With comparative totals for 2002)

<table>
<thead>
<tr>
<th>Supporting expenses</th>
<th>Fundraising</th>
<th>General and administrative</th>
<th>Total expenses 2003</th>
<th>Total expenses 2002</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1,425,155</td>
<td>2,592,508</td>
<td>11,352,873</td>
<td>11,213,216</td>
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<tr>
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<td>316,026</td>
<td>149,027</td>
<td>2,285,866</td>
<td>2,236,496</td>
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<tr>
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<td>2,551,601</td>
<td>244,688</td>
<td>3,506,572</td>
<td>3,883,234</td>
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<td>1,874,908</td>
<td>160,157</td>
<td>2,287,133</td>
<td>2,409,884</td>
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<td>53,246</td>
<td>88,745</td>
<td>912,935</td>
<td>967,564</td>
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<tr>
<td></td>
<td>469</td>
<td>1,107</td>
<td>1,172,100</td>
<td>1,615,330</td>
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<tr>
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<td>623,728</td>
<td>37,057</td>
<td>3,625,052</td>
<td>4,093,923</td>
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<tr>
<td></td>
<td>—</td>
<td>—</td>
<td>48,224,488</td>
<td>49,692,093</td>
</tr>
<tr>
<td></td>
<td>172,977</td>
<td>633,337</td>
<td>1,150,596</td>
<td>1,371,590</td>
</tr>
<tr>
<td></td>
<td>—</td>
<td>—</td>
<td>5,173,672</td>
<td>5,136,585</td>
</tr>
<tr>
<td></td>
<td>7,018,110</td>
<td>3,906,626</td>
<td>79,691,547</td>
<td>82,619,915</td>
</tr>
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<td></td>
<td>398,515</td>
<td>942,384</td>
<td>2,054,285</td>
<td>2,102,889</td>
</tr>
<tr>
<td></td>
<td>7,416,625</td>
<td>4,849,010</td>
<td>81,745,832</td>
<td>84,722,804</td>
</tr>
</tbody>
</table>

### Year ended August 31, 2002

<table>
<thead>
<tr>
<th>Supporting expenses</th>
<th>Fundraising</th>
<th>General and administrative</th>
<th>Total expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1,245,639</td>
<td>2,525,257</td>
<td>11,213,216</td>
</tr>
<tr>
<td></td>
<td>316,059</td>
<td>168,609</td>
<td>2,236,496</td>
</tr>
<tr>
<td></td>
<td>2,760,405</td>
<td>193,458</td>
<td>3,883,234</td>
</tr>
<tr>
<td></td>
<td>2,036,164</td>
<td>151,270</td>
<td>2,409,884</td>
</tr>
<tr>
<td></td>
<td>57,071</td>
<td>97,571</td>
<td>967,564</td>
</tr>
<tr>
<td></td>
<td>555</td>
<td>1,262</td>
<td>1,615,330</td>
</tr>
<tr>
<td></td>
<td>545,977</td>
<td>44,792</td>
<td>4,093,923</td>
</tr>
<tr>
<td></td>
<td>—</td>
<td>—</td>
<td>49,692,093</td>
</tr>
<tr>
<td></td>
<td>535,973</td>
<td>502,253</td>
<td>1,371,590</td>
</tr>
<tr>
<td></td>
<td>—</td>
<td>—</td>
<td>5,136,585</td>
</tr>
<tr>
<td></td>
<td>7,497,843</td>
<td>3,684,472</td>
<td>82,619,915</td>
</tr>
<tr>
<td></td>
<td>409,407</td>
<td>964,522</td>
<td>2,102,889</td>
</tr>
<tr>
<td></td>
<td>7,907,250</td>
<td>4,648,994</td>
<td>84,722,804</td>
</tr>
</tbody>
</table>
1. ORGANIZATION AND OPERATION

Carter Presidential Library, Inc. (CPL) was organized on October 26, 1981 under the laws of Georgia as a not-for-profit corporation to be operated exclusively for charitable and educational purposes. During 1986, CPL changed its name to Carter Presidential Center, Inc. (CPC). Effective January 1988, CPC changed its name to The Carter Center, Inc. (CCI).

CCI operates programmatically under two main action areas: Peace and Health. In addition, CCI has received broad-based support which is beneficial to all programs and is categorized as “cross-program.”

Initiatives in Peace include preventing and resolving conflict, protecting basic human rights, promoting sustainable development, 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 board of trustees of CCI consists of 28 members, which include President and Mrs. Carter, the president of Emory University, 12 members appointed by Emory University’s board of trustees, and 13 members appointed by President Carter and those trustees not affiliated with Emory University’s board of trustees (Carter Center class of CCI trustees). Additionally, Emory University’s board of trustees has the authority to approve amendments to CCI’s articles of incorporation and bylaws and to approve the annual and capital budgets of CCI. CCI is related by common control to Carter Center of Emory University (CCEU). The financial data for CCEU is not included in these financial statements.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND OTHER MATTERS

Basis of Accounting

The financial statements of CCI have been prepared on the accrual basis of accounting.

Basis of Presentation

Contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Amounts received that are designated for future periods or restricted by the donor for specific purposes are reported as temporarily restricted or permanently restricted support that increases those net asset classes.

Contributed property and equipment is recorded at fair value at the date of donation. If donors stipulate how long the assets must be used, the contributions are recorded as restricted support. In the absence of such stipulations, contributions of property and equipment are recorded as unrestricted support.

CCI has capitalized works of art and collectibles received since its inception at the estimated fair market value at the date of acquisition. Works of art whose service potential diminishes very slowly over time are not subject to depreciation.

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

Unrestricted Net Assets—Net assets that are not subject to donor-imposed stipulations.

Temporarily Restricted Net Assets—Net assets subject to donor-imposed stipulations that may or will be met either by actions of CCI and/or the passage of time.

Permanently Restricted Net Assets—Net assets subject to donor-imposed stipulations that may be maintained permanently by CCI. Generally, the donors of these assets permit CCI to use all or part of the income earned on related investments for general or specific purposes.
Cash and Cash Equivalents
CCI's cash equivalents represent liquid investments with an original maturity of three months or less. Restricted cash is restricted by the donor for a specific purpose.

Contributions Receivable
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. The discounts on those amounts are computed using risk-free interest rates applicable to the years in which the promises are received. Conditional promises to give are not included as support until the conditions are substantially met.

Inventory
Inventory consists of Mectizan tablets, which are used to treat onchocerciasis (river blindness), and Zithromax tablets and syrup, which are used for trachoma control. Inventory is received as an in-kind donation and is valued using the first-in, first-out method at market value at the time of the gift.

Investments
Investments are stated at fair value based on quoted market prices in the accompanying financial statements, with net realized and unrealized gains or losses on investments reflected in the statements of activities.

Property and Equipment
Property and equipment are stated at cost at date of acquisition, or fair value at date of donation in the case of gifts. Depreciation is provided over the estimated useful lives of the respective assets on a straight-line basis.

Federal and Other Government Grants
Federal and other government grant revenue is recognized to the extent that the CCI incurs actual expenditures under program agreements with Federal or other government agencies. The revenue is recorded as unrestricted support. Amounts recorded as accounts receivable due from the Federal government are for program grant expenses incurred in advance of the receipt of funds. Funds received in advance of program grant expenses are recorded as grant commitments, which are included in accounts payable and accrued expenses in the statement of financial position.

Donated Goods and Services
Donated materials and equipment, including artwork, are reflected as contributions at their estimated fair market values when an unconditional promise to give is received. Donated services are reflected as contributions if the following criteria are met: (1) the services received or to be received create or enhance nonfinancial assets or (2) the services require specialized skills, are provided by individuals possessing those skills, and would be purchased if not provided by donation. Donated services are recognized as the services are performed.

Fair Value of Financial Instruments
The carrying amount of cash and cash equivalents, accounts receivable, and accounts payable and accrued liabilities approximates fair value because of the relative terms and short maturity of these financial instruments. The carrying value, which is the fair value, of investments is based on quoted market prices. The carrying value, which is the fair value, of contributions receivable is based on the present value of the estimated future cash flows.
Tax Status
CCI has received a determination letter from the Internal Revenue Service dated December 16, 1991 indicating that it is recognized as an organization described in Section 501(c)(3) whereby only unrelated business income, as defined by Section 512(a) of the Code, is subject to Federal income tax. Accordingly, no provision for income taxes has been made in the financial statements.

Reclassifications
Certain prior year amounts have been reclassified to conform with the current year presentation.

Use of Estimates
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

3. CONTRIBUTIONS RECEIVABLE
Contributions receivable consists of the following at August 31, 2003 and 2002:

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temporarily restricted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>75,000</td>
<td>25,000</td>
</tr>
<tr>
<td>Time-restricted</td>
<td>1,123,729</td>
<td>1,173,984</td>
</tr>
<tr>
<td>Permanently restricted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endowment</td>
<td>16,711,273</td>
<td>9,918,309</td>
</tr>
<tr>
<td>Total</td>
<td>$17,910,002</td>
<td>$11,117,293</td>
</tr>
</tbody>
</table>

The anticipated receipts of these receivables are as follows at August 31, 2003 and 2002:

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than one year</td>
<td>7,267,444</td>
<td>3,437,246</td>
</tr>
<tr>
<td>One to five years</td>
<td>7,085,968</td>
<td>4,249,431</td>
</tr>
<tr>
<td>More than five years</td>
<td>8,102,711</td>
<td>8,040,449</td>
</tr>
<tr>
<td>Less unamortized discount</td>
<td>(4,546,121)</td>
<td>(4,609,833)</td>
</tr>
<tr>
<td>Total</td>
<td>$17,910,002</td>
<td>$11,117,293</td>
</tr>
</tbody>
</table>

Contributions to be received after one year are discounted at an appropriate discount rate commensurate with the risks involved. A mortization of discounts is recorded as additional contribution revenue in accordance with donor-imposed restrictions on the contributions. Estimated future cash flows to be received after one year were discounted at rates ranging from 1.6% to 6.0%. In the opinion of CCI’s management, all contributions receivable recorded at August 31, 2003 and 2002 are deemed fully collectible.
4. PROPERTY, PLANT, AND EQUIPMENT

The components of property, plant, and equipment are as follows at August 31, 2003 and 2002:

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2002</th>
<th>Estimated useful lives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land</td>
<td>$ 636,732</td>
<td>$ 636,732</td>
<td>N/A</td>
</tr>
<tr>
<td>Buildings</td>
<td>16,293,041</td>
<td>16,293,041</td>
<td>30 years</td>
</tr>
<tr>
<td>Grounds and land improvements</td>
<td>767,268</td>
<td>766,138</td>
<td>10 years</td>
</tr>
<tr>
<td>Furniture and fixtures</td>
<td>1,037,531</td>
<td>1,051,977</td>
<td>10 years</td>
</tr>
<tr>
<td>Office equipment</td>
<td>474,314</td>
<td>581,887</td>
<td>5 years</td>
</tr>
<tr>
<td>Computer equipment</td>
<td>702,076</td>
<td>666,265</td>
<td>3 years</td>
</tr>
<tr>
<td>Building improvements</td>
<td>1,298,167</td>
<td>1,121,040</td>
<td>15 years</td>
</tr>
<tr>
<td></td>
<td>21,209,129</td>
<td>21,117,080</td>
<td></td>
</tr>
<tr>
<td>Less accumulated depreciation</td>
<td>(9,934,759)</td>
<td>(9,397,083)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$11,274,370</td>
<td>11,719,997</td>
<td></td>
</tr>
</tbody>
</table>

Depreciation expense totaled $1,039,086 and $1,030,956 during 2003 and 2002, respectively.

5. INVESTMENTS

As of August 31, 2003 and 2002, CCI has invested its endowment assets in a pooled investment fund, which invests in a composite of cash equivalents, bonds, common stock, mutual funds, and other assets.

CCI’s other investments include assets invested for its charitable gift annuities. These investments are presented in the accompanying statements of financial position at their fair values.

<table>
<thead>
<tr>
<th></th>
<th>2003 Fair value</th>
<th>2003 Cost</th>
<th>2002 Fair value</th>
<th>2002 Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pooled investment fund</td>
<td>$148,459,282</td>
<td>140,035,857</td>
<td>131,908,927</td>
<td>115,357,718</td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>11,317</td>
<td>11,317</td>
<td>34,845</td>
<td>34,845</td>
</tr>
<tr>
<td>Fixed income securities</td>
<td>726,738</td>
<td>706,019</td>
<td>558,683</td>
<td>528,513</td>
</tr>
<tr>
<td>Equity securities</td>
<td>1,104,930</td>
<td>1,213,858</td>
<td>702,754</td>
<td>1,025,573</td>
</tr>
<tr>
<td>Total</td>
<td>$150,302,267</td>
<td>141,967,051</td>
<td>$133,205,209</td>
<td>116,946,649</td>
</tr>
</tbody>
</table>

6. SPLIT-INTEREST AGREEMENTS

CCI is beneficiary under several split-interest agreements, primarily charitable gift annuities. Under these agreements, CCI received assets from a donor in exchange for promising to pay the donor (or other designee) a fixed amount for a specified period of time, normally until the death of the donor. Assets related to charitable gift annuities are recorded at their fair values when received and an annuity payment liability is recognized at the present value of future cash flows expected to be paid to the donor or other designee. At the time of the gift, CCI recognized contribution revenue in an amount equal to the difference between these two amounts.
The gross fair value of the related assets is included in investments in the statement of financial position, with an offsetting liability included in accounts payable and accrued liabilities for the present value of benefits, which are due to the donor (or other designee). Discount rates and actuarial assumptions used to determine the liability are those contained in mortality tables published by the Internal Revenue Service, and are typically based on factors such as applicable Federal interest rates and donor life expectancies. The changes in the value of these agreements are included in operating contributions and grants in the statement of activities.

The fair value of the assets related to the split-interest agreements is $1,842,985 and $1,296,282 at August 31, 2003 and 2002, respectively. The annuity liability related to these agreements is $1,308,407 and $941,615 at August 31, 2003 and 2002, respectively. The increase (decrease) in the value of the split-interest agreements is $101,231 and $(149,428) at August 31, 2003 and 2002, respectively.

7. LEASES

CCI leases space to various entities under noncancelable leases with various terms. CCI leases to CCEU approximately 20% of CCI’s space under a lease for a term of 99 years with a rental payment of $1 per year. A business agreement with CCI’s caterer has no annual rent; rather, CCI receives 5% to 10% of the tenant’s gross revenue, as defined. Rental income from these leases is included in facilities use income in the accompanying statements of activities.

8. INVENTORY

Inventory at August 31, 2003 and 2002 is comprised of:

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mectizan</td>
<td>$16,417,821</td>
<td>8,800,895</td>
</tr>
<tr>
<td>Zithromax</td>
<td>94,066</td>
<td>397,021</td>
</tr>
<tr>
<td>Total</td>
<td>$16,511,887</td>
<td>9,197,916</td>
</tr>
</tbody>
</table>

9. DONATED GOODS AND SERVICES

The components of donated goods and services for the years ended August 31, 2003 and 2002 are as follows:

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication</td>
<td>$53,625,402</td>
<td>42,963,851</td>
</tr>
<tr>
<td>Water filtration material and chemicals</td>
<td>240,000</td>
<td>240,000</td>
</tr>
<tr>
<td>Transportation</td>
<td>—</td>
<td>22,190</td>
</tr>
<tr>
<td>Peace:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td>—</td>
<td>33,450</td>
</tr>
<tr>
<td>Total</td>
<td>$53,865,402</td>
<td>43,259,491</td>
</tr>
</tbody>
</table>
10. **NET ASSETS**

**Unrestricted**

As of August 31, 2003 and 2002, unrestricted net assets are as follows:

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrealized gain on restricted endowment investments</td>
<td>$ 8,423,755</td>
<td>16,551,540</td>
</tr>
<tr>
<td>Designated by the board of trustees for maintenance of property and equipment</td>
<td>500,000</td>
<td>500,000</td>
</tr>
<tr>
<td>Designated by management for:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endowment investments</td>
<td>52,833,611</td>
<td>40,594,583</td>
</tr>
<tr>
<td>Program funds</td>
<td>4,030,897</td>
<td>4,182,475</td>
</tr>
<tr>
<td>Undesignated</td>
<td>38,258,041</td>
<td>31,114,447</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$104,046,304</strong></td>
<td><strong>92,943,045</strong></td>
</tr>
</tbody>
</table>

The board of trustees has authorized the designation of a portion of the unrestricted net assets totaling $500,000 for maintenance of property and equipment.

Unrealized gains on endowment investments are classified as increases in unrestricted net assets. Unrestricted net assets also include funds designated by management as additions for endowment investments and program funding. These amounts are classified as unrestricted net assets due to the lack of explicit donor stipulations that temporarily or permanently restrict their use.

**Temporarily Restricted**

As of August 31, 2003 and 2002, temporarily restricted net assets are available for the following purposes:

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>$22,601,913</td>
<td>13,924,610</td>
</tr>
<tr>
<td>Peace</td>
<td>2,245,330</td>
<td>1,690,102</td>
</tr>
<tr>
<td>Cross-program</td>
<td>2,136,236</td>
<td>3,108,528</td>
</tr>
<tr>
<td>Time-restricted</td>
<td>1,173,984</td>
<td>1,173,984</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$28,157,463</strong></td>
<td><strong>19,897,224</strong></td>
</tr>
</tbody>
</table>

**Permanently Restricted**

In 1989, CCI began its campaign to raise an endowment fund. An endowment fund represents a fund subject to restrictions of gift instruments requiring that the principal of the fund be invested in perpetuity and only the income be used for operations. Permanently restricted net assets are invested in perpetuity, and the income from these assets is expendable to support any activities of CCI.
Overview: The Carter Center was founded in 1982 by former U.S. President Jimmy Carter and his wife, Rosalynn, in partnership with Emory University, to advance peace and health worldwide. A nongovernmental organization, the Center has helped to improve life for people in more than 65 countries by resolving conflicts; advancing democracy, human rights, and economic opportunity; preventing diseases; improving mental health care; and teaching farmers to increase crop production.

Accomplishments: The Center has observed 45 elections in 23 countries; helped farmers double or triple grain production in 15 African countries; mediated or worked to prevent civil and international conflicts worldwide; intervened to prevent unnecessary diseases in Latin America and Africa; and strived to diminish the stigma against mental illnesses.


Donations: The Center is a 501(c)(3) charitable organization, financed by private donations from individuals, foundations, corporations, and international development assistance agencies. Contributions by U.S. citizens and companies are tax-deductible as allowed by law.

Facilities: The nondenominational Cecil B. Day Chapel and other facilities are available for weddings, corporate retreats and meetings, and other special events. For information, (404) 420-5112.

Location: In a 35-acre park, about 1.5 miles east of downtown Atlanta. The Jimmy Carter Library and Museum, which adjoins the Center, is owned and operated by the National Archives and Records Administration and is open to the public. (404) 331-3942.

Staff: 150 employees, based primarily in Atlanta.
On the Cover:
Peace Doves, a handwoven, jacquard tapestry by an unknown Egyptian 20th century artist, was presented to President and Mrs. Carter as a 1993 holiday gift by Hany and Rajaa Salaam.

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Board of Trustees
The Carter Center is governed by its Board of Trustees, chaired by President Carter with Mrs. Carter as vice chair. The board oversees the Center’s assets and property and promotes its objectives and goals.

Jimmy Carter
Chair
Rosalynn Carter
Vice Chair
Terrence B. Adamson
Executive Vice President
National Geographic Society
Arthur M. Blank
Chairman
The Arthur M. Blank Family Foundation
Richard C. Blum
Chairman
BLUM Capital Partners, LP
Ronald W. Burke
Chairman and Partner
The Yucapa Companies
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Rock-Tenn Company
Robert G. Edge
Partner
Alston & Bird
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President
Emory University
The Hon. James T. Laney
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Ben F. Johnson III
Partner
Alston & Bird
Frank C. Jones
Partner
King & Spalding
The Hon. Andrew Young
Co-Chairman
Rhodes Partners

On the Cover:
Peace Doves, a handwoven, jacquard tapestry by an unknown Egyptian 20th century artist, was presented to President and Mrs. Carter as a 1993 holiday gift by Hany and Rajaa Salaam.